

## Assessing Church Led Psycho-Social Counseling Programme on Physical Violence Against Women in Urban Areas: Case Study of Matero Constituency in Lusaka. (Paper ID: CFP/1335/2019)

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### ABSTRACT

*Gender-based Violence (GBV) in Zambia is widespread and continues to be one of the key barriers to women's enjoyment of their rights and to national development. Over the last several years both government and nongovernmental organizations have stepped up efforts to combat GBV. However, the vice continues to be prevalent. Zambia is largely a Christian society and the church has been well known to be a champion for human rights and social justice. Church leaders are known to be the first persons of contact for women and couples experiencing GBV. It affects every aspect of women's lives from their personal health and safety, to the safety of their families, to their ability to earn a living. Although some people in the society feel that the problem is being overblown, Gender-based Violence is threatening to add another impediment to Zambia's development efforts especially in meeting the Sustainable Development Goals (SDGs). Furthermore, the report revealed that Gender-based Violence exists in all communities. The objectives of the study were: (1) to identify some of the factors contributing to the causes of Gender-based Violence (GBV); (2) To identify some of the forms of gender-based violence; (3) To assess the impact of Gender-based Violence on the victim; (4) To identify the role played by the church in addressing the problem. Study Design was an*

*explorative one that focused on building a complex, holistic picture, analysing words and perceptions and obtaining detailed views of informants. The study population was drawn from Matero Constituency, Lusaka District with a sample of 100 participants selected to respond to a standard questionnaire. This being a qualitative study, purposive sampling was used. The data for this study was collected through a semi-structured questionnaire with mostly closed ended and open-ended questions. Qualitative data was analyzed thematically while quantitative data was analyzed using MS Excel and Statistical Package for Social Sciences (SPSS). The major findings of the study were that the clergy in Zambia are aware that physical violence against women in urban areas is a major problem even in churches. The study findings confirm that GBV is common amongst Christians and church faithful are no safe from domestic violence. The study concludes that churches do not have a framework or guidelines that guide the clergy on how to address GBV.*

**Key words:** Gender-Based Violence, church led psycho-social counselling, women and girls.

## INTRODUCTION

### Overview

This study explored in detail the effectiveness of the church led psycho-social counseling program given to victims of Gender-based Violence in (GBV) the community of Matero, Lusaka, Zambia. The report therefore discusses the findings of the research conducted and gives recommendations as appropriate.

### Background

Violence against women and girls is a global problem that affects the health and economic stability of women, their families, and their communities. It affects every aspect of women's lives from their personal health and safety, to the safety of their families, to their ability to earn a living. Although some people in the society feel that the problem is being overblown, Gender-based Violence is threatening to add another impediment to Zambia's development efforts especially in meeting the Sustainable Development Goals (SDGs).

However, thousands of scholars' defined gender-based violence differently from each other but they all talk about the same thing. For example, the main international document addressing GBV, The Declaration on the Elimination of Violence against Women (DEVAW) was adopted by the UN General Assembly in 1993. In DEVAW, the UN offered the first official definition of gender-based violence. Section 2 of DEVAW defined violence against women as: "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".

Pathfinders Consultants report (2005) defined Gender- Based violence as violence perpetrated between people of the opposite sex. The report argued that it is an established fact that women and

girls are usually the victims of gender-based violence because of the unequal power relations between the sexes; however, men and boys are also victims of violence. Furthermore, the report revealed that Gender-based Violence exists in all communities.

It reveals itself in many forms and some of these forms are acknowledged by society and others are not seen as such, other forms are invisible because communities, families and individuals deny its existence.

Heise et al, Ellsberg, and Gottmoeller (2002), described gender-based violence as "verbal or physical force, coercion or life-threatening deprivation, directed at an individual woman or girl that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination".

Heise, Ellsberg and Gottemoeller, (1999) pointed out that, the United Nation referred to "gender-based" violence to acknowledge that such violence is rooted in gender inequality and is often tolerated and condoned by laws, institutions and community norms; it is not only a manifestation of gender-inequality, but often serves to enforce it.

On the other hand, the church proclaims the moral order of the human universe and this moral order is based upon the dignity of every human being which flows out of the fact that everyone is created in the image of God from which the word of love and peace is perpetuated as a gift of God. The church is believed to have a binding, connecting and a uniting force (Byrne, 1988) that also is very instrumental in the management and resolution of Gender-based Violence since the issue of humanity is a reflection of God's love and expectation on human kind.

Since religious leaders and communities play a vital role in identifying key health and social issues in their broader communities and often lead positive, faith-based responses to such issues, they are crucial partners in addressing GBV and HIV, (Fleischman, 2002). They have a religious mandate

to effect a change in communities and may lobby policymakers and governments in their own areas and as policymakers also within their own institutions; they are likely to give support to GBV activities if they are actively engaged at every level.

This study explored in detail the effectiveness of the church led psycho-social counseling program given to victims of Gender-based Violence in the community of Matero. The rights and interests of victims of serious human rights to include those of gender-based violence continue to be overlooked and ignored in many societies. Numerous victims continue to suffer in silence. In this respect, guidance and counseling should be incorporated in any attempts of addressing the problems (Ritchie, 2000).

Counseling according to Musingafi, Dumbu, Mupa and Chaminuka (2011: 168) “is a process of facilitating healing through genuine dialogue with clients.” It can be viewed as a way of working with individuals and with relationships which may be developmental, crisis support, guiding or problem solving. In many forms of gender-based violence cases, women and children fall victims. Under such scenarios, post-reconstruction strategies need to be taken aboard to address mental and psychosocial disorders sustained during the conflict. Musingafi et al, (2011: 169) upon this view posit that counseling is aimed at, ‘Empowering affected communities to recognize signs and symptoms of mental and psychological distress. These may be at the individual level- such as lack of sleep, feelings of worthlessness and hopelessness, depression, anxiety, suicide ideation, alcoholism, teenage pregnancies and school drop outs’.

The United Nations Population Fund (UNFPA) has been working to bring life-saving and life-changing reproductive health care to millions of women and their families. Recognizing that gender inequalities and their most brutal manifestation of gender-based violence inhibit women and girls from accessing reproductive health services, and acknowledging

that proper reproductive health care in the aftermath of a sexual violence incident can be lifesaving, UNFPA has assumed a leadership role in addressing this major human rights issue, Dr. Babatunde Osotimehin, (2012).

## **Statement of the problem**

The rising number of gender-based violence cases have led to less productivity in society. It is a global problem that is inflicted upon men, women and children. However, women and girls are the most at risk and most affected by gender-based violence making it very difficult for them to participate in developmental activities at family, school and community levels. Studies consistently show that, regardless of the sex of the victim, the vast majority of perpetrators are known to the victim as reports show that between 60% and 80% of perpetrators of sexual assault are known to the victim (Heise, Ellsberg and Gottemoeller, 1999).

Gender-based Violence also undermines the ability of women and girls to negotiate safe sex practices or to leave partners who engage in high risk behaviour. This has contributed to high levels of HIV/AIDS, poverty and hunger in some communities. It also is a profound health problem, sapping women’s energy, compromising their physical health, and eroding their self-esteem (Heise & Gottemoeller, 1999). Despite establishment of victim support units in most districts in Zambia including Lusaka, counseling services for girls and young women who have experienced domestic and sexual abuse among other violence are either inadequate or not available in some places.

## **Research objectives**

### **General objective**

To assess the effects of a church led psycho-social counselling programme on physical violence against women in urban areas.

## Specific objectives

The following were the specific objectives of the study;

To identify the factors contributing to the causes of Gender-based Violence (GBV);

To assess the impact of Gender-based Violence on the victim;

To identify the role played by the church in addressing the problem

## Research Questions

The following questions guided the study;

- What is gender-based violence?
- What are some of the forms of gender-based violence?
- What factors contribute to the causes of gender-based violence?
- What is the impact of Gender-based Violence on the victim?
- What role is played by partners in addressing the problem?

## Research Variables

<i>Dependent Variable</i>	<i>Independent Variable</i>
Prevalence of GBV	Sex
	Age
	Education
	Marital status

## Theoretical Framework

This study will be guided by two conceptual frameworks; institutional (normative) and legal (legislative) frameworks. The two frameworks however are indispensable and strongly related in that one is a policy while the other is a policy

implementing system. The institutional and legal frameworks are based on the need to fight Gender-Based Violence both at global and national level. The institutional framework involves organizations such as Non-Governmental Organizations, Churches, Schools, Hospitals, Civil Society Organization, Courts, Police, Community, Family and government wings that are involved in the fight of Gender-Based Violence.

These institutions have raised awareness and have tried to address the debilitating effects of Gender-based Violence. The Legal framework is based on the formulation of the law to fight the vice. This reinforces the already existing legislation and periodic review of its effectiveness with specific focus on prevention of violence on women and girls.

This however needs prioritizing Gender-Based Violence cases in courts and enforcing timely adjudication of GBV cases. The concern of Gender-Based Violence has led to policy formulations like National Action Plan for the elimination of Gender-Based Violence (2008-2013), Anti-Gender-Based Violence Act (2011) and the strengthening of legal instruments to fight Gender-based violence.

The framework establishes signatories' legal obligation to take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.

The study was further anchored on the following theories. Feminist research has developed a theoretical perspective based on the oppression and exploitation of women in society that locates men's violence as part of men's structural power within patriarchy (Dobash and Dobash 1979:39). Dominant, patriarchal ideologies that are also adopted by religions demand women to be good mothers and patient wives.

According to Davidow (2002), feminism refers to a series of campaigns for reforms on issues such as reproductive rights, domestic violence, maternity leave, equal pay, women's suffrage, sexual harassment, and sexual violence, all of which fall under the label of feminism. The movement's priorities vary among nations and communities and range from opposition to female genital mutilation in one country to opposition to the glass ceiling in another. These various theories have given rise to the fight against gender-based violence.

For violence against women in the home was and, unfortunately, still premised on beliefs regarding the 'rightness' of male power and the 'entitlement' of men to exercise control over women behaviours, decisions and actions. This theory is also supported by cultural feminists, who claim that traditional religious, economic, political and judicial institutions are masculinity by nature and masculinity in practice.

This theoretical framework is relevant to this research as it primarily explores the situation of women, the social relations and the unequal power relations that curtail women's full participation in development.

The ecological systems theory was employed to examine how demographic cultural and religious factors shape the clergy response to domestic violence. This theory was developed by (White & Klein, 2002:37). It is one of the major theories within the field of developmental psychology. It considers how several contexts or systems interact and shape the development of a person. Moreover, it looks at how numerous interlocking factors (e.g., one's family, culture, social environment, religion and others) can influence an individual's perceptions and beliefs over time. It identifies five environmental systems nested within each other. The smallest, most immediate environmental system to the individual is the Microsystems, followed by the ecosystem, mesosystem, macro system, and finally, the chronosystem. These systems continually interact with each other and

impact how an individual develops (White & Klein, 2002:25).

Theory of Change - The other theory that is useful in the study of Gender-Based Violence is the Theory of Change (ToC).

According to Mitchell (2012) the Theory of Change (ToC) draws on the experience of a range of actors delivering programmes and services addressing violence against women and girls, including donor agencies, women human rights defenders, women's rights organizations and other civil society organizations.

It reveals that the best way to fight Gender-Based Violence is through change in all sectors starting from the individual to national level in terms of traditions, perception, policy formulation and implementation. Since these beliefs pervade so much of our society and its institutions, eradicating violence against females will require changes at the most fundamental levels of society.

These changes must eliminate policies and practices perpetuated by the male-dominated culture that sexualize women as sex objects. This not only demeans their value but also restricts their participation in decision making.

It further dehumanizes them with labels, control their rights over their own bodies, and marginalize and demean their presence.

Changing these underlying patriarchal beliefs and practices will lead to changes in social norms and behavior's, bringing positive benefits to both women and men, and all forms of relationships as concerted.

## **Significance of the study**

It was imperative that the proposed research be undertaken for it was hoped that the findings of this study might provide information on the prevalence rate of gender-based violence and consequently suggest the interventions. Information of this nature might help the stakeholders of gender-based violence on how best to help the victims and the perpetrators of gender-based violence. Information

to do with who was affected and how they were affected would be produced by this research. Furthermore, this study may also help the respondents in that; it was the first time some of the victims of gender-based violence ever spoke about their experiences.

## Justification

Violence against women as a global health, human rights and development issue affects geography, class, culture, age, race and religion in every corner of the globe, National Action Plan on Gender-Based Violence (NAP-GBV 2008-2013). At least one in every three women around the world has been beaten, coerced into sex, or abused in her lifetime.

Numerous studies indicate that violence dramatically increases the vulnerability of women and girls to HIV/AIDS by making it difficult or impossible for them to abstain from sex, get their partners to be faithful, or use a condom. Study among women in antenatal clinics in South Africa found that women reporting violence were 50% more likely to be HIV positive, Dr. Nata Duvvury (2006).

Women are poorly represented in all spheres of decision-making. The proportion of seats held by women in Parliament in 2004 was 14% and 12% in 2006 which is below the 30% and 50% recommended by SADC and AU respectively and today many Zambian women perceive gender-based violence to be normal and acceptable.

## Definition of key words

**Gender:** is the socially defined set of roles, rights, responsibilities, entitlements, and obligations of females and males in societies. The social definitions of what it means to be female or male vary among cultures and change over time. Gender identity is an individual's internal, personal sense of being male or female.

**Gender equality:** is the concept of women and men having equal opportunity and capacity to

develop to their fullest potential. Gender equality does not mean sameness between women and men but a respect for each other's rights, responsibilities and opportunities.

**Prevalence:** Commonness, frequency, regularity, pervasiveness, rampancy. In other words, prevalence is the ratio of the number of occurrences of a disease or event to the number of units at risk in the population (the free dictionary).

**Violence:** The term used to describe the behaviour involving physical force intended to hurt, damage or kill

**Sex:** refers to the biological characteristics of a male or female person. These characteristics are congenital and their differences limited to their physiological and reproductive functions.

## II. METHODOLOGY

### Overview

The methodology describes the research design, procedure for sampling, study location and population. In addition, it also describes the tools that were used to collect data as well as the data entry and analysis involved.

### Research design

Research design is a set of advanced decisions that make up the master plan specifying the methods and procedures for collecting and analyzing the needed information. The Research Design used in this research was a case study. The mixed methods employed both qualitative and quantitative research designs. The reason for combining the designs is to ensure that information obtained using one design is complimented by the other in terms of the type and quality of information collected.

With the use of the secondary and primary data sources the study collected and analyzed the initiatives with the aim of bringing out good practices and opportunities for intervention and leverage. Primary data was collected using questionnaires, interviews and group discussions. Secondary data collection included literature

review of journals, books, reports and Internet. The aim was to have a global overview of the context within which gender-based violence occurs. To further substantiate findings of secondary data, interviews were held with individual respondents, Government and other NGO representatives in Zambia who work on gender-based violence issues.

## Study population

The population, from which the sample was drawn from, was from Matero constituency and specifically Matero Township, Lusaka District.

## Sample size

Data was collected from respondents and stakeholders who among them included the clergy, police, doctors and nurses. Overall, 100 questionnaires were allocated to participants and all of them were returned producing a response rate of 100 per cent. Among these, 40.2 per cent of respondents were male and 68.9 per cent was less than 49 years old. Furthermore, a great percentage of the sample (63.9 per cent) has lived in Matero for more than Five (5) years. Moreover, the sample size was manageable, easy to control, cost effective and data was easy to analyse and generalize.

## Procedure for sampling

The researcher visited the area Member of Parliament and ward councilor (Muchinga ward 23) to get permission and made appointments with the stake holders including the police and women development among others. This was to ensure that respondents could be found within reach on the day of the visit.

During the visits, the researcher interviewed the one responsible with specific information and noted in the questionnaires for the stakeholders. For the household questionnaires, the researcher went door to door, interviewing every member of the household. This was to ensure that every one had the opportunity to share their experience of gender-based violence if any existed.

## Data collection

The tools used as instruments for data collection were questionnaires which contained both open ended and closed ended questions in order to yield quantitative and qualitative data. The researcher also used both primary and secondary data.

Primary data was obtained using questionnaires while secondary data from the internet, books and journals. The researcher read the questionnaire in English and interpreted in Nyanja or Bemba for easy communication with the respondents.

The researcher conducted primary research through an open-ended questionnaire, focus group discussions and key informant interviews with organizations that are involved in women's rights and gender work.

## Data processing and analysis

The Data were analysed qualitatively and quantitatively. The analysis was based on the research questions of study. All interview responses were recorded and the information was categorized according to the keys given. For example, key 1 represented "Yes" while key 2 represented "No". The data was processed and analysed on the database using Microsoft Excel and Statistical Package for Social Sciences (SPSS). The Data was interpreted using frequency tables, pie charts, bar charts and graphs and was summarized using narrative reports and finally presented.

## Limitations

The anticipated limitations to the study were as follows;

- Dealing with respondents from their homes entails that the researcher could not find the respondents;
- Considering the sensitivity of some issues such as rape and defilement, respondents were expecting to get some help in form of money;
- Expected support of their children in school and even words of hope in exchange with the information despite emphasizing the

solely of the information for academic purposes only.

## **Ethical consideration**

The safety of the interviewed respondents was assured with strictest confidentiality. The confidentiality of individuals and the information they revealed were protected at all times for example by not telling any neighbouring individual that might want to know about the other person's responses

While all research protocols involving human subjects require that investigators put mechanisms in place to protect the confidentiality and safety of their research subjects, respondents were given the opportunity NOT to answer the questions that they were not comfortable discussing with the interviewer.

Children (anyone under 18) research subjects such as rape or defilement had special safeguards put in place; for example, guardian or parents would answer on behalf of the traumatized child.

The researcher, with due respect to ethics, got permission from the highest authorities of the

Constituency such as the Member of Parliament and area Councilor who gave consent that the research be carried out.

An explanation was further given to the participants of the survey that they should not feel obliged to answer all the questions and if they were uncomfortable, they could skip some questions or withdraw altogether. A consent form was signed by each respondent.

Further, it was indicated that responding to the questionnaire was voluntary and that all information would remain anonymous and confidential; each questionnaire was coded with a number as identification.

All participants and key informants consented to the discussion process, after a thorough explanation of the study objectives and process; this was done before the actual interview with some members opting to withdraw from discussions. Notwithstanding this, it was explained that all respondents including key informants should not have any financial expectations or otherwise, as this was purely an academic research.

## III. RESULTS

**Overview:** This part of the paper presents the results from the households and stakeholder respondents in the prevalence of Gender-based Violence; A case study of Matero Township. It also discusses the interpretation of the graphs, tables, pie and bar charts.

### House hold respondents

Figure I. pie chart: Sex distribution

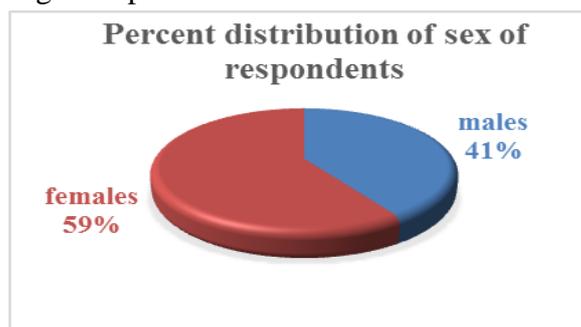
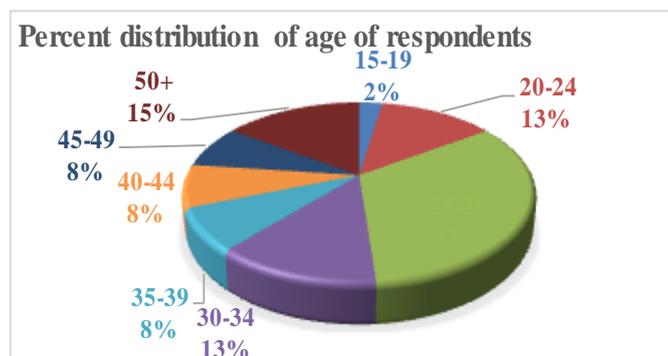


Figure 1. pie chart represents percent distribution of respondents by sex and it clearly shows that 59% were females while 41% were males. The research deliberately took a bias towards females because of the high reported cases of defilement cases among females in Zambia.

### Age distribution

Figure II. Describes the percent distribution of age of respondents.

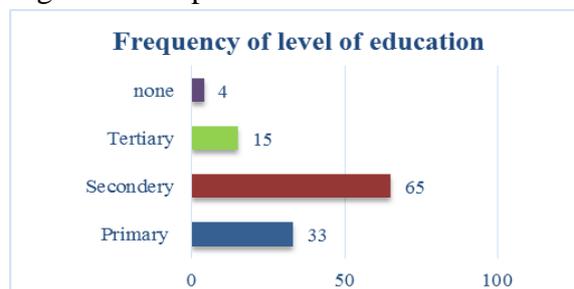


The description given by the pie chart is that the majorities of respondents' ages were of 25-29 represented by 34% followed by 50+ years

represented by 16%. The least distribution of ages 15-19 represented by 2% followed by 35-39, 40-44 and 45-49 years respectively and were represented by 8%.

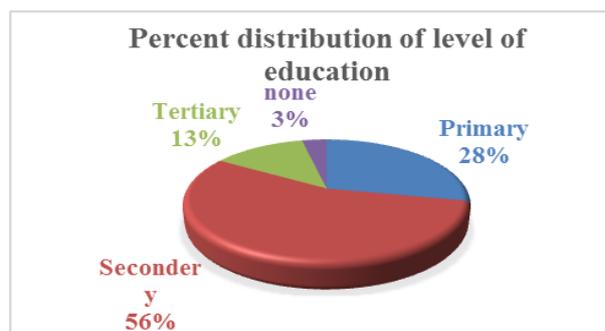
**Figure III and IV** represents frequency and percent distribution of level of education. According to frequency table, the majorities of respondents' highest level of education was secondary school education and were 65. Those that went up to primary were 33 while 15 went up to tertiary. Only four (4) respondents never attended school.

Figure III – represents level of education



To refer **figure iv**, representing percent distribution of level of education of respondents, 56% were indeed the majorities and attended school up to secondary level followed by those that went up to primary school and were represented by 28%. 13% and 3% represented those whose highest level of education was tertiary and none respectively.

Figure IV - Level of education



## Marital status

Figure V - represents marital status of respondents.

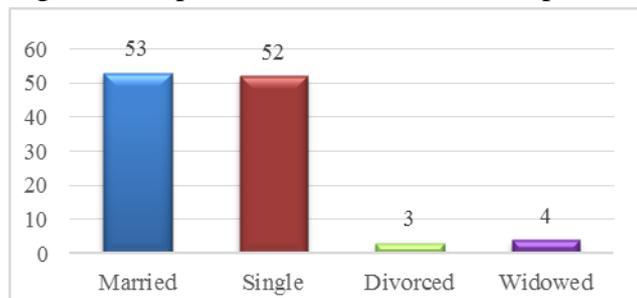
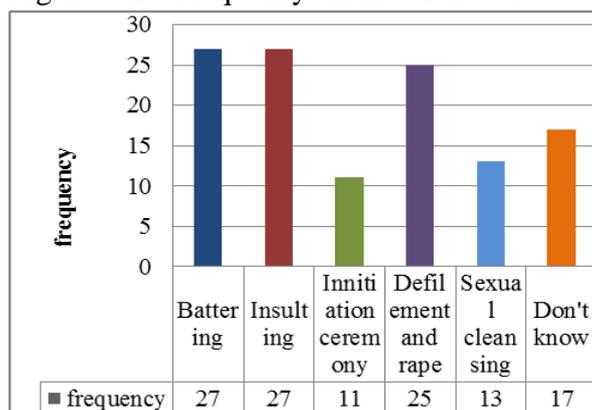


Figure - VI - represents marital status of respondents.



Figure VII - Frequency distribution table

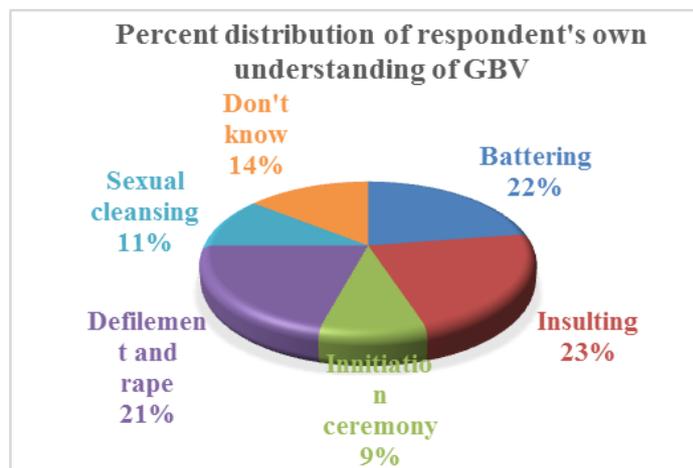


The above *figures V and VI* represents marital status of respondents. 47% and 46% of respondents were married and single respectively and in relation to the frequency distribution table (Figure VII), they are represented by 53 and 52 respectively.

## Prevalence of GBV

### Respondents' understanding of GBV

Figure VIII - respondents' own understanding.



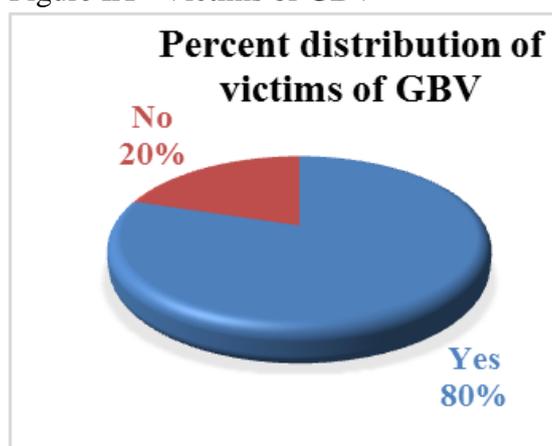
Respondents were asked to state what they understood by Gender-based Violence in their own understanding and the following were their responses 9% understood GBV as initiation ceremony, 11% understood it as sexual cleansing, and 14% didn't understand what GBV really was. 21% understood GBV as defilement and rape, 22% understood it as battering while 23% understood it as insulting.

The UN in 2006 had published a working definition of violence against women that reiterated and defined the above and stated as: "Violence that is directed against a woman, because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or private life." Violence against women encompasses but is not limited to the following: Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related

to exploitation; Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

## Victims of Gender based violence

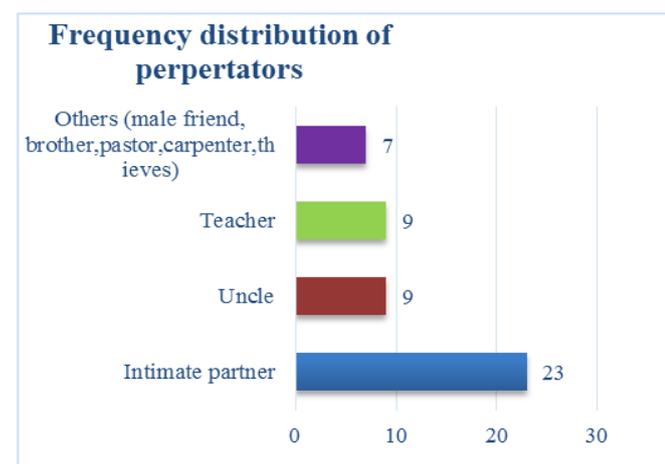
Figure IX - Victims of GBV



When respondents were asked if they had been victims of Gender-based Violence and their responses were as shown in the pie chart above. 80% said they had experience GBV while 20% did not.

## Perpetrators

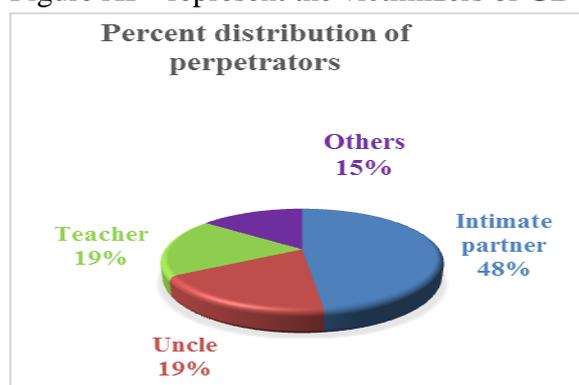
Figure X – represent victimizers



A World Health Organization study of 24,000 women in 10 countries found that the prevalence of physical or sexual violence by a partner varied from 15% in urban Japan to 71% in rural Ethiopia, with most areas being in the 30–60% range.

Figures X and XI represent who the victimizers of Violence were. Respondents were asked to state who victimized them and their responses were as shown below.

Figure XI – represent the victimizers of GBV

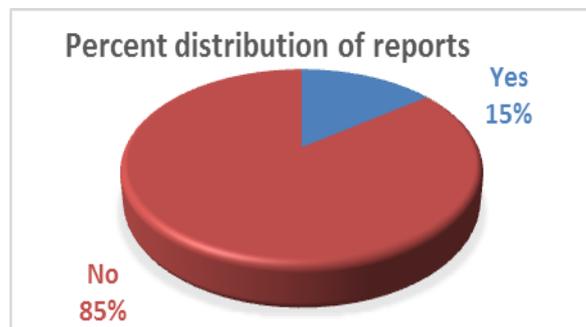


Respondents stated that 48% of the perpetrators were intimate partners and were the majorities. 19% was represented by uncles and teachers respectively while 14% were represented by victimizers being others such as male friend, brother, pastors, carpenter and thieves.

However, International studies reveal that approximately 20% of women and 5 - 10% of men report being victims of sexual violence as children. In Zambia, DHS data indicate that 27% of ever-married women reported being beaten by their spouse/partner in the past year; this rate reaches 33% of 15-19-year-olds and 35% of 20-24-year-olds. 59% of Zambian women have ever experienced any violence by anyone since the age of 15 years (Kishor & Johnson, 2004).

## Reports made

Figure XII represents the percent distribution of reports

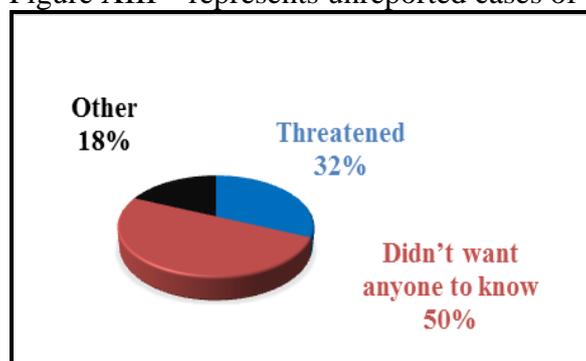


Respondents that experienced any form of violence were asked to state whether they reported the cases of violence to court or any legal authorities and 85% never reported and were the majorities.

A Demographic and Health Survey in Nicaragua found that over one-third of women who had experienced partner abuse had never told anyone about their situation.

## Why people don't report GBV cases

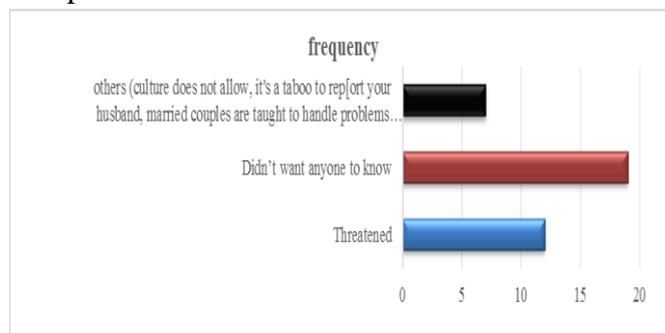
Figure XIII – represents unreported cases of GBV



The figures above show that people never reported cases of violence to any victim support unit or tell anyone about it because they 'didn't want anyone to know' and they were represented by 50%. People never reported cases of violence because they were threatened and were represented by 32% while 18% never reported due to other reasons such as that it was considered as a taboo to report their

own wives or husbands of violence, perpetrators were sorry after raping or defiling, and also that culture considered violence that happen between couples to be normal.

Figure XIV - represents the frequency of unreported GBV



Also, that people didn't report due to ignorance. Koss (1993) pointed out that these figures are likely to be under-estimates of the true prevalence of abuse, as many women are reluctant to disclose violence due to shame and fear of reprisals.

## Forms of GBV

Figure XV represents the forms of violence that were experienced by respondents and their responses are clearly described in the diagrams above. 29% experienced beatings, 26% experienced insulting while 22% experienced rape. 15% and 8% experienced forced marriage and property grabbing respectively.

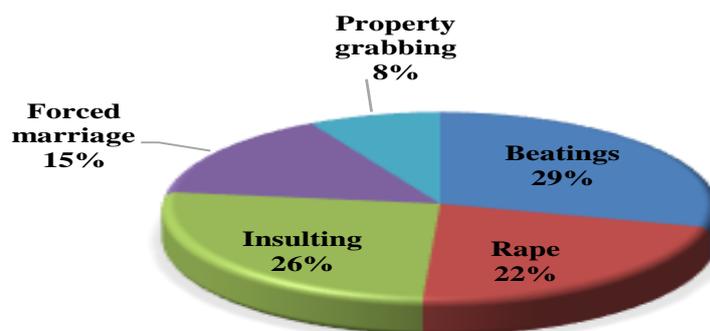


Figure XV represents the forms of violence

In rural Ethiopia, 49% of ever-partnered women have ever experienced physical violence by an intimate partner, rising to 59% ever experiencing sexual violence (WHO, 2005). In the United States, for example, estimates of abuse during pregnancy range from 3 to 11% among adult women and up to 38% among teenage mothers.

### Causes of GBV

Respondents were asked to state what they thought caused Gender-based Violence and their responses are tabulated below.

**Table 1: distribution of causes of GBV**

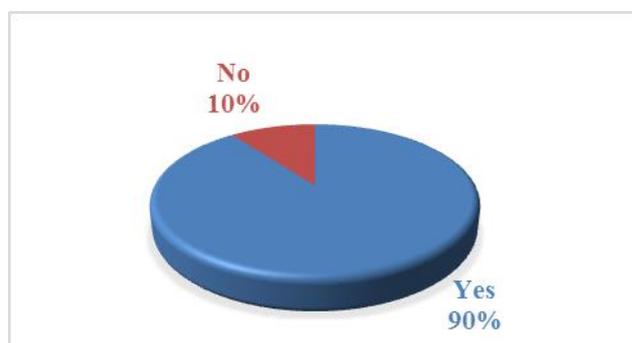
Causes	Frequency	Percent (%)
technology of phones and face book	17	18.5
death of parents and husbands	9	9.8
lack of respect, dignity and moral standards	8	8.7
Poverty	5	5.4
belief that beating your wife is a sign of love	5	5.4
lack of education and knowledge	6	6.5
culture and early marriages	4	4.3
the end of the world is near	2	2.2
Ignorance on rights	2	2.2
beer drinking	1	1.1
Do not know	13	14.1

One woman fell into a loud cry as she explained to me that she really wonders what causes violence especially in her marriage. This was her explanation....

” I don’t know what I have done to my husband because I perform all the duties of a good wife and even pray for him but he still hits me with anything he lays his hands on and doesn’t even care where he hits.” She however showed me the bruises that her husband left her with in the back and on her buttocks....

### Affected members of GBV

Respondents were asked if they or any of their family members that experienced violence got affected and the diagram below clearly shows that 90% were affected while 10% were not.



**Figure XVI** - represents affected members of violence.

### How members got affected

However, members were also asked to describe how they were affected and their responses were as described in *table 2*

How members got affected	Frequency	Percentages (%)
Injured	23	25
Death	5	6
Stopped school	18	18
Disability	4	4
Poor self esteem	26	28

**Table 2: how members got affected**

Stiffen the punishment by killing them or life in prison	18	20.9
Report and take them to police	14	16.3
Sensitization of GBV dangers at household and individual level	15	17.4
Build more police posts	3	3.5
Arrest people involved in corruption	9	10.5
Increase Women education	2	2.3
Increase the number of police men in the area	4	4.7
Women should speak out on issues of GBV	7	8.1
Encourage victims to report cases	1	1.2
Even women that are found guilty of violence should be arrested	1	1.2
Arrest parents that force marriage on their children	1	1.2
Some beliefs should be done away with and Traditional leaders should also be reached out	2	2.3
Village leaders should stop discussing GBV cases among themselves	5	5.8
Males should not suppress their feelings just because they are men	2	2.3
No response	2	2.3

WHO reported among other health consequences of Violence against women to have fatal results and can lead to injuries, with 42% of women who experience intimate partner reporting an injury as consequences of this violence. Violence, and the fear of violence, severely limits women's contribution to social and economic development, thereby hindering the achievement of the Sustainable Development Goals and other national and international development goals.

## Observations by household respondents

The United Nations Population Fund (UNFPA, 2008) identified policymaking and legal protection, addressing GBV through sexual and

reproductive health programs, building violence prevention into humanitarian responses in conflict and natural disasters, Joining hands with faith-based networks and traditional cultural leaders, sharpening the focus on the most vulnerable and marginalized people reaching out to adolescents and youth, sending messages to men and boys about gender equality and zero tolerance for abuse in order to address gender-based violence.

Women are also encouraged to speak out against gender-based violence and to get help when they are victims of it.

## Stakeholders responses

### Definition of gender-based violence

According to IGWG of USAID, (2016). the term gender-based violence is widely used as a synonym for violence against women, in order to highlight the gender inequality in which much violence is rooted. Gender- Based violence refers to violence perpetrated between people of the opposite sex Stakeholders were asked to define Gender-based Violence as they understood it and the following were their responses;

- Any harm caused to the other person because of their sex status
- An action perpetrated to the opposite sex
- An action that victimizes the right of an individual male/female
- Harm caused to another person in private or public life

### Existence of GBV

Stakeholders were asked to state whether Gender-based Violence existed or not. According to *figure XVII* 90% of the respondents admitted that gender-based violence indeed exists while 10% were not aware of its existence.

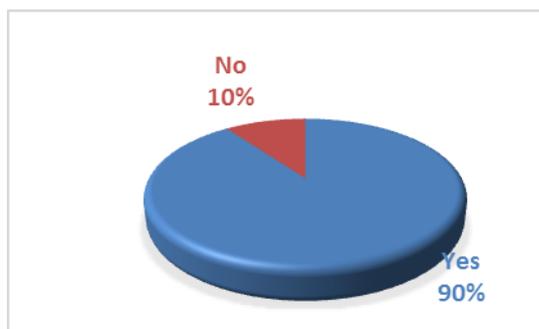


Figure XVII – represents existence of GBV

### Cases received in the past 12 months

Stakeholders like the Victim Support Unit, School headmasters, nurses, counsellors, and also the church among others were asked to state how many cases of gender-based violence they received in the past one (1) year and 120 violence cases were recorded in total.

Table 3: number of cases received in the last 12 months

Institutions	Number of GBV cases received in the past 1 year	Freq.
7 stakeholders reported GBV cases	120	7

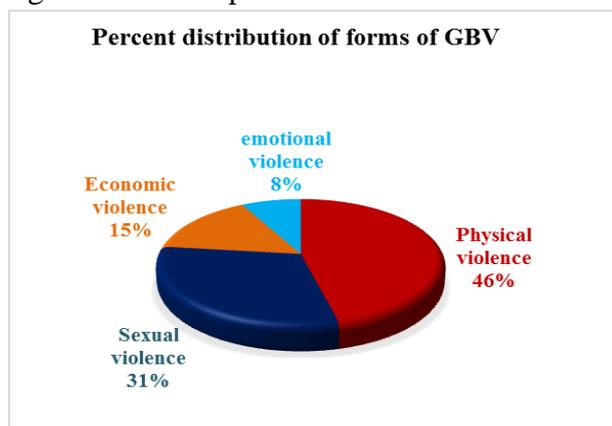
### Forms of gender-based violence

The Population Council (2008) identified the following forms of GBV.

- **Physical violence:** slapping, kicking, hitting, or use of weapons.
- **Emotional violence:** systematic humiliation, controlling behaviour, degrading treatment, threats.
- **Sexual violence:** coerced sex, forced sexual activities considered degrading or humiliating.

- **Economic violence:** restricting access to financial or other resources with the purpose of controlling a person (World Bank purpose of controlling a person (World Bank Gender and Development Group))

Figure XVIII – represents forms of GBV



According to the research conducted in Matero Township, there exist a number of forms of Gender-based Violence and among them according to the respondents are as shown in figure XVIII above.

### Ages most prevalent with GBV

When stakeholders were asked which age was most prevalent with violence, the pie chart below clearly holds a description that 30% were 25-29 years

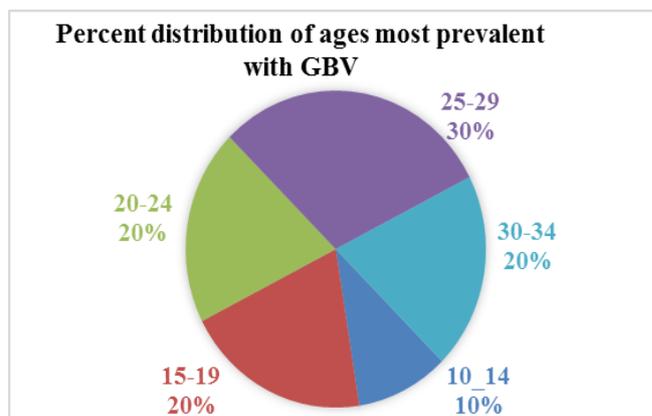


Figure XIX: pie chart: Percent distribution of ages most prevalent with GBV

## Where is GBV more prevalent?

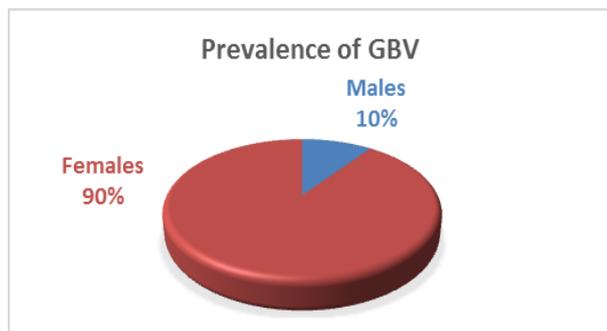


Figure XX: Distribution of where GBV is more prevalent (male or female)

Numerous studies show that gender-based violence are more prevalent in females than males. To support this notion, the diagram below shows that 90% of the stakeholders admitted that GBV is actually more prevalent in females than males while 10% said its existence was more in males than in females.

Research studies conducted in six African countries Leach et al (2003) show that between 16% and 47% of girls in primary and secondary schools report sexual abuse or harassment, with both male fellow students and male teachers responsible for the abuse while 20% of female students in Botswana reported having being asked by teachers for sexual relations. In Cameroon, 8% of sexual abuse towards girls was accounted for by teachers (Leach, 2003). The DHS survey in South Africa, surveying women between 15 and 49 years of age, found that 37.7% of all rape victims identified a teacher or principal as the rapist (Medical Research Council, 2000). From these statistics, it can clearly be seen that females are more likely to experience GBV than males.

Women are viewed to agree whatever men tell them	1	7.69
Dependency of women on men	5	38.46
Poor communication in their marriages	1	7.69
Women are too selfless that's why men take advantage of them	1	7.69
Illiteracy among women	1	7.69
Poverty	2	15.38
Technology	1	7.69

**Table 4: Distribution of why GBV is more prevalent in females than males**

The following were the causes of Gender-based violence according to the stakeholders.

Causes of GBV	Freq.	Percent (%)
Dependency of women on men	1	6.67
Technology (Phones,	4	26.67
Failing to understand the views of each other	1	6.67
Fighting for equal rights	1	6.67
Lack of education/ Too high levels of illiteracy	4	26.67
Poverty	3	20
Lack of self-control	1	6.67

**Table 5: distribution of causes of GBV**

Studies across the globe identify a consistent list of events that are said to cause violence and these include: not obeying her husband, talking back, not having food ready on time, failing to care adequately for the children or home, questioning

Why violence is more prevalent in Females than males	Frequency	Percent (%)
Women are powerless	1	7.69

him about money or girlfriends, going somewhere without his permission, refusing him sex, or expressing suspicions of infidelity.

Recommendation to reduce GBV	Freq.	Percent (%)
Educate women and girls	4	36.36
empower women with income generating activities	2	18.18
sensitization about the dangers of GBV should be done extensively	3	27.27
corruption in courts and in violence supporting Units must cease	1	9.09
The law is too stiff and exaggerated	1	9.09

### Impact of GBV on an individual victim

According to the household respondents, the following were some identified impacts on the individual.

Impact of GBV on victims	Freq.	Percent (%)
Brings about diseases like STIs, HIV/AIDs	3	20
Low self esteem	2	13.33
Cause death in some cases	2	13.33
Divorce	1	6.67
Deformation of body due to injuries from violence	1	6.67
Causes people to stop school	4	26.67
Intimidation	1	6.67
brings about inferiority,	1	6.67

**Table 6: Distribution of impacts of GBV on the victim**

### Roles played by institutions to reduce GBV

The Women's group offers programs on agriculture and cooking which help some women to be empowered
The Dorcus mothers have programs which sensitizes the importance of living in harmony.
Police arrest the perpetrators though some cases are never reported to the police.
The court send perpetrators that are found guilty to prison though sometimes cases like rape and defilement are hard to prove.
The Victim Support Unit offers counselling to the victim and ensures that they are protected against violence.
sensitize about the dangers of Gender-based Violence around the community
Different stakeholders gave different recommendations on what should be done to reduce gender-based violence

**Table 7: distribution of institutions fighting against GBV**

Institutions fighting against GBV	Freq.	Percent (%)
SWAZ	1	10
Catholic church	1	10
Education	1	10
The Victim Support unit	2	20
The magistrate court, Society for Women	1	10
The police	2	20
The women's hope	1	10
The Dorcus mothers of the Seventh-day Adventist church	1	10

## IV. DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

### OVERVIEW

The purpose of this study was to explore in detail the effectiveness of the church led psycho-social counseling program given to victims of Gender-based Violence.

This research report highlighted the “Prevalence of Gender-based Violence: Generally, Gender-based Violence programming in Zambia is in the early stages of development. Despite huge contributions by the government, Church and NGOs, large gaps remain in programming across all sectors.

### Discussions

There is no universal definition of Gender-based Violence offences; this allows judges in courts to have wide interpretation leading to inconsistency in their decisions. This idea seems to support injustice in the way cases of Gender are handled in that; some perpetrators seem to have been favoured while others seem to have been over punished and yet they might have done similar crimes.

There's no standardized data collection to monitor GBV incidents and/or adequacy of response. There's very little research on violence against men hence, difficulties in quantifying the most vulnerable to Gender-based Violence, therefore, there's need to conduct more research on violence against men.

Looking at the poverty levels in the district, the perpetrators of Gender-based Violence go unreported because they are usually the ones that provide food for the families and the victims fear to remain in poverty if they (perpetrators that could be intimate partner, husband or uncle) are jailed life in prison.

Despite having few supporting units, counseling services are not widely available to survivors of Gender-based Violence. There are few or no private rooms where survivors/victims are

interviewed and insufficient numbers of gender-based trained police officers to conduct interviews. The limited resources result in difficulties in providing adequate services to survivors/victims, therefore there's need to invest more resources.

Many women note that religious leaders tend to promote reconciliation regardless of the danger this poses to women in violent relationships. Transforming masculinities to end violence against women touches upon deeply ingrained social norms and thus requires an informed and holistic approach.

General hospitals lack adequate drugs, equipment and supplies to diagnose or treat problems associated with Gender-based Violence. This means that survivors/victims have to pay for medical forensic examination where such a service is not available and at a time of this research, the service could be accessed mostly in private clinics and hospitals adding more expenses and losing time for evidence to be processed for lack of funds to pay at these private health facilities.

### Conclusions

The study findings confirm that GBV is common amongst Christians and church faithful are no safe from domestic violence. It also confirms that many victims approach church leaders for support and intervention when facing violence in their homes. The study confirmed that majority of church leaders have a good understanding of what domestic violence and can identify both physical and non-physical forms of violence. However, whereas the church leaders know and understand domestic violence, some still view it as a private affair / that does not warrant referral to the legal justice system. There is an overwhelming indication by respondents that the church has a major role in the prevention of domestic violence as well as the response to it. Participants did acknowledge that religious beliefs play a crucial role in domestic violence. It can help or hinder

efforts that seek to establish non-violence in relationships.

The study reveals that church do not have a framework or guidelines that guide the clergy on how to address GBV. This is except the Catholic Church which in its canon law covers issues of violence in the family. There are no guidelines whatsoever to guide the clergy and there is a lack of theological guidelines to address problematic teachings and misinterpretation of scriptures. The lack of guidelines leaves individual pastors to determine how they respond to domestic violence and this leaves room for subjectivity, stemming from individual biases and may affect the effectiveness of the support. Nearly all clergy responding to this have undergone training in theological studies while others have undergone counseling training.

On the other hand, the effectiveness of the church in dealing with domestic violence is doubtful due to the fact that counseling on GBV is purely voluntary and the church has no way of ensuring that perpetrators of violence actually receive counseling. Secondly the church has no punitive power so it cannot effect any retribution to perpetrators of violence.

## **Recommendations**

### **The Church**

It will be important for the church to begin to address broader gender issues and begin to recruit and train their pastors on gender equality issues. Such trained pastors or team will help address all the related issues and inform the church of critical theological and practical issues to address.

Secondly, the church must develop policies, procedures and guidelines for its leaders to address issues around domestic violence. Guidelines on interventions must be practical with step by step points to follow when clergy encounters such a family or relationship crisis.

Third, the church needs to conduct on-going in-service training for its pastors on the emerging societal problems such as domestic violence. Many of the respondents mentioned on-going training as a key factor that would make their support to domestic violence victims more effective. Finally, the church also needs to create partnerships and linkages with other organizations offering services to victims of domestic violence and through these partnerships for a broad-based network for information sharing, and referrals.

### **Theological colleges**

Theological colleges need to revisit the aims and content of theological training of clergy to ensure that curricula also prepare them for real life issues such as domestic violence and other social evils. This is a crucial part of the formation of the church leadership, and shapes the future of the church and family life. They will need to explicitly include violence in the family as a key module for training. The study revealed that current pastoral training is general in nature and does not really touch on violence in the family.

### **Frequent sermons calling for prevention of violence**

There was also strong feeling that pastors can play an important role in prevention of domestic violence through their sermons in church. Many pastors indicate that more church leaders should make a deliberate effort to include messages against violence in their sermons more often while at the same time inviting professionals in the field to speak about it from their pulpits.

### **Use existing small groups within the church**

The study respondents also recommended that the church makes use of existing institutions like the women's guild, men's and women's fellowships, youth and couples' seminars to reach out to women and girls who may be victims of GBV. These groups provide a safe space where women can

speak out about abuse and violence. Similarly, the church should reach out to men. Working with men to change their behaviour is an important part of the solution to the problem of violence against women. This can focus on establishing treatment and rehabilitation program for men who batter. Encourage men to examine their assumptions about gender roles and masculinity and become agents for the change in the community.

Further, ending violence against women means changing community norms, cultural attitudes and beliefs that give rise to men's abusive behaviour towards women and that permit it to persist. This causes for consensus in society that violent behaviour is wrong. The church and other institutions can change the perception often deep-seated that it's unconscious that women are fundamentally of less value than men.

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