

# Research Brief

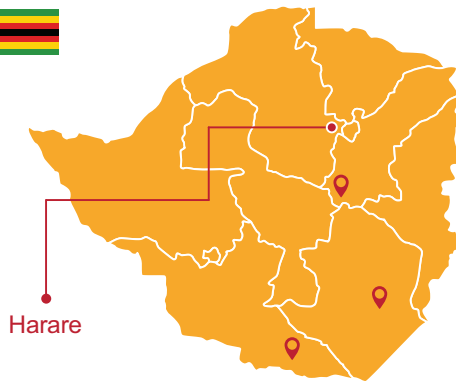
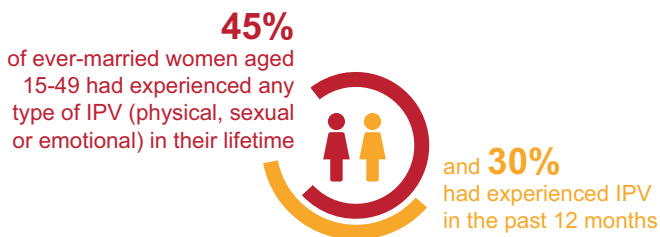
## Drivers of intimate partner conflict and violence in three districts of Zimbabwe

*This research brief presents key findings from the quantitative and qualitative baseline evaluation of a gender-based violence (GBV) prevention and response programme in Zimbabwe called ‘Stopping Abuse and Female Exploitation’ (SAFE). The brief is targeted towards researchers and practitioners working on the prevention of GBV in Zimbabwe.*



### Background

GBV is widespread in Zimbabwe, particularly intimate partner violence (IPV). According to the 2015 Zimbabwe Demographic and Health Survey (ZDHS):



Harare



2019-2023



**3 districts:**

Chiredzi, Chikomba, Mwenezi

The Stopping Abuse and Female Exploitation (SAFE) programme, funded by the UK Foreign, Commonwealth and Development Office (FCDO), is a social and economic empowerment GBV prevention programme that also includes GBV response elements. The programme aims to increase family wellbeing and reduce IPV in three districts of Zimbabwe: two rural districts (Chikomba and Mwenezi) and one urban district (Chiredzi).

### The SAFE programme



Implemented by:

ECORYS



Knowledge for action: The power to make a difference

### SAFE's Evaluation and Learning Unit (ELU)

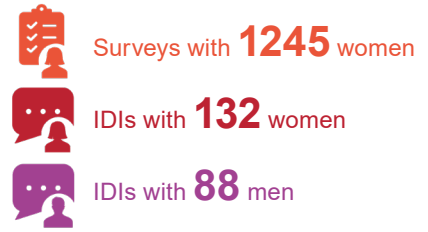


**TETRA TECH**  
International Development



## Methodology

This brief draws from the findings from the SAFE Evaluation and Learning Unit's baseline study. The methods included a survey with women participating in SAFE, and 220 qualitative in-depth interviews (IDIs) with a sample of women from the baseline survey and the partners of those women currently in a relationship. Respondents included unpartnered women, women and men in a couple and women and men in polygamous marriages.



## Findings

The baseline research found a number of key drivers of conflict between intimate partners that often lead to IPV. A selection of some of the most significant drivers or risk factors for conflict and IPV is presented in this brief, alongside an analysis of some of the pathways between drivers and women's experience/men's perpetration of IPV.

### Conflict over finances and household spending



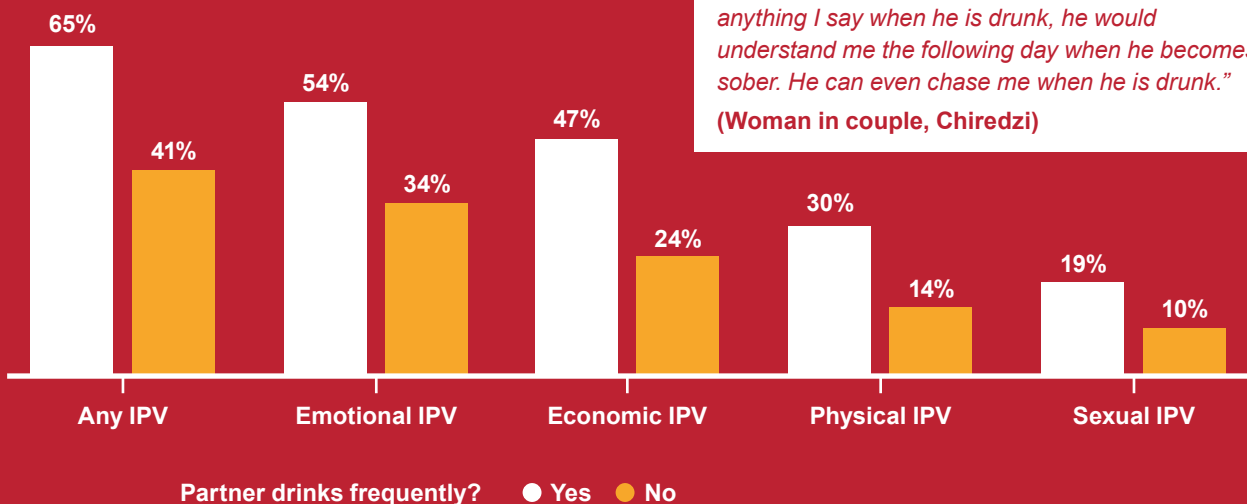
Finances and household spending patterns are the primary causes of disagreements between men and women in a relationship. The irregularity of income and consequent economic instability is often a concern in families and a stressor for couples. Disagreements about finances are also linked to the transgression of gendered roles and responsibilities. For instance, men's perceived failure to uphold their gender roles in relationships, like earning money to provide for the family, often leads to arguments. Women also spoke about their partner's abuse of money, including spending household income on alcohol or girlfriends. Similar types of disagreements about finances occur in both monogamous and polygamous households, with the exception that in polygamous marriages, the unequal division of income between wives (or perception and accusation of this) is an additional factor that leads to arguments.

### Alcohol as a driver of conflict and IPV



Of the women who said their partners drink frequently, 47% had argued with their partner about his drinking over the past 12 months, and 19% had done so many times. There is a positive correlation between men's alcohol consumption and IPV: women with a partner who drinks at least 2-3 times per week are 1.7 times more likely to experience any form of IPV. IPV prevalence is also higher among women who quarrelled many times with their partner over their drinking (93%) compared with women who never quarrelled (43%). The qualitative data confirmed that men being drunk or under the influence of alcohol often leads to their perpetration of physical and emotional IPV. This often happens when men lose their temper when drunk, including when women confront them about their drinking and spending household income on alcohol, or when women fail to conform to gender norms, such as challenging men's authority and control.

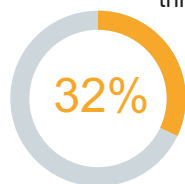
Association between partner's drinking and women's experience of IPV



*"If he is drunk, he is troublesome. If I come back from wherever I am coming from he might just start yelling at me saying I came home late but if he is not drunk, he does not do that. He does not understand anything I say when he is drunk, he would understand me the following day when he becomes sober. He can even chase me when he is drunk."*  
(Woman in couple, Chiredzi)

## Real or perceived infidelity as a driver of conflict and IPV

Real or perceived infidelity of both partners dominates discussions about IPV, and the primary justification for physical IPV is a woman being unfaithful: a third (32%) of women participating in the survey said that physical IPV is justified if a woman is unfaithful. The qualitative data suggests that the justification for physical IPV if a woman cheated on her partner is even stronger among women than men.



The relationship between (real or perceived) infidelity, conflict and violence manifests in various ways:

**Women and their partners often argue about men's use of household income on girlfriends.**

**Women may confront their partners with accusations of infidelity, which often leads to men perpetrating physical IPV.**

**A woman's refusal of sex often leads to the husband suspecting his wife of infidelity, which can lead to physical IPV.**

**A woman's fear of physical IPV can lead her to accept unwanted sex or give in to the sexual demands of her partner to prevent him from seeking sex outside of the relationship.**



The onus of justifying the refusal of sex, as well as the implications of refusing sex, mostly falls on women. Despite providing what are perceived to be 'valid' reasons for refusing sex, women may still face negative consequences. These include men's accusations of women's infidelity, which is used as a strong justification for the perpetration of physical IPV, and threats by men to satisfy their sexual needs elsewhere, which can put women at risk of contracting sexually transmitted infections.

*"It is very difficult for men to not have sex when they have put their mind to it, so I will just lay down and he does his thing and I sleep so as to avoid getting him angry or going outside of our marriage for sex as it will bring STIs."*

(Woman in a couple, Chiredzi).

## Gender norms around power and hierarchy and the justification of IPV

Women's past year experience of IPV is significantly associated with justification of physical IPV in only one scenario: a man beating his wife/partner if she disobeys him. The qualitative data confirms that the justification of violence is closely linked to gender norms around men's power and hierarchy over women. Violence against women is considered legitimate when their conduct is deemed 'disrespectful' towards their partners, they fail to fulfil their wifely duties (e.g., household duties) or when they are perceived as 'unreasonable'.

Physical IPV is often triggered by women challenging the authority and power of their partner, including by confronting them over perceived infidelity or misuse of money. The justification for economic IPV is also linked to norms around men's power and authority within the household, including gender norms that position men as active economic providers and women as passive providers that lack the rationality to make wise financial decisions, thus leading to justifications for men's control over finances and economic decision making.

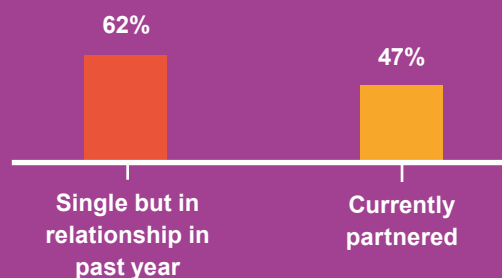
*"[A legitimate reason might be] to instil fear in them and know that there is a man in the house who does not tolerate nonsense."*

(Man in a polygamous marriage, Mwenezi)

## Differences in IPV prevalence according to relationship status and type

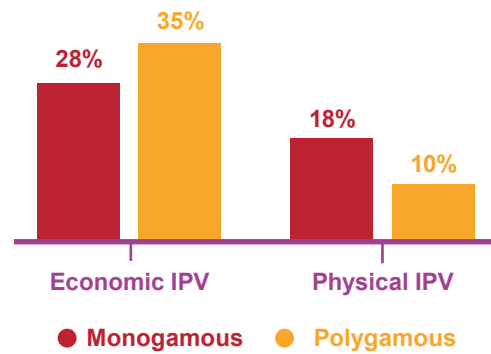
Relationship status and type intersect with women's IPV experience in various ways. IPV prevalence is higher among currently single women who had been in a relationship in the past year (62%) when compared with currently partnered women (47%). This could indicate that experience of IPV can lead to separation among some women.

IPV prevalence by relationship status



Women in polygamous marriages are more likely to report experience of economic IPV than women in monogamous marriages, and less likely to report experience of physical IPV. These differences are not significant, likely because of the small sample size for women in polygamous marriages; however, the pattern observed for economic IPV is consistent with the qualitative data. Economic IPV is linked to competition or conflict between wives over household economic resources and perceptions of unequal distribution of resources between wives. While how income is divided may differ from household to household, women in polygamous marriages often said that their partners are partial towards one wife in particular or those with younger children.

Association between IPV and relationship type



## Relationship between IPV and payment of lobola

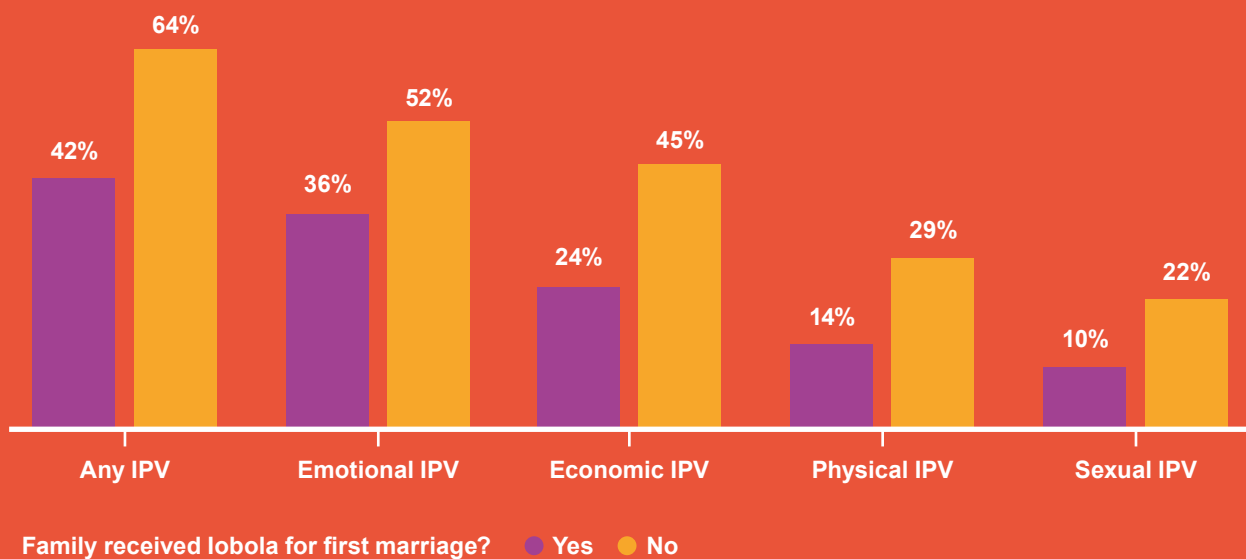
There is a negative relationship between payment of lobola and IPV. The prevalence of all types of IPV is higher among women whose family was not paid lobola for their first marriage when compared with those women whose family received lobola.



While the topic of lobola is not a focus of the research, some examples did emerge in our data. Some of our data suggest that economic decline in Zimbabwe has restricted men's ability to pay lobola and this has led to women feeling that they or their families are being disrespected. This could then lead to conflict within the couple.

However, other respondents suggest that the payment of lobola is linked to men's sense of 'ownership' of and rights over their wives. For example, some respondents supported the notion that it is a woman's role to serve her husband sexually and that a man is permitted to hit his wife if lobola has been paid.

Prevalence of women's past-year IPV experience by whether their family received lobola for first marriage



# Nuanced relationship between decision making and IPV



Higher prevalence of IPV is associated with women earning more than their partner, and sole decision making (whether by the woman or her partner) about how to use women’s or men’s earnings and about major household purchases. Joint decision making, women’s input into decision making and their ability to make their own decisions if they wanted to, are associated with lower prevalence of IPV.

The qualitative data shows that these patterns are nuanced and that sole decision making is not necessarily a good proxy for women’s empowerment given that decision making itself is highly gendered. Women typically lead decision making about purchasing food or other household needs linked to domestic work (e.g., kitchen equipment or utensils) while men more frequently lead decision making about major purchases related to mobility (e.g., bicycles or cars) or work outside the house (e.g., agricultural equipment). When women are the main

decision makers about a certain issue, they are still expected to consult their partner. This process of ‘consultation’ is often framed as men ‘knowing better’ than women about the issue at hand. These perceptions are particularly common when women make decisions about things that are stereotypically related to men.

While our quantitative data shows that joint decision making is associated with lower prevalence of IPV, this does not necessarily imply that women are empowered through joint decision making. This is evident from how disagreements about decisions that are being made jointly are handled. One of the most common ways is for women to back down and, ultimately, accept their partner’s decision due to perceptions of men’s power and authority and, sometimes, to avoid violence. As one woman in Chikomba said: “If you disagree with (the) man they can hit you, so you let him do it even if you did not want to”.



## Female respondent...

Partner usually decides how to use her earnings	<b>Woman more likely to experience all different forms of IPV</b> (Physical, Sexual, Emotional and Economic)
Partner usually decides how to use his own earnings	
Usually decides about making major household purchases	
Partner usually decides about making major household purchases	
Usually decides jointly with her partner about major household purchases	
Earns more than her partner	<b>Woman more likely to experience IPV except sexual IPV</b>
Usually decides how to use her own earnings	
Usually decides how to use her partner’s earnings	
Usually decides jointly with her partner about how to use her earnings	<b>Woman less likely to experience all different forms of IPV</b> (Physical, Sexual, Emotional and Economic)
Can make her own decisions about using her earnings (if she wants to)	
Usually decides jointly with her partner about how to use his earnings	
Has input into decisions about using her partners’ earnings	
Has input into decisions about major household purchases	
Can make her own decisions about major household purchases (if she wants to)	



The findings highlight the importance of understanding the process through which women and men negotiate and arrive at decisions when analysing the extent to which decision making is empowering for women. The associations between women inputting into decisions or making their own decisions if they want to and lower IPV prevalence may indicate that women’s participation in the process of decision making and ability to contribute to decisions they care about are more important protective factors than final decision making per se.





## Conclusion

The baseline research shows that there are multiple drivers of conflict and violence within intimate relationships in the three districts in Zimbabwe. Some of these drivers are consistent with the wider evidence on IPV in Zimbabwe and internationally, while others paint a more nuanced picture of multiple potential pathways between drivers/risk factors and violence.



The research confirms **a strong relationship between male partners' frequent alcohol consumption and all types of IPV**, as well as conflict in the couple as a result of men's drinking. This relationship is well established in both the international and national literature.<sup>1</sup> We found two main pathways between alcohol use and IPV. One pathway is conflict in the couple over men's use of alcohol that deviates money away from household needs. Another pathway is through alcohol use exacerbating men's anger over other triggers, such as women behaving in ways that do not conform to gendered norms, such as challenging men's authority and control.



The research confirms that **jealousy and concerns about infidelity are key drivers of IPV** and has identified several pathways through which jealousy and infidelity lead to IPV in Zimbabwe.<sup>2</sup> For example, one pathway is men's perpetration of IPV when their partner confronts them or challenges their decision to have girlfriends or take a second wife. Another is women lacking agency to negotiate sex or being forced or coerced to have sex to avoid their partner having extra marital affairs or avoid suspicions of their own infidelity if refusing sex.



**Our findings are mixed with regards to the relationship between IPV and lobola.** While there are indications that payment of lobola confirms the perception of men's ownership of or power over their wives, there is both quantitative and qualitative evidence to suggest that men's inability to pay lobola may lead to intimate partner conflict and women's feelings of being disrespected. The global and regional evidence suggests that IPV is higher among women whose families are paid bride price due to men's greater feelings of dominance and ownership over their wives when an economic exchange between marital families has taken place.<sup>3</sup> However,

our research appears to indicate that **lobola payment could be both a risk factor and protective factor for IPV**. More research is needed to understand the pathways for each type of association, including for whom and why payment or non-payment of lobola may lead to increased risk of IPV.



The research found that **women making sole decisions or earning more than their partner are associated with higher prevalence of IPV**, which is line with the evidence in Zimbabwe that shows a relationship between some women's empowerment outcomes and IPV.<sup>4</sup> This may be due in part to men feeling threatened and reacting negatively against women's power over income, decision making or other household issues.<sup>5</sup> The research also found that while joint decision making is associated with lower IPV prevalence, this does not necessarily imply gender equality in process or outcome as **men's and women's involvement in decision making is highly gendered and unequal, even when described as having been conducted jointly**. That women's inputs into decisions and ability to make their own decisions about issues that they value are linked to lower prevalence of IPV may indicate that agency (rather than decision making per se) is a protective factor against women's experience of violence. These elements of decision making are recognised in the literature as important indicators of women's agency, of which 'final' decision making is not necessarily an accurate measure.<sup>6</sup> However, additional research is needed to further understand these dynamics in Zimbabwe.



<sup>1</sup> Ramsommar, L., Gibbs, A., Machisa, M. et al. (2019) Associations between Alcohol, Poor Mental health and Intimate Partner Violence. Evidence Review. What Works to Prevent Violence Against Women and Girls Global Programme; Zimbabwe National Statistics Agency and ICF International (2015) Zimbabwe Demographic and Health Survey 2015. ZimStat and ICF International. Harare, and Rockville, Maryland, USA; Machisa, M. & Chiramba, K. (2013) Peace Begins @ Home: Violence Against Women (VAW) Baseline Study, Zimbabwe. Harare: Ministry of Women's Affairs, Gender and Community Development; Machisa, M. & Shamu, S. (2018) Mental ill health and factors associated with men's use of intimate partner violence in Zimbabwe. BMC Public Health, 18: 376.

<sup>2</sup> Pichon, M., Treves-Kagan, S., Stern, E. et al. (2020) A Mixed-Methods Systematic Review: Infidelity, Romantic Jealousy and Intimate Partner Violence against Women. International Journal of Environmental Research and Public Health, 17, 5682.

<sup>3</sup> Chireshe, E. (2015) Christian Women's Experiences of Domestic Violence in Zimbabwe. Journal of Women and Social Work, 30(3): 380-394; Matavire, M. (2012) Interrogating the Zimbabwean traditional jurisprudence and the position of women in conflict resolution. A case of Shona tribes in Muzarabani district. International Journal of Humanities and Social Sciences, 2(3):218-223; and Mesatywa, N.J. (2014) Validating the evidence of violence in partner relationship with regard to Xhosa women. Social Work, 50(2):235-257.

<sup>4</sup> Shamu, S., Shamu, P. & Machisa, M. (2019) Factors associated with past year physical and sexual intimate partner violence against women in Zimbabwe: results from a national cluster-based cross-sectional survey. Global Health Action, 11: 59-68

<sup>5</sup> Iman'ishimwe Mukamana, J., Machakanja, P. & Kofi Adjei, N. (2020) Trends in prevalence and correlates of intimate partner violence against women in Zimbabwe, 2005-2015. BMC International Health and Human Rights, 20:2; Fidan, A. & Bui, HN. (2016) Intimate Partner Violence Against Women in Zimbabwe. Violence Against Women, 22(9): 1075-1096.

<sup>6</sup> Donald, A. et al. (2017) Measuring Women's Agency. Policy Research Working Paper 8148. World Bank Group.