

Social Construction of Gender Based Violence Against Women and Girls in Low-Income Households of Zvishavane, Zimbabwe

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ABSTRACT

This paper sought to assess the social construction of Gender-Based Violence (GBV) against women and girls in low-income community with specific reference to Zvishavane, Midlands Province in Zimbabwe. A qualitative approach was adopted to probe deep into the experiences of women and girls exposed to GBV in the study area. A questionnaire survey was conducted to 25 girls and 25 women. Data were also gathered through focus group discussions and key informant interviews. The study find out that GBV against women and girls is a socially- constructed community challenge which is fuelled by imbalanced social relations, unequal access to resources and power dynamics, poverty and limited access to justice. The study also find out that the consequences of GBV against women and girls are not only physical but also psychological and socioeconomic. The study concluded that most women and girls subjected to GBV end up being affected by psychological traumas and stresses while they are also subject to social and economic challenges. Furthermore, the study concluded that victims of GBV can be preoccupy themselves through social relationships, resorting to law enforcement agencies, engaging into small businesses and seeking counselling services as coping mechanisms. The study recommended that policies against GBV should be anchored on rigorous analysis of the social relations which are identified as determinants of GBV against women and girls.

Keywords: Gender-Based Violence, Social Construction, Social Norms, Girls and Women

1. INTRODUCTION

Gender-based violence (GBV) is a prevalent phenomenon common in most societies and frantic remains a global challenge. This study intends to assess the social construction of GBV in the small town of Zvishavane in the Midlands Province of Zimbabwe. In Zimbabwe, just like in most African patriarchal societies, gender-based violence is considered as being embedded in the traditionally uneven power

relations between men and women (Nunbogu & Elliott, 2021). The generic belief is that violence against women and girls is the result of an imbalance of power between women and men (Michau et al, 2015; Nikolic-Ristanovic, 2013). The antiquity of violence against women is knotted to the history of women being regarded as acquired assets and a stereotypical gender role allotted to them to be acquiescent to men (The Gender-based Violence Forum, 2010). Male tacit hegemony over women has historic extractions and its meanings and indicators vary from time to time. Amongst the historical power relations accountable for violence against women are the economic and social forces, which exploit female labour and the female body (Prugl, 2015). While it remains difficult to understand the construction of GBV against women and girls using a universal template, it remains necessary to tackle the challenges using a society-specific approach. This study therefore, intended to carry out an in-depth assessment of the social construction of GBV against women in low-income community of Zvishavane.

Gender-based violence is a detrimental and injurious act committed against an individual and is measured as a severe universal health, human rights, and development concern. It can lead to physical injury, sexually transmitted ailments, sleep complications, post-traumatic stress, depression, eating disorders, anxiety disorders and suicide attempts (Iyanda et al., 2019). This calls for a closer analysis of the major drivers of GBV in all communities. Muzavazi et al. (2022) noted that GBV has sombre costs for human life as it touches the health and well-being of families and societies. Without proper analyses of how GBV is socially constructed, it is almost impossible to fully understand the complex issues surrounding GBV in communities with clear gender differences.

A study by the World Bank (2019) found that gender-based violence is encountered by one in every three women worldwide. The World Bank further articulates that 35% of women have suffered either physical violence, intimate partner violence (IPV) or non-partner sexual violence, globally. In several countries, the fraction of women who became targets of gender-based violence can be as high as 70% (UN Women, 2020). Recent discoveries in Zimbabwe using the Multiple Indicator Cluster Survey (MICS) of 2019 have noted that the proportion of ever-married adolescent girls and women aged 15–49 years who have encountered some form of emotional, physical, or sexual violence was 49.4% (ZIMSTATS and UNICEF, 2019).

The broad opinion is that GBV is common in low-income societies and households as well as less civilized cultures (Muzavazi et al., 2022). To emphasize this perception using the Resource theory, Peprah and Koomson (2014) hypothesise that men with inadequate or no wealth and resources may choose physical violence as an option, while men with better income and social eminence have access to an extensive assortment of resources (in addition to domestic violence) with which to remain in control of their wives' manners, do not recourse to gender-based violence. Stock et al. (2014) maintained that pecuniary strain and social and material deprivation have negative effects on relationships.

The Covid-19 pandemic has also been viewed a twin-pandemic with gender-based violence against women and girls (Uzobo & Ayinmoro, 2023; Sri & Gnanapragasam, 2021; Muyambo, 2024). The social and economic stress brought about by the COVID-19 pandemic aggravated pre-existing toxic social norms and gender inequality (Duby, et al., 2022). During the period when half of the global population was in COVID-19 induced lockdown, the proportion of women and girls between ages ranging from 15 to 49 who were exposed to sexual and/or physical abuse committed by an intimate partner (GBV) reached a towering approximate of 243 million (UN Women, 2020). This indicates the extent of the problem especially during the pandemic that disturbed the social functioning of the societies worldwide.

Numerous nations from less developed and developed world testified to an intensification of GBV during

the lockdown period (Nabukeera, 2021). France reported an upsurge of 30% of domestic violence cases since the lockdown on March 17, 2020; Cyprus and Singapore informed an escalation in help desk calls by 30% and 33%, separately, in Argentina emergency calls for domestic violence cases enlarged by 25% since the commencement of the lockdown; in Canada, Germany, Spain, the UK and the USA, government authorities, women's rights advocates and civil society partners have shown increasing reports of domestic violence during the crisis, and/or increased demand for emergency shelter (UN Women, 2020).

The concept of GBV in countries like Zimbabwe remain a challenge and hindrance to both social and economic progressive. This study thus, focused on evaluating the socially constructed causes of GBV against women, effects of GBV, coping mechanisms as well as the effectiveness of state and non-state actors in mitigating gender-based violence in Zvishavane community. Assessment of GBV prevalence in communities is important towards building sustainable measures for ameliorating GBV against women and girls.

2. THEORETICAL FRAMEWORK

This study employed the feminist Standpoint Theory as espoused by Harding (1986) on the backdrop of a qualitative research design methodology. The epistemological assumptions for this study are rooted in Standpoint Theory which originates from the work of feminist theorists influenced by the contributions of post-modernism. Standpoint Theory focuses on the views or voices of people who are typically on the margins of society. In this study, the standpoint is that some girls and women are marginalised in homes in terms of their dignity and wellbeing. There is need for research to start from the lived experiences and realities of women and girls alike. The adoption of Standpoint Theory in GBV is a moral effort and commitment to try and understand the world from the perspective of the socially subjugated women (Harding, 1986). Standpoint Theory seeks to bring women from the periphery to the centre by drawing on the actual voices of the people involved, so that they are provided with an opportunity to have their voices heard, thereby allowing them to gain collective voice in order to enhance their social standing.

3. METHODOLOGY

This study is premised largely on a qualitative research methodology to analyse the social construction of GBV against women and girls. This study design allowed the researchers to explore and present the descriptive characteristics of the study population in Zvishavane community. The major purpose of a research design is to mirror the general plan concerning the stratagem of responding to the study enquiry (Saunders et al., 2016). A qualitative approach was adopted to gather in-depth insights from the women and girls. The qualitative approach has a distinctive focus on examining the views of people or groups, for example, their ideas, motives, attitudes and intentions (Cresswell, 2018). The major targeted population for this study involved the women and girls in Zvishavane community and sampled data from 25 women and 25 girls in Zvishavane community. In many researches, sample sizes are calculated using statistical formulae basing on known total population sizes. Nevertheless, for this study the sample size was estimated basing on literature from scholars like Kar & Ramalingam (2013) who indicated that a sample size of at least 30 participants is justifiable in a qualitative study. The study used snowball sampling methods to identify participants for the study area. Snowball sampling was considered to be a convenient method to conduct this research about people with specific traits which were not easy to identify such as victims of abuse and other forms of violations).

The use of a qualitative methodology in this study enabled the employment of a wide range of other

designs, techniques and processes such as case-study, personal experiences, questionnaire surveys, focus group discussions (FGDs) and in-depth interviews. The major aim of the study was to understand the socio-cultural, political and economic factors that are associated with GBV against women and girls. Thematic content analysis was used for data analysis (see Blanche, Durrheim and Kelly, 2006). It is important to state that the presentation and analysis of the data is not in statistical terms but instead is a surface of ideas that have been highlighted by the women victims of GBV. Hence, in this regard, the researchers did not rely on statistical analysis but used an interpretive analytical paradigm (see Geertz, 1973). However, it is used in isolated cases to help identify certain thematic areas that are significant to the study. To reduce interviewer bias, it is preferred that recorded voices, were transcribed verbatim. Disadvantages to consider include cultural differences, language and notions of trust among others (Neuman, 1997; Fay, 1993).

FINDINGS

The study findings realised different insights on social construction of GBV in Zvishavane community. Although the findings were collected using qualitative techniques, some thematic areas were summarized through descriptive statistical computations. Consequently the study utilised a thematic approach in analysing data from respondents.

3.1 Participants' Socio-Demographic Characteristics

Age of women and girls as well as their period of stay in Zvishavane area for women were profiled. The study recorded the age of women who participated and that of girls separately. Table 1(a) illustrates the age of women who participated in this study.

Table 4.1(a): Age of women (N=25). (Primary data)

Age Range	Frequency
18-30 years	8
31-40 years	9
41-50 years	7
50+ years	1
Total	25 Participants

As illustrated in table 1 (a) eight (8) participants had their age ranging from 18 years to 30 years, nine participants (9) ranged from 31-40 years, seven (7) participants ranged from 41-50 years while the study managed to recruit only one person above the age of 50 years. The distribution of the participants by their age showed that there was at least a fair distribution of the women by their age groups. Hence, the study anticipated to get findings which could be representing the opinions of different age groups.

The study defined girls as being different from women, where girls were treated as those female participants below the age of 18 years. Table 1 (b) illustrates the distribution of girls according to their age range.

Table 1(b): Age of girls (N=25). (Primary data)

Age Range	Frequency
12-13 years	4
14-15 years	10
16-17 years	11

Total	25 Participants
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As shown in table 1(b), the girls who were interviewed had their age ranging from 12 to 17 years. Four (4) girls were between 12 and 13 years of age, ten (10) girls were either 14 or 15 years of age, while eleven (11) girls were between 16 and 17 years. Given this distribution, the study found confidence in the representation of girls. The girls were assumed to be at least knowledgeable enough to understand the violation of their rights due to social constructions and gender relations.

This research also inquired to know the length of stay in Zvishavane community for girls and women. This was found important in guaranteeing authenticity of the responses, some of which were expected to be based on group dynamics foundations and cultural norms. The study established that all the 25 girls who were interviewed were born in Zvishavane but the women had different distributions which are summarized in table 2.

Table 2: Period of stay in Zvishavane for women (N=25). (Primary data)

Period	Frequency
1-5 years	5
6-10 years	7
11-15 years	2
16-20 years	4
Above 20 years	7
Total	25 Participants

Findings in table 2 show that five (5) participants had lived in Zvishavane for 1-5 years, seven (7) participants lived in the study area for 6-10 years, two (2) had lived in the area for 11-15 years while four (4) were there for 16-20 years and seven (7) existed in Zvishavane for more than 20 years. The distribution was of great essence as the period of stay in the community of study could be related to the experience or knowledge of what transpires in the community in terms of social construction of GBV against women and girls

3.2 Socially constructed causes of GBV against women and girls in Zvishavane Community

The study enquired into the social causes of GBV in Zvishavane community as a means of understanding its social construction. The findings demonstrated that gender discriminating norms, unequal power relations, gender roles, lack of autonomous access to justice institutions and poverty are the most common social determinants of GBV in Zvishavane community. Figure 1 summarizes the frequency of interviewees who mentioned causes relating to each of these themes.

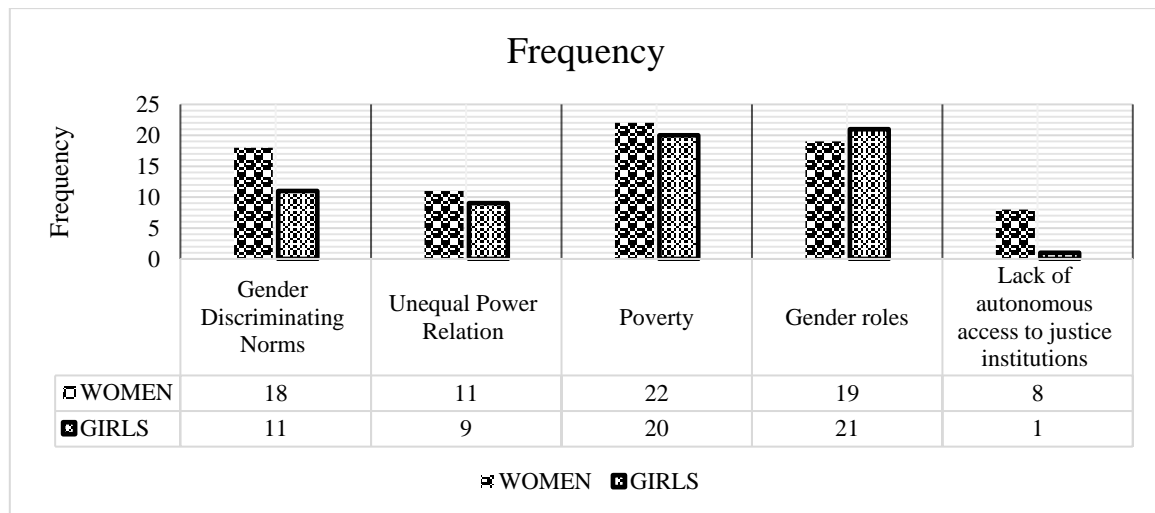


Figure 4.2: Social drivers of GBV against women and girls (N=50) (Primary Data)

As highlighted in figure 1, gender discriminating norms were perceived by 18 women and 11 girls from Zvishavane community, while unequal power relations were mentioned by eleven women and nine girls. Poverty was mentioned by 22 women and 20 girls as a major determinant of GBV against women and girls in the study area, while, 19 women and 21 girls pointed to gender roles. Eight (8) women and one girls also put some blame to lack of freedom in accessing justice institutions. It is also important to note that these themes were developed even from case sensitive qualitative statements made in interviews and the participants were free to contribute to more than one theme since the study was not put much emphasis on statistical relationships of the variables.

Gender Discriminating Norms

One of the issues raised by participants was that GBV against women and girls in Zvishavane community is fuelled by gender norms which discriminate women and girls. Katende-Kyenda (2025) highlights that cultural norms around gender contributes to higher rates of GBV and exacerbating the vulnerability of women to both sexual and physical violence. One of the participating women said the following;

‘..... against our culture and tradition for a woman to be seen participating in certain activities, let alone trying stand up for the rights of women and girls. A woman is labelled bad names if she stands to participate in defending her rights and the rights of other women’.

‘..... male dominated society, the voices of men are more acceptable as compared to the voices of women and girls. This is discriminatory and causes GBV against women and girls to persist’.

Largely, the research established that women themselves are aware that there are certain sets of discriminatory behaviours in their male dominated society which lead to further perpetuation of violence against women and girls. Studies done by Mullan (2024) gender-based violence (GBV) is deeply rooted in gender inequality, particularly in the unequal power dynamics that limit women's participation in decision-making. One of the girls who also shared similar sentiments concerning their relationship with men and boys was captured as follows:

‘...even to us as girls, there is no equality in making decisions which concern everyone at home or in the community. For example, parents can consult boys for their opinions but girls work with what is already decided, for instance, what to cook, schools to send children and so on. Girls are only given instructions but boys are given options’.

Most respondents indicated that lack of fairness in making decisions between girls and boys is a social driver of gender-based violence against girls within household settings. Girls and boys should all have equal chances in making decisions at household level to ensure that girls are safeguarded from GBV. It is also clear that there are particular rules and norms in society which result in the perpetration of violence against women and girls, looking at the multidimensional forms of violence against women and girls identified in the previous section. Both women and girls see certain norms as drivers to GBV against them.

Unequal Power Relations

The participants also bewailed over inequalities in terms of power relations between men and women, boys and girls. The study established that males and boys tend to have dominance over women and girls. Some even perceive that the unequal power relations are fuelled by religious beliefs. Religion acts as an oppressive deceptive mechanism used by the patriarchal society to exploit women based on defined gender roles and not by biological differences (Etim-James 2024). One of the respondent had this to sum up the unequal power dynamics between men and women as well as between boys and girls:

‘This community is dominated by Christians, the Bible together with the church doctrines have led to a male dominated society at the expense of women and girls’ freedom and autonomy. Women are socialized into submission to their husbands, a situation that further asserts male dominance’.

While the society has generally accepted that Christianity is a good thing in establishing societal values and morals, some sections of women and girls are complaining that some of the teachings are causing them to be abused by their male counterparts. Religious practices contribute to creating an environment in which violence is normalized which exposes women to further harm (Peretk 2023). One of the participants in a discussion reiterated that;

‘My experience is the head of the family. His decisions are final, what he says carries the day even if it is clear that he is wrong. He does what he feels is good despite what I feel about it’.

When looking at such scenarios, it is clear that the relationships between men and women are the preconditions for exploitation and violence against women and girls. Men have power in the family while women have lesser power. This set up also cascades to leadership at both local and national governance bodies.

Poverty as a catalyst for GBV

Women and girls in the study area believe that they are disadvantaged because of the mediating effects of poverty within their social relations with men. According to Mukanangana et al. (2015) poverty is related to GBV as unemployed poor women are abused sexually in return for financial gains. Men tend to have more economic muscle compared to some of their women and girls counterparts who spend their time doing unpaid work. One of the participating girls noted (English Translation);

“We get abused by men because we do not have money and power, boys can be given time out doing some hustles but we always find ourselves bound by curfew restrictions at home. You cannot really ask parents that I am going out to look for money, in the end when they fail to supply all our needs we find ourselves preyed by GBV perpetrators in the community...”

From this girl’s indications, GBV against women and girls is a product of lack among the victims. Poverty make girls vulnerable to man and boys who take advantage of this situation, this is quite prevalent in towns where girls get into relationships with older man who they call ‘Blessers.’ In the process they get abused or fall victims of abuse. One of the women also shared her experience;

“Before I was going to work, I experienced a lot of abuses from my husband and his family. Particularly emotional and verbal abuse, my husband and his people always saw me as a cost in their family and they

would call me names (Waster! Zuva rese pamba! Pig, and so on!). It is one of these forms of abuse which you cannot share with anyone but rather die in silence”

From her ordeal, it is generally visible women who do not have economic freedom or depend on men for economic resources are subject to abuse from the same men who should provide for them. Another woman made a related comment;

“Women are usually poor that is why they are abused by men. Women have less time to work in profiting activities and this makes them vulnerable to poverty which further drives abuse in their quest to survive.”

This is evidence of the fact that poverty is a critical driver of socially constructed GBV against women and girls. Cossman (2020), also indicates that GBV arises within patriarchal societies when poverty strikes and men fail to play their part leading to women taking over the roles by looking for employment. When this happens men will resort to using violence as a sign of power and control. The social stratifications caused by gender roles are a cause of abuse in women and girls who are left with limited time to work and reduce their poverty levels.

Gender roles

The division of labour in terms of gender roles between men and women is also perceived to be part of the major drivers of GBV against women and girls, with special emphasis on Zvishavane community. Women are confined to domestic reproduction roles and community service which subject them to abuse. One of the women said (English translation):

“If you stay with your in-laws, people expect you to work like their machine, you must not get tired. If you fail to meet the family’ expectations, the family tells your husband and he scolds you over that. Men find comfort in seeing their women running around pleasing everyone in their families and that opens doors for abuse”

The society where patriarchy dominates together with other social expectations like how in-laws relate often give room and space for abuse of women, particularly those young women who get into already established families through marriages. Waila et al., (2025), is of the view that although spouses have been cited as significant perpetrators of abuse, in laws as well express violence through control and coercion. Another woman also indicated;

“We get abused by men in the society on daily basis when we go out to get some vegetables, at water queues and so on. The roles of us as women expose us to abusing men in both our families and the society at large.”

This supports that, women are exposed to GBV by their socially accepted gender roles. They are deprived of their Practical Gender Needs (PGNs) and Strategic Gender Needs (SGNs) because they spend most of their time trying to fulfil their gender roles.

Lack of freedom in accessing justice institutions

The findings of this study illustrate that the social relations in Zvishavane community have led to lack of freedom to access justice by women and girls, a situation which leads to a rise in the prevalence of GBV against women and girls. As put across by Roza (2024), victims of rape, domestic violence, and ill treatments encounter various obstacles, particularly because of the scepticism attached to their claims and testimonies. All justice systems must be accessible to women, and appropriately adapt to the needs of women including those who face intersectional or compounded forms of discrimination. One woman noted:

“I was once a victim of GBV through sexual harassment, the harassment was verbal, I went to the police to report. After getting there, the police started to laugh at me, even telling me that I should have just

adhered to the perpetrator's demand. From then I did not know where else to go and look for help. The perpetrator can continue to victimize other women and girls because he is sure that nothing will happen to him."

Access to courts and institutions of justice is expected to reduce cases of GBV against women and girls but in this scenario women and girls bemoan deprivation from accessing justice institutions freely. In another interview, another woman indicated that;

"Justice institutions should not be discriminatory and selective, women and girls should be made aware of these justice institutions and the institutions should be brought closer to the communities and be encouraged to be ethical..."

As much as these institutions are important in lessening the challenge of GBV against women and girls, the menace is deeply rooted in the social relationships, hence justice delivery institutions should come up with ways to incorporate the relationships and belief systems in dealing with GBV issues.

3.3 Effects of Gender-Based Violence against Women and Girls in Zvishavane Community

Besides looking at the social causes of GBV against women and girls in Zvishavane, the study also looked into the effects of this social challenge. This was done paying close attention to how the effects of GBV against women and girls are socially constructed in the study area. The study established that GBV against women and girls in a social spectrum can result in physical injuries, traumas, deaths, unwanted pregnancies, transmission of diseases, low self-esteem, stress and other challenges. UN Women (2020) indicated that GBV results in a complexity of mental health challenges that include social isolation which worsens the effects of the violence, as victims are unable to seek help and reduce occurrence of GBV. From the interviews and discussions that were conducted in Zvishavane community the mentioned themes were established to logically present the findings. Figure 2 summaries the frequency of mentions for the thematic effects of GBV against women and girls that were raised by participants.

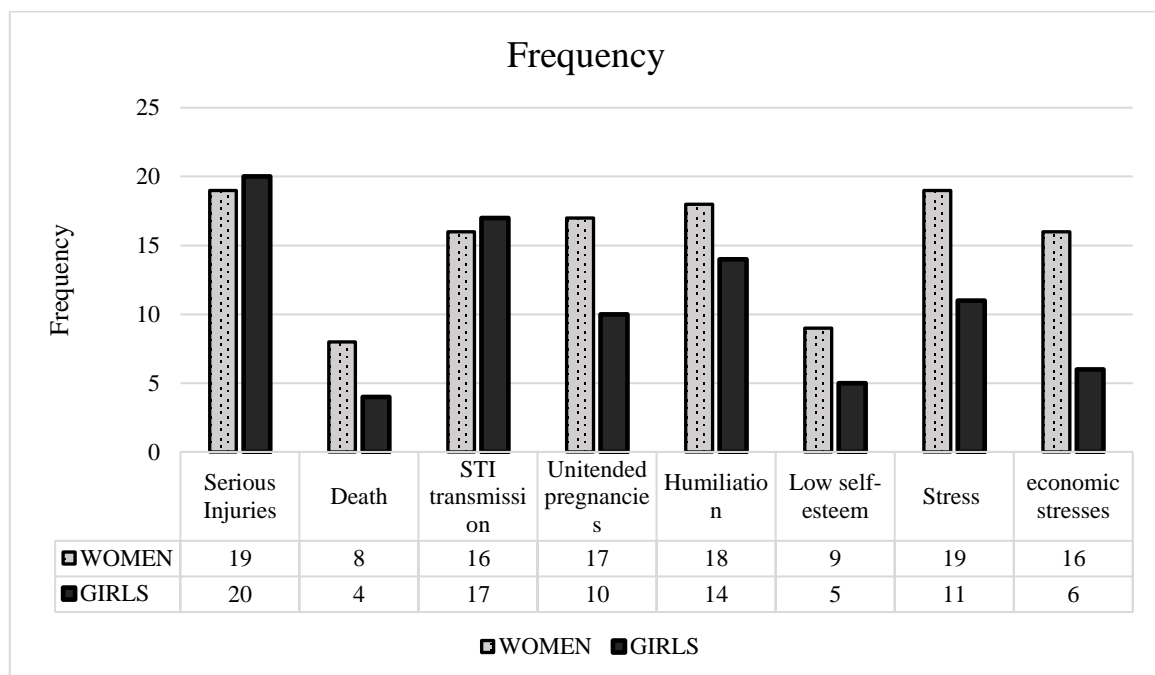


Figure 2: Effects of GBV against women and Girls in Zvishavane (N=50). (Primary Data)

The findings shown in figure 2 were re-classified into physical, psychological and socio-economic effects of GBV against to make lucid qualitative analyses. It is important to keep the fact that the focus of this study was to get deep into qualitative experiences of the participants, hence, the figure in presentation was constructed basing on qualitative summaries by the researchers.

Physical Injuries Emanating from GBV Prevalence

Most study participants expressed the view that GBV has a potential of causing serious physical injuries on women and girls in Zvishavane. One of the girls said (English translation);

“At times GBV against girls and women results in physical fights and the female side is most likely to get hurt in the process. For example, some of us get into relationships with violent men, they are beaten after simple misunderstandings which can be resolved amicably... Of course you can be hurt during the process”

This shows the potential of GBV against women and girls to cause injuries and harm. This is possible because most men and boys are more muscular than women and girls. Engaging in fights have more potential of hurting women and girls than men and boys. One of the women also indicated that;

“Some women have been left with permanent scars on their bodies because of GBV against them. I myself, am a victim of GBV, I was in an abusive relationship for more than ten years. That man used to beat me with disused electric cables over petty problems. I have permanent marks on my back...”

As narrated, GBV against women in households can go to extremes where weapons and dangerous equipment can be used to forcefully control women. According to UN Women (2020), the use of weapons and dangerous equipment in gender-based violence can serve as a tool for controlling women, often amplifying the power and control dynamics inherent in abusive relationships. This situation results in permanent damages of the bodies of the victims. Another woman also said;

“There is a woman in my neighbourhood who is developing hearing impairment and we all believe that it is caused by the abuse she faced from her husband. He used to physically abuse her with metal or wooden objects. The community tried to convince her to leave but we do not know why she remained around...”

Just a snap into this and other responses show that, GBV against women and girls in Zvishavane is perceived to be a source of serious injuries which are a physical impact. Dangerous objects can be involved in the process of GBV which lead to physical impairments.

Death

Eight out of twenty five women mentioned that there are cases where death is an effect of GBV against women and girls while four out of twenty five girls also indicated that GBV against women and girls can result in death. One of the participating women shared that (English translation);

“...I survived through a whisker after being assaulted by a man over a misunderstanding. I was married to this man then he started suspecting that I was cheating on him. One night he came, while I was unaware, he strangled me saying I was to tell him the truth or die.

‘When I managed to rescue myself he picked a metal object and threw it on me. I fainted and woke up after some minutes. Everyone was thinking it was my end, he had already escaped. He was later caught by the police and the issue was resolved by the courts’.

Although this woman still had a chance to narrate the ordeal in person, this study evaluated that GBV against women and girls can result in death if not addressed well. Another woman in an FGD also highlighted’

“... GBV against women and girls can really result in death. Women and girls are going through a lot in this community which is characterized by artisanal gold miners around the town. They abuse drugs and

lose control of their temper. Several women are staying because they have limited alternatives.”

This also presses more emphasis on the perceived death consequences of GBV against women and girls. GBV also causes psychological trauma such as fear, anxiety, self-blame, depression and suicidal thoughts. Pathak (2024) agrees that domestic violence emerges as the most common factor in female deaths with intimate partners being primary perpetrators and most incidents occurring within the home. The participant indicated that perpetrators may be under influence of drugs which may affect their reasoning while they force themselves on women and girls. This can result in death. Another woman also indicated;

“...GBV against women and girls can lead to death of victims...”

From an assemblage of responses from different participants, it can be evaluated that death is one of the critical consequences of GBV against women and girls.

Humiliation

Eighteen women and fourteen girls mentioned humiliation as an effect of GBV against women and girls. Women and girls continuously used terms like, ‘kubviswa chimiro,’ ‘kubva chimiro,’ ‘kunyadziswa,’ and ‘embarrassed’ which were all put in a single theme, ‘humiliation.’ One of the women narrated that;

“GBV against women and girls sometimes happens in the eyes of other people including children. When it happens, you become very embarrassed in front of the people or your children”

The remarks of the participant underscore the devastation caused by Gender-Based Violence (GBV) on women and girls, not only on survivors but also on spectators, especially children. The presence of others, particularly children, during a GBV occurrence can heighten the victim's sense of embarrassment and shame, exacerbating the pain they have endured. Another woman indicated;

“If you are abused verbally or physically in front of the public or family, your dignity is taken away from you...”

The loss of dignity can have long-term consequences for a survivor's sense of self-worth and self-esteem, affecting their mental health and well-being. Fernández-Fillol et al., (2023) points out that GBV also causes psychological trauma such as fear, anxiety, self-blame, depression and suicidal thoughts. Survivors of abuse may experience feelings of shame, guilt, and self-blame, which can make it difficult for them to seek treatment and support. A participant from the girls also highlighted;

“Imagine if you are sexually abused, especially by a close relative, you feel humiliated, lowered to the very last extent. In fact it would be the greatest blow to ever happen in your life.”

When looking at such cases, it can be noted that GBV against women and girls potentially causes humiliation or embarrassment on the victims. This might sound less significant, but the frequency of mentioning by the participants showed that this is a serious concern from these dynamic groups under study.

Low self-esteem

In addition to humiliation, participants in this study also highlighted that GBV against women and girls also takes away self-esteem. For example one woman who said;

“When you become a victim of spousal violence, confidence is taken away from you. Wherever you are, it is difficult to express yourself with confidence. The situation at home will always pull you down. It becomes even difficult for you to pursue your personal goals because of the psychological impacts of GBV...”

Having this to consider, it is clear that GBV against women and girls in Zwishavane is well-thought out to cause low self-esteem in the victims. The problem has a psychological effect which reduces confidence in the victims.

Stress

Women and girls also testified that GBV against them is a source of anxiety, trauma or stress. When the gender relations in communities turn out to be sour due to GBV, women and girls often end up in depression. Depression and social isolation is described by Fernández-Fillol et al., (2023) who observed that women who experience GBV exhibit signs of post-traumatic stress disorder which manifests through social isolation. One woman highlighted;

“Imagine when the person who is supposed to protect you turn out to be the monster you fear most. You always live in fear, and this becomes a source of stress...”

The statements of the participant emphasize the catastrophic impact of intimate partner violence (IPV) on survivors who have been abused by someone they trusted and expected to protect them. IPV includes physical, sexual, or emotional abuse from a current or previous intimate partner and can take various forms. When a survivor is infected with IPV, they may feel confined, alone, and powerless. Abuse can cause feelings of dread, worry, and tension, which can have a negative influence on their mental health and well-being. Rikhotso (2023), poses the same sentiments that social isolation imposed on women as part of the controlling or abusive behaviour of their partners results in depression as women feel cut off from social contact. Survivors of IPV may also experience emotions of shame, guilt, and self-blame, which can make it difficult for them to seek treatment and support. Melissa (not her real name) also narrated;

“I once lived with my uncle who was abusive, he could shout at me, scold me whenever he comes home drunk. I was really young at that time I could not do anything to save myself. I remember locking myself up in my room, I could not go out because of fear...”

For a child who is expected to be playing outside with peers, a decision to lock herself up means there is a problem psychologically. This study therefore evaluated that stress is among the effects of GBV against women and girls.

Transmission of STIs

The study also read the sentiments of participants who strongly perceived that GBV against women and girls is among the vehicles towards the transmission of STIs. From first-hand experience, one of the women indicated that;

“...I suffered from this, my husband could go out and engage with other partners outside marriage. I realized it but when I tried to stop having intimacy with him, he had to engage my aunties because we are legally married. One against many, I could not stand my fears but to get back into intimacy with someone I knew is engaging outside our marriage. Story short, one day we found ourselves sick with STIs that is when I was able to prove my point. Fortunately, it was curable and we are still together with him. I believe he reformed and we are happy...”

Although the couple is still together, the narration show that the cultural norms that nurture GBV against females also lead to the spread of STIs. As identified earlier, having less autonomy to make decisions for one's safety is also a form of abuse.

One of the girls also shared;

“Girls are being forced into sexual activities each and every day, either by their boyfriends or some people they do not have any intimate relationships with. It is all rape! When one is forced, she is left with no room to negotiate for safer ways of doing it. Chances are high that she also do not have any freedom to protect herself from STIs...”

From this, it is also evaluable that GBV is a fuel towards the spread of STIs among women and girls. Nguefack-Tsaguey (2024), highlights that the impacts are significant in both the short- and long-term and

can include sexually transmitted infections such as HIV/AIDS, forced and unwanted pregnancies and greater risk of maternal mortality. Women and girls often find themselves with less power to protect themselves from contracting STIs because of their limited rights to negotiate for safer sex.

Unintended Pregnancies

Women and girls also professed that GBV can lead to unintended pregnancies. ‘Unintended’ to them denoted that the pregnancy is accidental, unplanned or unwanted. Some women further indicated that, they do not have even rights to choose the number of children they want to bear. It is men who decide and impose the decisions on women. Girls also shared that they can get pregnant before their age of maturity because of GBV. One of the girls said;

“Some of us have gotten into motherhood before normal time because of GBV. It is difficult to explain to the society that sexual act has happened without full consent of the girl, but the dilemma remains with the girl child...”

This means that GBV can potentially lead to pregnancies which are accidental. Ajayi (2020), postulates that unintended pregnancy has dire consequences on the health and socioeconomic wellbeing of adolescent girls and young women, even resulting in loss of life. The worst situation is also that the society does not socially accept termination of the pregnancies.

Economic Stresses

The study also identified that women are plunged into some economic stresses due to GBV against them. One participant noted that;

“My husband is there, goes to work and earns a fair salary. After getting his salary each month he becomes wild, I can tell you, he spends all the money in clubs. I go through thin and thick to ensure that our family is fed and children are going to school, with hope that one day he will change...”

The words from this participant demonstrates a form of economic abuse where the man tends to change behaviour and attitude towards his woman each time he gets more economic value. When this happens, the victim and children can be plunged into poverty. Another participant also said;

“The stress of feeding the family is just unbearable including his relatives. You end up living as if you are a single mother. Financial burdens should be shared within the family...”

This also emphasizes that women bemoan economic stresses brought about by social inequalities which perpetrate GBV against women and girls in Zvishavane community. Thus, economic stress being one of the effects of GBV against women and girls in the community.

3.4 Coping mechanisms against socially constructed Gender-Based Violence against women in Zvishavane community

Findings from this study showed that there were no universal coping mechanisms against socially constructed GBV against women and girls. Most of the women and girls were not really aware of what helps them when they come across GBV incidents. Nevertheless, being part of the social capital, getting counseling from professionals, engaging in small income projects, and seeking social protection from law enforcement agencies were the themes that came up from the study responses.

Social capital

In this study, social capital was identified to be those social networks within the community. Women and girls attested that being part of those social movements help them to adjust well against the effects of GBV in their society. One of the women indicated that;

“We share with other women in our neighbourhood. This problem is prevalent in almost every household

and sharing helps in coming up with ideas on how to handle the challenge as well offloading the burden to others...”

A problem shared is a problem half solved! Indeed the narration from this participant shows the importance of being involved in social relationships where one can share her ordeals and challenges. Another participant said;

“When you are left without money to take care of the household or sending kids to school, you go to the next door and borrow. You repay them later and life goes on. Sometimes the man feel embarrassed when the persons who lent you comes after you to get their money back and pays...”

This further emphasize the significance of social capital to victims of GBV against women and girls, particularly in the study area where the findings are showing the possibility that women can help each other within their communities. A different participant also said;

“I have joined networks of women in my community, we share we advise each other and also rescue each other when one is being victimized. From there we also have started group savings to empower ourselves...”

Looking at the responses given by the participants, it can be noted that, before an external assistance come to the rescue of women facing GBV, their social capital is presently available for them and they take it as serious option.

Seeking social protection from law enforcement agencies

Some of the women and also indicated that they opt for seeking social or legal protection from the law enforcement agencies like courts of law and the policy. Seeking justice from law enforcers can be a vehicle for empowerment or a pathway towards simply feeling happy, reconnected to the community and healthier. It may mean being able to seek a divorce and leave a violent spouse (ActionAid 2018). This is done as a way of stopping further perpetrations by the offenders. One of the women said;

“I was forced to take my husband to maintenance court so that I can be helped in raising the children. This is working very well because I now have a fixed share from his income towards the upkeep of children. We are staying under one roof so he also uses part of the money when I buy food so I do not regret anything...”

According to her words, protection from law enforcers can be a way to go in instances where GBV against women and girls becomes out of hand. Among the girls, one participant said;

“Women and girls should be encouraged to report to the police whenever they find themselves victims of GBV. It cautions the offenders together with potential offenders. We can only be protected by the law...”

This emphasizes that women and girls acknowledge the role of legal frameworks and law enforcement procedures as coping strategies against GBV. They believe that their plight can be lessened by getting under the cover of law.

Getting counseling from professionals

Women and girls also believe in the power of seeking counselling services from professionals from churches as well as other professional counselling service providers. This helps them in dealing with psychological effects of GBV. One of the women highlighted that;

“Counselling has power in relieving one from stress. Keeping GBV issues to oneself can create serious psychological issues which may lead to death or stress-related diseases. People should normalize seeking help from professionals like pastors, social workers and even some elders in the community who have better experience than dying in silence...”

This stresses the significance of counselling as a coping mechanism against GBV targeting women and

girls. Women and girls can be relieved of stress by getting counselling services from various professionals.

Engaging into small income generating projects

The study also established that women and girls in Zvishavane community believe that engaging into small projects is a way to go against their plight caused by GBV. One of the participants indicated that; “Women and girls should learn to work for themselves to avoid being over dependent upon men which is a source of GBV in most cases.”

In relation to what the participant said, women and girls in the study area understand that getting into small income projects can be a form of employment which can help towards adjusting to GBV against women and girls. Another woman also indicated that;

“Engaging into small scale businesses helped me to be self-reliant over a lot of issues. It saved me of verbal abuse from my husband. As long as he is paying our rentals I can take care of all other needs...”

This shows that women believe that engaging into small businesses can be of great use in alleviating their challenges caused by GBV. The general belief is that being empowered reduces dependents hence becoming a bit immune against abuse by men.

4. DISCUSSION

The study started by identifying the types of GBV against women and girls in Zvishavane community and established that GBV in that area comes in different shape and forms. These include, physical violence, verbal violence, psychological violence, sexual violence and socio-economic violence. The findings are in resonate with some international classifications of GBV. According to UNICEF (2022) GBV includes physical, sexual, mental or economic harm inflicted on a person because of socially ascribed power imbalances between males and females. Nevertheless, the findings could not exhaust all forms of violence as put across by UNICEF (2022) indicating that GBV also includes the threat of violence, coercion and deprivation of liberty, whether in public or private.

Findings were also established on the socially constructed causes of GBV against women and children in Zvishavane community. Gender discriminating norms, unequal power relations, gender roles, lack of autonomous access to justice institutions and poverty were found to be the most common social determinants of GBV in Zvishavane community. When looking at the causes established, the social construction model helps in understanding the impact of social relationships in causing GBV against women. As put across by Lindsey (2020), the social construction of gender states that gender roles are an attained "status" in a social environment, which covertly and explicitly classify people and consequently motivate social behaviours. Siziba et al (2022) also identified that gender discriminatory norms and unequal balance of power between girls, women, boys and men in patriarchal societies are the overarching root causes of GBV against women in Zimbabwe. This means that GBV against women and girls can be viewed as a social construction.

Despite being a social construction, GBV against women and girls also comes with some effects which also show a social construction. The study established that GBV against women and girls in a social spectrum can result in physical injuries, traumas, deaths, unwanted pregnancies, transmission of diseases, low self-esteem, dropping out from schools, stress and other challenges. The study reorganized these into physical, psychological and socioeconomic impacts. Buntin (2015) made alike indications showing that unintentional pregnancy, induced abortion, haemorrhage, HIV, and other sexually transmitted infections (STI) are all linked to GBV. Black (2011) linked stress-related complications to GBV between males and females. Wanjiru (2021) also highlighted that, gender based violence has sundry costs such as homicide

and suicide, injury and shock, disability and sleeping disorders, reproduction complications, emotional and psychological problems and social and economic problems such as enlarged gender inequalities. From this, it can be evaluated that GBV against women and girls have multifaceted effects which are physical, psychological and socioeconomic in nature.

The study also looked into how women and girls cope with the effects of GBV. Being part of the social capital, getting counseling from professionals, engaging in small income projects, and seeking social protection from law enforcement agencies were identified to be among the coping mechanisms although the study could not establish universality in the application of the coping mechanisms. According to Rodriguez et al (2009), social support is understood as a set of sensitive or instrumental provisions—perceived or received—provided by the community, social networks, and trusted individuals, both in daily life and crisis situations. Herrera et al (2004) also reason that women and girls who search for assistance to resolve the problem of marital violence frequently turn to those who are near to them. This emphasizes the unwavering significance of social relations in providing a springboard for the victims of GBV. Mashiri & Mawire (2013) identified empowerment to be an important measure towards successful coping with the impacts of GBV. This current study raised similar issues, where women and girls attested that they can resort to small income generating projects as a cushion against GBV.

IPV is a worldwide problem that affects people of all genders, ages, and socioeconomic situations. Thirty percent of women in the globe have suffered physical and/or sexual abuse from an intimate partner at some time in their life (WHO, 2021). This shows that the challenge of GBV against women and girls can be highly probable among people in intimate relationships. IPV is a pervasive global challenge which comes with serious emotional and social effects on victims and the society. It was established as well that there is still a loophole in terms of the anticipated help by the state and non-state players towards alleviating GBV against women and girls in Zvishavane. The participants identified that the police and the courts still need to do more in helping the situation in the study area whereas again the nongovernmental organizations should also participate more in reducing GBV than they participate in helping victims of GBV. Raftery et al (2022) state that addressing GBV needs a broad multi-sectorial, interagency approach, consequently, effective GBV coordination, depends on a wide variety of actors cooperating to realise safe, ethical and comprehensive GBV programming. Nevertheless, in this community, it looks like the parties expected to collaborate have been doing less

5. CONCLUSION

Basing on the study findings, the study concludes that GBV against women and girls is a socially constructed community challenge which is fuelled by imbalanced social relations, unequal access to resources and power, poverty and limited access to justice. When looking at GBV against women and girls from the context of this study, social issues like masculinity and inhibiting gender norms, as well as expected gender roles are underlying causes of abuse. The findings also led to the conclusion that, the consequences of GBV against women and girls are not only physical but also psychological and socioeconomic. Women and girls subjected to GBV are affected by psychological traumas and stresses while they are also subject to social and economic challenges. GBV in this case progress from social construction to touch other aspects of human life. An inference is also made that social relationships, resorting to law enforcement agencies, engaging into small businesses and seeking counselling services are important ways that can be adopted by women and girls in GBV prevalent areas as coping mechanisms. There is also a need to scale up the function of different agencies in communities as a way of reducing the

prevalence of GBV against women and girls.

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