

Research brief: social norms that drive IPV and early marriage in three districts of Zimbabwe

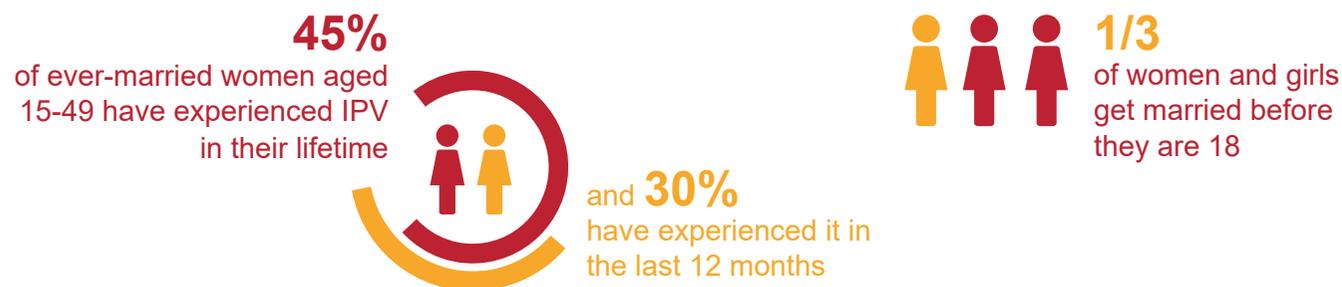


This research brief presents key findings from a study on social norms that drive intimate partner violence (IPV) and early marriage, conducted to inform the design of a gender-based violence (GBV) prevention and response programme in Zimbabwe called 'Stopping Abuse and Female Exploitation' (SAFE). The findings and implications are targeted towards organisations wishing to address social norms in their GBV prevention and response work.

The Context

IPV is the most reported form of GBV in Zimbabwe and includes physical, sexual, economic and emotional abuse by an intimate partner.

In Zimbabwe:



SAFE's primary aim is to reduce the prevalence of IPV driven by economic insecurity and harmful social norms, and to improve family wellbeing. The programme also targets early marriage and other forms of GBV.

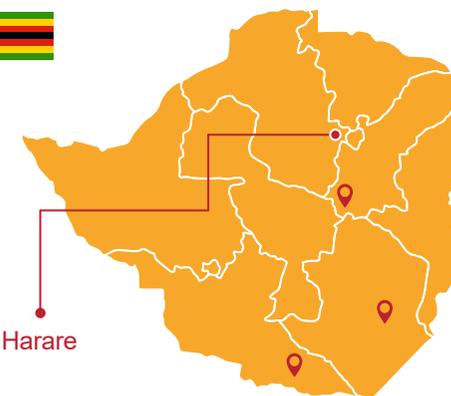
toose SAFE's prevention and response model, Toose, is based on an adapted GALS+ (Gender Action Learning System) approach that operates at three levels by promoting:

- 1) **Change at the household level** through Internal Savings and Loans Schemes (ISALs) to improve household financial resilience, and working with family members to reflect on gender roles and managing family conflict.
- 2) **Change at the community level** by encouraging Toose champions to take collective action on common issues and supporting community influencers to promote a more gender equitable approach to family life.
- 3) **Survivors' access to services** by tackling critical barriers to these services.

The SAFE programme



Implemented by:



The study



SAFE's Evaluation and Learning Unit (ELU)



SAFE's ELU supports the programme by testing the effectiveness and impact of the intervention model, and producing learning about what works in GBV prevention and response in Zimbabwe.

In 2021, the SAFE ELU conducted a study on social and gender norms that drive IPV and early marriage in SAFE's implementation districts to inform the design of the programme.

Methodology

The study used a vignette approach to explore:

- 1) Gender and social norms that drive, or that may prevent, IPV and early marriage;
- 2) Norms that help or prevent survivors accessing help;
- 3) If and how social and gender norms that influence GBV differ for women and girls in vulnerable groups, including those with disabilities and those living with HIV/AIDS.

We interviewed **115 people in the community**, including:

Married men and women **< 25 & > 25** years' old;

Unmarried men and women **< 25 & > 25** years' old;

Women with HIV.

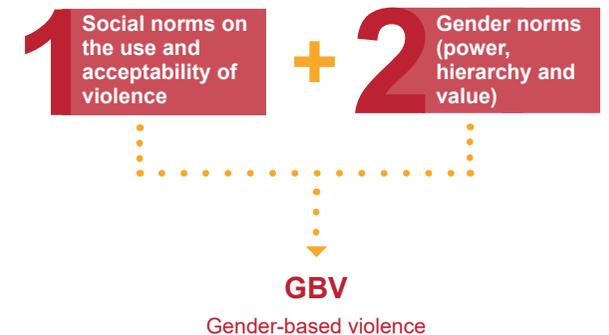
and **23 members** of local government, community leaders and members of local non-governmental organisations.

What are social norms?

Social norms are shared beliefs in a group, community or society about what others do and what others should do.

In line with the UK's 'What Works to Prevent Violence Against Women and Girls' global programme, this brief explores two types of social norms that interact to drive GBV:

- 1) **Social norms** around the use and acceptability of violence;
- 2) **Gender norms** around the expected gender roles and dynamics in a relationship, especially related to power, hierarchy and value.



Findings



1) Norms that drive, or that may prevent, IPV and early marriage

- Marital status is of paramount importance and dictates how women especially are expected to behave. Married women are expected to be subservient and submissive. Men, ultimately, control the relationship. This unequal power dynamic is facilitated by the payment of lobola (bride price).
- A man is sometimes seen, therefore, as being justified in perpetrating IPV, to 'correct' or punish his wife if she does not behave in the way that is expected of her as a married woman.
- Both IPV and early marriage are seen as 'wrong' but are perceived to be household concerns rather than community matters.

Economic and Emotional IPV

were reported to be prevalent. Men's perpetration of economic IPV, specifically the withholding of money, was explicitly linked to gendered norms related to both men and women's behaviour. The expected role of men as dominant is a harmful norm that drives the perpetration of economic IPV because **men withhold money from their wives / partners to punish perceived 'bad' behaviour** such as cheating on their husband, and spending money in ways that do not benefit the household.

However, **the expected role of men to provide for their families also serves as a protective norm.**

Respondents reported that economic IPV is perceived to be unacceptable because of the negative impact withholding money has on children. This type of violence therefore transgresses the gendered expectations that of men should provide for their families.

Physical and sexual IPV

were reported to be less common than economic or emotional IPV but still prevalent. Physical and sexual IPV were especially believed to be **triggered by women's transgressions of their perceived sexual responsibilities** to their husbands/partners by refusing sex or cheating. There is a strong perception that sex is a desire that a man has the right to satisfy.

Consequently, sexual IPV is not always acknowledged, and **forced or coerced sex is therefore sometimes accepted in a marriage** or intimate relationship. Almost all men felt that forcing sex was bad. However, many respondents reported that **the perceived solution to sexual IPV is for women to want to have sex**, rather than for men to accept when women do not want to.

Early marriage is reportedly driven by both household poverty and girls' pregnancy. **Early marriage is also facilitated by men's dominance and decision making in the household.** This dominance disempowers girls, providing them with little opportunity to challenge the marriage, and often represents a financial transaction between the girl's father and her future husband (lobola/bride price). **The study found an inconsistency between perceptions that early marriage is unacceptable, and the high prevalence of early marriage.** This could be an example of social desirability bias but may also represent discord between social attitudes and behaviours. Members of the Apostolic Church were reported to encourage the marriage of younger girls aged 12-15.

Findings



2) Norms that influence GBV for women and girls in vulnerable groups, including those with disabilities and those living with HIV/AIDS

Generally, HIV or disability status were not reported to significantly affect behaviours or social norms related to IPV or child marriage.

There were two main exceptions:



If a woman discloses that she is HIV positive during marriage, this is seen as evidence of her infidelity – even though the infection could have come from the man’s own extra-marital affairs. Infection or diagnosis during marriage could result in IPV, because a man might blame his wife for the HIV infection.



The perpetration of physical IPV against a woman who has a disability is seen as a “taboo” and is more likely to be seen as unacceptable than IPV perpetrated against an able-bodied woman.

3) Norms that help or prevent survivors access

- ▶ Only physical IPV – and especially repeated, severe physical IPV – was seen as a justification for survivors seeking help from others in the community.
 - ▶ Fear of reprisal violence and judgement from the community are two key barriers that survivors face in accessing help.
 - ▶ The social norm that household matters should be dealt with privately inside the home means that the community rarely intervenes in cases of early marriage or IPV.
 - ▶ This social norm also limits the potential for reference groups to influence decisions related to IPV or early marriage. However, the study also highlighted the role of paternal Aunties and other female relatives as having some influence over men’s attitudes and behaviours related to intimate relationships and decisions about early marriage.
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Conclusions and implications for GBV programmes



Conclusion:

Implication:

There are deep-rooted gender norms related to the unequal power dynamics in marriages and intimate relationships that facilitate the perpetration of all types of IPV.



Interventions should work with both men and women in couples and support them to critically reflect on power within the partnership and build healthy, equitable relationships.

Both IPV and early marriage go unchallenged because they are seen as private, household matters, not community problems.



GBV prevention programmes that work with couples or at the household level should explore ways to expand this work at the community level, including through community mobilisation, activism or dialogue approaches that challenge the norm that GBV is a private matter. Engaging with the right reference groups is critical to challenging this norm and influencing couples' behaviour.

Early marriage is driven by a range of factors, particularly adolescent girls' pregnancy and economic stress that is alleviated by receiving bride price for a girls' marriage or reducing household expenses. Despite early marriage being common, it is also widely disapproved of.



Multi-component interventions may be required to target the multiple drivers of early marriage, including economic interventions that alleviate household economic stress, sexual and reproductive health activities to reduce pregnancy among adolescent girls, and social norms activities that capitalise on existing perceptions that early marriage is unacceptable.

