

**TOWARDS A GENDER VIOLENCE FREE NATION- A STUDY ON THE
DEPARTMENT OF SOCIAL WELFARE'S COMMUNICATION
STRATEGIES IN THE FIGHT AGAINST GENDER BASED VIOLENCE IN
MANSA DISTRICT**

**By
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**A report submitted to the University of Zambia in Partial fulfilment of the
Requirements of the Degree of Master of Communication for Development**

**The University of Zambia
2014**

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ABSTRACT

Gender Based Violence is a global human rights problem but some women still lack knowledge and information on their rights. They do not even know the services offered including facilities that are in place which would help them if at all they are victimised despite the many efforts that the Zambian government has put up. This affects mostly the rural women because they are away from where such services are offered. If gender issues are properly handled they can lead to development of the nation which is sustainable. The department of Social Welfare serves the vulnerable social groups and individuals including those affected by GBV but how effective have they been in communicating messages against GBV?

The purpose of the study was to evaluate the communication strategies being used by the department of Social Welfare in the fight against GBV in Mansa District.

The researcher in order to obtain data used both qualitative and quantitative research methods. Triangulation of these methods was used by the use of questionnaires, focus group discussion, in-depth interviews, and participant observation. Purposive, convenient and simple sampling procedures were also used. The software package for social sciences (SPSS) and thematic analysis was used to analyse data.

The findings revealed that the knowledge by the community on the existence of the department of social welfare as a department that attends to GBV issues was poor though the department has clearly set out their role in the fight against GBV with their main focus being confined to giving shelter to the victims of GBV those that are deemed not safe from the environment within which the violence happened. The department has no written communication strategy paper but has some good strategies that it uses. The communication strategies being used are however not adequate and effective enough in the fight against GBV. The recommendations are that the department should have a communications strategy paper to which they can refer to and incorporate other and more communication strategies in order to be effective. Above all the department has to work towards their existence as GBV activists in the grassroots in order to be recognized and effective in their service delivery

DEDICATION

This is dedicated to the two most important and wonderful things that have ever happened to my life, my two children Yande Hope Kang'ombe and Benjamin Kang'ombe Jnr, I love you both very much and you are my reason to reach greater heights.

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ACRONYMS

AIDS.....	Acquired Immune Deficiency syndrome
CSO.....	Central Statistic Office
DSWO.....	District Social Welfare Officer
FAO.....	Food Agriculture Organisation
FGD.....	Focus Group Discussion
GBV.....	Gender Based Violence
HIV.....	Human Immune Virus
MCDMCH.....	Ministry of Community Development Mother and Child Health
MDGs.....	Millennium Development Goals
NGOs.....	None Governmental Organisation
OSC.....	One Stop Centre
PWAS.....	Public Welfare Assistant Scheme
PA.....	Public Address
PSWO.....	Provincial Social Welfare Officer
SPSS.....	Statistical Package of Social Sciences
SADC.....	Southern African Development Community
STIs.....	Sexually Transmitted infections
UNDP.....	United Nation Development Programme
UNFPA.....	United Nations Population Fund
UNICEF.....	United Nations International Children's Fund
VAW.....	Violence against Women
WHO.....	World Health Organisation
YWCA.....	Young Women Christian Association
ZAPD.....	Zambia Agency for Persons with Disabilities

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0 INTRODUCTION

Gender Based Violence is a global human rights and development issue that transcends geography, class, culture, age, race, and religion to touch every community in every corner of the globe. It has been estimated that at least one in every three women around the world has been beaten coerced in-to sex or otherwise abused in her lifetime. The public health implications of this violence are enormous: according to a world development report violence is more serious a cause of death and incapacity among women of reproductive age as cancer, and greater cause of ill health than traffic accidents and malaria combined. It drains a country's resources and handicaps women's ability to contribute to social and economic progress.

In spite of the overwhelming negative impact of gender based violence on individuals, and societies it is often sanctioned by customs and reinforced by institutions that limit women's rights, their decision making power and their recourse to protection from violence. As such, GBV is both an outcome and an expression of women's subordinate starting in relation to men in societies around the world. Due to increases cases of GBV, the government of Zambia has put up many strategies aimed at reducing this vice. However despite the wide spread efforts put up by different stakeholders the vice seems rather increasing instead of decreasing.

It is for this reason that this research was undertaken with the aim of establishing the communication strategies used by the department of social welfare in the fight against gender based violence (GBV) in Mansa. The purpose was mainly to find ways of how the organization can improve or enhance their communication skills thereby improve communication in the fight against GBV and hence contribute to the decrease of the vice in Mansa District.

Chapter one includes the background information on Zambia. There is information on the department of social welfare in order to give direction to what the department does and which institutions they manage in relation to GBV. Further the statement of the problem, rationale and objectives of the problem are stated in this chapter.

1.1 BACK GROUND

1.1.1 Zambia's Profile

1.1.1.1 Location

Zambia is a landlocked country which covers about 752,612 square km. it is named after the Zambezi River which arises in the North-West corner of the country and thus forms its southern boundary. Zambia lies between latitudes 10 degrees and 18 degrees South and 22 degrees and 33 degrees East (<http://www.zambiatourism.com>). It is surrounded by eight neighbours namely Tanzania to the North East, Malawi to the East, Congo DR to the North and North West , Botswana and Namibia to the South East, Zimbabwe to the South, Mozambique to the South East and Angola to the West. It is generally a large country which consists of a level plateau of about between 1060 and 1363 metres above sea level broken by small hills of mineral rich granite.

1.1.1.2 Zambian Climate

There are three seasons in Zambia, Cool and dry season which is from May to August, Hot and dry season which is from September to November, and Warm and wet season which is from December to April. The website on Zambia tourism indicates that only in the valleys of the Zambezi and Luangwa is there excessive heat particularly in October and only in the wet season is there a noticeable high humidity. In the warm wet season, heavy showers and thunderstorm occur, followed by spells of bright sunshine. It is understandable that during the season plants grow profusely and rivers and streams get filled within a short time. During the cool dry season night frosts may occur in places sheltered from the wind. The country side dry up gradually and bush fires usually follow this. Temperatures raise high during the hot, dry season but new leaves appear on the trees before the rains begin (Fisher 1984). This kind of climate and location therefore entails that the country has great potential to develop its agricultural sector.

1.1.1.3 Population of Zambia

Zambia's population comprises of about 70 Bantu speaking ethnic groups. Some ethnic groups are small and only two have enough people to constitute at least 10%

of the population. The majority of Zambians are subsistence farmers but the country is also fairly urbanised with about 42% of the population being city residents. The predominant religion is a blend of traditional beliefs and Christianity. In 1980, the population was at 5,661,801; in 1990 it rose to 7,383,098 (30.4%), in 2000 the population rose further to 9,885,591 (33.9%) and in 2010, it rose to 13,092,666 thus 32.4% increase in the population (CSO, Zambia).

1.1.1.4 Zambia's Economic Performance

At independence in 1964, Zambia was one of the most prosperous countries in Sub-Saharan Africa. With the abundant agricultural and mineral resources, Zambia's prospects for economic growth and human development at first seemed bright. It adopted the socialist economic model within an African Context. There was large scale nationalization of the mining industry and the creation of large state owned parastatals such as the Zambia Consolidated Copper Mines (ZCCM). A considerable degree of central planning involving the setting up of a large civil service followed as the government aimed at ensuring self sufficiency coupled with industrial diversification.

The economy was exclusively dependant on copper production and following the sharp decline in the copper prices on the world market, the world price of oil and energy fuelled global inflation pushing the price of capital imports. Due to these factors the country began to experience unprecedented social and economic difficulties to date.

1.1.1.5 Mansa District Profile

Luapula Province is one of the ten provinces in Zambia and is located in the north of the country. It was named after the Luapula River and the Province has a total population of 991,927 as reported by CSO (2010). The provincial capital is Mansa and it extends along the northern and eastern banks of the river. It is inhabited by Bemba speaking people including the Lunda and Ushi people. The major activity in the district is fishing. Mansa takes its name from the local chief Mansa and the small Mansa River which flows west to the Luapula River. This province has beautiful rivers, waterfalls, lakes and wet lands and it serves administrative and commercial

functions, being situated on a relatively featureless plateau between the Luapula River to the west and to the Lake Bangweulu to the

Over the last twenty years Mansa town has grown considerably in population which is now at 228,392 (CSO Report, 2010). It is located at an elevation of 1,296 meters above sea level. It is not doing well in prosperity since a decrease in employment in the mines of the Copperbelt forced a return to the land in areas such as the Luapula Province. Mansa lacks industries since the closure of the battery industry in 1994, and the absence of employment opportunities, the town has faced quite a number of challenges. Nevertheless, the town is home to a daily market, banks, warehouses, a number of large stores and dealers, and a supermarket. Otherwise, institutions available are; government institutions, Non-governmental organisations, civil society organisations and community based organisations.

1.2 HISTORICAL PERSPECTIVE OF GENDER BASED VIOLENCE ISSUES IN ZAMBIA

Violence against women is a technical term used to collectively refer to violent acts that are primarily or exclusively committed against women. This type of violence targets at a specific group with the victim's gender as a primary motive. The United Nations General Assembly defines Violence Against Women (VAW) as 'any act of gender based violence that results in or is likely to result in physical, sexual, or mental harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.'

In 1993, the declaration on the elimination of violence against women noted that this could be perpetrated by assailants of gender, family members and even the state. This declaration also made the link between Gender Based Oppression (GBO) and VAW clear in emphasizing that the VAW is a manifestation of historically unequal power relations between men and women which has led to the domination over and discrimination against women by men and to the prevention of full advancement of women. Where women are oppressed by their gender roles children may be at increased risk of violence. Article 17 of the CRC defines Violence against Children as all forms of physical or mental violence injury and abuse, neglect or negligent

treatment, maltreatment or exploitation, including sexual abuse. It draws on the definition of the 2002 world report on violence and health, “the intentional use of physical force or power, threatened or actual against a child by an individual or group that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.”

Gender refers to socially determined differences between men and women. These differences include roles, responsibilities, opportunities, privileges, expectations and limitations prescribed to males and females in any culture; socially constructed context based and learned through socialization and they determine many aspects of relationship between males and females as well as females among males. Although gender roles and responsibilities can change overtime within and across cultures they are often deeply rooted in long standing assumptions societies hold about women, men, boys and girls in virtually every society around the world, these assumptions tend to reinforce patriarchal norms and values or systems by which males hold more power than females in both private and public domains and to differing degrees, exercise this greater power as a basic entitlement in Zambia. Gender has thus been identified as the most underlying factor promoting VAW (GBV).

1.3 NATIONAL ANTI GENDER ACT ON GBV, 2011

The Anti Gender Based Violence Act (2011), signed off by Zambian President Rupiah Banda in April 2011 was a major step forward in the fight against GBV in Zambia. One of the most comprehensive laws on GBV in SADC, the Act gives hope to many women and children who have been subjected to GBV without adequate recourse. It offers a comprehensive framework for protection and means of survival for victims and survivors of GBV as well as prosecution of perpetrators.

The Act comes after more than ten years of advocacy for a comprehensive and effective piece of legislation and has been received well by all sections of Zambian society and particularly women's organisations. The years of ground work have paid off because unlike other SADC countries that have specific domestic violence Acts, Zambia has an anti-gender based violence law which is more far reaching and comprehensive.

The Act takes its inspiration from the gender based violence provisions of Articles 20 - 25 of the SADC Protocol on Gender and Development which calls on States to enact and enforce legislation prohibiting all forms of GBV; discourage traditional norms including social, economic, cultural and political practices; public awareness programs; adopt integrated approaches; provision of specialised facilities including support mechanisms for survivors of GBV among other obligations.

The GBV Act specifically provides for:

- The establishment of a Gender Based Violence Fund to assist victims.
- Establishment of an all-inclusive GBV Committee.
- Establishment of shelters.
- Provision of emergency monetary relief.
- The addressing of harmful traditional practices.

The Act targets:

- Perpetrators of GBV.
- Judiciary who handles cases of GBV when taken to court.
- Police service.
- Government departments.
- Women and men.
- Civil society, the church and other stakeholders.
- The Nation at large.

Government agents and civil society have begun disseminating and sensitizing the public on the provisions of the Act and training the judiciary; a communication strategy and putting together a National Gender Monitoring and Evaluation Plan. This is being done in tandem with the reviewing of the National Gender Policy.

1.4 PROFILE OF THE DEPARTMENT OF SOCIAL WELFARE

The Department of Social Welfare and Probation Services was created in the early 1950s to deal with social welfare issues specifically orphans. Before 1948, missionary societies running orphanages did most of the work of looking after the orphans. They provided staff, finances for running and building of orphanages as

well as clothing and food for orphans. The establishment of the Department of Social Welfare and Probation Services led to a change in the colonial government's policy on missionary run orphanages in terms of financing and legislation.

Social welfare currently is a department that falls under the Ministry of Community Development, Mother and Child Health (MCDMCH) in Zambia. Among many other ministries it also has the mandate to look into GBV issues among other programs it undertakes. Apart from pursuing the GBV cases it also stands in court on behalf of the juveniles who might have been violated against.

1.4.1 Vision, Mission and Goal of the Department of Social Welfare

The Vision Statement of the department is: to have a Zambian society where every poor and vulnerable person is empowered to live a productive and useful life. The Mission statement is, to provide and facilitate socio economic empowerment of the poor and vulnerable and promote the development and preservation of culture. The Goal is to contribute to the security of all vulnerable Zambians by ensuring that incapacitated and low capacity households have sufficient livelihood security to meet basic needs, and are protected from the worst impacts of risks and shocks.

1.4. 2 Programmes

Department of Social Welfare undertakes many programmes of which among them are mainstreaming of Cross-Cutting Issues (CCIs) such, HIV and AIDS programmes, Gender and Development and Environmental Sustainability. PWAS is a program that is undertaken by Social Welfare with the objective of assisting the most vulnerable in society to fulfil their basic needs particularly health, education, food, shelter, and other forms of social support. Child Protection is yet another program under the department in question and this is done with the aim of ensuring the effective protection of children and their rights. On the other hand, Juvenile Welfare is undertaken to provide effective correctional services for children in conflict with the law in order to enable them become responsible citizens. The department of Social welfare also provides the services to GBV victims by ensuring that their safety is guaranteed. They therefore provide the necessary requirements to the GBV survivors in terms of shelter until at a time when they feel that the victim is safe and secure

then will they wean them off their program. In terms of GBV, they further provide information to the general public through various mediums in order to prevent the violation of women and children's rights in particular. The department seats on various committees which have been established to look into the welfare of the general citizenry and such committees are the Gender Sub Committee (GSC), Justice Forum Committee (JFC), the Development, Coordination Committee (DCC) and many other such committees.

At district level however, there is the District Welfare Assistance Committee (DWAC) which comprises of line ministries from the social sectors such as the Department of Community Development, Education, Health, Agriculture, Local Authority, ZAPD, and many others. This committee like most of the committees reports to the Provincial Welfare Assistance Committee (PWAS) which reports to the National Committee. Area Coordinating Committees (ACCs) are committees at sub district level that receive allocations from the district and in turn reallocate to their respective sub committees known as the Community Welfare Assistance Committees or CWACs, and are responsible for the identification of clients and distribute resources to the final beneficiaries' right at the grass root level.

1.4.3 Available Institutions manned by Social Welfare Office



Picture 1: The One Stop Centre- Mansa

The department is represented at One Stop Centre (OSC) which is located at the District hospital of Mansa and under the supervision and coordination of the Ministry of Health. The first One Stop Centre in Zambia was established in 2006 at the University Teaching Hospital. They are first of a kind in Zambia to ensure direct service delivery to survivors of gender based violence. The main reason for setting up OSCs is that in many communities, GBV service providers are often located in different physical locations and this inhibit, rather than facilitate, timely and efficient responses to those in need of these services. This does not require the survivor to move from one location to the other and this has contributed to more cases being reported and perpetrators prosecuted in the courts of laws. It has also helped the survivors to receive all the required medical services without paying for anything. This model is important in the fight against GBV in that it creates a safe and supportive environment for women and children to seek immediate protection and medical treatment.

The One Stop Centre houses several service providers in one place which includes Ministry of Health (MOH), Ministry of Home Affairs (VSU), Ministry of Justice and Ministry of Community Development Mother and Child Health (MCDMCH). Services provided by the OSCs include medical treatment of physical injuries, emergency contraception (EC), pregnancy testing, HIV/AIDS testing, and provision of HIV Post-Exposure Prophylaxis (PEP) kits. They also provide trauma/psychosocial counselling, legal assistance, criminal investigations and provision of temporary shelter and referral services (UNFPA (2005). The temporal shelter for those survivors of GBV whose safety is at risk and not guaranteed by the perpetrators and some family members around them especially the women and the children is at a place of safety which is equally being supervised by officers from Social Welfare. This place is not known to the public in order to ensure safety of the GBV victims and survivors.



Picture 2: Place of Safety- Mansa District

1.5 STATEMENT OF THE PROBLEM

As earlier alluded to, this research focused on how department of social welfare can effectively use communication to fight GBV. Communication which is defined as a process of transmitting information, ideas, opinions from one person to the other through the use of symbols such as words, art, gestures (Berelson, 1964) is indeed important to any social being.

Gender based violence is in all parts of the world and it is being experienced every day. The most affected are the women and the children that is why GBV is also referred to as VAW. It appears to be the oldest fashioned ways in which gender inequalities are manifested in Zambia. It is a serious problem and it takes the forms of women or spouse battering, forced early marriages, defilement, physical violence, parent neglect and inability to give basic life provision to children.

GBV has adverse effect on human health such that it affects apart from the broken bones, victims of the GBV 3rd degree burns, different injuries, abuse can have long term mental health results including depression, suicide attempts and post traumatic stress disorder, sexually transmitted diseases or infections, unwanted pregnancies and other sexual reproductive health problems (WHO, 1997). This even increases the

prevalence rates of HIV and AIDS in the country which is a drain of resources to the nation.

It appears that one of the main reasons why this act seems to persist is that the people's attitudes towards GBV is very bad due to their cultural beliefs, norms, knowledge and practices which normally perpetuates the act of violence. It is for this reason that the Zambian government through its responsible ministries, NGOs, Civil Society Organisations and Community Based Organisations has made efforts through campaigns to fight GBV by speaking against bad attitudes and practices that perpetuate GBV. This in itself saw the launch of an international campaign of the 16 days of Gender Activism which is trying to keep the people aware of gender sensitive issues and is itself a campaign in the fight against GBV. It has gone further by establishing one stop centres for GBV victims and places of safety for the GBV survivors in provinces like Luapula and Northern.

However, despite these efforts, it appears that instead of this vice reducing it is increasing. This is evident in the numbers of cases being reported yearly which instead of reducing they are increasing because according to CSO (2010) report, Luapula Province has a population of 991,927 of which 797,407 are in the rural areas yet only 194,520 in urban areas with 488,589 males (49.3%) and 503,338 females (50.7%). From this population, Mansa District has a population of 228,392, of which 112,336 are males (49.2%) and 116,056 are females (50.8%). This district had however in 2010 recorded cases of GBV reaching 258 but in 2011 the number rose to 465 where 389 were female victims and only 75 male victims (Mansa VSU, 2012). One is left wondering whether the efforts by government in communicating the dangers of this vice are having any impact at all.

It is for this reason that the research aimed at finding out the communication strategies being used in the fight against GBV in Mansa district by Social Welfare Department as a government department from the Ministry of Community Development Mother and Child Health.

1.6 RATIONALE

The reason behind this research is that there is great potential not only in the organization but also in the members of staff to work together in collaboration with other stakeholders within the district and utilize the resources that are available to improve the vulnerable peoples' lives through their effort in the fight against GBV.

Access to information is very essential and vital in communication with which if do not have would find very difficult to communicate. The vulnerable communities access their information through the mass media mainly radio, newspapers and through intra and interpersonal sources such as focus group discussions and sensitization meetings. When looked at most of the forms of communication used for communicating the issues in relation to GBV, mass media is the most used but most of these communication channels prove to be expensive such that many people fail to access important information. The levels of education are equally low such that many are unable to read and write which gives them a disadvantage in accessing correct information.

Due to technological improvements and advancement in communication, the world is becoming smaller but this is not helping much especially those in rural communities since they scarcely have access to information technology such as internet services. It is for this reason that other effective communication channels have to be used in order to reach out to everyone in society including the rural poor. If other sectors of life have improved as a result of employing good and efficient methods of communication, it is possible for the same methods to reduce the vices of GBV. The research therefore intended on contributing to this positive response which would bring about effective and efficient communication strategies in the fight against GBV thereby reduce the vice.

1.7 GENERAL OBJECTIVE

To assess the nature and effectiveness of the communication strategies being used in the fight against GBV in Zambia

1.7.1 Specific Objectives

1. To assess the knowledge and understanding of the community regarding Gender Based Violence
2. To investigate the attitude and practices of the community members towards Gender Based Violence
3. To establish the nature of communication strategies used by the department of social welfare in the fight against GBV
4. To determine the nature of messages used in communicating GBV issues by the department of Social Welfare
5. To assess the effectiveness of the communication strategies used by the department of Social welfare against GBV.
6. To establish the best channels of communication in the fight against GBV

CHAPTER TWO

METHODOLOGY

2.0 INTRODUCTION

This chapter highlights the research methodology where various research techniques and approaches have been used in order to assess the communication strategies used by Mansa District Social Welfare office to fight GBV. Therefore the research questions are indicated in this chapter, the sampling procedures and methods that have been used to collect data have equally been indicated in order to show how data was collected. The chapter further highlights limitations of the study. Both qualitative and quantitative research methodologies were used.

2.1 RESEARCH QUESTIONS

1. What does the community know about the term gender based violence?
2. What are the practices and attitudes of the community towards GBV?
3. What are the communication strategies used by the department of social welfare in disseminating information on GBV to the communities?
4. How are the messages communicated against GBV by the department of Social Welfare designed?
5. How effective are the communication strategies used against GBV by the department of Social Welfare?
6. What channels of communication does department of social welfare use to communicate messages on GBV in Mansa District?

2.2 QUALITATIVE AND QUANTITATIVE RESEARCH METHODS

Qualitative method of research gives answers to why something is happening in such a way it is. It further more seeks to describe and analyse culture and behaviour of humans and their groups from those being studied as a target group. In this method feelings and insights are considered important (Kombo and Delno L.A 2009). It is for this reason that the researcher opted to use this method as one of the important research method during data collection. On the other hand, quantitative research relies on the principle of verifiability that is confirmation, substantiation and proof.

The method focuses on measurement in form of numerical events according to rules (Ibid). This method was equally used during the research. Various techniques in data collection were used through triangulation and hence ensured validity of the results and this helped the researcher reaching at objective results. The methods which were used emphasis the important role of communication in the fight against GBV in Mansa District that the department has. The researcher had therefore collected data using various procedures such as Focus Group Discussions, In-depth interviews, participant Observation and structured questionnaires.

2.2.1 Focus Group Discussion

This method was used to collect data that revealed feelings, beliefs, emotions, attitudes, perceptions and views of the respondents on communication strategies that social welfare uses in the fight against GBV. The researcher conducted one FGD and this group comprised of ten members representing the targeted community. The members were selected on the basis of their knowledge, representation, age and gender. Therefore, the other FGD comprised of ten members (two men, four youths and four women) of the community of target. The researcher had to organize for the venue, set time, date and encouraged participation during moderation. The topic of discussion was introduced to the group with some questions which were not closed.

2.2.2 In-depth Interviews

The researcher also undertook five in-depth interviews. The two interviews were done with the members of staff from department of Social Welfare while one interview was done with the medical personnel from OSC located at Mansa General Hospital in Mansa District. The other one was done with a representative from the Department of Gender and the other one was with a male youth from the Community where the FGD was undertaken. The participants were chosen on the basis that they were members of staff of the departments and hence were acquainted with the programs and projects that are undertaken. They were also directly in contact with the GBV survivors and victims who may tend to give out a lot of information to them. These further knew the strategies and methods used to prevent and treat GBV cases. These interviews were very important as they enabled the researcher to have

an increased insight into the department of Social Welfare's communication strategies. The time, venue and moderation was equally organised by the researcher.

2.2.3 Participant Observation

The researcher was available in the day to day activities of the department of Social Welfare in Mansa District. The places where the researcher operated from during the research were the OSC, Place of Safety, some Help Desks and the District office. This method allowed the researcher to assess and evaluate the communication strategies that the department in question used and also other activities that were in place, planned for and done in relation to GBV. It was very effective a method used because the researcher was taking notes, analyzed and summarized the findings from the observations made.

2.2.4 Quantitative Survey

This was done by giving out 100 questionnaires to a sampled population that was carefully selected from the targeted population of three chiefdoms namely Kalasa, Lukangaba, Chimese and Mabumba. The questionnaire distribution was done in order to obtain numerical and statistical information which allowed direct comparison between communication strategies being used in the department of social welfare and the impact it has on the general public in terms of awareness raising. The questionnaire further helped to measure the beliefs, attitudes, opinions, behaviour and level of knowledge on the issues of communication strategies used by social welfare. The questionnaires were distributed into two categories the first one being the GBV survivors and the other were just members of the community.

2.3 SAMPLING PROCEDURES

According to Chama (2007), people who use statistics use different methods to choose the sample from the population and the purpose of sampling is to enable one select a sample which represents the population where they come from and to ensure that all samples have a chance of being selected. The following random sampling methods were therefore used;

2.3.1 Purposive Sampling

The researcher picked on Mansa District to conduct the research since it is a rural area where most of the programs dealing with GBV are implemented by the department of Social Welfare and other organisations. The researcher drew the information from the community and some members of staff. The researcher purposively sampled 30 GBV survivors from the One Stop Centre records and information which is located in Kalasa Lukangaba Chiefdom and these were given structured questionnaires. The researcher further sampled out the members of staff from Social Welfare Officer and other department because of their positions and direct contact to issues of GBV. These were purposively sampled for the In-depth interview and this also included the ten people that were picked for the focus group discussion which was dependent on the level of their understanding of issues in the community and even group representation.

2.3.2 Simple Random Sampling

This method was used in order to determine which two chiefdoms from the eight chiefdoms the research sampled population come from that is apart from one which was purposively sampled. This method was used by the researcher making paper balls with names of the eight chiefdoms on them and picked out two from a jar. The two chiefdoms turned out to be Mabumba and Chimese.

2.3.3 Convenient Random Sampling

The researcher used this sampling procedure to pick the men, women and anyone else from the age of eighteen going up to administer the questionnaires to due to their availability. The researcher was undertaking the research in the rain season which farming season in the area of research at that time and so the availability of the members from the sampled chiefdoms only depended much on who was available for the research. The researcher used this sampling procedure to sample out seventy individuals from the two chiefdoms (Mabumba and Chimese). This method allowed the researcher to have different perceptions, views and opinions of the people on issues of GBV and evaluate the communication strategies that are being used by Social Welfare.

2.4 DATA COLLECTION

Both primary and secondary sources were used for data collection. Primary data was collected from the structured questionnaires, while Secondary data was collected from available literature such as books, plans and government records. The researcher also ensured confidentiality and anonymity of the participants under study and so was consent sought before engaging the participants in the research.

2.5 DATA ANALYSIS

The researcher used both qualitative and quantitative methods in data analysis. Data was sorted out according to the numbers collected and cross checking was equally done to ensure information completeness and consistency for good interpretation and facilitation process was done. Manual method and the computer were used in the process especially the use of statistics package of social sciences (SPSS) in data processing. Data was then coded according to essential variables and responses. The data collected was analysed and interpreted using tables and charts.

2.6 LIMITATIONS

The researcher did experience some difficulties when conducting the research and the difficulties were:

- I. It was difficult to access actual statistics like the number of households per chieftdom and so the researcher had to use estimations as given by the village headmen.
- II. The researcher also experienced difficulties in organizing for a FGD for the members of staff in different departments and organisations due to busy schedules that people have coupled with the need for incentives when one organizes such a meeting and yet the researcher had inadequate resources in that vein hence did only one FGD.

CHAPTER THREE

CONCEPTUAL AND THEORETICAL FRAMEWORK

3.0 INTRODUCTION

This chapter has defined the concepts that have been used in the research including the main theories that are applicable to the study.

3.1 CONCEPTUAL FRAMEWORK

3.1.1 Development

Dudley Seers (2006) defines development as the “reduction and elimination of poverty, inequality and unemployment within a growing economy.”

While Michel Todaro (2006) suggests that improving living standards must ensure wider economic and social choices. He argues that development should “expand the range of economic and social choice to individuals and nations by freeing them from servitude and dependence, not only in relation to other people and nation states but also to the forces of ignorance and human misery.”

Similar to what has been said above is the definition of Schramm and Winfield (1967:425) who saw development as “the economic and social changes taking place in a nation as it moves from a traditional to a modernized pattern of society, these changes are associated with division of labour, growth of industry, urbanization, incomes, and the preparation of citizens by literacy, education of citizens, and information to participate broadly in national affairs.” (Kasoma, 1994) writes that “development is improvement in human life conditions at individual and societal levels’ which is achieved through desirable but fluctuating changes, or adjustments in the environment.”

For Mwosa (1987) development becomes all things to all men and women .He says that its definition depends upon which community one belongs to .To an urban dweller, development means more job opportunities, more buildings, and better facilities. On the other hand, to a rural community dweller, it might mean easier access to water, an irrigation scheme, or primary health care.

Foure (1996) refers to development as “the general improvement of human conditions in the third world.” Development is measured by the existence of conditions that were not present prior to implementation of intervention programs. Lastly, the Communication for Development Manual (2002) defines development “as a long process of qualitative and quantitative changes in society in political, economic, social and cultural terms, which leads to individual or collective well being.”

In all the above definitions of development, we see that human life is mentioned therefore, true development, whether material or non material puts human life at the centre. The other common element which is noticeable in all the definitions is that development entails progression from one stage to another. Development in this study will be looked at in this perspective.

3.1.2 Communication

A lot of definitions have been made regarding the term communication. There is hence no single approach to the study of communication. Wimmer and Dominic (1997) have defined communication as a symbolic social process which occurs when we have an idea in response to something we have seen or heard. Communication involves co-orientation and sharing of meaning. We share some meanings of words or gestures because we speak the same language and belong to the same culture. Communication also occurs in a context and, as such, it is contextual. Communication in one context will have different characteristics from communication in another context. For instance, there is more feedback in family communication than in mass communication.

Mc Quail (1994) write, “The term communication has many meanings and definitions but the central idea is of a process of increased commonality or sharing between participants on the basis of sending and receiving messages.” Berelson (1964) further says that communication is the transmission of information, ideas, emotions and skills by use of symbols like words, pictures, figures and graphs. There are different types of communication namely intra personal, interpersonal, mass, organizational and intercultural communication. However it is also important to mention one special type of communication which is very cardinal to development

and that is participatory communication. Intra-personal Communication is the communication that takes place within oneself. It could be through meditation or deep thoughts on something before making a decision. Interpersonal Communication is the communication that takes place between two individual and a group thus face to face interaction or can be mediated through a telephone and in this type of communication feedback is immediate. Mass Communication is a type of communication where sending of messages is done from one source to an audience which is large, heterogeneous and unorganized through a medium which could either be electronic or print. The former refers to radio, television and internet while the latter points out to newspapers, books, magazines etc. In this kind of communication, feedback is delayed if at all there.

Organizational Communication is a type of communication which happens within an organizational setup or at times between different organizations and lastly but not the least, Intercultural Communication is a type of communication that occurs between people sharing information and human experiences from different cultural backgrounds.

3.1.3 Communication for Development

Communication for development implies the use of a communication process, techniques and media to raise people's awareness of their own situation and of the options they have at their disposal for activities involving change, as well as helping to resolve social conflicts and together to reach a consensus (Iiboudo, 2002). In addition, it should assist people in planning activities involving change and sustainable development, so that they are aware of the knowledge and qualifications needed to improve their living conditions and those of their community, and the effectiveness of local and national government.

FAO has defined communication for development as a planned and organised use of techniques and means of communication (media or otherwise) in the promotion of development, through a change of attitude and /or behaviour, through the dissemination of the necessary information and through encouraging the active and conscious participation of all stakeholders, including the beneficiaries in the process.

3.1.4 Gender

Gender according to Gogova refers to widely shared ideas and expectations (Norms) about women and men. Ideas about typically feminine and masculine characteristics and abilities and expectations about how women and men should behave in various situations, ideas and expectations are learned from families, friends, opinion leaders, religious and cultural institutions, schools, the workplace and the media.

3.1.5 Violence

Violence is being destructive towards another person, is a major public health issue and human rights concern. It is a leading cause of morbidity and premature mortality worldwide that has increased dramatically in recent decades. It can be interpersonal, self directed, physical, mental and acts of exclusion (ICN, 2001).

3.1.6 Gender Based Violence

UNFPA (1999) defines GBV as violence involving men and women in which females are usually the victims and which is derived from unequal power relations between men and women. Violence is directed specifically against a woman because she is a woman or affects a woman disproportionately. It includes but not limited to physical, sexual and psychological harm. It also includes violence perpetuated by the state. It is said that all acts of violence are gendered irrespective of the victim being male or female. However, in general those who commit violence are mainly males.

3.1.7 Social Change Campaign

Social change campaigns are organized efforts done by some groups of people to bring about positive change. Social campaigns have been used since time immemorial. In the Greek and the Roman empires, these campaigns were used to free slaves (Chama 2007). In Zambia social campaigns are used to promote vaccination campaigns against the prevention of Vices and Diseases through the use of the available strategies. This is often done by persuading others to adopt change by modifying or abandoning some ideas, attitudes, practices and behaviours.

There are some factors that favour the success of social change campaigns such as the following:-

Monopolisation: This is a situation where some social change campaign messages enjoy dominance without other contrary objective campaign messages.

Canalisation: Social change messages depend on the favourable public attitude base. Commercial advert messages are quickly absorbed because they mainly have nothing to do with change of attitudes and behaviour.

Supplementation: Social change campaigns work well when an aspect of face to face communication is included. When people discuss what they hear, they are able to process the information well (Chama 2007).

Opinion leaders are also important in social change campaigns. Opinion leaders are gate keepers and standard setters who informally but importantly govern which new ideas, beliefs, norms, policies and technologies come to be accepted and normalized within a social system. The construct of opinion leadership is central to the process of how consequential innovations diffuse through populations of people, organizations, and communities. The influence of opinion leaders is communicated to followers through social modelling, active and passive attention and other communication behaviour such as talking (www.research-practice.org).

The type of the media is equally important in social change campaigns. Media plays a very important role in social change. Both the print and electronic media has a huge influence on the thinking pattern of people on many issues of life. The usefulness of the media can also be seen from its accessibility to the intended audience and its capacity to articulate issues that appeal to a certain group of people.

3.1.8 Communication Strategy

Communication strategy is defined as a well planned series of action aimed at achieving certain objectives of change through the use of communication methods, techniques and approaches (Kalyondo, 2009). The researcher tried to evaluate if

Department of Social welfare has achieved their objectives in their communication strategies on GBV to the people in the district

3.1.9 Participatory Communication

According to Kalyondo quoting White (1994) participatory communication, is a kind of communication where all the interlocutors are free and have equal access to the means to express their points of view, feelings and emotions. In this case, participatory communication will be used to measure the extent to which members of the target communities can access GBV awareness and preventive strategy messages from department of Social Welfare in Mansa District. When people participate, they are allowed to share ideas, opinions, values and concerns in development projects. It is important for people to share in an activity. Participation involves dialogue, renewal of cultural aspects, sharing of knowledge and meaning together. If development goals and objectives are to be achieved, participation is a necessity.

White (1994) differentiates between “genuine participation” and “pseudo participation” in the following words: “People’s participation in development in which the control of the project and decision making power rests with the planners, administrators and community’s elites is pseudo participation. The level of participation of the people is that of being present to listen to what is being planned for them and what would be done unto them. When the development bureaucracy, the local elites and the people are working co-operatively throughout the decision making process and when the people are empowered to control the action to be taken, only then can there be genuine participation.” That is why it is important to involve people in disseminating messages and planning strategies if the people have to own the messages.

3.2 THEORETICAL FRAMEWORK-MAIN THEORIES

There are many different health behavioural theories that are a product of an investigation between health information communication and behavioural change (Kalyondo, 2009). This may include explanatory theories and change theories. Explanatory theories address the questions on why certain problems exist and investigate the underlying variables that contribute to the problem (Kalyondo, 2009).

Examples of such theories include *the health belief model, the theory of planned behaviour and the precaution adoption process model*. Change theories bring into perspective the development of health interventions by finding important concepts that may be incorporated into information and communication messages and strategies. The importance of such theories is that they need identification and analysis of assumptions prior to the design and implementation of any intervention programmes. Examples of such theories are the diffusion of innovations and community organization (Kalyondo 2009, p. 40).

Health behavioural theories are grouped according to their characteristics. There are message based theories that investigate how individuals or audiences respond to messages. Fear based theories are designed to bring about change through instilling fear responses. Belief based theories are those that examine the sets of beliefs and perceptions of individuals about health. It is true that when one knows that change in behaviour will result in improved health, one will change ultimately. The intervention based theories focus on behaviour change by way of prevention. Behaviour change theories that use information campaigns are done knowing the impact of information on changing human behaviour especially when exposed to such messages (Kalyondo 2009). Therefore the following specific theories were used in the study;

3.2.1 The Two Step Flow Theory

The researcher used the two step flow theory because it explains very well how information flows within the organization under review. The theory asserts that information from the media moves in two distinct stages being;

Firstly, individuals (opinion leaders) pay close attention to the mass media and its messages and receive the information. Secondly, the opinion leader passes on the messages according to their own interpretations in addition to the actual media content.

Personal influence is a term that was coined to refer to intervening between the media's direct message and the audience's ultimate reaction to that message. Opinion

leaders are quite similar to those they influence. This theory has improved the understanding of how the mass media influence decision making. It gives the ability to predict the influence of media messages on audience behaviour and it helps explain why certain media campaigns fail to alter audience attitudes and behaviour (Katz and Lazarsfield, 1995).

The theory is relevant to the study because it is evident in the way department of social welfare is structured that it has great influence over the people and plays a critical role in determining the flow of information right to the grass root level.

3.2.2 Diffusion of Innovation Theory

The other theory connected to the study is the diffusion of innovation theory which encompasses very well our everyday life and how we either adopt or eliminate certain elements. Diffusion of innovation is defined as the “*process by which an innovation is communicated through certain channels over time among the members of a social system*” (Rodgers, 1962). The definition contains four elements that are present in the diffusion of innovation process thus;

- I. Innovation- which is an idea, practices, or objects that are perceived as new by an individual or other unit of adoption
- II. Communication Channels- that is the means by which messages get from one individual to the other
- III. Time- thus the three time factors being; Innovation-decision process, Relative time with which an innovation is adopted by an individual or group and innovation’s rate of adoption.
- IV. Social System- which is a set of interrelated units that are engaged in joint problem solving to accomplish a common goal

The theory brings a lot of players on board in the communication process and examines how ideas among people develop (Nkunika, 2006). The two step flow brought in the exchange of information between the media and recipient, while the diffusion of innovation theory deals with the conditions that increase or decrease the likelihood that members of a given community or society will adopt a new idea,

product or practice. Equally in the diffusion of innovation theory the role of opinion leaders is paramount.

Rodgers defines the diffusion process as one which is the spread of a new idea from its sources of invention or creation to its ultimate users or adopters. Rodgers differentiates the adoption process from the diffusion process in that diffusion process occurs within a society as a group process whereas the adoption process pertains to an individual. Hence Rodgers defining the adoption process as the mental process through which an individual passes from first hearing about an innovation to final adoption. Rodgers identified five stages of adoption;

1. Awareness –the stage at which individuals are exposed to the innovation but lacks complete information about it
2. Interest or Information stage – the stage at which the individual becomes interested in the new idea and seeks additional information through inquiries and consultations with the media
3. Evaluation or Assessment level – the stage at which the individual mentally applies the innovation to present their present and anticipated future situation, and then decides whether or not to try it
4. Trial stage – where the individual makes full use of the innovation
5. Adoption Stage – where the individual decides to continue with the full use of the innovation

Only after going through the above stages would society or people adopt an innovation and integrate it into their day to day life.

The relevance of this theory to the study is that it helps in trying to break the cultural beliefs and practices that perpetuate GBV. For the messages against GBV to be taken into consideration and seriously they have to pass through the five stages of adoption as illustrated by Rodgers

CHAPTER FOUR

LITERATURE REVIEW

4.0 INTRODUCTION

From the literature reviewed it indicates that there is no universal definition of GBV. Understanding differs according to country, community and legal context. The lack of a clear and commonly accepted language inhibits the development of an effective reporting system and or databases and this restrains prevention, monitoring and advocacy efforts (Baker, 2007). However the term GBV refers to “*the physical, emotional or sexual abuse of a person.*” The scope of the definition is expanded to include the forced sex, sexual coercion and rape. It also includes the use of physical violence or psychological pressure to compel a person to participate in a sexual act against their will. The term GBV is widely used as a synonym for Violence against Women (VAW) in order to highlight the gender inequality in which much violence is rooted. However, while this review acknowledges that the overwhelming recipients of violence are females, the term GBV is here used to encompass all women, men, girls and boys who have experienced violence.

Violence against both men and women has gained international recognition as a serious social and human rights concern affecting all societies. Evidence shows that violence is a major cause of ill health among women and girls as seen through death and disabilities due to injuries incurred and increased vulnerability to a range of physical and mental health problems (Krug, et al, 2002). Violence and the fear of violence severely limits women’s contribution to social and economic development, thereby hindering achievements of the Millennium Development Goals (MDGs) and other national and international goals.

It has been reviewed that violence accounts for 5-10% of healthy years lost by women and such violence can include physical violence, emotional, sexual and economic violence (WHO, 2001).

Both men and women can be victims or perpetrators of GBV. In Zambia, 59% of women have experienced any form of violence by anyone since the age of 15years (Kishor and Johnson, 2004). It has been discovered that girls and young women who

had previously experienced sexual coercion are significantly less likely to experience genital tract infection, symptoms, unintended pregnancy and a higher incidence of unsafe abortions. Lack of sexual autonomy and control stemming from actual or threatened violence, together with fear of repercussions from use of condoms or contraception are direct pathway to unwanted pregnancy and increased risk to STIs (IBID). Moreover intimate partner violence has been found to be independently associated with HIV infection (Fonck et al, 2005)

Gender is not synonymous to women although it's often used in that way. Gender according to Gogova refers to widely shared ideas and expectations (norms) about women and men. Ideas about typically feminine and masculine characteristics and abilities and expectations about how women and men should behave on various situations, ideas and expectations are learned from families, friends, opinions, leaders, religious and cultural institutions, schools, the work place and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society. Equally important are the socially defined/ascribed characteristics that different cultures assign to those individuals defined as female and as male. Gender is that adopting particular forms of behaviour that then come to be seen as characteristics of their gender.

The difference between male and females indicates the major inequalities with those in the category of female having less access than those in the category of male to a wide variety of economic and social resources. The inequality is also about obvious in distribution of income and wealth. Feminisation of poverty is found also in rich and poor countries and reflect women's unequal situations in the labour market, their less favourable treatment in most social saving systems and low status within one household(WHO, 1998)

All acts of violence are gendered irrespective of the victim being male or female. However, in general those who commit violence are mainly men.

In Zambian context ,(YWCA,1994:18) has defined violence against women as any act directed against a woman or a girl child because of her sex which causes suffering, pain or discomfort or which diminishes her abilities to make choices about her life. These injurious acts can be physical, psychological, sexual, economical,

social and cultural. Women and girls are highly vulnerable to being harmed physically, sexually or psychologically by the men in their families and communities. The definitions have thus shown the social dimensions and root causes of violence against women and girls. Without this understanding of the issue, there can be no focused and responsive policy and programming efforts to deal with violence.

4.1 SOME COMMON FORMS OF GBV

4.1.1 Domestic Violence

GBV ranges from sexual harassment to rape, domestic violence (DV) to trafficking, child Abuse and Neglect. However, there is a dimension usually forgotten by development experts, particularly the one related to gender issues: cultural and social norms, which are highly influential in shaping individual behaviour, including the use of violence. Domestic violence (or intimate partner violence by WHO) is one of the most common forms of GBV, including sexual violence, with deep cultural and social roots and intimate partners perpetuate the majority of cases. WHO (Butchart et al., 2010) defines intimate partner violence as *“behaviour within an intimate relationship that causes physical, sexual or psychological harm, including an act of physical aggression, sexual coercion, psychological abuse and controlling behaviours”*. Further, DV is a cycle hard to be broken. Understanding the nature and scope of this cycle is possible to find factors that originated it, find solutions for its prevention, and improve the wellbeing of families and communities.

Other authors have described DV as the abuse of one person by another whether they are involved in an intimate relationship or not (IPS, 1997). It is distinguished from other forms of violence in that it takes place over a long period of time. It is at times treated as a private matter from the public arena. This has thus resulted in law enforcement agents taking responsibility of protecting the women by saying it is a domestic matter. It thus reinforces the unequal power relationship between men and women and continues to subject the woman to violence without any resources to the law. This form of violence occurs in all countries and transcends social, economic, religious and cultural groups. Although women can also be violent the vast majority of partner abuse is perpetuated by men against their female partners (ZARD, 1998) often referred to as wife battering or beating.

The harm caused by DV can last a lifetime and span generations, with serious adverse effects on health, education, employment, crime and economic wellbeing of individuals, families and communities. It is widely recognized as an important development constraint that retards economic growth and poverty reduction (Grown et al, 2005; Butchart et al, 2010; Krug et al, 2002). However, although acknowledging those aspects, this type of violence is still relatively invisible once it occurs within a private sphere and is often accepted as the feature of male-female relationships.

Domestic violence occurs at home, at the hands of relatives or parents, manifested as sexual and physical violence and psychological abuse. Women are primary victims of this type of violence, followed by children, and men are primarily the perpetrators. Such violence has also adverse economic impact with the average cost of goods and services used in preventing violence, treating victims per person and for women experiencing at least one occurrence of physical intimate partner violence more than twice. Besides, the overall costs to society are greater when it hampers productivity, reduces human capital and undermines economic growth (Grown et al, 2005; Butchart et al, 2010).

Witnessing of killings and other forms of violence can lead to widespread physical and psychological trauma among the survivors, including children who grow in to adults. Living and growing up in a society where violence is 'normal' and thus enduring constant fear, has implications far beyond what is possible to imagine and with intergenerational consequences. This is evident for example in brutal Indonesia's occupation which has changed the life of thousands of the people because thousands of people were dead and hundreds of women and girls were victims of sexual assault in an area called Timor-Leste. It is generally accepted that violence of the occupation and the associated trauma has resulted in a more violent society today (Wandita et al, 2006, CAVR, 2005).

4.1.2 Child Abuse

Child abuse is in particular physical, sexual and emotional abuse by parents and caregivers. Children who witness intimate partner violence, or are victims themselves, tend to imitate and perpetuate that behaviour (Grown et al, 2005; Butchart et al, 2010; Krug et al, 2002).

(WHO refers child maltreatment as “physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, as well as to their commercial or other exploitation.” The perpetrators of child maltreatment are parents and other family members; caregivers; friends; acquaintances; strangers; others in authority – such as teachers, soldiers, police officers and clergy; employers; health care workers; and other children”(WHO – ISPCAN, 2006)

Sexual coercion is yet another form of abuse and it exists along a continuum from forcible rape to non physical forms of pressure that compel girls and women to engage in sex against their will. The touch stone of coercion is that a woman lacks choice and faces severe physical or social consequences if she resists sexual advances (WHO, 1997). Some forms of coercion are forced penetration (rape), sexual assault (forced sexual contact) are recognised as crimes by many legal systems. Other forms include intimidation, verbal pressure, forced marriage which are culturally tolerated and condoned (Heise et al, 1995). Further most non consensual sex takes place among people who know each other such as spouses, family members, courtship partners or acquaintances. Sexual coercion can take place at any point in a woman’s life.

4.2 CONSEQUENCES OF GBV

Violence has direct effect not only to the well being of the women but also of their families and communities. In addition to broken bones, third degree burns and other body injuries can have long term effect on mental health resulting into depression, suicide attempts, post traumatic stress disorder, sexually transmitted disease/ infections, unwanted pregnancies and other sexual reproductive health problems (WHO, 1997). From the literature reviewed GBV is a public health issue and that there are many cases of such problems. The factors causing GBV are traditional gender norms that support male superiority and entitlement, social norms that

tolerate or justify violence against women. Weak community sanctions against perpetrators, poverty and high levels of crime and conflict in society more generally. Violence is also believe to be a learned behaviour for example boys who witness or experience violence as children are more likely to use violence against women in their adult and a history of sexual abuse distorts perceptions about sexual violence and the risk of HIV infection (IGWG, 2006: Anderson et al, 2004). It is very evident that effective communication has to play a very critical role in the fight against GBV and so there has to be right communication channels to be used hence the focus of the study.

"VAW both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture" It is important to also note that Gender based violence in its various forms is endemic in communities as it cuts across class, race, age, religion and national boundaries. The impact of GBV resonates in all areas of health, social programming and increased rates of morbidity and mortality especially for women and children (*Beijing Declaration and Platform for action Paragraph 112*).

GBV both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices. Any one of these abuses can leave deep psychological scars, damage the health of women and girls in general, including their reproductive and sexual health, and in some instances, results in death.

GBV adversely affects victims, family members, perpetrators, communities and states on profound, emotional and physical psychological and economic levels. It accounts for more death and ill health among women aged 15 to 44 world wide than cancer, obstructed labour, heart disease, respiratory infections, traffic accidents and even war (World Bank, 1993). Some of the consequences of GBV include feelings of

hopelessness and isolation, guilt and depression or suicide. The more severe or long term the abuse and violence, the greater the impact on women's autonomy, sense of worth and ability to care for themselves and their children. In concrete terms it may lead to bruises, cuts, broken bones or limbs, unwanted pregnancies, sexually transmitted infections including HIV and AIDS, permanent disabilities or death. There is therefore great need that this issue of GBV as an urgent matter that needs immediate solutions. It is thus very vital that effective communication strategies be used to bring this vice to a stop. Otherwise if left un- attended to, Health experts, Development experts, communication experts and policymakers have little chance of meeting the MDGs' call for lowering maternal mortality, improving child survival, and combating HIV/AIDS and other sexually transmitted infections (STIs), or of meeting the underlying goal of reducing unintended pregnancies and even poverty as a whole.

Gender-based violence also serves by intention or effect to perpetuate male power and control. It is sustained by a culture of silence and denial of the seriousness of the health consequences of abuse internationally. In addition to the harm they exact on the individual level, these consequences also exact a social toll and place a heavy and unnecessary burden on health services. VAW is "the most pervasive yet least recognized human rights abuse in the world." (Heise, 1994) Accordingly, the Vienna Human Rights Conference and the Fourth World Conference on Women gave priority to this issue, which jeopardizes women's lives, bodies, psychological integrity and freedom. Violence may have profound effects which are direct and indirect on a woman's reproductive health, including: unwanted pregnancies and restricted access to family planning information and contraceptives, unsafe abortion or injuries sustained during a legal abortion after an unwanted pregnancy Complications from frequent, high-risk pregnancies and lack of follow-up care, Sexually transmitted infections, including HIV Persistent gynaecological problems Psychological problems (Ibid).

4.3 GENERAL OVERVIEW OF GBV AND COMMUNICATION STRATEGIES

Although Gender based violence is acknowledged as a fundamental violation of human rights and a constraint to development, it is still prevalent throughout Africa including south of the Sahara and other parts of the world. The World Bank report of 2011 indicates that in *Congo*, GBV, including rape, prostitution, forced marriage and domestic violence, is especially rampant in artisanal and small-scale mining (ASM) areas where women and children constitute up to 60 percent of miners, sorters, transporters and suppliers. According to UNFPA report, In *South Africa*, a woman is killed every 6 hours by an intimate partner while in Tanzania, nearly 28 percent of females reported at least one experience of sexual violence prior to the age of 18 (UNFPA,2011). The recent Demographic Health Survey data from Uganda and the Democratic Republic of Congo reveal that 56percent of young women ages 15 to 19 have experienced physical violence (Population Reference Bureau, 2010), Zambia statistics from the Victims Support Unit show a huge rise in the number of cases reported every year that comes as compared to the previous year. However, in Zimbabwe, 2,379 cases of Gender Based Violence were reported in the year 2011. Other reports of Gender Based Violence include a multi-country Demographic and Health Surveys (DHS) report on domestic violence which found that more than 40 percent of women in Bolivia, Cameroon, Columbia, Kenya, Peru, and Zambia had experienced violence by a spouse or partner (Population Reference Bureau, 2010).

This reported increase in the number of Gender based violence cases is despite the legislative, administrative, judicial, educational and other efforts to address Gender Based Violence that have been done by governments, regional and inter governmental agencies and nongovernmental and civil organizations in many countries. The problem with GBV is that it is *indiscriminate, it cuts across race, ethnic, class, economic, religious and culture divides. It affects women and men, girls and boys of all ages in different ways*. However, females are more often the victims than males with girl children and women with disabilities facing the most challenges. Many forms of sexual, physical, emotional and psychological violence are hidden perpetuated in the privacy of the home and unseen by the community while other harmful traditional practices and forms of socio-economic violence such

as Property grabbing and inheriting of widows are structural and public (Bwalya, 2013).

At the regional level, the instruments that have been developed include the African Charter on Human and People's Rights (ACHPR) adopted in 1979. In addition, UN member states were party to the consensus reached at the world conference on human rights (Vienna, 1993) where violence against women was a major issue and women's rights were recognized as human rights. Other UN world conferences that have addressed the issue of gender based violence include the International Conference on Population and Development (ICPD) held in Cairo 1994 and the Fourth World Conference on Women (FWCW, Beijing, 1995). Furthermore, the Heads of States and Governments of the Southern African Development Community (SADC) adopted a policy framework for the prevention and eradication of violence against women and children in Mauritius 1998 of which Zambia is a party to this declaration.

According to the International Conference on the Great Lakes Region Zambia's Country Report on Sexual and Gender Based Violence (ICGLR, 2011), the most common form of gender based violence in Zambia is physical violence. Almost half of the Zambian women (47 percent) have experienced physical violence at some point in their lives. UNICEF country director Shaya Asindua during the launch of a One Stop Centre in Kasama district of Zambia said the issue of sexual abuse and GBV was at the core of international human rights agenda and was of great priority for the United Nations. He also observed that while cases of GBV were heard of almost every day in the news, it was also a known fact that for every single case reported a dozen more remain unreported with victims remaining without support. Zambia therefore needs response services throughout the country, even in remote areas which are sensitive to victims as these would then provide holistic care, (Siame, Times of Zambia: 2012).

Zambia has adopted mechanisms and put in place support systems and institutional arrangements to implement laws relating to GBV. Some of these include, the department of Social Welfare as a public entity and probations services which handles complaints relating to family matters and provide counselling services, the

Judiciary involving courts at all levels in the courts; The Ministry of Justice, responsible for the overall administration of the law, The health department which treats both the victims and the perpetrators, Non Governmental Organization involved in providing legal aid, legal education, research and advocacy the criminal justice system including the police who investigate, arrest and prosecute; hence the formation of the Police Victim Support Unit in Zambia and above all the created the Ministry of Gender and Child development to spearhead all the gender related programs. The government also recognises the 16 days of Gender Activism and also commemorates the International Women's Day annually. This is all in a bid to fight GBV.

The Zambian government in its continued efforts to combat this vice of GBV enacted on 12th April 2011 the Anti GBV Act. In addition government through the Ministry of Community Development Mother and Child health and Ministry of health has come up with a strategy of putting up One Stop Centres and the places of Safety in the Provinces for victims of GBV. There has also been the creation of Anti GBV Committee whose responsibility is to monitor the activities of all the institutions responsible for matters of GBV and make recommendations for national plan of action on GBV and report on the progress in the fight against GBV. The penal code of Zambia has some punishment placed against GBV perpetrators depending on the nature of the violence with Zambia police service making sure that they enforce the law on perpetrators.

However, despite the stiff measures and all efforts that have been put in place by the Zambian government to reduce GBV cases, incidences of defilement, spouse battering and child neglect are still being reported on a daily basis. An indicator is that of the rising cases of defilement reported at every court in Zambia, whether in lower or higher courts, at least 3 -4 defilement cases are now being handled per session compared to past years, when defilement cases only came before the courts once every 3 months (Zulu, 2007). Statistics reveal that every month, averages of 70 girls are sexually abused in Lusaka alone, most often by a known and trusted person (Kachemba, 2008).

Therefore, Communication has been identified as a crucial tool in the fight against child sexual abuse and GBV. Without communication children and the entire citizenry may not know what they need to do in order to avoid being abused and what to do once they are abused. They may not speak out on what is happening to them. Also the affected families may not know how to support and care for their beloved ones once they are physically, socially or emotionally abused.

Thus it is an important tool in the sensitization process. According to the United Nations Development Programme (UNDP 2003), an increase in the flow of information is a key factor in the spread and smoothness of development. Many organizations are now centring on disseminating information to address various social problems such as drug abuse HIV and AIDS and child sexual abuse. Mass medium like radio, television, newspapers and brochures are mainly used. *Communication should be considered an essential component for educating the public, shaping attitudes and perceptions, creating demands for services and improving client interaction.* These are all crucial factors in the fight against GBV. Targeted information delivered within a culturally sensitive context can help to increase awareness and knowledge and to overcome myths, beliefs and prejudices associated with violence.

According to Mckee et al (2004), mass media, supported by interpersonal communications are vital channels to reach the largest number of people with accurate, targeted and relevant messages. It is important to examine communication strategies that have been used to fight other social problems in order to learn from them since there is little systematic study on communication strategies used to fight gender based violence.

The literature review brought out statistics and other information about GBV and in particular Domestic Violence (Spouse Battering), and Child Abuse in Zambia and worldwide, that is in terms of what GBV is, its causes, effects, measures in place on how it can be prevented and even how victims can be helped, but the literature failed to pinpoint how the communication strategies have performed in the fight against GBV in particular in Zambia as a country and the world at large.

Communication strategies can contribute to shifting gender based violence from a private matter to one that merits public attention and intervention. Acknowledging the widespread nature of the problem can also contribute to reducing survivor's isolation and creating an environment conducive to broad changes. Communication strategies can contribute to social change on at least two levels; on individual awareness, attitudes and behaviours, it can also influence the external environment and public policy initiatives hence create the necessary conditions for change at both the individual and group levels.

In Zambia, the YWCA in partnership with Population Council has implemented a 'Safe Space Project' in basic schools from April 2010. The project activities include sensitization of pupils and teachers on sexual violence and reproductive health issues, providing peer education services, training girls and teachers as mentors, providing referral for legal, health and counselling services. The project aims to address injustices faced by the girl child in Zambia. This includes provision of psychosocial support and life skills that will give the girls a platform to be aware of their rights, be assertive and be able to make sound decision, hence creating a safe space (YWCA, 2010). This is also in the bid to fight gender based violence in Zambia. *It is important to note that other communication strategies that have been used in other social problems can equally be used in the fight against GBV especially with the fact that research has shown that they have been effective and hence yielded positive results.*

Edutainment can be employed as a strategy to address GBV too. It is described by Singhal (2004) as the "process of purposely designing and implementing a media message to both entertain and educate in order to create audience members knowledge about educational issues, create favourable attitudes, shift social norms and change behaviour. Edutainment may have a particular appeal to young people and thus may present a special opportunity to affect norms before they are fully set. Many initiatives have used multiple media channels including radio, print and in some cases soap opera like the soul city just to address a wide audience including young people and men. It is however important to note that even though many initiatives have yielded positive results in measuring changes in awareness and attitudes, most have not measured changes in behaviours. In fact one of the main

challenges of most behaviour change campaign ensures from the difficulty of evaluating long term complex social change processes.

According to the first United Nations World Conference Report on women, (1975), under article 174, the media has great potential to be used as a vehicle for social change in helping to remove prejudices and stereotypes, accelerating the acceptance of women's new and expanding roles in society, and promoting their integration into the development process as equal partners. A major obstacle in improving the status of women lies in public attitudes and values regarding women's roles in society. Since gender refers to the sociologically and culturally based distinction between men and women. One's gender is therefore most often comprised of those roles, and attributes that are not purely 'natural' or biologically determined, but are rather dictated by norms and traditions. Because gender is not biologically given, the attributes of both male and female gender can and change over time and across cultures (Niemanis, 2007). *This implies that when communicators and development experts are successful at communicating messages on issues of importance to their communities such as women's human rights, gender-based violence and social justice, those issues are better understood, better accepted and better represented in public policy debates contributing to the overall goal of development, human rights and democracy.*

Furthermore, behaviour change strategies have been used to address GBV including campaigns to disseminate information on GBV legislation but few of these campaigns have been evaluated. Some studies have been conducted in the area of gender and information dissemination through the media. These studies have shown the linkage between gender and information dissemination in the media in contributing to the attainment of gender equality. This is because as formal or legislated discrimination against women falls away, the key challenge is how to change the mindsets hardened by centuries of socialization and cemented by custom, culture and religion (Lowe, 1997).

CHAPTER FIVE

PRESENTATION OF FINDINGS

5.0 INTRODUCTION

The results presented in this chapter focus on the outcome of those who participated in the audience survey to whom questionnaires were administered and those who took part in the in-depth interviews and the focus group discussion coupled with direct observation. The researcher had 115 people in total who contributed to the research findings. Due to differences in literacy levels, the people from the communities both in the rural areas of Mansa and those from the urban areas of Mansa were involved in the audience survey and some of whom participated in the focus group discussions and in-depth interviews.

In carrying out this research, 100 questionnaires were administered to the community members from the targeted chiefdoms. These questionnaires were administered in local language by the researcher who was interpreting the questions from English to Bemba. After this was done, the researcher decided to have a focus group discussion with 10 community members from Mabumba Chiefdom in order to ensure that the findings are a true reflection of the reality on the ground. Further the researcher undertook some in-depth interviews with 2 members of staff from Social Welfare, one (1) member of staff from the one stop centre representing Ministry of Health, one member of staff from ministry of gender and one youth from the focus group discussion that was previously held. The data collected was entered, codified and analysed properly using SPSS while qualitative data didn't involve the use of SPSS but was interpreted thematically. Following quantitative methods, the researcher has graphically presented the findings using bar charts, pie charts and frequency tables that illustrate the nature of the responses from the respondents.

5.1 PRESENTING FINDINGS ON THE KNOWLEDGE AND UNDERSTANDING OF GENDER BASED VIOLENCE BY THE COMMUNITY

5.1.1 Respondent's Variables

Table 1 shows a summary of the background information of the respondents. The background information of the respondents captured in this study revealed that, out of the 100 respondents, the majorities were females, with proportional percentage of 61% and the minorities were males with a proportional percentage of 39%. The findings also revealed that, from these respondents, the majority with 53% were married and were followed by those who were single with 25% of the responses. Those who were divorced and widowed had 16% and 6% of the responses respectively. The findings further revealed that, 26% of the respondents were above 45 years and represented the majority. Those who were between 15 and 20 years, 21 and 26 years, 27 and 32 years, 33 and 39 years and 39 and 44 years, had proportional percentages of 17%, 19%, 16%, 15%, and 7% respectively. In terms of their education levels, the results revealed that, at least the majority with 32% of the responses had reached primary level education. These were followed by those who had reached senior secondary level with 29% of the responses and those who had reached junior secondary level of education with 28% of the responses. Those who had never been to school were represented by 3% of the responses. Those who had reached College and University Level Education were represented by 3% and 1% of the responses respectively. Furthermore, the findings also revealed that most of these respondents came from rural areas.

	RESPONSES					
Sex	Female			Male		
	61 (61%)			39 (39%)		
Marital Status	Married	Single		Divorced		Widowed
	53 (53%)	25 (25%)		16 (16%)		6 (6%)
Age	15 – 20 yrs	21- 26 yrs	27-32 yrs	33-38 yrs	39-44 yrs	45yrs above
	17%	19%	16%	15%	7%	26%
Education Level	Primary	Junior Secondary	Senior Secondary	College	University	None of the above
	32 (32%)	28 (28%)	29 (29%)	7 (7%)	1 (%)	3 (3%)
Residential	Rural			Urban		
	75 (75%)			25 (25%)		

Table 1: Respondents' Background Information and variables

5.1.2 THE MEANING OF GENDER AND GENDER BASED VIOLENCE

Figure 1 and table 2 shows the distribution of responses when the respondents were asked on whether or not they understood the meaning of the term gender. The findings revealed that the majority with 80% of the responses understood what gender meant. This category of respondents clearly indicated that gender meant roles shared by both men and woman in the society. However to the contrary, this category 'was followed by those who purely had no idea of what the term gender meant. This group of respondents had 17% of the responses. The least responses on the other hand came from the two categories which at least had ideas and indicated that gender meant, "Men's roles in the society" with 2% of the responses and that gender meant "Women's roles in the society.

The respondents were further asked on whether they also understood the meaning of the term "Gender Based Violence". Figure 2 below shows the distribution of results when the respondents were asked on the meaning of gender based violence.

Meaning of Gender	Frequency	Percent
Women's Roles in Society	1	1.0
Men's Roles in Society	2	2.0
Roles Shares – Men & Women	80	80.0
I don't Know	17	17.0
Total	100	100

Table 2: Respondents' Knowledge on the Meaning of Gender

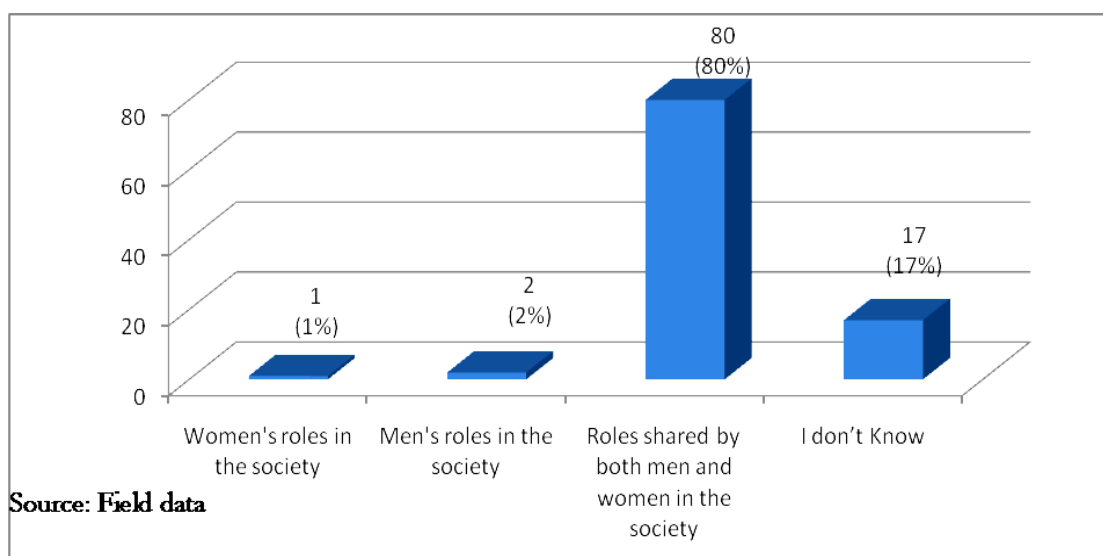


Figure 1: Respondents knowledge on the meaning of gender

5.1.3 The Meaning of Gender Based Violence

Figure 2 and table 3 revealed that, most of the respondents had an idea of the meaning of gender based violence, with the majority of 59% indicating that “it meant a violation of human rights”. Following were those who indicated “physical and emotional violence” as the meaning of gender based violence, represented by 31% of the responses and only one response (1%) representing “shouting” for the meaning of gender based violence. Those who had no idea on the meaning of gender based violence on the other hand had a proportional representation of 9%.

Meaning of Gender Based Violence	Frequency	Percent
Shouting	1	1.0
Violation of Human Rights	59	59.0
Physical violence	31	31.0
I don't Know	9	9.0
Total	100	100

Table 3: Respondents' Knowledge on the Meaning of Gender based violence

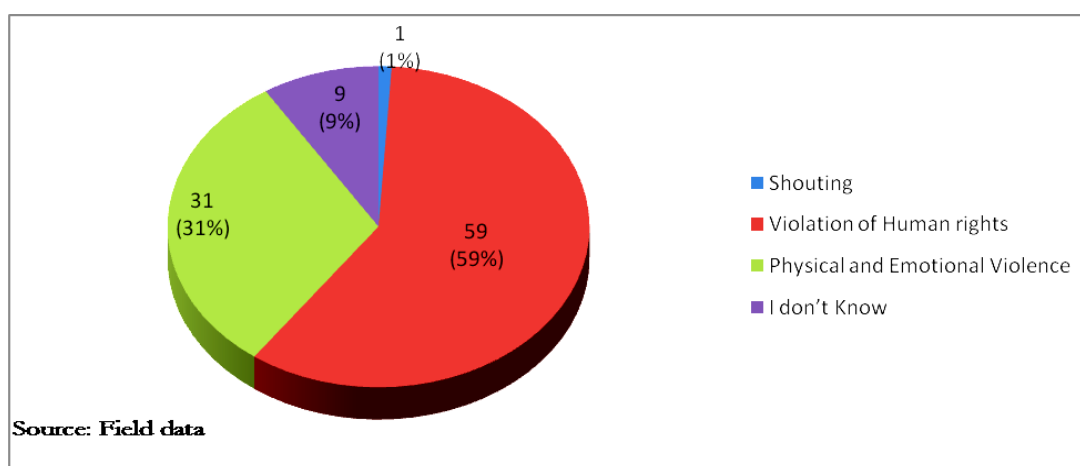


Figure 2: Respondents' Knowledge on the Meaning of GBV

5.1.4 The Existence of Gender Based Violence

Figure 3 shows the distribution of findings of the respondent's knowledge on the existence of gender based violence in their communities. The findings revealed that, this vice existed in most of the communities with the majority indicating "yes" and represented by 92% of the responses. The minority on the other hand with 8% of the responses disagreed that gender based violence never existed in their communities.

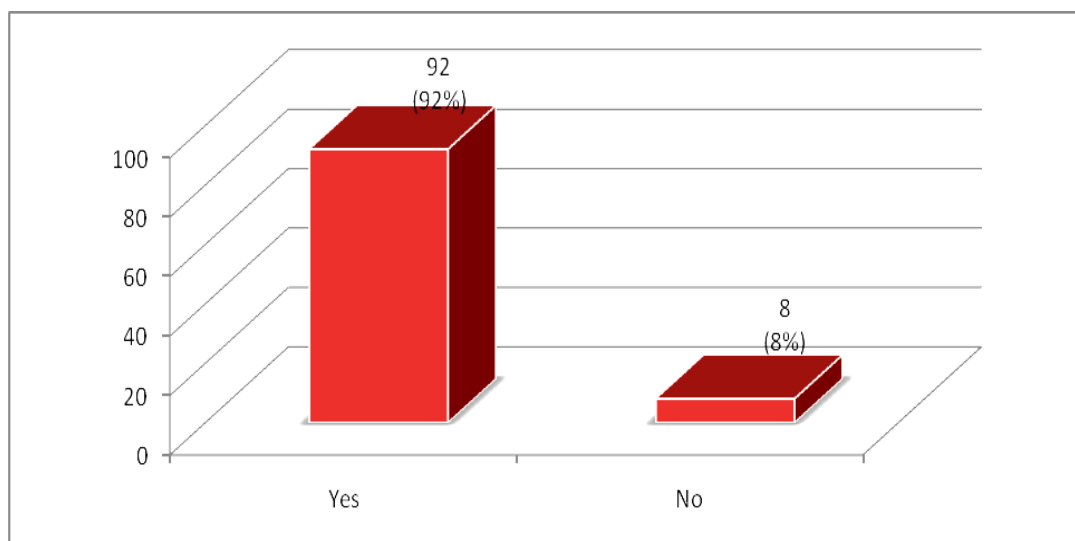


Figure 3: Respondents' Knowledge on the Existence of Gender Based Violence

5.2 PRESENTING FINDINGS ON THE ATTITUDES AND PRACTICES OF THE COMMUNITY TOWARDS GBV

5.2.1 Causes of Gender Based Violence

In order to establish the factor which precipitated gender based violence in the communities, the respondents were asked to indicate the main causes of gender based violence in their communities and figure 4 and table 4 shows the distribution of the responses. The findings as indicated in figure 4 revealed that, poverty is viewed as the main cause of gender based violence with 28% of the responses. This was followed by the bad attitude of men towards women in these societies (25%). Other factors included bad beer drinking habits from men and women (19%), high illiteracy levels (18%), ritual practices (5%), and drug abuse (5%) among community members.

Causes of GBV	Frequency	Percentage
Drunkenness	19	19.39
Ritual Practices	5	5.10
Poverty	27	27.55
Bad attitudes towards women	24	24.49
Drug Abuse	5	5.10
High illiteracy	18	18.37
Total	98	100

Table 4: Causes of Gender Based Violence

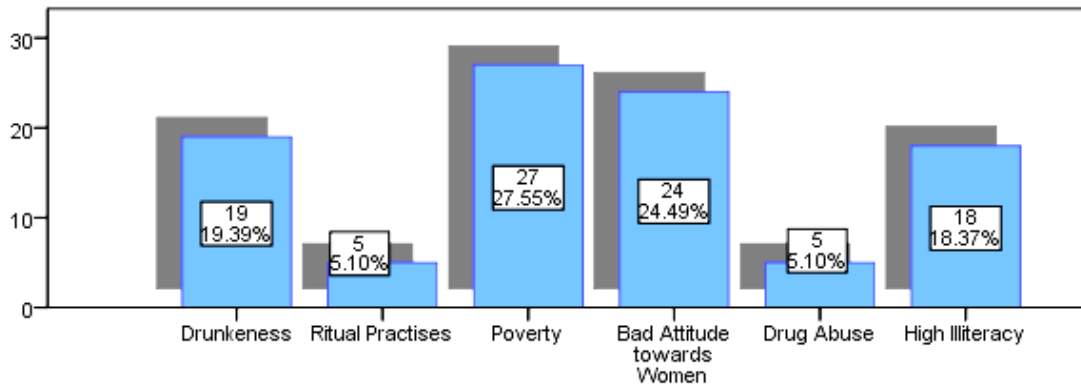


Figure 4: Respondents' Knowledge on causes of Gender Based Violence

5.2.2 Common Forms of Gender Based Violence in the Communities

In relation to the above, the respondents were further asked to indicate the main forms of gender based violence which was prevailing in their communities. Table 5 shows the distribution of the responses:- The results revealed that gender based violence existed and very rampant in most of these communities with spouse buttering being the major common form of gender based violence with 43% of responses. Other common forms of Gender based violence rampant in these communities included Child Sexual Abuse with 17% and Child Neglect with 13% of the responses respectively. The results further revealed that, in some communities, all the above named common forms of gender based violence were rampant and this was represented by 19% of the responses whereas in some communities, represented by 8%, none of the forms of gender based violence was common.

Common forms of GBV	Frequency	Percentage
Spouse Battering	43	43.0
Child Sexual Abuse	17	17.0
Child Neglect	13	13.0
As of the above	19	19.0
None of the above	8	8.0
Total	100	100.0

Table 5: Common Forms of Gender Based Violence in Communities

5.2.3 Sex Vulnerability to Gender Based Violence

Figure 5 shows the most vulnerable sex to gender based violence.

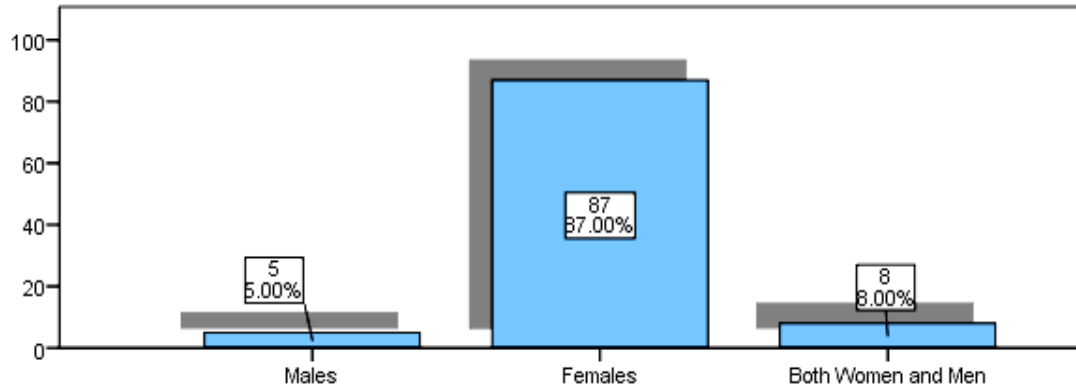


Figure 5: Sex Vulnerability to Gender Based Violence

The findings revealed that the majority GBV victims were the female folk and this was indicated by a proportional percentage of 87% of the responses. The male folk on the other hand were less victimized and this was shown by a 5% percentage ratio of the responses. However, in some communities, both men and women were victims of GBV and this category had 8% percent of the responses.

5.2.4 Reasons for the Increase in GBV Cases in the Mansa District

In order to establish why GBV reported cases were increasing in these communities, the respondents were asked to indicate what was caused this scenario. Figure 6 and table 6 revealed that the availability of information on GBV and this was indicated by 42% of the responses which represented the majority of the respondents who gave their opinions. Because of the availability of information on GBV nowadays, it was also discovered that most community members were now aware that GBV existed and is not a good vice and hence has to be reported if committed and hence the increased numbers of reported cases in the district. This was followed by respondents who thought that some people are still ignorant on the matters of GBV hence the increase in reported cases and these were indicated by 25% of the responses and 21% of the responses indicated that it was due to bad attitudes against the issues of GBV. Those with the view that gender based violence reported cases are high due to none availability of information where represented by 12% respectively.

Reasons for the increased reported cases on GBV	Frequency	Percent
Bad attitude towards Gender based violence	21	21.0
Ignorance on gender based violence	25	25.0
Availability of information on GBV	42	42.0
None availability of information on GBV	12	12.0
Total	100	100

Table 6: Reasons for the increased reported cases of GBV

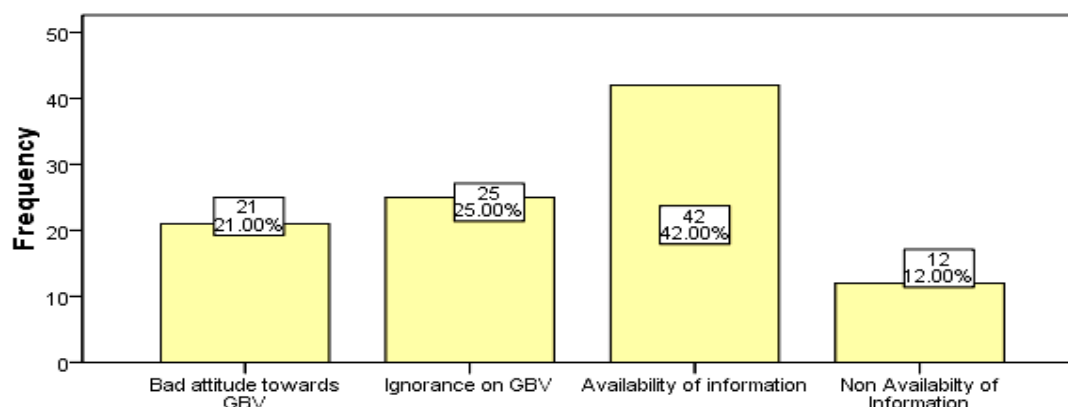


Figure 6: Reasons for the increased reported cases of GBV

5.3 PRESENTING FINDINGS ON THE NATURE OF COMMUNICATION STRATEGIES USED AGAINST GBV BY SOCIAL WELFARE

5.3.1 Organisations which campaign Against Gender Based Violence

In order to establish whether there were some organisations campaigning against gender based violence in these communities of Mansa, the respondents were asked to indicate the names of the organizations which campaign against gender based violence in their communities. Figure 7 shows the distribution of responses

Meaning of Gender Based Violence	Frequency	Percent
No Response	3	3.0
YWCA	4	4.0
Social Welfare	11	11.0
VSU	22	22.0
I don't Know	34	34.0
NGOs	25	25.0
Health	1	1.0
Total	100	100

Table 7: Organisations which campaign against GBV in Mansa District

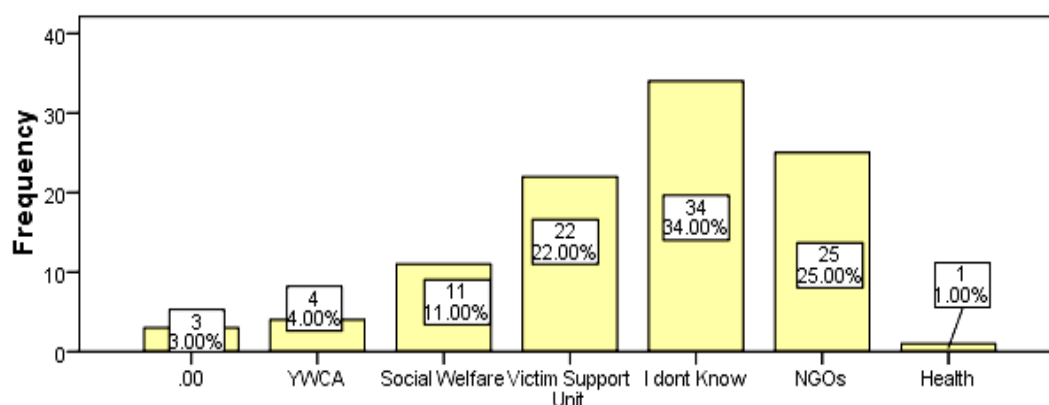


Figure 7: Organisations which Campaign Against Gender Based Violence

The results revealed that, the majority with 34% had no idea of any existing organisation working in their communities to campaign or provide information on gender based violence. However, from those who had knowledge of such organisations, most of them indicated “NGOs” (25%) as the most prominent organisations which campaigned against GBV. Other well known organisations operating in some of these communities as indicated included: Victim Support Unit

of Zambia Police with (22%), Social Welfare department of MCDMCH (11%), YWCA (4%) and the Ministry of Health 1% (through referrals to OSCs).

5.3.2 Knowledge on Department of Social Welfare

The results indicated that over 50% of the respondents had no idea about the existence of Social Welfare as a department and only 45 % expressed knowledge to the existence of this department in the district.

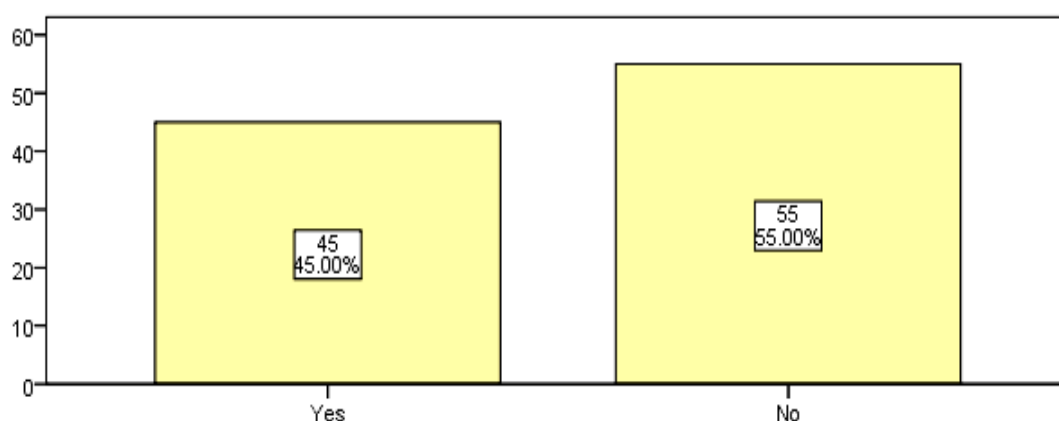


Figure 8: Knowledge on Department of Social Welfare

5.3.3 Channels of Communication on GBV Issues

The research further wanted to establish the mode of communication which department of Social Welfare used in the campaigns against GBV in these communities. It was discovered that over 50% of the respondents had no knowledge of the channels of communication used by the department of Social Welfare. However from the 49% of the respondents who had some information on the modes of communication used by Social Welfare in campaigns against GBV, 17% of them indicated it was through community meetings. Those who indicated that it was through Radio, Television and Drama performances were represented by 16%, 12%, and 3% respectively. The least response on the other hand come from one respondent who indicated that, Social Welfare used door to door campaign as a mode of channeling information on gender based violence. The figure below shows the distribution of the responses.

Communication Channels used by SW against GBV	Frequency	Percent
Radio	16	16.0
Television	3	3.0
Meetings	17	17.0
Drama Performances	12	12.0
Door to Door Campaigns	1	1.0
I don't Know	51	51
Total	100	100

Table 8: Channels of communication used by Social Welfare

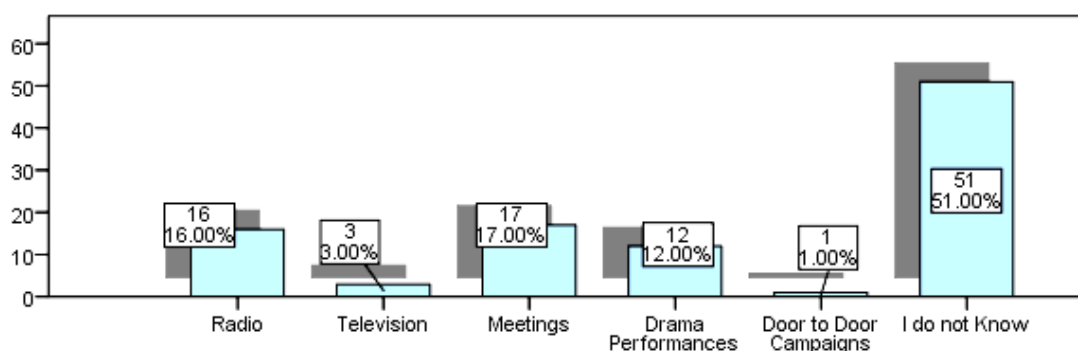


Figure 9: Communication Channels used by Social Welfare

5.4 PRESENTING FINDINGS ON THE MESSAGES DESIGNED AGAINST GENDER BASED VIOLENCE BY SOCIAL WELFARE

The findings further revealed that, from all the channels of communications used by the department of Social Welfare, over 50% of it did not talk about the effects of gender based violence and prevention of gender based violence. This was revealed by 58% of the responses which represented the respondents who indicated “None of the above” from the options presented. However, from the remaining 42% of the minority respondents, 22% of them indicated that the kind of messages on GBV communicated by Social welfare through most of the channels it used was messages related to the prevention of GBV. Further, 3% of the respondents indicated “Effects of GBV and 2% indicated “The Dangers of GBV” as the main messages communicated by the department of Social welfare in most of its channels of communication. However, 15% of the respondents on the other hand indicated that

all the three messages “Dangers of GBV”, “Effects of GBV” and “Prevention of GBV” were communicated by Social Welfare. Figure 9 below shows the distribution of the responses.

Messages designed against GBV by Social Welfare	Frequency	Percent
Dangers of GBV	2	2.0
Effects of GBV	3	3.0
Prevention of GBV	22	22.0
All of the Above	15	15.0
None if the Above	58	58.0
Total	100	100

Table 9: Types of Messages communicated by Social Welfare against GBV

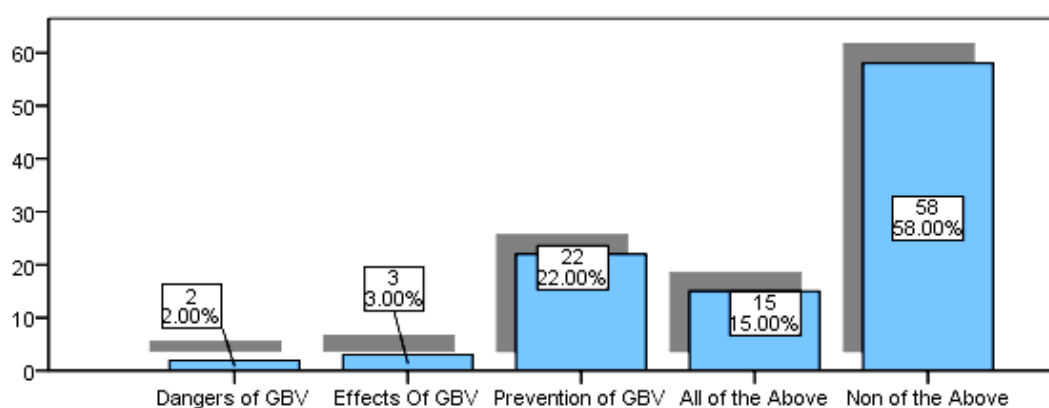


Figure 10: Types of Messages Communicated by Social Welfare on GBV

5.5 PRESENTING FINDINGS ON THE EFFECTIVENESS OF COMMUNICATION STRATEGIES USED BY SOCIAL WELFARE

The overall results on figure 11 and table 10 revealed that over 50% of the respondents were of the view that the communication strategies used by the social welfare were inefficient with 38% of the respondents indicating “poor” and 17% indicating “very poor”. Those who indicated “good”, “fair” and “very good” had 31%, 11% and 3% respectively.

Effectiveness of communication strategies used by social welfare	Frequency	Percent
Very Good	3	3.0
Good	31	31.0
Poor	38	38.0
Very Poor	17	17.0
Fair	11	11.0
Total	100	100

Table 10: Rating on the effectiveness of the communication strategies used by social welfare

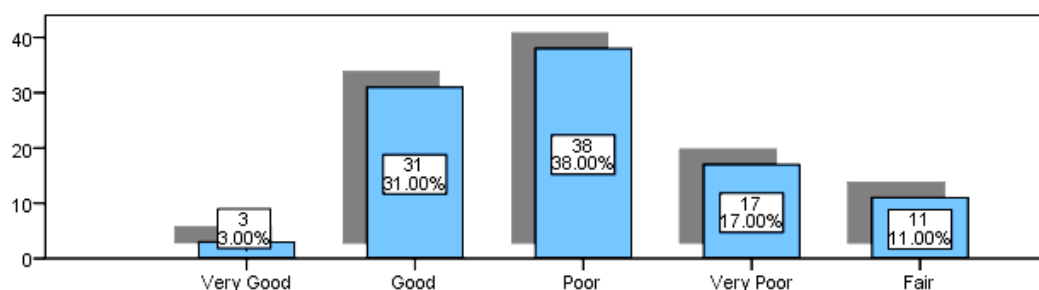


Figure 11: Effectiveness of Communication Strategies Used by Social Welfare

5.6 PRESENTING FINDINGS ON THE BEST COMMUNICATION CHANNELS THAT CAN BE USED AGAINST GBV

5.6.1 Strategies for Improving Communication of Information on GBV

The researcher further considered establishing effective measures for improving communication of information on GBV in these communities. Table 11 indicates how the distribution of responses when the respondents were asked on how they would know that information on GBV was being effectively communicated.

How would you know that communication is being effective?			
		Frequency	Percent
	When it is readily Available	17	17.0
	When Easy to Understand	7	7.0
	If it uses Local Language	76	76.0
	Total	100	100.0

Table 11: Strategies for Improving Communication of Information on GBV

The findings as indicated on table 3 revealed that the majority of the respondents, represented by 76%, were of the view that communication would only be effective if only information on GBV was presented in local languages. 17% of the respondents on the other hand were of the view that, it would be effective only when it was readily available in their communities. The least responses on the other hand came from those respondents who indicated that, only when it would be easy to understand, can it facilitate effective communication among community members.

5.6.2 Extent of Community Participation in issues of GBV

Figure 12 revealed that there was totally inadequate community participation in GBV programs as this was revealed by the 2% of the responses, which indicated very adequate against over 70% of which indicated inadequate (46%) and very inadequate (31%).

How would you rate community participation against Gender based violence?	Frequency	Percent
Very adequate	2	2.0
Moderate	21	21.0
Inadequate	46	46.0
Very inadequate	31	31.0
Total	100	100

Table 12: Rating the Extent of Community Participation

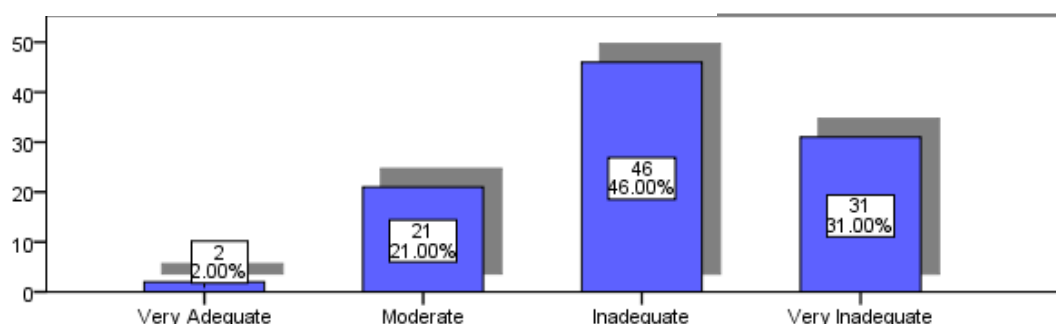


Figure 12: Extent of Community participation

5.6.3 Challenges Encountered when Accessing GBV Information

Figure 13 shows the responses of the respondents when they were asked whether they encountered challenges in accessing GBV information in their communities. The findings revealed that, the majority with 64 (64%) of the responses as opposed to 36 (36%) of the responses, encountered challenges in accessing GBV information.

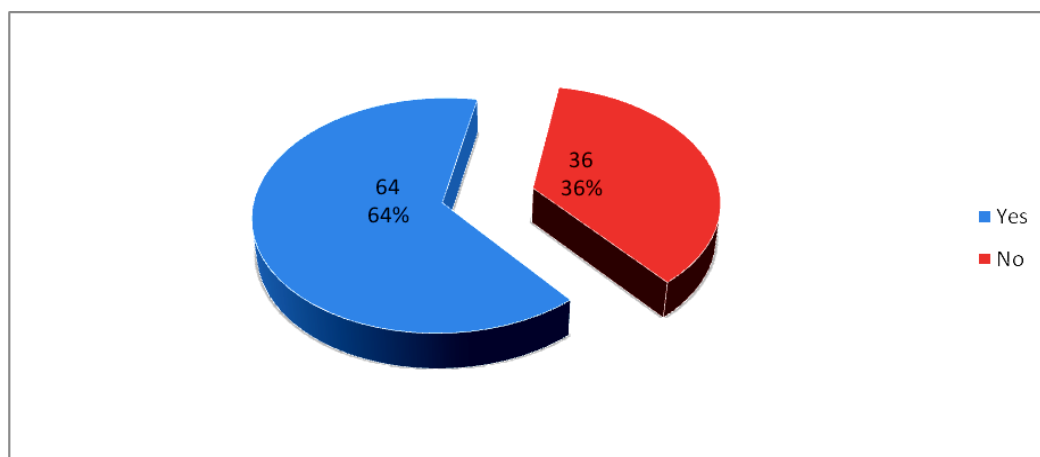


Figure 13: Challenges Encountered when Accessing Information on GBV

5.6.4 Reasons why challenges are faced

The reasons forwarded by the respondents who encountered challenges were that; they did not know where to get the GBV information with 34%, those who had challenges because GBV information is unavailable at 24%, those who have never tried to access GBV information before with 32% with those that find the information not easy to understand with 10% respectively. Figure 12 below shows the distribution of the results.

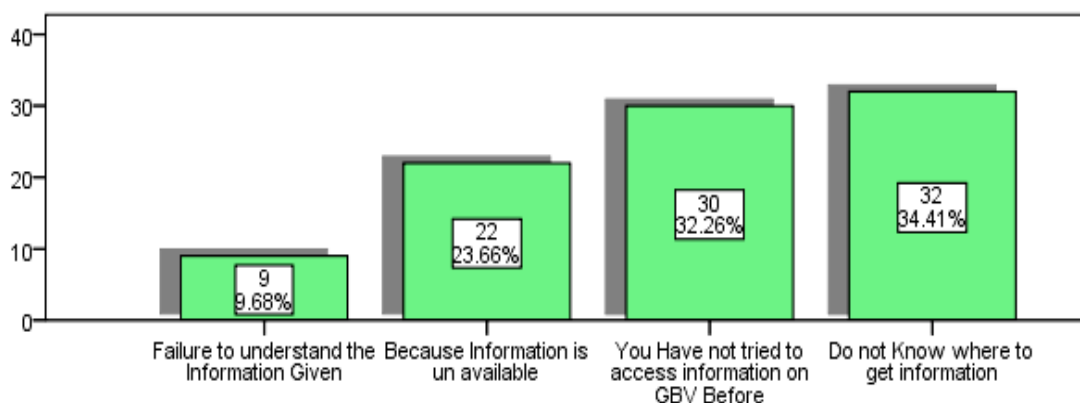


Figure 14: Reasons for Challenges Encountered when Accessing Information

5.6.5 Measures recommended enhancing communication against GBV

Table 13 shows a number of measures to consider, proposed by the respondents, in order to enhance effective communication against GBV. The majority of the respondent with 34% of the responses recommended that there was need for conducting sensitization meetings amongst community members. Other recommendations made were that, communication of GBV can be done through door to door campaigns representing 6%, through introducing rural cinemas (7%), through workshops (8%), through radios 4% and also by reporting GBV cases as soon as they occur (12%). Others however felt that all the above measures are vital and so included all of these and were represented by 29% respectively.

Meaning of Gender Based Violence	Frequency	Percent
Door to Door campaigns	6	6.0
Sensitization	34	34.0
Workshops	8	8.0
Viewing of rural cinemas	7	7.0
Radio	4	4.0
Quick Response to Reported Cases	12	12.0
All of the above	29	29.0
Total	100	100.0

Table 13: What measures do you recommend to enhance communication against GBV

5.6.6 Recommendations for social welfare’s continued campaign against GBV

The majority of the respondents 84% were in support that social welfare should continue to undertake GBV activities in the communities with only 16% who were of the view that they should not.

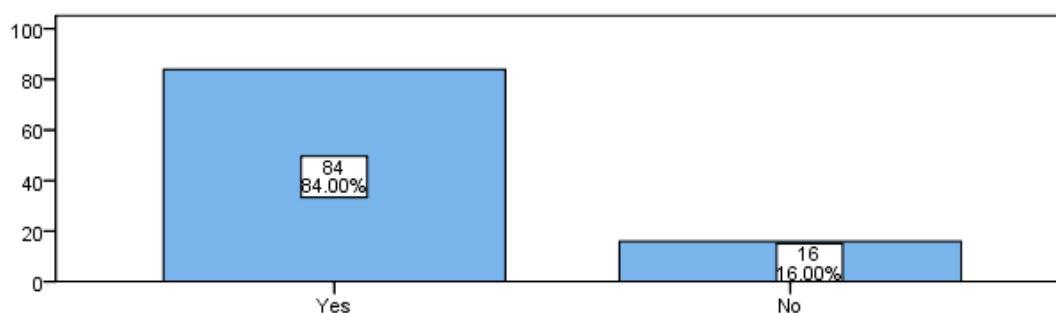


Figure 15: Recommendations on Continued GBV Campaigns by Social Welfare

5.7 PRESENTING FINDINGS FROM THE QUALITATIVE SURVEY

As earlier alluded to in chapter two, the researcher conducted one FGD and this group comprised of ten members representing the targeted community. The members were selected on the basis of their knowledge, representation, age and gender. Therefore, the FGD comprised of ten members (two men, four women, and four youths male and female) of the community of target.

The responses of the people in the focus group discussion were divided according to three categories which are the youths, the women and the men and the responses were as follows;

The three groups in the discussion knew very well that gender means sharing of roles and responsibilities between men and women. One woman actually expressed herself and said that *“gender simply means that every responsibility can be done by either male or female regardless of the sex.”* and one of the youths emphasized and indicated that *“it is important to share responsibilities in every institution be it at household level, at community or organizational level but more importantly it should begin at household level.”* It was similar to what gender based violence meant because the participants explained it in different versions but it simply came to the

meaning that it is the “*infringement of the rights of human beings by another human being be it male or female.*” The forms which were discussed as common in the area in their order of ranking were spouse battering, child sexual abuse, child neglect, child labour and verbal abuse.

The causes of gender based violence were discussed to be mainly due to poverty which everyone thought was the main problem. In relation to this issue one woman said that the “*women folk especially do lack economic empowerment and so it is yet another reason because they tend to depend on men in all areas of their lives and so men feel like they can do anything to the women in such situations.*” The men and women in the group further indicated that another cause of GBV was due to bad beer drinking habits which were in relation to bad practices that tend to perpetuate GBV. The youths in the group on the other hand thought that high illiteracy levels and some of the ritual practices were the causes. One of the female youths indicated that the belief in certain myths like “*making love to a virgin cures HIV*” was causing so many defilement cases,” while the male youth indicated that “*the desire to get rich is the reason that many people especially men tend to find themselves in such vices as GBV inform of defilement because they are told to make love to their children who are still virgins as the key word, for instance as sacrifice and since they are blinded by their desires to get rich they would go ahead and do the latter which is indeed extreme. He further said others are being found even making love to animals like goats what more a human being they would not consider it an extreme at all.*”

They all indicated that some traditional beliefs and practices in their community still perpetuate GBV for instance, the belief that “*when a man beats a woman is a sign of his love for the wife.*” They all indicated that this vice is very rampant and occurs like every day in these communities. One woman complained that “*the main reasons why attitudes are bad was that when women are getting married they are taught to be submissive to their husband and regard them as head of the family and to accept the manner and behaviours that husbands will give to them since they are the overall in charge at home. So the woman will keep quiet and accept to be abused despite the effects of the abuse or even being aware that they are being abused for fear of being rejected by both internal and external members of their society.*” On the other hand the society has told **man to be a man** even if it means him acting against his wife and

children's' rights only if he has to show authority in the household and hence the increase in the vice. As with the effects of GBV the three groups brought out the issues of increased poverty levels, death, divorce, crime rise, high illiteracy levels, mental illnesses and psychological problems.

The researcher at this point wanted to establish what the community knew about department of Social Welfare and the responses were that they had no idea what it was apart from two people from the group who expressed some bit of knowledge that "it was a department that pays for the school fees of vulnerable pupils and this youth knew about this department through a friend who was getting such help from social welfare." The other one was a man from the group who said he knew about them through a workshop which they held in the same community and so he explained that "they also do help the children below 19 years by defending them in the courts of law of Zambia when they come in conflict with the law thus criminal offences."

When asked what the role of social welfare in GBV issues was, like the previous question they all expressed ignorance except the same man who said that "they are also found at the one stop centre where GBV victims are found and he further explained that they refer those victims who are not safe to the place of safety which is a place manned by social welfare staff."

Having had this explanation, the researcher wanted to find out the communication strategies that were being used by social welfare and the response was through meetings, workshops and at times radio from one person still while others still expressed ignorance as they said that they had no idea. The messages that were preached out were prevention of GBV in particular wife battering, child sexual abuse and child neglect. The researcher further wanted to establish if at all the community thought that these strategies used by social welfare were effective but they all disagreed because they felt that if they were effective the department of social welfare would have been known by them or at least a number of them and not just by two people if not one out of the ten. They also indicated that the problem was that some meetings were done as a one off meeting which was not adequate enough to reach all the people in the communities.

In order to establish further whether the communication strategies were effective or not another question was asked and that was what was the cause of the rise in the reported cases of GBV in the community at present. The participants attributed this to due to awareness of GBV issues by the people which has increased now unlike before since this was being talked about and against now openly. A female youth openly said *“because we now know what GBV is and where to report when victimised.”* The research further reviewed that there was very low participation of the local community members in the awareness of these issues because it is just normally done by the people from **“town”** as they called it meaning those from the urban set up. The local people just receive the messages that are being spread to them by different organisations hence its effectiveness leaving a big question mark.

In concluding the discussion, the following recommendations were laid out by the participants who proposed that social welfare should take into consideration:

- The need to sensitize the communities about their role in GBV and how the people could get help from them (Social Welfare)
- The need to talk about GBV issues even in churches because most of the people are found in churches and so messages can go to many people from churches
- Their messages should have a full package that is what gender based violence is the causes, forms and even prevention of it
- They should use local languages when communicating these issues and so they should make use of the Uni- Lever concept of advertising **“Kiwi or Takula”** as one youth rightly said it, Which is a form of advertising which involves the dancers who go to a local area, entertain the people in different performances and there after get to teach the community the main products of that Uni-Lever stokes (edutainment).
- They should use billboards, posters and brochures written in local languages
- They should involve the local people to sensitize the communities and not only themselves

The researcher also did five in-depth interviews two interviews were done with the members of staff from department of Social Welfare while one interview was done with the medical personnel from OSC located at Mansa General Hospital in Mansa District. The other one was done with a representative from the Department of Gender and the other one was with a male youth from the Community where the FGD was undertaken. The participants were chosen on merit on the basis that they are members of staff of the departments and are also acquainted with the programs and projects that are undertaken in relation to GBV. They are also directly in contact with the GBV survivors and victims who may tend to give out a lot of information to them. These further know the strategies and methods used to prevent and treat GBV cases. These interviews were very important as they enabled the researcher to have an increased insight into the department of Social Welfare's communication strategies.

Department of Social welfare works within the context of the GBV Act of 2011. The department is confined to give shelter to the victims of GBV those that are deemed not safe from the environment within which the violence happened. These victims are kept until at such a time when all the issues have been resolved whether in court or within families or communities and the victim is assured of safety. Social Welfare also empowers some victims with life supporting skills such as carpentry, knitting, tailoring and sewing. They also work in collaboration with other organisations to sensitize and render their services to the community such as their presence at the one stop centre where every service that the victim may need is available including counselling services through their member of staff. The department of Social welfare also gets referrals from and to other departments and organisations such as department of gender and health. In relation to child abuse whether sexual or child labour, the department comes in to such issues bringing into act the juvenile act. The department therefore coordinates child and women empowerment programs. Below were some of the victims of GBV who had no problems with their pictures appearing in this study at the Place of Safety and were awaiting repatriation by the department of social welfare.



Picture3: Victims of GBV awaiting repatriation at the place of safety by social welfare

During the sensitization campaigns, multi communication strategies such as meetings with interest groups like the church, NGOs, local leaders, community and school clubs are used in order to reach a wider audience. The department also uses community workshops which are addressed by the community structures with members of staff answering questions from the local community. Sometimes, they do hold meetings with opinion leaders such as chiefs or headmen and leaders of NGOs.

The PSWO explained that “social welfare does have structures in local communities and hence, relied on the already existing structures of ACCs, the family, church and NGOs to reach the people at the grassroots. The department also does accompany some departments like VSU in educating pupils about gender based violence and other vices in various schools across the district. These do use debates, drama and PA systems to sensitize members of the public on the dangers of GBV. The PSWO further mentioned that the department does use the mass media, print media in form of postures and pamphlets as a conscious raising strategy about the dangers and the laws of GBV.”

The DSWO also mentioned the use of Help Desks in the communities where the communities are suppose to report all cases of GBV right in their communities since these are found in all the nine chiefdoms of the district and they are manned by community development officers at sub-district level, the neighbourhood watch and health neighbourhood committees. These help desks act as a link between the community and the OSC until the department in the end.

The key messages conveyed by the department to members of the public are to encourage members of the public to stop the vices such as, defilement, spouse battering, child neglect and other vices that may be termed as abuse. The research further revealed that the department also informs the people what GBV is, the causes and prevention of GBV. They also emphasis on how perpetrators may be identified, reported and dealt with. They encourage the community to report every GBV case even if they are suspecting it because it can be investigated and proved if true. The community is also encouraged to avoid GBV because they are stiff penalties to such vices in the laws of Zambia. They are further encouraged to seek refuge as soon as they are victimized in order to secure their lives. The PSWO, DSWO and the three other interviewed members of the community of Mansa were of the view that there is an increase in reported cases of GBV due to the fact that people are now aware of these issues and do know where to report these issues. The members of the community are of course now coming out in the open to say that they are being victimized due to a lot of sensitization and information sharing that had been done.

When asked if these messages are being effective. They are effective but the question is how often should these messages be communicated was what the four members of staff of government departments felt except for the youth who thought they were not effective since the vice is still on the rampant side. Community strategies such as drama performances used by not only Social Welfare but also other departments and organizations present in Mansa in sensitization meetings have proved to be very effective in spreading messages against GBV in these communities. The research also revealed that social welfare only embarks on the above mentioned communication strategies when they have funding for such programmes and activities and this normally comes from the cooperating partners who normally just supplement on governments efforts. As per custom the funders of programs normally

do dictate what programs should be implemented and the focus despite the department having its own plans which might be a bit parallel to the donors plans. So it will all depend on how much resources are available and for what particular activities that these programs would run.



Picture 4: One of the Posters put up at Social Welfare Offices in communicating messages against GBV

The department experiences some challenges which may be the cause of failure to communicate effectively. Although the department has work plans for each year, most of the activities do not take off due to inadequate funds and human resource to carry out these programs. It is this major challenge that disenables the department's efficiency since most programs are carried out as a one off activity without revisit and some places are not even reached or visited. The help desks have been established but they are not functioning due to inadequate funding. The department of social welfare equally has very inadequate transport if it is at district level they actually lack transport and so all the programs that they would want to undertake

would all depend on how busy or not other departments' vehicles are for them to undertake field work activities such as sensitizing the communities revealed the DSWO. The other challenge lies in the victims of GBV who tend to withdraw the cases before they go to court due to the dependency syndrome that exists among the women especially on men to provide for their basic and other needs. The messages do not reach out to the entire community of Mansa District due to the mediums that are used are not very adequate and efficient enough hence the department finding difficulties to be recognised in other communities.

In order to achieve the objective of reducing the GBV vice the departments has to embark on programs which include continued sensitizations through meetings, workshops, radio, PA system and drama performances. The department will have to review the messages in order to enhance the messages being communicated. The PSWO further added that there is need to review the communication strategies that are currently being used and come up with the most effective strategies against the fight. Some of the members interviewed were of the view that stiffer punishment has to be given to the perpetrators which means that the Law has to be reviewed and revised in order to instil fear in the people so that they should put an end to this vice. There is need for more funding to be directed towards such programs if effectiveness is to be seen out of this fight by the department and so should the department be provided with transport for swift mobility purposes.

5.8 PRESENTING FINDINGS FROM PARTICIPANT OBSERVATION

The researcher also had some direct observations through direct involvement in the day to day operation of the department; some of the observations made were as follows;

The communication strategies that were mostly used within the department of social welfare were interpersonal communication, organizational communication and group communication. Inter personal Communication was used to exchange information and views especially among the officers at the district office. There was a lot of face to face interaction among the officers and with members of the public. During the time of the research there were only three members of staff the DSWO, the ASWO who was under the OSC and the Office Orderly. The department initially is suppose

to have five members of staff but just had two in the practical sense because the other one was working from another office as a result there were no meetings held within the district office for briefing or reporting. The researcher was directly involved and worked with the staff at the district office, OSC and the place of safety. Interpersonal communication was mostly used in all the three offices between members of staff and their clients.

The department worked in collaboration with other organisations during the research by spear heading and facilitating the workshops in the nine chiefdoms of the district with the focus on empowering the female youths so that they would be self reliant. Therefore community mobilization was key in these workshops and as a strategy for involving community members in the process of defining and transforming social problems”, community mobilization involves introducing ideas, processes and concrete mechanisms within the community to raise awareness, inspire action and support positive change. In the context of gender-based violence, it is a long term process aimed at creating social change within the community in order to change the attitudes and behaviour that perpetuate Gender Based Violence.

While GBV prevention is the ultimate goal, community mobilization involves addressing root issues such as women’s low status, gender inequity and rights. This intense work within communities engages a cross section of individuals from women and men at the grassroots to leaders and local institutions such as, health, social welfare, police, local courts and other institutions that exist in the community (Bwalya, 2013).

The department also runs the place of safety on a daily basis. However the place of safety faces many challenges because it is only funded by government and so sometimes the facility had no funds to run the operations smoothly. Sometimes it was difficult to even make referrals from the OSC unless it was really critical that the department had to make sure they found some funds for those emergencies. The place of safety is not complete in terms of infrastructure because there is still more work that needs to be done around the facility and there is only one trained staff which means that clients may not be comfortable at times with the treatment given to them.

The department rarely used the radio to communicate issues of GBV, communication was mostly through sensitization meetings with local leaders and the community members at large, this was also inclusive of the PA systems and even the sensitization meetings they were done as a one off activity meaning that their messages may not have reached a wider population of the district because for instance when these meetings were done, it was only one meeting in each chiefdom and these are areas that are very vast with not less than ten thousand people. Surely how effective can this be? One is left wondering. This is mainly because the department of Social Welfare is poorly funded.

The department has no vehicle at the district office and so all the field activities depend on when other departments spare their vehicles that the department would undertake its activities. The message design are all inclusive because they begin from what GBV is, the causes, effects, prevention, how to identify the abusers themselves and where to report them. The whole process was and is discussed in the messages that were being preached to the community by this department. The channels of communication and the messages are good because they incorporate quite a lot of things but the biggest problem that the department faces is that these strategies are not in a written document that people would need to follow or revisit. They are just in form of verbal expression and nothing tangible to show what kind of communication strategies are being used or should be.

CHAPTER SIX

DISCUSSION OF FINDINGS

6.0 INTRODUCTION

This chapter presents a discussion of findings that were presented in chapter 5 on the communication strategies used by the department of Social Welfare in the fight against gender based violence. The discussion highlights the strengths and weaknesses of the department.

6.1 DISCUSSION OF FINDINGS ON THE QUESTION OF WHAT DOES THE COMMUNITY KNOW ABOUT THE TERM GENDER BASED VIOLENCE?

6.1.1 Gender and Demographic Information

The research revealed that the majority of the respondents were females with the proportional percentage of 61% and the minority was males and because this research used the convenience sampling procedure it simply shows that the females were more available to this research than the males as a result more input came from the females. Equally most of the respondents were married 53%, singles at 25%, divorced at 16% and least being widowed at 6%. The findings further reviewed that all ages were represented beginning from 15 years going up above 45 years. The literacy levels were however still low represented by those that had reached only primary school education at 32%, after which the level education kept decreasing as the level also increased for instance secondary education was at 28%, tertiary education at 4% and those that had never been to school at 3% respectively. These findings show that every member of the target community was represented.

6.1.2 Level of knowledge and Understanding of gender based violence by the community

The respondents were quite knowledgeable on the meaning of gender as it being the roles shared by both men and women scored the highest percentage (80%) meaning that much has been done on the part of what gender is and the community is well aware. However this was followed by those who completely had no idea of what

gender was at 17% which means that there was still need to talk about gender issues so that everyone should be aware.

The meaning of GBV on the other hand was equally known by the target community. This is so because it was described as a violation of human rights scoring the highest with 59%, it described as physical and emotional violence at 31% meaning that 90% of the target community had an idea of what GBV means either through experience or just what they have heard about GBV by different institutions. Only 10% of this community did not know what GBV is and this was either due to the way the term itself was described or just did not have an idea what so ever and this was because 92% indicated that this vice of GBV did exist in their community which shows how serious the problem was.

6.2 DISCUSSION OF FINDINGS ON THE QUESTION OF WHAT ARE THE ATTITUDES AND PRACTICES OF THE COMMUNITY TOWARDS GENDER BASED VIOLENCE?

From the findings it was revealed that they were quite a number of causes of gender based violence due to the percentages which were split with poverty ranking 28%, followed by bad attitude towards women at 25%, then bad drinking habits at 19%, high illiteracy levels at 18% then drug abuse and ritual practices sharing 5% each. This indicated that there is not only one cause to GBV but many causes which surely have root causes which may have to be targeted as the main causes.

The above causes of GBV even give lead to what forms of GBV are common in these communities in that spouse battering was very common scoring 43%, followed by child abuse and then child neglect with the female folk being more vulnerable to this vice than the male folk. These further shows that GBV is still highly existent in these communities and much has to be done to put an end to this vice and for this to be achieved, the common forms of GBV really have to be taken into considerations as well.

The attitudes towards GBV are considered bad even by the community themselves and so are the practices that they perpetuate GBV further. Some bad attitudes cited from the respondents were those of still insisting that a woman has to be submissive

before the husband and so has to say yes to everything thing that he says or asks for. Some practices such as ritual practices are believed to perpetuate GBV such as the increase of defilement cases being alluded to the belief that making love with a virgin does prevent or cure HIV and of course the need for riches to others. *“Men always feel that they are superior to a woman so they tend to treat women like property hence their attitudes towards women being very bad,”* said one woman during the research.

Social welfare should take note of such practices and try to work on changing the attitude of the community members so that once the attitudes change then it would be easy to bring out other important issues like prevention of GBV

6.3 DISCUSSION ON THE FINDINGS ON THE QUESTION OF WHAT ARE COMMUNICATION STRATEGIES USED BY SOCIAL WELFARE AGAINST GBV?

The research revealed that there are indeed many organisations that campaign against GBV in Mansa District among which department of social welfare was. However it was indicative that despite these organisations being available and some larger number being aware of them some sector of the community did not know of such organisations because 34% of the respondents did not know of any organisation that campaigns against GBV. Though 65% of the respondents were aware of such organisations, it was clear that department of social welfare was among the least known to the respondents with only 11% being aware of their existence as campaigners against GBV with NGOs and Victim Support Unit being more known to the community with 25% and 22% respectively.

The role of social welfare in the fight against GBV was well revealed by the members of staff of the department as revealed from the in- depth interviews that it gives shelter to the victims of GBV if their lives are not safe from their environment in which the violation took place. The department further empowers some victims with some skills and start-up capital for income generating activities in order to enable victims become self reliant. The department also does work in collaboration with other organisations, departments and line Ministries in this fight like they do collaborate at the OSC. These as a government department do render different

services in relation to GBV as reviewed from the findings which are very helpful to the community and indeed a positive sign. All these were viewed as some of the strategies targeted at reducing GBV. Knowledge on the department of Social Welfare as rendering such services by the community was poor was however poor as represented by the following statistics with yes at 45% and no at 55%. Refer to figure 7.

It was discovered that this department is not known to most members of the target group because for instance, to further establish if the target community had some knowledge about just the mere existence of the department of Social Welfare, a question was asked if at all the respondents knew anything about the department. Most of the respondents did not know because 55% expressed ignorance about the department and 45% did know at least a little about the department in question. *This was similar with the communication strategies being used by the department of social welfare because over 50% of the target community did not know the communication strategies that social welfare used in the fight against GBV. The 49% who knew of the communication strategies indicated that social welfare used community meetings, drama performances, radio, and television.*

The findings from the in- depth interview and focus group discussion further showed that the mostly used communication strategies in and by social welfare were interpersonal, organizational and group communication but *the problem was to what extent are these were being used in the fight against GBV.* There was also the use of mass communication with and print media involved. With mass and print media being mostly used by the people from Lusaka when communicating their messages instead the impact is rarely felt and those programs that run from Lusaka may not create an impact in the other districts of course. For example some respondents revealed that in Mansa if at all the department was on air was not because they had their program aired as social welfare department but rather that they would have been invited to seat on a panel for interviews by the radio stations. So in such a scenario they would only discuss issues in relation to the organisations in charge of the programs wish and not everything about them as social welfare as they would want to, and besides, sometimes even airtime may not be sufficient for more information sharing because such programs may only run between 30 to 60 minutes.

It is therefore clear that the department of social welfare still has a lot to do in terms of raising more awareness in GBV related issues in the communities because from the research findings their role is clear and very objective yet their presence is somehow invisible since most people were not aware of this department and if they were aware it is not due to the fight against GBV only but because of different services that they do offer.

It was also observed in the findings that the department *did not have a written communication strategy paper where they could refer their program implementation to and later review if successful or not.* It is for this reason that the department found its recognition in the communities very difficult despite undertaking some activities in GBV.

Regarding the communication strategies being used, *the current strategies are good but not very good, adequate and effective enough so the department needs more strategies* to be incorporated and put to good use and not just on paper if the fight against GBV is to be won. If the target community was not aware of the department, its role in the fight against GBV, its communication strategies and the messages being communicated it simply means that the department is lacking something in its communication strategies being used. It was revealed that these communication strategies were poor because over 50% of the respondents again revealed that the strategies were ineffective and most of the people were not aware of these strategies even the department itself. From the FGD, 8 respondents were not aware of the department and their strategies representing over 50% of the respondents in the target group and these indicated that they viewed the communication strategies of social welfare as either poor or very poor hence the need for improvement.

6.4 DISCUSSION OF FINDINGS FROM THE QUESTION OF HOW ARE THE MESSAGES AGAINST GBV BY SOCIAL WELFARE DESIGNED?

The kind of messages that the department uses when communicating GBV issues was not known to over 50% as well. To those who knew the kind of messages that social welfare communicated indicated that the messages included prevention of

GBV, effects of GBV, the Dangers of GBV either exclusively or combined in some ways. The findings however showed that the messages were not effective since over 50% indicated that the messages were poor. Messages would only be assumed effective if the community is able to understand the messages being communicated and able to interpret the messages. The reason why people felt that these messages were poor was due to the fact that most of the people did not even know the messages being communicated by the department and even how they were communicated.

On the other hand, the messages on their own were not poor they were adequate because they had a full package as from the observations made during the research by the researcher but the main problem that the department faced was how these messages were communicated and to whom they were communicated. This remains a big challenge to the department in their fight against GBV as a whole.

The research further revealed very amazing findings that *the availability of information on GBV in the District had led to increased numbers in reported cases of GBV*. Most people indicated from the survey, the FGD and in-depth interviews representing over 50% that the reason why there were more reported cases presently than before was because in the past people were not aware of these issues but the issues of GBV were now openly discussed and the offenders were rebuked and condemned openly hence most people now knew where to report when their rights have been violated. It was a good sign that the department and others in this campaign were indeed heading somewhere.

However they are still issues that could perpetuate GBV such as ignorance levels on GBV which makes people continue with bad traditional beliefs and practices as earlier mentioned, bad attitude towards GBV issues and non availability of information to some extent which have to be addressed as well during the design of these messages against GBV because these are equally visible in the communities of Mansa and they do hinder some people from identifying and reporting such cases.

6.4.1 The Extent of Community Participation in issues of Gender Based Violence

The extent of community participation was obviously low as well with over 70% percent *indicating inadequate participation of the community in the GBV programs*. Community participation is very critical in all the development programs if at all they are to make impact in developing communities. Broader and more equal participation reflecting society as a whole is considered a prerequisite for more responsive and democratic governance and sustainable development (UNDP, Democratic Governance Strategic Initiatives: 1997) Such participation can only take place if the information needs of all the people are met and their voices are heard. *It thus becomes very vital that the use of bottom up approach be embraced if the community has to feel part of the new developments and if any change agent is to achieve behaviour change by the target communities.*

This would mean at least putting in mind that the community has to be represented by the local people for instance the *opinion leaders involved in Message design also and even actual implementation of GBV programs like sensitization meetings* so that the community may feel that the program is part of their own and then might be easy for them to adjust and adopt any change that would come their way and would thus speed up their change of behaviour and attitudes.

6.4.2 Challenges faced by the community in relation to language used in messages communicated

The research revealed that the target community did encounter some challenges in accessing the information on GBV issues. This was because a larger group did not know where to get information and others did not know where to find the information making it somewhat unavailable. This has led to some people not even trying to access information since they do not know from where they would access such information *while others find it very difficult to understand the information available since it is written in English*. Thus the message design does not take note of language barriers because mostly it is written in English yet over 50% of the target population may not even know how to read and write English.

On the part of the department it was clear that the challenges encountered were transport lacking and the funds being inadequate and erratic for the department to have efficient day to day operations accordingly. The other challenge still lies in the victims who tend to withdraw their cases before taken to court.

6.5 DISCUSSION OF THE QUESTION OF HOW EFFECTIVE ARE THE COMMUNICATION STRATEGIES?

The department had some good communication strategies in place that it uses as earlier alluded to which was a positive sign for the department, despite the strategies not being on paper and effective. The department's role is very clear and certain in the fight against GBV but for it to be efficient and effective in implementing these programs there are a lot of things that have to be complementary which the department should take note of such as the *communication strategies, resources available and community participation*. The department further has good messages designed for the people but those messages were not effective enough because they were not fully communicated as revealed from the findings. Communication is an everyday activity and so when planning to undertake such activities, programs and messages have to be designed in a way that will continue being communicated to the people in their every day to day activity in order for the messages to stick into their minds for conscious raising purposes.

The department also has inadequate infrastructure for communication purposes because officers depend on their mobile phones to communicate even work related issues which may not be very helpful when somebody has no airtime in the phone. The department of social welfare has inadequate technical, logistical, or financial capacity to adequately monitor and respond to the preventive as well as the management of GBV issues hence effectiveness of communication being quite a challenge.

The department from the observations made was so *small in organisational structure* because at district level it is suppose to have only about five members of staff and no sub district level members of staff meaning that there are no social welfare officers at grass root level. This has equally contributed to the department's inefficiency because they are invisible there to the community depending only on the focal point

persons for their ACCs and the officers from other departments and organizations. The fight against GBV is a serious issue which needs full attention and involves so much work but with the structure of the department, it leaves so many questions if the fight against GBV would be effectively won. It is equally difficult to communicate effectively against GBV with so many challenges.

6.6 DISCUSSION ON FINDINGS ON THE QUESTION; WHAT CHANNELS OF COMMUNICATION DOES THE DEPARTMENT OF SOCIAL WELFARE USE TO COMMUNICATE MESSAGES ON GBV

It was discovered that over 50% of the respondents had no idea of the channels of communication used by the department of Social Welfare. However from the 49% of the respondents who had some idea on the channels of communication used by Social Welfare in campaigns against GBV, 17% of them indicated it was through community meetings. Those who indicated that it was through Radio, Television and Drama performances were represented by 16%, 12%, and 3% respectively. The least response on the other hand came from one respondent who indicated that, Social Welfare used door to door campaign as a mode of channeling information on gender based violence. It was further revealed from the in- depth interview that the channels of communication that the department uses included Radio, Television, workshops, Drama performance, Meetings, Posters, and P.A system to convey their messages. The PSWO further mentioned that the department does use the mass media, print media in form of posters and pamphlets as a conscious raising strategy about the dangers and the laws of GBV.”

The research revealed that 80% of the people indicated that their main source of information was radio in these communities. However it was discovered that the department rarely used radio and door to door campaign for disseminating information because yet the people indicated that it is their main source of information. The channels that the department uses were not bad the problem was how they were implemented. For instance these were used in isolation like one meeting would be held in an area of over ten thousand people how effective can such a channel be? These were suppose to be used in combination of different channels in one area to ensure that the people get to hear the actual messages about GBV and not

hear says from some individuals who may not even be trusted at times. Other effective channels like posters are only visible and readable to certain community like those in urban areas are the ones who tend to see posters since they are in the within the district offices but how about those that do not go the district offices and those that do not know how to read? A combination of door to door campaign with meetings or radio advertisements would help communicate messages against GBV effectively to the community. Otherwise the channels used by the department were good channels only need to enhance the frequency of communication and the strategies should be revisited.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

Gender-based violence both reflects and reinforces inequalities between women and men. At least one in three women around the world is estimated to have been coerced into sex, physically beaten and or otherwise abused in her lifetime. For women aged 15 to 44 years, such violence is a major cause of disability and death (www.unifem.org/gender_issues). Gender-based violence not only causes pain and suffering but also devastates families, undermines workplace productivity, diminishes national competitiveness, and stalls development.

Gender-based violence is described by many as the most prevalent human rights violation in the world. Of the varied ways in which sex discrimination manifests itself across the globe, such violence is exceptionally dehumanizing, pervasive and oppressive. No other form of sex discrimination violates so many fundamental human rights, as articulated in the 1948 United Nations Universal Declaration of Human Rights. Yet, in spite of the overwhelmingly negative impact of violence against women on individuals and societies, it is often sanctified by customs and reinforced by institutions that limit women's rights, their decision-making power, and their recourse to protection from violence. As such, violence against women is both an outcome and an expression of women's subordinate status in relation to men in societies around the world.

The Government of the Republic of Zambia has stressed that meaningful development cannot take place without addressing the fundamental gender issues and particularly those of women's empowerment that continue to constrain development. Therefore, in trying to address GBV, many efforts have been put up by the government through campaigns against GBV in so many forms, including the 16 days of gender activism being observed and activities undertaken annually. However it has been discovered that despite these efforts the cases of GBV seemingly keep increasing. The reasons are many as can be seen from the research findings in the earlier chapters.

The purpose of this study was to establish the effectiveness of the communication strategies used by the department of social welfare and if possible recommend more communication strategies which could be used in order to be effective in the fight against GBV by the department.

7.1 LEVEL OF UNDERSTANDING AND KNOWLEDGE OF THE COMMUNITY ON GENDER BASED VIOLENCE

The study has brought out some important findings some of them, being that the respondent's area of residence which is also a reflection of their educational level attained did not seem to have any influence on their understanding of the terms gender and GBV in particular. The results of the study indicate that people in the area are quite knowledgeable about GBV which demonstrates that the department and other organisations had been sensitizing the people in some areas as a result most respondents recommended that Social welfare should continue with their role in GBV and sensitizing the people.

However many people in the target communities did not know the role of social welfare in GBV, the communication strategies used or channels mostly used and messages communicated which was not a good development. Others did not even know a single thing about the department which showed some inefficiency. Many people in villages were not also aware about the sensitization programs and the activities worse still with the workshops that were held in their own chiefdoms by the department despite the department being certain that such activities were done in these areas.

Therefore the department has to put programs targeted at making their role in GBV known to the community and besides they should also work on the issue of GBV more than once in these areas if their impact is to be felt. If they want to undertake programs like sensitisation meetings they have to do it more than once in different villages of the same chiefdom and not just on spot style because it does not reach a larger audience.

7.2 ATTITUDES AND PRACTICES OF THE COMMUNITY TOWARDS GBV

The research revealed that there are still bad attitudes and practices by members of the community which still perpetuate GBV. The attitudes towards women are viewed as still bad by most men and hence, lead to spouse battering and thereafter child neglect. Therefore, this leads to a series of GBV if not taken care of as such; there is need for continued sensitization meetings on bad attitudes and practices that would still perpetuate GBV.

Belaya (2013) indicates that many times, efforts to change behaviour are linked to policy and legislative reforms which are expected to filter down and create behaviour change. These efforts are crucial yet building bridges in the opposite direction which is important as well. Promoting inter-personal change at the community level can provide room for the development of equitable laws that would protect individual rights. Furthermore, grassroots prevention efforts create a climate in which equitable laws are likely to become effective. So these aspects of behaviour change through change of attitudes and practices should always be taken into consideration during the campaign against GBV by the department and not taking it for granted that the community has heard and changed.

The department has therefore to include the factors of GBV in the messages against GBV to the communities if at all they are to change these attitudes and practices. The department should work towards change of the human behaviour in order to change attitudes and practices that would perpetuate GBV in these communities tirelessly.

7.3 NATURE OF SOCIAL WELFARE COMMUNICATION STRATEGIES AGAINST GBV

The research findings indicate that the communication strategies used by social welfare in the fight against GBV encompassed the use of mass media, group and interpersonal communication strategies. These strategies were difficult to identify among community members because of the fact that the department did implement their strategies in a one off show for example undertook one sensitization meeting in each chieftdom and these are vast areas of over 10,000 people each. The most

common strategy the department used was the sensitization meetings with the use of drama performance, PA system and of course workshops.

Therefore, the department uses quite a number of communication strategies but still lacks more strategies that could be more effective than the ones being frequently used. As a result the department should make use of other communication strategies like the use of rural cinemas where videos can be prepared and filmed by the department in the rural areas. Thus the use of *Edutainment* to be embraced. This is also in line with what Singhal (2004) said media message which is purposively designed and implemented to educate and entertain in order to create audience members knowledge about educational issues, create favourable outcomes, shift norms and change behaviour. These can also involve the community members because if the community sees one of them in a film showing in their area would take such a situation and message seriously and besides they say “*seeing is better than believing.*” therefore, it is believed that it is easier to understand something that one sees than just hearing. This can be films like the soul city film which was done in South Africa in the fight against HIV and AIDS.

Through local screenings of these tapes accompanied by discussion sessions, community members can then feel free to share experiences and gain more information about available services offered, including legal aid, counselling, empowerment and skills training programs that are available in the country designed to foster women's economic independence. This would be yet another effective strategy that could be used unlike the usual sensitization, radio program and workshops because it would enhance community ownership of the fight.

The door to door campaign methods had not been used mostly by the department but this is yet another one of the most effective strategies that the department can make use of in the fight against GBV because this had been used before other campaigns like the cholera campaign in Kanyama compound in 2009 which after using this kind of campaign kanyama clinic recorded a drastic reduction in cholera cases the following year.

7.4 MESSAGES DESIGNED AGAINST GBV BY SOCIAL WELFARE

The messages that social welfare spreads against GBV were not clear to many people in the communities because they did not link the department to GBV. However the department had messages that were targeted at the prevention of GBV and so is inclusive of different aspects ranging from causes of GBV, dangers of GBV, effects of GBV and even prevention of GBV. The department though lacked a bit of considerations in message designs which could lead to effective communication in that most of the messages were in English a language that most of the rural community do not understand. The other thing was that posters and brochures are normally found in the urban part of the district meaning that for those who do not live there could not have gotten the critical messages that can be seen by the privileged ones in urban areas.

The other area critical to message design was involvement of the community into the message designs so that right from the beginning the community own the messages and so would find it easy to diffuse it into the entire communities through the help of those involved from the design of messages to communicating those messages.

This being the case a recommendation is made that there should be the use of brochures, posters and bill boards provided that they are designed and printed in local language to avoid language barrier and these should be spread out to all communities in order to prevent this vice from occurring. The department should also involve the community members through either direct or indirect means in most of the programs against GBV in order to enhance the communication within the local people. Messages designed should also include how to fight the bad attitudes and practices that the community may experience meaning that they should include all other factors of GBV in order for them to touch all areas.

7.5 CHANNELS OF COMMUNICATION AGAINST GBV BY SOCIAL WELFARE

Many people indicated that their main source of information and the most effective means of communication in the district was radio with over 80% of the target

population indicating that radio was their main source of information. They said that radio Yangeni which is the community radio station in the district provides a lot of information on a lot of issues ranging from HIV and AIDS, GBV and other health related issues to the community through drama, songs, sketches, interviews and discussions. Different communication channels such as radio, television, drama, workshops, newspapers, posters, billboards and door to door awareness campaigns were used to deliver messages to the target audience.

The communication channels being used are very good what matters is how long and frequent should these channels be used in order to bring effectiveness and efficiency in communicating GBV messages. The department should put up strategies on how long each channel of communication should be used and to which kind of community for example cannot use social media for a rural community so such issues have to be taken into consideration. These channels should be combined not taken in isolation if they are to be effective

7.6 EFFECTIVENESS OF COMMUNICATION STRATEGIES AGAINST GBV BY SOCIAL WELFARE

The research reviewed that the department did not have a communication strategy paper which made it very difficult to follow what communication strategies were really being used and which ones were effective or not because what they use is just talked of verbally but never reviewed if at all it is effective. The communication strategies used by the department were spelt out clearly but these were not very effective since most of the community members as evident by the findings did not know much about the department's relation with GBV. These were coupled by different challenges that the department faced. For instance due to inadequate funding and lack of transport certain planned activities were not undertaken as planned and some even delayed or postponed to a later date which brings down the morale of the officers as well as the members of the communities. This is also one of the reasons why the sensitization meetings were taken as a one off activity.

Monitoring and evaluation of these programs is another part which was not taken seriously by the department because after such activities were undertaken there was no record of monitoring and evaluation having been done in the district yet

monitoring and evaluation are very important tools of successful implementation of programs.

The study brought out another important and very positive finding which was that the department works with opinion leaders such as chiefs, headmen, church leaders, teachers, councillors and members of parliament who are engaged as change agents. These groups of people tend to yield a lot of power in the communities and can have an influence on whether the campaign succeeds or fails. Therefore their support is very important because of the influencing power they yield and thus are able to persuade others to adopt or reject an innovation or idea viewed as new to their communities.

The department of social welfare therefore, should write up a *communication strategy paper* to help guide the department on its modes of communication which they can always refer to in times of review in form of monitoring and evaluation. It should also work with the local people and engage in more advocacy, education and community mobilization campaign against GBV continuously.

Government has to see to it that this department is funded consistently to enable the department undertake the activities as planned and help the department achieve its objectives and trust in the community. The department should be provided with the vehicle if at all it has to reach the intended communities whenever they are needed to deliver services.

Monitoring and evaluation should be planned for funded and implemented as planned to keep track of what would be happening in relation to the department's role against GBV. The department needs a lot of support from the government in order for them to be recognised in the campaign against GBV and not hiding behind other organisations and departments.

In conclusion, the researcher recommends that the department should take the following consideration. ***The communication channels and strategies are not supposed to be taken in isolation. There has to be a combination of different communication channels and strategies if they are to be effective like for instance***

the use of PA system coupled with door to door campaigns can be done by some local volunteers in spreading the news against GBV thus involving the local people too known as Community Participation. This can be a very good and effective strategy so other strategies that have been used in other campaigns like HIV and AIDS and even Malaria can be used also in the campaign against GBV by the department in order to be effective.

Furthermore the communities have to be sensitized frequently until a larger number of the population has gotten the message. There is no way one meeting can be held in an area of over ten thousand people and expect word to spread. There is therefore a need for more community sensitization meetings especially in rural communities where people may not have access to mass media channels of communication. These meetings have to be more than once or even twice and of course at different places of the same area if at all the strategies and messages have to be effective.

The messages also have to incorporate the aspect of local language for easy understanding when being designed, printed and spread. The messages equally should not be designed in such a way that it covers every culture because cultures do differ so what could be designed for Mansa District in Luapula Province would not be the exact proportionate to what would be designed for Kasempa District in North-western Province, so such issues have to be taken in to consideration seriously by the department. The messages should regularly be reviewed in order to enhance their impact on the target group.

The department was very understaffed and so the workload was too much for the members present to handle hence some of the places were not visited and so it is important that the department should have enough members of staff so that work is shared for efficiency purposes and if at all they are to meet their objective. The other issue in relation to this is that since the department's structure is too small, they should at all levels work in collaboration with other departments, ministries and organizations present in the rural communities but this does not mean that the collaborating partners take over completely and get more recognized than the initiating department itself. The department can even work hand in hand with some

Change and Communication experts in helping out on the best messages and mediums to be used in this vain.

For people to use a service, it must be available and easily accessible within their communities. Some people complained of the cost involved in travelling to the district office to report or seek the department's services since they do not have officers within the communities. Therefore it becomes important that since the department of social welfare already has initiated the Help- Desks, this is a very good initiative that is intended to help the local people with not only information on GBV but also quick response to GBV cases and other related issues. Therefore, there is need to lobby for funding in order to get these Help-Desks into operation for the department's visibility.

The department should train some local community members as volunteers in issues of GBV in order to help with the sensitization due to their small organizational structure and this is yet another effective way of communication. The place of safety should be always funded always since it is a place that gives refuge to victims of GBV and nobody knows when this can happen so the department has to be ready for any emergency purposes. They should also employ qualified personnel because it is important to have trained personnel dealing with sensitive issues of GBV unlike unqualified personnel who might be unprofessional and later tarnish the image of the department and thereby reducing the trust the people might have on the department.

In as much as the focus is on the communication strategies to use in the fight against GBV, the causes, forms and effects of GBV have to be looked into if at all the GBV vice is to come to an end. Mefalopulos (2008) points out that the term communication has diversity of conceptions and applications, and to attain appropriate benefit the different areas should be 'understood and applied professionally according to their nature and characteristics.' So they are quite a number of things that should be taken into consideration rather than focus on one aspect of GBV, all areas need to be touched even when communicating these issues. Many organisations and people have to come into play and so this is every one's issue and if taken as such in collaboration financially, emotionally and physically then there will be a GBV free Zambia.

REFERENCES

Anti-Gender Based Violence Act: (2011), Lusaka, Zambia.

Berelson, B. (1964), *Human Behaviour*, Bruce and World, New York.

Butchart, A. et al. (2010), in Waddell, T. (ed.); *Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Generating Evidence*, WHO and London School of Hygiene and Tropical Medicine, Geneva.

CAVR (2005), *Chega, Report on Serious Crimes Committed during the Occupation of Indonesia*, presented to the President of Republic, Parliament and Government of Timor- Leste, (Available at <http://www.cavr-timorleste.org/po/Relatorio%20Chega!.htm> (08.09.2013)).

Central Statistics Office: (2011), *Census of Population and Housing Report*; Lusaka, Zambia.

Chama, B. (2007), *Communication Strategies of the Human Rights Commission of Zambia in Impacting the National Plan of Action in Human Rights*, Master Thesis, University of Zambia.

FAO, (2002), *Communication for Development Manual*, Rome
Declaration on the Elimination of Violence against Women, adopted by the United Nations General Assembly (A/RES/48/104), New York, 20 December 1993.

Fisher, J.S, ed. (1984), *Geography Development: A World Regional Approach*, Merrill Publishing Cop, Toronto.

Foure, C. (1996), *Development Communication in Rensburg, R (Ed), Communication Planning and Management*, Kenywn: Juta and Company.

Gender in Development Division: (2000), *National Gender Policy*, Lusaka, Zambia.

Gender in Development Division: (2010), “*National Gender Communication Strategy 2010-2015*”; Cabinet Office, Lusaka, Zambia.

Guedes A. (2004), *Addressing Gender Based Violence from the Reproductive Health/HIV Sector-A Literature Review and Analysis*, Washington DC (Available at www.poptechproject.com).

Heise, L. (1993), *Violence against Women. The Hidden Health Burden*, (World Health Statistics, Quarterly 46).

Heise, L. et al (1995), *Sexual Coercion and Women's Reproductive Health: A focus on Research*, New York Population Council.

Heise, L. (1998), *Violence against Women, an Integrated Ecological Framework*. *Violence against Women* 4(B), 262-290

<http://Africa.ifj.org/en/pages/enhancing-gender-equality-in-the-media-ineastern-Africa> <http://www.indexmundi.com/g/g.aspx?>

Iboudo, J.P. (2002), *Definitions of Communication for Development in Communication for Development Manual*, FAO, Rome.

Infant D. (1997), *Building Communication Theory*, Waveland Press.

IPS (1997), *Gender Links*, New Delhi: IPS.

Kachemba, N. (2008), *Defilement Cases on the Rise despite Stiff Punishment*. Zambia Daily Mail Newspaper, 28th September, 2008. (Available at: <http://www.dailymail.co.zm/media/news> Retrieved on 10th November 2013).

Kalyondo Stanislaus, 2010, *An Evaluation of the Communication Strategies of the Catholic Relief Services (CRS) in Mitigating the Impact of HIV and AIDS and Poverty in Zambia*, Master Thesis, University of Zambia.

Kasoma, P.F. (1994), *Participatory Rural Newspaper as agents of Development: A Reciprocal Agenda Setting Model*, In White, S, et al editions (1994), *Participatory Communication: Working for Change and Development*, New Delhi, Sage publications.

Katz, E. and Lazarsfeld, P. (1955), *Personal Influence*, Free Press, New York

Kombo K.D and Tromp L, D (2009), *Proposal and Thesis Writing: An Introduction*, Don Bosco, Nairobi

Mckee N. et al (2004), *Strategic Communication in the HIV/AIDS Epidemic*; Sage Publications Ltd, London.

Mc Quail D. (1994), *Mc Quail's Communication Theory*; Sage Publications, London.

Phiri, E.C (1993), *Violence against Women in Zambia*, YWCA Lusaka, Zambia *Platform for Action and the Beijing Declaration*, Fourth World Conference on Women, Beijing, September 1995.

Rodgers, E. (1962), *Diffusion of Innovation*. The Free Press, New York.

Schramm, W. and Winfield, G. R (1967), *"New Uses of Mass Communication for Promotion of Economic and Social Development"* In Ward, J.R, Ed. (1967), *The Challenge of Development*, Chicago, Aldine Publishing.

Singhal, A (2005), *"The role of Communication in Behaviour Development and Social Change"*, in working paper *Strategic Communication: for Behaviour and Social Change in South Asia*, UNICEF, Kathmandu, Nepal, pp. 8 – 10.

United Nations: (1975). *"First World Conference on the International Women's Year,"* Mexico City.

United Nations Development Programme, (2003), *Report on the Global AIDS Epidemic* (Available at: www.un.org/special-rep).

UNFPA, (1999), *Violence against Girls and Women: A Public Health Priority*, Washington, United Nations.

White, A, et al, (1994), *Participatory communication: working for change and development*, Sage Publications, New Delhi.

WHO, (1997), *Violence Against Women: A Priority Health Issue*. Geneva, WHO.

WHO, (1998), *Gender and Health, Technical Paper*, Geneva, WHO.

World Bank, (2001), *The Multi Country HIV/AIDS Program for Africa*; (Available at <http://www.worldbank.org/afr/aids/map.htm>).

World Bank (2003), *Gender Equality and the Millennium Development Goals*; Washington, D.C. World Bank.

YWC (1994), *Violence against Women; Zambian Perspectives*, Lusaka YWCA, Zambia.

ZARD (1998), *Beyond Inequalities; Women in Zambia*, Lusaka ZARD.

Zulu, D. (2007). *Will Sex with a Virgin Cure HIV/AIDS? Why Zambian Children are being defiled*. Lusaka

APPENDICES

APPENDIX 1: QUESTIONNAIRE

Dear Respondent,

You have been randomly selected to participate in this research focused on communication strategies in the fight against Gender Based Violence (GBV).the information that will be collected will help to find appropriate ways of making communication strategies an effective tool in the fight against GBV. Therefore you are kindly requested to answer each question truthfully and honestly. The names and your answers shall be treated with high degree of confidentiality.

INSTRUCTIONS

Tick in the appropriate box for your response to the questions with boxes in the questionnaire.

Write brief responses to questions that are in the questionnaire in the space provided.

Section A

- 1) Sex: Male [], Female []
- 2) Age: 15-20[], 21-26 [], 27-32 [], 33-38 [], 39-44 [], 45-50 [], 51and
above []
- 3) Marital status: Married [], Single [], Divorced [], Widowed []
- 4) Residential Address.....
- 5) Educational level: Primary [], Junior Secondary [], Senior Secondary [],
College [], University [], Non of the above []

Section B

6) What do you understand by the term Gender?

.....
.....
.....

7) What do you understand by the term Gender Based Violence (GBV)?

.....
.....
.....

8) Is GBV popular in your area? Yes [], No []

9) Which are the common forms of GBV in your area?

.....
.....
.....

10) In your opinion, what do you think are the causes of GBV?

.....
.....
.....

11) Which people are more vulnerable to GBV in your Area, Male or Female?

.....
.....
.....

12) Have you heard any organization speak against GBV? Yes [], No []

13) If yes to question 9, which ones and where? Specify

.....
.....
.....

14) Do you know anything about the department of Social Welfare? Yes [], No []

15) Are you aware of any GBV program that the department of Social Welfare undertakes?

- a) Very aware []
- b) Aware []
- c) Not Aware []
- d) Not Sure []

16) In your opinion, has enough attention been given to the fight against GBV by Social Welfare department? Yes [], No []

(Give reasons to your answer question above)

.....
.....

17) Which channel of communication does department of Social Welfare use when speaking against GBV?

.....
.....

18) What is your main source of information on GBV?

- | | |
|----------------|----------------|
| Friends [] | Television [] |
| Church [] | Newspaper [] |
| Radio [] | Workshops [] |
| Billboards [] | |
| Others | |

19) In your own opinion do you think the information on GBV given by department of Social Welfare is sufficient?

.....
.....
.....

20) What kind of messages on GBV are communicated by the departments of Social Welfare?

.....
.....
.....

21) How would you rate the communication strategies being used by social welfare?

- a) Very Good []
- b) Good []
- c) Fair []
- d) Poor []
- e) Very Poor []

22) Do you think that there is adequate participation by the community members in GBV programs in Mansa District?

- a) Very Adequate []
- b) Moderate []
- c) Inadequate []
- d) Very Inadequate []

23) What do you think is the reason for the increase in reported cases of GBV?

- A. Bad attitude towards GBV []
- B. Ignorance on GBV []
- C. Availability of information about GBV []
- D. Non availability of information on GBV []

24) How would you know that communication is being effective?

A. Readily available []

B. Easy to Understand []

C. If it uses local language []

D. Others Specify.....

25) Do you encounter any challenges when trying to access information on GBV?

Yes [],

No []. Give reasons to your answer

.....
.....
.....

26) What measures do you recommend in order to enhance the communication of GBV by department of Social Welfare?

.....
.....
.....

27) Would you recommend the department of Social Welfare to Undertake GBV Programs?

.....
.....
.....

APPENDIX 2: IN-DEPTH INTERVIEW GUIDE

1. What and how do you know anything about GBV?
2. How does department of Social Welfare handle issues of GBV?
3. What are the common forms of GBV in the district?
4. Would you outline the communication strategies being used currently by department of Social Welfare?
5. Are the community members involved in the GBV programs?
6. Are the strategies effective enough?
7. What could be the biggest challenge to effective communication in the department?
8. Why this challenge?
9. What kind of messages does social welfare teach on GBV in the district?
10. Are the messages on GBV reaching out to everyone in society?
11. What do you think are the reasons why the reported cases on GBV are appearing to be increasing?
12. What could be done to reduce GBV in the communities?
13. What should be done to improve Communication for the department?

APPENDIX 3: PROMPT LIST FOR FOCUS GROUP DISCUSSIONS

1. What gender is
2. Understanding of GBV
3. Common forms of GBV
4. Causes of GBV
5. The degree of GBV in the area
6. The effects of GBV
7. Roles of the department of Social Welfare in GBV
8. Culture and Tradition-Women and Girls and GBV
9. Participation of the community members in designing and delivering messages on GBV
10. Communication strategies being used by department of Social Welfare to deliver messages on GBV
11. Messages being communicated on GBV by the department of Social Welfare
12. Channels of communication being used by the department
13. Effectiveness of the communication mediums being used against GBV
14. Recommendations on best methods to be embraced
15. General comments on the issue of GBV