

**AN EVALUATION OF THE COMMUNICATION
STRATEGIES USED IN ANTI GENDER BASED VIOLENCE
CAMPAIGNS:**

**A Case of the Young Women's Christian Association in Linda
Township of Lusaka**

By

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**A report submitted to the University of Zambia in partial
fulfilment of the requirements for the degree of Master in
Communication for Development (MCD)**

The University of Zambia

Lusaka

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DECLARATION

I, PRECIOUS CHISOLA NJAMBA, declare that this dissertation:

- a. Represents my own work;
- b. Has not previously been submitted for a degree at this or any other University; and
- c. Does not incorporate any published work or material from another dissertation.

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APPROVAL

This dissertation of Precious Chisola Njamba is approved as fulfilling the partial requirements for the award of the degree of Master of Communication for Development by the University of Zambia.

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ABSTRACT

Gender based Violence is a global problem and transversal to all societies and cultures. Many communication strategies have been designed and implemented to end or prevent diverse types of violence against women and young girls worldwide. Some have brought positive results. Others have shown less positive results.

Using qualitative and quantitative paradigms, this study investigated the communication strategies that the Young Women Association uses in its Gender Based violence Campaigns in general and specifically in Linda Township. It also sought to assess the knowledge levels of GBV as well as the extent to which the strategies used by YWCA are appropriate in Linda Township.

The sample for the quantitative aspect was drawn from Linda Township and involved 150 respondents all aged above 18 and 72 being male while 78 being female gender disaggregated. The study used a semi structured questionnaire as a tool for data collection.

Findings show that there are high levels of GBV in Linda Township and range from sexual harassment, spouse battery, defilement, rape and human trafficking. The findings also reveal that most people are aware of what GBV is as well as the grievance mechanisms for victims of this scourge. It has also been seen that the strategies used by YWCA, which include community meetings, door to door campaigns, and popular theatre are the most appealing to the community members.

In conclusion, the study, though exploratory in nature has shown that the challenge of GBV is real and highly prevalent and that though efforts are being made to prevent its occurrence, much more still needs to be done.

DEDICATION

To my children Sobhuza, Kumbuso, Bongani and Taonga Banda, they give me the strength to move on and face the challenges of life with courage.

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I would like to extend my gratitude to the Staff at YWCA and people in Linda Township.

LIST OF ACRONYMS

CEDAW	Elimination of all Forms of Discrimination Against Women
CSO	Central Statistical Office
CSO	Civil Society Organisation
GBV	Gender Based Violence
GRZ	Government of the Republic of Zambia
MCDMCH	Ministry of Community Development, Mother and Child Health
NGOs	Non-Governmental Organisations
SADC	Southern African Development Community
SNDP	Sixth National Development Plan
VSU	Victim Support Unit
YWCA	Young Women's Christian Association

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CHAPTER ONE

INTRODUCTION

1.0. INTRODUCTION

THIS report is a study of evaluation of communication strategies used by Civil Society Organizations (CSOs) in communicating anti Gender Based Violence (GBV) messages in the fight to reduce its prevalence. It is a specifically a case study of how the Young Women's Christian Association (YWCA) has been able to use communication as a tool to bring about behavioural and social change in Linda Township where it has active Anti Gender Based Violence programmes.

The study evaluated the communication strategies used in anti-GBV campaigns and further investigated the current knowledge and understanding that people have on issues pertaining to GBV. The study went on to investigate the communication channels used to disseminate anti-GBV information and the extent to which the respondents felt these satisfied their communication needs. In achieving this, the study used triangulation method: quantitative study with 150 self-administered questionnaires as well as qualitative study where 1) policy and legal reviews 2) review of YWCA strategic documents and 3) in-depth interviews were conducted.

1.1. ORGANISATION OF THE REPORT

The report has seven chapters. Chapter one covers the introduction and background of the report. It outlines the profile of YWCA in genera and the area of study. It also covers the statement of the problem, rationale of study, objectives and research questions.

Chapter two is the literature and looks at past research that have been done globally and in Zambia to evaluate strategies in general that have been used to combat GBV. It also looks at researches that have been focussed on communication strategies used by stakeholders in combating GBV and other similar campaigns.

Chapter three contains the conceptual and theoretical framework used in the report. It outlines and defines the main concepts that have been used in this report, and the theories that have been applied in this report.

Chapter four looks at the research methodology used during the study. It outlines the sample size, sampling procedure, data collection methodologies as well as the data analysis process. It also looks at the limitations of the study.

Chapter five presents the findings of the study cross referenced to the research objectives and research questions.

Chapter Six discusses the findings of the study as presented in Chapter Five .Chapter seven looks at the key conclusions of the study and provides recommendations to respond to the challenges that have been identified in the study.

1.2. BACKGROUND

Gender inequality is embedded in Zambia where traditional norms and patriarchal culture are deeply entrenched. In spite of being party to numerous international and regional instruments guaranteeing the promotion and protection of women's rights, part of the legal framework is discriminatory against women. Some aspects of the Constitution still allow the application of customary law in matters of personal law (i.e. marriage, divorce, and devolution of property). This has a negative effect on women's ability to fully participate in national decision-making, earn a decent living through formal employment or enterprise or acquire and own property, (Constitution of Zambia, Act No. 1 of 1991 as amended in 1996).

To deal with this developmental challenge, Zambia, in addition to ratifying various instruments on women's rights, gender equality, and social inclusion, has implemented the Anti-Gender-Based Violence Act of 2011 (MGCD, 2011) and the National Gender Policy of 2014 (MGCD, 2014). These measures are aimed to enhancing a strong policy environment to fight the gender inequalities that exists within its confines.

However, despite these measures, the findings from the recent Zambia Demographic and Health Survey conducted by the Central Statistical Office showed that GBV is far from being over.

- Forty-three percent of women age 15-49 have experienced physical violence at least once since age 15, and 37 percent experienced physical violence within the 12 months prior to the survey;

- Overall, 47 percent of ever-married women age 15-49 report ever having experienced physical, sexual, and/or emotional violence from their current or most recent husband or partner, and 31 percent report having experienced such violence in the past 12 months;
- Among ever-married women who had experienced spousal physical violence in the past 12 months, 43 percent reported experiencing physical injuries;
- Ten percent of women reported experiencing violence during pregnancy;
- Nine percent of Zambian women who have experienced violence have never sought help and never told anyone about the violence, (ZDHS, 2013 -14).

Suffice to say that various population-based studies in Zambia have indicated domestic violence as a reason for poor health, insecurity, and inadequate social mobilisation among women and this has been recognised as a general development problem.

In this study, the United Nations definition of GBV has been used as adopted during the UN Declaration on the Elimination of Violence Against Women, by the General Assembly on 20 December 1993 defines violence against women as;

“as any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering among women, including threats of such acts and coercion or arbitrary deprivations of liberty, whether occurring in public or in private life,” (United Nations, 1993; United Nations, 1995). Domestic violence includes physical, sexual, emotional, psychological, or economic abuse committed by a person against a spouse, child, and any other person who is a member of the household, dependent, or parent of a child of that household. Domestic violence has negative health consequences on the victims and especially on the reproductive health of women, (ZDHS, 2013 -14).

1.3. UNDERSTANDING GENDER

Gender refers to the socially determined differences between men and women. These differences encompass roles, responsibilities, opportunities, privileges, expectations, and limitations prescribed to males and to females in any culture: they are socially constructed, context based, and learned through socialization, and they determine many aspects of relationships between males and females as well as among females and among males. Although gendered roles and responsibilities can change over time 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.

1.4. GENDER BASED VIOLENCE

GBV occurs in every corner of the world. Its manifestations and prevalence rates vary, and robust statistics are scarce. For example, a report by the UN Secretary-General in 2006 cites in-country studies estimating that 10–70 percent of women have experienced violence (United Nations General Assembly, 2006). Awareness of the nature, magnitude, and effects of GBV in most communities has been strengthened through increased research and documentation over the past decade (Rehn & Sirleaf, 2002; Ward, 2002; El Jack, 2003).

GBV in this report generally refers to violence directed against a person based on her or his sex or gender role in society (IASC, 2005). It includes acts that inflict physical, sexual, psychological, social, or economic harm. GBV exploits the power imbalances that sustain gender inequality, and affects women and girls disproportionately. Regardless of the target, gender-based violence is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control.

A baseline study in 2013 by Gender Links identifies GBV as the single worst human rights violation in SADC, exacerbated by the fact that with most violence in the home, it often goes unrecorded and unnoticed (SADC Gender Protocol 2014 Barometer). GBV undermines the ability of women to exercise their rights as citizens and Zambia has the highest lifetime GBV prevalence rates in the region with over 90 percent of the 578 women interviewed indicating they had experienced intimate partner violence (IPV) at least once. In Lusaka's unplanned, informal settlements, overcrowding, limited access to clean water and sanitation, high incidences of alcoholism and high numbers of young women engaging in commercial sex work (CSW) as a means of economic livelihoods are key contributing factors to high rates of GBV. Furthermore, limited access to information means survivors do not know where to seek help and the Government has failed to domesticate and adequately resource key policies including the Gender Act (2000), the GBV Act (2000) and the Sexual and Reproductive Health Policy (Ibid).

1.4.1. GENDER DIMENSION OF GBV

Due to the power relations that come with GBV, the effect that GBV has varies from men to women. Though solely not a women's challenge, women are usually victims of GBV while men are in most cases the perpetrators of the vice. This is so largely because:

- a. **Limited decision-making power:** Women have limited decision-making power within the household. In most parts of rural Africa, women are responsible for bringing income into the family by farming and petty trading, but possess limited control over how those resources are spent. Within poor households, the girl child is the first to be pulled out of school to support the family when income levels fall, hence limiting her skills development and income earning potential when she participates in the paid labour force.
- b. **Increased exposure to risk:** Poor women and girls can be exposed to sexual violence on a daily basis due to unsafe working conditions. They must travel long distances to fetch water and firewood, and perform farm work. These tasks all involve walking or working in relatively isolated areas where they are vulnerable to sexual assault.
- c. **Multiple and excessive demands on time:** The excessive demand on poor women's time and the multiple chores they perform, creates tensions in households that lead to domestic violence with its subsequent social, psychological and economic impact on families. Violence also has an economic cost in terms of health services and health care and related absenteeism results in decreased workforce and farm productivity and reduced family income.
- d. **Lack of access to resources:** Resource use and allocation is the domain of the males in the community. Land is considered the most fundamental resource for living conditions, economic empowerment, equity and equality but in some cases women have no inheritance rights. Without the rights to own land, women's economic and physical security is compromised and leaves them more vulnerable to violence. Women's work is limited to raising children and bringing food to the family. Resources available for girls' education and upbringing are also limited, leading many into liaisons and situations detrimental to their health and security.
- e. **Unacknowledged violence:** the community overlooks the occurrence of violence. Some cultures do not consider wife beating to be a form of violence. Sexual harassment of girls by male members of the community is the norm. Rape is not talked about in the community and generally goes unpunished. In some societies, the practice of "wife heritage" (marrying a relative of the deceased husband) is forced upon a widow to protect family assets through

the male inheritance line, preventing women from being able to legally inherit land and property regardless of national laws designed to protect their rights. The use of domestic violence to intimidate women into entering or staying in situations where their rights are undermined is very common. However, it is seldom recognized as women are not encouraged to complain to anyone nor are they economically independent and in a position to leave.

- f. **Persistence and prevalence of customary law:** Despite the many international legal and human rights instruments for which most African states are signatories, customary laws based on a patriarchal system prevail, and fail to provide women with their rights. Some countries have gone further and created new laws to implement the international instruments but these have not assisted women to exercise their rights. Law enforcement agencies, such as the police and judiciary are largely unaware of women's rights and their impact on gender-based violence. They may themselves hold culturally influenced gender biases. Legal penalties for gender-based violence are insufficient and erratically applied. Rape often goes unreported due to potential ostracisation of the victim in the community. In some communities, raped women and girls are subsequently killed as they are viewed as having dishonoured their families. In some countries, rape laws provide loopholes for the perpetrator such as freedom from incarceration if he marries the woman he has raped. Spousal abuse is common and many men physically abuse their spouses with impunity. In some societies, social honour and chastity protect men from being punished for their violent acts. Domestic violence is generally considered to be an internal family matter even in cases where there is physical injury.
- g. **Under-representation in political structures:** Although women make up half of the voting population, they have been consistently under-represented in political institutions and have limited say in the formulation of public policy choices and priorities. Gender-blind policies in many spheres have directly or indirectly discriminated against women. Socio-cultural attitudes held by the voting public stereotype women as being incapable of undertaking challenging leadership roles. Technical and financial restraints usually place women at a greater disadvantage than men during election times. The masculinized nature of the political environment, often characterized by corruption, violence and intimidation, also works to discourage greater participation of women.

1.4.2. CAUSES OF GBV

The root causes of sexual and gender-based violence lie in a society's attitudes towards and practices of gender discrimination, which place women in a subordinate position in relation to men. The lack of social and economic value for women and women's work and accepted gender roles perpetuate and reinforce the assumption that men have decision-making power and control over women. Through acts of sexual and gender-based violence, whether individual or collective, perpetrators seek to maintain privileges, power and control over others. Gender roles and identities are determined by sex, age, socio-economic conditions, ethnicity, nationality and religion, (UNHCR, 2003).

Relationships between male and female, female and female, and male and male individuals are also marked by different levels of authority and power that maintain privileges and subordination among the members of a society. The disregard for or lack of awareness about human rights, gender equity, democracy and non-violent means of resolving problems help perpetuate these inequalities.

The abuses of power and gender inequality are the underlying causes of GBV. Violence, exploitation and abuse occur when the disparity of power is misused to the detriment of those people who cannot negotiate or make decisions on an equal basis. Lack of education, information and access to services, economic inequalities and control over resources, as well as inappropriate or inexistent policies, laws and institutions are factors that contribute to people's vulnerability to GBV. In practice however, various causes and contributing factors of GBV often converge, (UNFPA, 2003).

However, it must also be noted that while gender inequality and discrimination are the root causes of gender-based violence, various other factors determine the type and extent of violence in each setting. It is important to understand these factors in order to design effective strategies to prevent and respond to sexual and gender-based violence.

1.4.3. CONSEQUENCES OF GBV

The consequences of gender-based violence are numerous and far-reaching. In addition to death and suicide, GBV has serious negative health, physical and psychological effects. Research indicates that the impact of GBV goes beyond the primary victim (Kishor, S & K. Johnson, 2004).

GBV has a direct impact on the individual's enjoyment of the rights to health, education, work and to freedom from torture, among others. The consequences of gender-based violence are

devastating. Survivors often experience life-long emotional distress, mental health problems and poor reproductive health. Abused women are also at higher risk of acquiring HIV. Women who have been physically or sexually assaulted tend to be intensive long-term users of health services. The impact of violence may also extend to future generations: Children who witness abuse, or were victims themselves, often suffer lasting psychological damage.

1.4.4. GLOBAL RESPONSE TO GBV

In the last decade, the issue of violence against women has moved from the shadows to the foreground of commitments to attain sustainable development. Women's rights advocates have mobilized within and across countries and regions to secure significant changes in national, regional and international standards and policies addressing gender-based violence. Landmark achievements today include the:

- Convention on the Elimination of Violence Against Women (1993);
- Dakar Platform for Action (1994);
- Beijing Platform for Action (1995);
- African Plan of Action to Accelerate the Implementation of the Dakar and Beijing Platforms for Action for the Advancement of Women (1999);
- UN Resolution 1325 on Women Peace and Security (2000); and
- Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa (2003), (UNFPA, 2003).

1.4.5. GBV IN ZAMBIA: FIVE YEAR TREND ANALYSIS

Zambia has of late experienced an unprecedented increase in the number of violent cases against women and children and unfortunately in some cases the victims end up dying. GBV is on the increase and this can be seen by the number of reported cases in the last five years. Statistics from the Zambia Police's Victim Support Unit (VSU) indicate that the country recorded 8,261 in 2009, 8 467 in 2010, 11 908 in 2011, close to 12,000 cases of GBV in 2012. As for 2013 more 14,000 cases were recorded, this is attributed to the fact that reported GBV cases on daily basis on both electronic and print media, from both private and public media are on the increase. This implies that from 2009 to 2013 GBV has increased by 50percent. However, this is only according to Police Victim Support Unit, if unreported cases are not included, the figure can even be much higher, and thus the figures shown do not reflect fully the scale of the problem (Victim Support Unit 2013).

Statistics also show that even for the reported cases, only a few reach courts of Law. As was reported in the 2012 VSU report, approximately 1500 (12.5 percent) out of 12,000 reported cases were taken to the Court and 1236 (10.3 percent) were pending, while 233 (1.9 percent) were withdrawn. This shows that only about 25 percent reached court and 75percent were not taken to the courts in 2012, despite those cases being reported to the Police's VSU.

1.4.6. GOVERNMENT AND STAKEHOLDERS RESPONSE

1.4.6.1. POLICY REFORMS

Since the International Women's Year in 1975, Zambia, like many other African countries, has taken measures to advance the status of women. The Zambian government has also taken up the issue of protecting and promoting the rights of children. To this end, the Government has signed and ratified all relevant major international instruments, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), and is a signatory to the African Charter on Human and People's Rights (ACPHR), the African Charter on the Rights and Welfare of the Child, as well as the Southern African Development Community (SADC) Declaration on Gender and Development and its addendum on the — Prevention and Eradication of Gender-Based Violence (GBV).

In order to fulfil the obligations outlined in these instruments, treaties, and agreements, Zambia has established several key institutions, including the Ministry of Gender and Child Development (MGCD), the Zambia Women's Parliamentary Caucus (ZWPC), the Human Rights Commission (HRC), the Police Victim Support Units (VSU) and the Child Protection Unit (Zambia NAP –GBV:2008-2013).

In 1994, Zambia adopted a National Child Policy, National Action Plan (NAP) and National Youth Policy, which was revised in 2004. These frameworks constitute core guidelines for improving the welfare and quality of life of children as well as protecting their survival and developmental rights, (Zambia NAP-GBV, 2008-2013). Currently, Zambia is revising the GBV Policy while at the same time developing a Gender policy and a Gender Bill of 2015 which is aimed at enhancing the response to GBV and reduce the gender inequalities in Zambia.

Zambia further in March 2000 adopted a National Gender Policy, which identifies Gender-Based Violence (GBV) as a major priority area of concern. In 2006, the Government adopted the Fifth National Development Plan (2006-2010) which outlined Zambia's program for five years and this development plan had specific focus on GBV issues and mainstreaming of

gender issues in planning and implementation of programmes and projects, (Ibid). This emphasis was also reiterated in the Sixth National Development Plan (SNDP) 2011 – 2016 as well as the Revised SNDP.

Zambia is a dualist State in that it integrates two legal systems – statutory and customary law. At the statutory level, the Zambian Constitution encompasses many rights, including those prohibiting discrimination on the basis of gender. Likewise, the Penal Code prohibits sexual violence, rape, incest, defilement, neglect and/or desertion of children, coercion, discrimination and other associated abuses. It prohibits offences that endanger life or health, assaults causing bodily harm, and unlawful compulsory labour, (Ibid).

1.4.6.2. LEGAL REFORMS

a. Amendment of Penal Code

Zambia's amended The Penal Code Amendment Act No. 15 of 2005 domesticates, in part, the Convention on the Rights of the Child and provides stiffer penalties aimed at deterring offenders. The Amendment Act also implements some provisions of the Convention on the Elimination of All Forms of Violence Against Women (CEDAW), as they relate to sexual offences against women (Zambia NAP-GBV, 2008-2013).

b. Anti-Human Trafficking Act No 11 of 2008

In 2008, Zambia enacted the Anti-Human Trafficking Act No. 11 which among others makes provision for the prohibition, prevention and prosecution of human trafficking. It also establishes the Committee on Human Trafficking and provides for its powers and functions as well as establishing centres for the victims of trafficking. It also proposes the establishment of a Human Trafficking Fund. This Act helps to domesticate the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and the United Nations Convention against Transnational Organized Crime.

c. Anti-Gender Based Violence Act No. 1 of 2011

Zambia enacted an Anti-Gender Based Violence Act No. 1 of 2011 in April 2011. This act is aimed at providing for the protection of victims of gender based violence; constituting the Anti-Gender-Based Violence Committee; establish the Anti-Gender-Based Violence Fund among others. This was seen as a comprehensive legal response to the challenge of GBV in Zambia and was the first time that a law was enacted. The enactment of this law was in line with the international treaties that Zambia had acceded to both at regional and international level.

1.4.7. NGO – GOVERNMENT PARTNERSHIPS ON GBV

In addition to the important policy and advocacy work of MGCD, cooperating partners and CSO's, most Anti-GBV initiatives in Zambia take place at the tertiary or operational response level. These are often limited in scope, and are the result of the efforts of individual NGOs. Some examples of these initiatives include the Young Women's Christian Association's Lusaka-based women's shelter, country-wide drop-in centers (serving women and children), and three children in crisis transit homes (serving children); Women in Law in Southern Africa's legal aid services; and the Lusaka-based Child Help Line (in process of start-up). There are a number of NGOs focusing on health services for women and adolescent girls, but very few of them specifically address the issue of violence.

The Police Victim's Support Unit, which was established in 1994 but started operating fully in 1998 and is now in every province in the country, is also an example of model systemic reform. The national training program at the Police Training College has incorporated issues of gender violence in the curriculum/syllabus aimed at sensitizing law enforcement officers about gender violence and how to deal with such cases. However, data collected by the VSU is not comprehensive enough, and resources allocated to the VSU are usually limited, as is the capacity of the VSUs outside of Lusaka to conduct investigations and outreach in their respective provinces (Zambia NAP-GBV, 2008-2013).

The Zambia Society for the Prevention of Child Abuse and Neglect has supported forensic examination trainings for medical workers. Currently, there are three centers in Zambia using a holistic approach to address sexual and other forms of Gender-Based Violence (GBV). The Lusaka One-Stop Center based at the University Teaching Hospital (UTH) is modelled from similar centers in South Africa and Namibia. It is a pilot program offering comprehensive services to survivors/victims of child sexual abuse—including psychosocial, legal, and health response--in —one-stop. The gender-based violence committee coordinated by CARE has set up additional Coordinated Response Centers in Lusaka and Chipata that also offer comprehensive services to survivors/victims, but that differ from the UTH One-Stop centre in scope as they cover all other forms of gender-based violence, such as domestic violence, property grabbing, among others (Ibid).

1.5. BEHAVIOURAL CHANGE COMMUNICATION AND DEVELOPMENT

The recognition of gender in general and GBV in particular as a development challenge has led to development practitioners to come up with specific interventions aimed at reversing this

situation. As can be noted, the Fifth Conference of the Network of African Women Ministers and Parliamentarians held in Cape Verde in 2002 decided to consider the discussion on the issue of gender-based violence as a development priority: its impact on African women and its impact on African society. The goal of the conference was to assist women parliamentarians and leaders to develop essential skills for leadership activities to combat gender-based violence and promote gender equality within their own countries, (UNFPA, 2003).

Arising from this, strategic communications has been seen as part of the solution to the challenge complemented by good policy and legal environment and can bring about change in society. Behavioural change communications and advocacy can be strategically used to end GBV as it empowers individuals and groups with messages that have the potential to change people's beliefs, attitudes and practices that may indirectly or directly promote GBV.

While this social change is usually long-term process, communications to educate and raise awareness is often the first step in modifying attitudes, behaviours and convincing the masses to advocate for policy changes. For this reason among others, the Zambian government and the United Nations development Programme (UNDP) developed an overall National Communication Strategy whose overarching aim is to coordinate GBV campaigns in Zambia and this was preceded by another strategy which was launched on 29th October 2009, whose theme was "Abuse, Just Stop It."

This campaign was anchored around 4 P's: prevention, protection, prosecution and partnership and was jointly implemented by civil society organisations (CSO) and the Zambian government. YWCA, the organization under study in this report was one of the key organisations that was actively involved in this campaign due to its long standing proven history in the area of advocacy as well as service provision in the area of GBV.

1.6. MONITORING & EVALUATION IN COMMUNICATION INITIATIVES

What is a regular practice within private sector, development communication does not always assess the effectiveness of communication intervention initiatives or, when it does, not always apply suitable indicators. Monitoring and evaluation (M&E), as an information system used to measure, manage and communicate desired performance and program achievements over time, make use of social and market research tools and methods. It involves the collection and analysis of inputs, outputs, outcomes and impact (UNICEF, 2005: 43).

Why the need for monitoring and evaluation? Communication strategy is more effective when planned using data and assessed using monitoring and evaluation tools to achieve results and

intended impacts. MMA (56:Undated) states that *“organizations and all those involved in addressing gender-based violence benefit from an assessment of the effectiveness of communication intervention strategies.”*

Monitoring is important because it helps “to engage in critical reflection and to steer the course of on-going projects.” [On other hand, evaluation enables] “to determine the campaign results against the stated implementation plan, objectives (outcomes) and broader goal (impact on the social issue). Evaluation can also identify recommendations for future campaigns regarding context, approach and operational issues.” M&E are a continuous process, critical to distinguish communication strategies that promote behaviour and social change from those that do not. Therefore, information from these processes is essential for improvement of program design and implementation and in turn to re-define behaviour outcomes, if necessary, to more effectively contribute to the strategic result (Parks, 2005: 46).

Communication experts and program managers are aware that strategic communication must lead to behaviour and social changes, however, the impact can only be demonstrated in long span of time. The new paradigm in development and SC with increasing emphasis on community participation and people’s empowerment, M&E methodologies are gaining a new dimension as data collection. The community members are no longer an object of research rather they are as participants capable of analysing and design their own solutions by learning from their own experiences (Ibid). The project is more likely to sustain over time if the motivation and sense of ownership of the participants improve with the direct participation of the community members in tracking the progress and analysing the results in which they are involved (Graeff et al, 2008: 61). Therefore, Monitoring & Evaluation are applying the principles of participatory communication.

Through M & E, communication experts are able to identify gaps which can always be amended on time. It also guarantees opportunities for lesson learning for future campaigns, such as public information campaigns. Measuring and evaluating behavioural and social change is not an easy task, particularly at outcome and impact levels due to enablers (external influences) that facilitate or impeded the changes sought. These can be government policies or services and the campaigns and actions of other organizations.

Sometimes, various organizations produce their own campaigns, with different messages and communication interventions. Without coordination among organizations and stakeholders,

intended audiences would get confused and the outcomes of the campaigns will be nothing more than good intentions.

1.7. YOUNG WOMEN CHRISTIAN ASSOCIATION

The Young Women's Christian Association (YWCA) Council of Zambia is a membership Christian, non-partisan Non-Governmental Organisation (NGO) dedicated to the empowerment of the community, especially women, youth and children, to realize their potential as human beings and to contribute to a just society, through rights-based and sustainable interventions. Founded in Zambia in 1957, the YWCA Council of Zambia is the oldest and largest women's organization in Zambia with branches in nine (9) provinces in across the country.

YWCA envisions "a peaceful and gender sensitive Zambia with equal opportunities, good health and good quality of life for all". The organization's values are centered on the motto - "By love Serve One Another" - which sums up many values such as human rights and dignity, justice, gender equality and equity and peace, among others. The goal of the YWCA is to enhance the quality of life in which health, education, human rights and economic empowerment are promoted for women, youth and children.

1.7.1. YWCA PROGRAMME AREAS

YWCA's programmes are anchored in five thematic areas which include:

- Women and children's Human Rights Programme;
- Women's Economic Empowerment and Leadership Programme;
- SRH&R and HIV & AIDS Programme;
- Adolescent and Youth Empowerment Programme;
- YWCA Membership and Organization Capacity Development Programme, (YWCA Strategic Plan).

In specific terms, YWCA has several programs that aim to empower women with legal and human rights information in order to enable them confront violence and abuse directed toward them. Psychosocial counselling, social and legal advice is available. YWCA also runs 11 Drop-in-Centre's (DIC) throughout the country, a shelter for battered women located in Lusaka (Laweni House), and the Child in Crisis Centre continues to expand as demand for its services grows. The YWCA has a general communication and advocacy program focusing on human rights issues as they relate to women and children. Appropriate referrals are made to

organizations and institutions with specific expertise, for example, Victim Support Unit, Legal Aid Clinic for Women, and Legal Resources Foundation, University Teaching hospital amongst others.

As a member of a GBV partnership, YWCA developed a core men's groups-Men's Network in Lusaka Western provinces and Chipata, each of which are being sensitized to undertake community mobilization around GBV and human rights in general.

1.7.2. YWCA AND GBV CAMPAIGNS: COMMUNICATION FOR BEHAVIOUR CHANGE

In 2011, YWCA launched a campaign dubbed Good Husband campaign in a bid to include men in the fight against Gender Based Violence (GBV). Sensitisation programmes were conducted in various Townships and Linda Township inclusive, to help mitigate the negative impact that GBV had on its victims and the role that the masses could play to curb the vice.

This was followed by a partnership campaign that saw YWCA, the Zambia National Women's Lobby (ZNWL), and Forum for the Advancement of Women Education (FAWEZA) and the Zambia Police Service with support from Oxfam launched a partnership programme: "*I Care About Her!*" Campaign in November 2012. The campaign also aimed at mobilizing men across the country in order to increase their role in condemning and stopping violence against women and girls. This campaign proved to be an ideal platform for men as advocates of Anti-GBV but who had considerably silent for long to come out, voice their thoughts and act together to stop defilement, rape, early marriages and spouse battery.

The Campaign has been running for the past three years and in 2012 successfully mobilised over 500 men in Lusaka to march in protest against GBV; while a collective total of 3000 men participated in similar marches in Choma, Mazabuka, Rufunsa and Kafue districts. The campaign also uses the media through live radio and television discussions featuring male panellists on MUVI TV, the Zambia National Broadcasting Corporation TV and Radio as well as community radio stations across the country.

This was followed by another launch of a grassroots campaign (*I care about her*) in 2013 in Lusaka's Linda Township which involves conducting a men's training of trainers' course on knowledge, attitude and practices that promote violence and on how to take action to stop violence against women and girls. The trainers in turn train other men in their respective communities. The central theme of these trainings is around men preparing a better world for their daughters.

The training also extended to working with the Zambia Police Service and over 1000 officers have been trained by YWCA to work as champions against GBV and they have gone on to reach over 5000 officers. The campaign was also initiated in twenty schools across five provinces and twenty teachers have been trained as community champions, (YWCA Zambia Annual Report: 2013).

1.7.3. LINDA TOWNSHIP

Linda Township is within the outskirts of Kafue district and is about nine kilometres off Kafue road as one drives from Lusaka. It has an area of about 16 square km. The population according to Mt. Makulu Health Centre stood at 4 000 households and is politically divided into 16 wards. Most the residents are farm labourers with a few residents working in Lusaka and Chilanga. Most houses are made of mud and a few are of blocks. The Township is challenged by a lack of basic services including health care, education and access to water and sanitation.

1.8. STATEMENT OF THE PROBLEM

Rigorous Anti-GBV campaigns have been conducted in the recent years to help reduce the incidents of violence against women. On the contrary however, statistics are still going high. Statistics from the Zambia Police's Victim Support Unit (VSU) indicate that the country recorded 8,261 in 2009, 8 467 in 2010, 11 908 in 2011, close to 12,000 cases of GBV in 2012. As for 2013 more 14,000 cases were recorded. GBV cases reported on a daily basis on both electronic and print media, from both private and public media are on the increase (VSU Reports). This could suggest that, from 2009 to 2013 GBV has increased by approximately 50 percent, assuming that it is not just reporting of GBV that improved. This is despite the fact that the Ministry of Gender and Child Development, VSU and some Civil Society Organizations conducting rigorous campaigns to sensitize people on behavioural change.

GBV affects the growth of the person mentally, psychologically, physically and has a trickle-down effect on the effectiveness of the victim to take part in national economic development. At the centre of this vice are some cultural practices that need to change to suit the dynamic nature of society. There is therefore need to critically evaluate the strategies used with specific focus on the formulation, execution and evaluation of communication efforts. In the absence of any research into the problem it is hard to know whether the communications on GBV to change attitudes are based upon sound principles and strategies.

The study therefore aimed to evaluate the behavioural change communication programmes and campaigns of the YWCA in Linda township. It examined the communication strategies used by YWCA in bringing about behavioural and attitude change in the area.

1.9. RATIONALE

In the recent years Gender Based Violence campaigns have been conducted to help reduce the prevalence. On the contrary however, statistics are still going high. Statistics from VSU show that 2008 to 2013, the number of GBV cases increased by more than 50percent. The available statistics on GBV in Zambia could be just a tip of the ice-berg bearing in mind that majority of the cases go unreported. The above scenario causes strain on the country's budget on health and education. Studies show that GBV increases the women usage of health services, this leads to reduced productivity and fuels other form of violence.

1.10. PURPOSE OF THE STUDY

The study is aimed at providing information and understanding on how Anti-GBV campaigns and information dissemination can be used to influence GBV prevention.

1.11. GENERAL OBJECTIVE

To evaluate communication strategies used by YWCA in disseminating Anti-GBV information to communities in Zambia generally, and Linda Township in particular.

1.12. SPECIFIC OBJECTIVES

1. Determine the knowledge levels of people on GBV in Linda Township
2. Investigate communication strategies that are used by YWCA to communicate anti GBV information
3. Examine channels of communication that are used by YWCA to communicate messages on GBV in Linda Township
4. Analyse the sources of information used by YWCA to disseminate GBV information in Linda Township
5. Examine how YWCA engage in anti GBV-campaigns/programs in Linda Township?

1.13. RESEARCH QUESTIONS

1. To what extent do people in Linda Township know about GBV?
2. What are the communication strategies used by YWCA in disseminating information on GBV?
3. What communication channels does YWCA use in Linda Township?

4. What sources of information are used by YWCA to disseminate information to the community on Gender Based Violence?
5. How does YWCA engage in anti GBV-campaigns in Linda Township?

1.14. SCOPE OF THE STUDY

The study, though generally looked at communication strategies used by CSO's and was restricted to YWCA and as such the results are only be valid to the extent that they refer to the organisations strategies only. A much robust study evaluating all the CSO's may need to be undertaken at a larger scale. The limitation of this study was both around the capacity to conduct a wide study as well as time factors.

CHAPTER TWO

LITERATURE REVIEW

2.0. INTRODUCTION

This chapter looks at past research that have been done globally and in Zambia to evaluate strategies in general that have been used to combat GBV. It also looks at the gaps that have been identified in these researches and recommends areas of further research. It also looks at researches that have been focussed on communication strategies used by stakeholders in combating GBV and other similar campaigns. It also looks at Media and development.

A large body of literature exists on the negative impact of Gender based Violence to society. Writings on gender-based violence are rich and varied. However, limited literature is available on the communication strategies that are being used to sensitise members of communities on issues to do with Gender based Violence.

2.1. GENDER BASED VIOLENCE

There is no common understanding and therefore universal definition of what GBV is. National and cultural contexts being different from a country to another, it is normal that GBV be differently understood. However, GBV encompasses a wide range of human rights violations and can be directed at adult women and men and male and female children. GBV takes therefore form of rape, domestic violence, sexual assault and harassment, trafficking of women, girls and boys and several harmful traditional practices including female genital mutilation/cutting, early marriage, bride inheritance and many others. It is pervasive in times of peace. In times of crisis, GBV may become more extreme.

Diawara (2005) in the Book *Femmes et Violence en Afrique* argues that violence perpetrated against women and girls constitutes an obstacle to the achievement of the objectives of equality, development and peace. It is a violation of the universal rights and fundamental freedoms of the human person and partially and totally prevents women from enjoying the rights and liberties to which they are entitled. The reality, she goes on to argue, is that in the case of violence perpetrated against women, the protection and promotion of fundamental rights and liberties are not always secured and constitute an issue of destabilizing concern to African States in spite of the adoption of the texts, protocols and conventions, such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (Ibid).

Diawara further notes that because of the many conferences that have been held to discuss Gender Based Violence, a lot has been learnt on the forms, causes and consequences of violence against women, as well as on their effect and the steps to take to combat them. This knowledge has however not translated into programs that can eliminate Gender Based Violence from most communities. Diawara makes an observation that in all societies, in various degrees, women and girls are exposed to physical, sexual and psychological violence regardless of the income, culture and social and professional class. Furthermore, the low status ascribed to women at economic and social level, can also be one of the causes and one of the consequences of the violence perpetrated against them (Ibid).

Research on Gender Based Violence done in Zambia by Women and Law in Southern Africa, which culminated in the book *Gender Violence- The Invisible Struggle* (WLSA, 2001) found out that gender violence within the family is invisible, and that the community and the agents of the Justice Delivery System tend to collude in keeping it invisible, resulting in untold suffering to those who are violated. For many women, the decision to break the silence results in fighting not only the abuser, but key members of the family, the Justice System, social isolation and the loss of personal security. The woman for example, the book says, may find herself suddenly homeless, her marriage threatened and where there are children, without support for them. Thus, faced with these seemingly overwhelming obstacles, women may opt to live in situations of abuse. The researchers argued that society is not ready to confront violence, and from the family to the national level, cries of the victims have fallen on deaf ears. Thus the invisibility of gender – violence, is perpetuated by all.

According to the Beijing +10 Shadow Report produced by the Association for Research and Development and the Non-Governmental Organization Coordinating Council, “violence against women and girls is rampant in Zambia” and includes “battery (domestic violence), murder, sexual harassment, sexual cleansing, assault, and other forms of violence.

More recent studies on gender based violence in Zambia have drawn attention to the sexual abuse of girls, a crime fuelled by misconceptions about ‘ virgin cure’ for STIs and AIDS (NGOCC et al., 2002). The spread of HIV/AIDS has also created a demand for younger and younger female sex partners, who are thought to be uninfected or even believed able to cure infection (Kimberly : 2003).

ZDHS also concluded that fifteen percent of Zambian women reported sexual violence in the context of an intimate partnership. Fewer than 25 percent of Zambian women interviewed believed that a married woman could not refuse to have sex with her husband, even if he had been demonstrably unfaithful and was infected with HIV. Only 11 percent thought that a woman could ask her husband to use a condom in these circumstances (ZDHS, 2001- 2002).

Gibbons (2003) notes that it is important to realize that in most countries, policy frameworks hardly exist to take account of the impact of Gender based Violence on economies' social fabric , cohesion, and societal values.

Without a clear understanding of the full range of causes and consequences, violence against women will continue to be treated as a private rather than a societal problem, and interventions will continue to be inadequate. Communication is recognized as a powerful tool with tremendous potential to bring change in Society. Nevertheless, literature discloses few successful examples of communication Programs related to gender-based violence

Cecilia Lotse (UNICEF, 2005: xi), UNICEF Regional Office Director for South Asia, noted that: “many communication initiatives have succeeded in enhancing public awareness, but have failed in going beyond awareness, to stimulate changes in attitudes and practices toward creating lasting social change. Communication, to impact on sustainable behaviour change among individuals and groups on a large scale, needs to be strategic, participatory, based on evidence from research, results-oriented and well-funded”.

2.2. MEDIA AND DEVELOPMENT

The use of media in development can be treated at two levels: mass media, often using television, radio and print media in campaigns aimed at inducing the adoption of changes in behaviours; and community media, mainly using radio community and traditional expressions such as theatre and music giving voice and representation to local communities. In Modernization and Dependency theories, media were considered key elements in supporting the development of poor countries in one-way and top-down processes. Nowadays, globalization and new information technologies have created new identities, which go beyond the boundaries of the state or geographical communities. In the recent years, social movements and individual citizens make use of new communication networks and information flows to express their concerns, share common interests, and promote social change and action for collective rights.

The media coverage reflects every aspect of cultural, social, economic and political life. It support and enables the accountability process through free press and relationships between people and government and, therefore, the formation of good governance. They are also crucial part of the civil society, reflecting different voices, competing interests and clash of opinions (Wilson, 2007: 22); and shape opinions, attitudes and behaviours, articulate needs and demands and provide a vehicle of expression for the “voiceless”. At the same time, as the primary source of information, they have the capability to define what should and should not be reported. The agenda-setting role of media reiterates the power of the media and opinion formers in addressing social issues and stimulating community dialogue. The quality of media in reporting in turn shapes the public and policy discourse. Actually, media play a crucial role in setting the political and public agenda to tackle domestic violence, for instance, and creating an enabling political and social environment for change (Singhal, 2005: 8).

At the same time, the media landscape in developing countries has changed over the years. If one decade ago it was possible to reach an entire population through a partnership with one government broadcaster, enabling a widespread dissemination of messages on developing issues, in the recent years the increasing number of radio community and commercial radios reach more people and empowered poor and isolated communities to discuss issues of their daily lives. James Deane (2004: 16) highlights the impact that media has in development:

“For the most three billion people on the planet who earn less than two dollars a day, it is the structure, ownership, content and reach of the media that is having the most profound impact”.

The evolution of communication studies has shown that media are instrumental in increasing knowledge and influencing attitudes and behaviours. Nevertheless, as remarked by Mefalopulos (2008: 61), *“this influence is not as strong as originally believed, especially if it does not take the local context into account.”* Silvia Balit (2004: 9) goes forward stating that: “Traditional communication systems can be important channels for facilitating learning, people’s participation and dialogue for development purposes. Indigenous media have been successfully adopted to promote issues of relevance to marginal groups. Popular theatre, puppet shows, music and dance have been used. Traditional forms of communication can also be integrated with other media such as radio, television, video and audiocassettes. What is important is that they should not be produced only by outsiders. The participation of local artists, storytellers, performers and musicians in the production and use of traditional

media ensures respect for traditional values, symbols and realities and, at the same time, ensures that such media productions appeal to communities. It also increases credibility of media programs and thus their effectiveness as vehicles to share knowledge and bring out social change”.

United National Development Program (UNDP) (Deane et al, 2006: 8) developed an approach that “puts the information and communication needs and interests of disempowered and marginalized groups at the centre of media support.” This approach is labelled ‘Communication for Empowerment’ and aims: “(Ibid) to ensure that the media has the capacity and capability to generate and provide the information that marginalized groups want and need and to provide a channel for marginalized groups to discuss and voice their perspectives on the issues that most concern them”. To achieve these, the media assume a facilitator and liaison role between government, donors, civil society organizations and development partners; advocates government counterparts for policy development, contributing to the effectiveness of development and poverty reduction; and develops professional capacity of the local media. Besides, free media are an essential element of accountability. They have the potential to report on and investigate the decisions and behaviour of the powerful agents and agencies, exposing corruption and providing a public debate space and agendas (Wilson et al, 2007: 22). The Nobel Prize of Economics, Amartya Sen, argued that no famine has ever taken place daily lives. James Deane (2004: 16) highlights the impact that media has in development: *“For the most three billion people on the planet who earn less than two dollars a day, it is the structure, ownership, content and reach of the media that is having the most profound impact”*.

2.3. REVIEW OF COMMUNICATIONS INITIATIVES ADDRESSING GBV

2.3.1. Programmatic and Communication Strategies

Communication activities can spur discussion and engagement, empower individuals and groups, strengthen leadership and advocacy skills, and promote alternatives to norms and practices that propagate gender inequities and violence. Communication strategies that are used in combating GBV include media campaigns of all forms; TV and radio adverts, talk shows, posters, bill boards, music and dramas among others in both mainstream media and also on the internet.

Tostan: Public declarations against female genital cutting (FGC) in West Africa

Tostan is perhaps the best known of all female genital mutilation abandonment efforts. Tostan has provided participatory non-formal education and skills training for rural women since 1991. Tostan's program combines literacy with practical and life skills. Hygiene, health, and human rights are also important themes of the program, which runs for 18 months (Population Council, 1999; Feldman-Jacobs and Ryniak, 2006; ICRW, 2007).

Ending the practice of FGC was not an original goal of Tostan's work. In the Senegalese village of Malicounda Bambara, one of several communities taking part in Tostan's basic education program, women were reluctant to even talk about the issue when it was raised during training sessions on women's health. However, participants began to reflect on the information shared in these education sessions, as well as Tostan's modules on human rights, and to privately discuss the negative effects of excision. As the discussion widened, more and more women came to question this deeply-rooted tradition. They sought the view of their village imam, and learned that not only was excision not required by Islam, but that he opposed the practice personally. The dialogue was carried to husbands and the village chief, and consensus grew within Malicounda Bambara that FGC was a detrimental custom that should end.

After the Malicounda villagers made their decision to stop excision, they reached out to nearby communities and encouraged them to follow their example. In the context of rural Senegal, neighbouring villages represent the extended family; sustained abandonment of excision had to be a collective action. Eventually, a group of 13 villages joined together in making a public pledge (known as "The Diabougou Declaration") to end FGC. This example subsequently inspired other communities throughout Senegal; more than 1,700 villages have now taken part in public declarations to discontinue the practice of excision (Feldman-Jacobs and Ryniak, 2006).

Community members supporting local FGC abandonment efforts have also used skits, songs, videos, and poetry to share with others the information that they have learned through participation in Tostan's programs. For example, in 2008, villagers in the Senegalese village of Diégoune partnered with Tostan and Respect (Belgium) to create "Walking the Path of Unity," a film about their collective decision to abandon excision. The film, produced locally in the Diola language, features diverse individuals who "explain with pride the reasons and events that led to the community's decision to abandon a traditional practice that they came to understand was threatening the well-being of their children" (Tostan website). Since May 2009,

“Walking the Path of Unity” has been shown widely in mobile screenings throughout the Casamance region of Senegal.

Tostan has since expanded and adapted excision abandonment activities to several other African countries, mostly in West Africa (including Burkina Faso, the Gambia, and Guinea).

DramAidE

Established in 1992, the DramAidE (Drama in AIDS Education) program in South Africa utilizes participatory drama methods “to critically engage young people to communicate effectively about issues relating to sex, sexuality, and HIV/AIDS” (Botha/Durden, 2004).

The program approach fuses forum theatre and peer education in school-based projects that engage thousands of young people in hundreds of South African schools, from primary through tertiary levels. It aims to reduce the HIV infection rate among young people and to help promote gender awareness and an understanding of equity and human rights. The DramAidE program has been implemented in South Africa’s KwaZulu-Natal region— an arguably post-conflict setting and the province with the highest HIV prevalence rate in the country as well as extremely high rates of GBV.

Evaluations of DramAidE’s projects have shown positive outcomes. The live dramas have been especially effective in engaging audience members. In particular, Mobilising Young Men to Care was found to have challenged the way that young people approach issues of gender and HIV/AIDS” and also increased self-efficacy, self-esteem, and confidence reported among participants, including young women, who demonstrated an ability to speak out about their thoughts and feelings (Sutherland, 2000).

Exploratory research on DramAidE’s activities in KwaZulu-Natal province indicated that students felt the performances had helped them acquire knowledge about pregnancy, their rights, and the dangers of HIV/AIDS, how it is spread, how it could be prevented, and how to make responsible choices. Teachers in project schools stated that reported cases of sexual harassment had decreased, and conjectured that the dramas had helped girls gain assertiveness skills and the ability to say “no” to demanding boys (Mugira, 2009).

FilmAid International

FilmAid International uses film to promote health, strengthen communities, and enrich lives among vulnerable and displaced populations (FilmAid website). Founded in 1999, the organization’s original focus was on screening movies (cartoons and feature films) for mass

audiences in refugee and displaced communities as a way of providing relief from the stresses of camp life. Initial activities benefitted Kosovar refugees living in Macedonia; the organization has since implemented programming in Afghanistan, Thailand, and multiple sites in East Africa.

FilmAid's work gradually expanded to include the production of short films created in collaboration with community members, which address issues of concern in the refugee community. The organization has also developed the Refugee Filmmaking Project, a participatory video program for refugee youth ages 18-30, with activities chiefly among Sudanese youth in Kakuma camps and Somali refugees in Dadaab camp, Kenya.

FilmAid's outdoor evening screenings, which draw crowds of up to 14,000 people, feature movies such as "Gandhi" and "The Lion King" as well as African and locally-made films. Film-based information workshops for smaller groups enable facilitated discussion of specific health- and safety-related topics. An example of a local production created in Kakuma refugee camp is the video drama "Choice Matters," in which a teenage girl resists her father's plans for her marriage to an older man in the camp and asserts her right to stay in school. Other themes of local productions and related educational sessions include gender roles, domestic violence, HIV/AIDS, family planning, malaria prevention, landmine awareness, and maternal & child health.

Evaluations of FilmAid's programs in Kakuma, Kenya were conducted in 2003 and 2007. The more recent study was structured in three-phases, and utilized qualitative and quantitative methods. It should be noted that the organization's then-new participatory video program with refugee youth was not included in this assessment. The evaluation found that FilmAid is "effectively educating people about the prevention and resolution of conflict, HIV/AIDS, human rights, domestic violence, and gender equity; providing people with knowledge and examples of how to take action; and helping people cope with problems and restoring hope" (Lee & Bolton, 2007).

Some negative effects of the program were noted in the study as well; these included lack of safety at evening screenings, lack of comprehension of the films, and conflicts relating to permission to attend screenings. In addition, 20percent of respondents reported that FilmAid demonstrated a lack of respect for local religion and culture (Ibid).

Meena Communication Initiative: Girls' empowerment in South Asia

The Meena Communication Initiative is a multimedia entertainment-education campaign developed by UNICEF. The initiative was launched in 1998 in Bangladesh, India, Pakistan, and Nepal. Through comic books, animated cartoons, posters, an interactive website, and radio series, the Meena Communication Initiative portrays the dangers of early marriage, the advantages of allowing girls to finish school, and other positive insights from which families and communities can learn from (Chesterton, 2004).

The initiative arose from the recognized need to find culturally sensitive ways to address girls' empowerment in regions where ingrained gender inequalities deeply limit their life opportunities and rights. The character of Meena was designed as an appealing model for relaying messages on gender, child rights, education, protection and development. Messages are generally framed in a positive and uplifting manner, rather than in a negative or fear-inspiring manner. The Meena Communication Initiative has since expanded to Bhutan and Sri Lanka and Meena cartoons have been dubbed into local languages in Laos, Cambodia, and Vietnam.

Development of Meena Initiative materials involved focus group work and extensive field testing among children and parents within the project regions. The initiative also includes some media components with interactive elements. On the whole, however, the initiative relies chiefly on diffusion-oriented methods. Given the mass communication nature of the intervention, there is generally less ability to target messages to particular groups or communities. In Nepal, however, where implementation focused on the community level, Meena materials were used as a key resource for prompting local activities, including street theatre, debates, and community discussion and reflection on child health, development, and gender issues. Thus, although participatory approaches play a relatively limited role in the overall initiative, its materials can be utilized in participatory ways.

In 2003, the Meena Communication Initiative in Bangladesh, India, Pakistan, and Nepal was evaluated. The results reaffirmed the ability of the initiative to communicate and influence perceptions about girls' rights (Ibid.). Quantitative data was gathered from children and adults through household surveys. Questionnaires were also administered to UNICEF personnel at country and regional levels. Qualitative techniques consisted of document analysis, focus group discussions, interviews, workshops, and meetings with people involved in or affected by the initiative.

Different levels of awareness, skills, and practices were reported across and within the four countries. Contextual factors, such as poverty or local customs and beliefs, were found to play a major role in influencing the extent of achievement (Ibid.) highlighting the importance of tailoring communication efforts to meet the specific needs and contexts of different groups (Ibid.).

Community Conversations: Preventing HIV/AIDS & harmful traditional practices in Ethiopia

Community Conversations, funded by UNDP, was first initiated in Ethiopia under a mandate by the Ethiopian Ministry of Health to mobilize communities around HIV/AIDS (Feldman-Jacobs and Worley, 2008), but has since expanded to other countries. Emphasizing a process of participatory dialogue on the underlying factors fuelling the spread of HIV, the project hopes to break the silence surrounding sensitive issues and stimulate strong locally-generated responses (Hope, 2007).

Community Conversations involves a series of facilitated discussion sessions that bring together men and women of different generations from within a particular community. Facilitators take participants through a participatory process of identifying community concerns related to HIV/AIDS (UNDP, 2005).

Since its inception in July 2002, the approach has yielded visible results (Hope, 2007). The Community Conversations process has opened dialogue not only around the previously taboo topics of AIDS and sexuality, but also around a variety of detrimental customary practices related to GBV and HTP. Examples of practices being addressed through the initiative include FGC, widow inheritance, and bride sharing (Ibid.). UNDP notes that Community Conversations has been implemented in a variety of different country contexts, and “in all instances, this approach has brought about a fundamental shift in the way communities get work done” (UNDP, 2005).

Stepping Stones: HIV/AIDS, communication, & relationship building skills

Based on materials originally developed in 1995 for use in Uganda, Stepping Stones has since been adapted for use in more than 40 countries in Asia, Latin America, and elsewhere, including in several crisis-affected settings. Stepping Stones is a program for HIV prevention that aims to improve sexual health through building stronger, more gender-equitable relationships with better communication between partners. It is also a life skills training package, covering such critical questions as why we behave the way we do; how gender,

generation, and other issues influence this; and ways in which we can change behaviour (Hope, 2007).

The Stepping Stones participatory learning methodology is based upon facilitated focus group discussions in which men and women, youth and elders, address gender and relationship issues among their peers, then share the concerns and solutions that they have identified with the wider community. Drama and role-plays are used to help people communicate about subjects that are not normally spoken about openly (Ibid.).

Stepping Stones uses the approach of learning through shared discussions and enables individuals to identify concerns and generate ideas for action, both at a personal and peer group level. These peer level activities (men to men, elders to elders) provide the opportunity for discussion on sensitive issues, sharing ideas, and building confidence in a small, non-threatening setting prior to sharing results and ideas more broadly within the community. The methodology also provides both a process and skills development for reporting back to the wider community on the concerns and solutions identified in the group discussions (Feldman-Jacobs and Worley, 2008).

The Stepping Stones training unit is distinct in several regards: not only has it been widely adapted and implemented, but it has also been evaluated within a wide range of contexts. Perhaps most significantly, a recent impact assessment (of the second edition of the South Africa adaptation of the training package) concluded: “Our findings provided considerable evidence that Stepping Stones is a useful HIV prevention intervention and is successful in changing a range of different men’s behaviours, and is thus deserving of further development and investigation” (Jewkes, Nduna, et. al., 2007). An important finding drawn from the assessment was that improved listening and communication skills were fostered between partners as a result of the program coupled with a new realization that violence against women was wrong (Ibid.).

Lesotho: Engaging Traditional Leaders in GBV Prevention

SAfAIDS is implementing a programme called “Traditional Leaders Championing Prevention of Domestic Violence and HIV in their Communities in Lesotho – Harmful Traditional Practices must change to Protect Women! - Engaging men as Protectors.” The programme focuses mainly on influencing change in traditional and cultural practices that fuel domestic violence and HIV among women. SAfAIDS sees traditional and religious leaders, as well as

community based volunteers, as key targets for social change at community level. Women and girls are the beneficiaries of the programme.

It is implemented in partnership with the Society for Women and AIDS Africa Lesotho (SWAALES), Lesotho Network of People Living with HIV (LENEPHWA), Phelisanang Bophelong (PB), Lesotho Bishops Conference (LCBC), and the Men Engage Lesotho chapter. Some of the key activities involved in this initiative include building the capacity of traditional leaders as custodians of culture to redress historical gender inequalities and harmful traditional practices that amplify violence against women and girls. This is accomplished through educational walks; focus group discussions; community meetings with youth, women and men; leader meetings; and film, radio and TV programmes such as the Tseba ka AIDS radio programme on National Radio Lesotho.

SAfAIDS and implementing partners have managed to mobilise men in the prevention of domestic violence in both Lesotho and Malawi. In the period of October 2013 to February 2014, stakeholders formed more than 150 Men as Protectors clubs with the aim of reaching out to men with messages against domestic violence and creating a pool of male role models in the fight against gender-based violence. The formation of Men as Protectors clubs is one strategy to encourage positive male involvement in the promotion of women's rights and the fight against domestic violence in the community.

Swaziland: Umsimisi Community Project Using Theatre to Prevent GBV

Umsimisi Community project engages communities through dialogues to end gender-based violence at family, community and national level. This is done by highlighting the role of individuals to take it upon themselves to expose all forms of violence, and also get feedback from community members as to how best they can fight GBV. The Umsimisi project came about as a result of a realisation that Swaziland had high incidences of gender-based violence, particularly against women and children. Research and reports (from police and the Swaziland Action Group Against Abuse) including media reports in Swaziland, indicate increases in cases of violence, most of which is men perpetrating violence against women and children.

The Umsimisi Community Project uses theatre to educate/inform both the literate and illiterate communities on GBV. Umsimisi conducts community dialogues around the four regions of the country. This is incorporated with the production of radio jingles to reach a wider audience. SBIS radio station airs the radio jingles on both siSwati and English channels. Discussions normally follow the community dialogues. These talks seek to foster a community-driven

response to ending gender-based violence. The approaches involve community leaders and other relevant stakeholders for support and mobilisation of community members.

Realising the level of poverty in communities, Umsimisi Community Project has introduced a new and innovative way of gardening for food sustainability for community support. This is set to improve food sustainability for target communities as well as cash flow on target populations that would normally rely on hand outs. Umsimisi partners with other local NGOs, especially the members of the Gender Consortium and the MenEngage network - Swaziland chapter, of which Umsimisi Community Project is a member (SADC Gender Protocol 2014 Barometer).

Zambia, Grassroots Human Rights Education

In Zambia, the organisation Women for Change employs grassroots human rights education techniques in community dialogues about traditional norms and practices in rural communities.

The group established a traditional leader programme that works with chiefs and village heads to re-examine and abolish customs that discriminate against women, including early marriage. Using local trainings, community dialogues, regional SADC trainings for traditional elders, and international exchanges between traditional leaders in Zambia and Tanzania the programme has seen some success. For example chiefs banned the practice of widow-cleansing and brought in fines for those found engaging in it. In addition, leaders appointed several women village headpersons.

2.4. CONCLUSION

This chapter has reviewed some studies on GBV in general and communication for development strategies that have been used for various programmes across the world in behavioural change communication. These examples have been drawn from across different geographical locations and these included the Tostan Public declarations against female genital cutting (FGC) in West Africa; the DramAidE program in South Africa; FilmAid International in Bangladesh; the Meena Communication Initiative in Bangladesh, India, Pakistan, and Nepal; Community Conversations, in Ethiopia and the Stepping Stones in Uganda as well as lessons learnt. Lesotho: Engaging Traditional Leaders in GBV prevention; Swaziland: Umsimisi community project using theatre to prevent GBV; Zambia, Grassroots Human Rights Education. Broadly, the chapter looked at the media and its role in community Development.

CHAPTER THREE

CONCEPTUAL AND THEORETICAL FRAMEWORK

3.0. INTRODUCTION

This chapter defines, conceptualises and contextualises the elements of this research. It also presents theoretical approaches within social sciences and communication, which are relevant to this study and were applied as the theoretical framework.

3.1. CONCEPTUAL AND OPERATIONAL DEFINITIONS

The major concepts to be used in this study are Communication, Development Communication, Participatory Communication, and Communication for Social Change, Behaviour Change Communication, and Advocacy Communication. Others are sexual harassments, rape, defilement, spouse battery and human trafficking.

3.1.1.COMMUNICATION

Communication is a process in which participants create and share information with one another in order to reach a mutual understanding. This implies that communication is a process of convergence (or divergence) as two or more individuals exchange information in order to move toward each other in the meanings that they give to certain events, Rogers (2011).

Communication can be defined as the sending and receiving of ideas from sender to receiver. Communication comes from the Latin word *communicare*, which means “to make common” or “to share.” In this study, communication is defined as “the process of using messages to generate meaning”, Nelson et al, (2011). Communication is considered a process because it is an activity, an exchange, or a set of behaviours—not an unchanging product, (ibid). Nelson et al lists the components of communication as People, the Message, the Channel and Feedback where the People are involved in the human communication process in two roles - as both the sources and the receivers of messages, - the message is the verbal and nonverbal form of the idea, thought, or feeling that one person (the source) wishes to communicate to another person or group of people (the receivers), -the channel is the means by which a message moves from the source to the receiver of the message and Feedback is the receiver’s verbal and nonverbal response to the source’s message.

The process of communication can also be seen as a process of encoding and decoding ideas.

Encoding is defined as the process of translating an idea or a thought into a code. Decoding is the process of assigning meaning to that idea or thought. Understanding the meaning of another

person's message does not occur unless the two communicators can elicit common meanings for words, phrases, and nonverbal codes, (Nelson et al, 2011).

Though the perspective on communication has changed from models in the 50's and 60's relying on the Lasswell Sender- Message- Receiver (S-M-R) model, with emphasis on the sender and media, communication has become more receiver and message –centric. The emphasis now is more on the process of communication (that is, the exchange of meaning) and on the significance of this process (that is, the social relationships created by communication and the social institutions and context which result from such relationships), (Servaes & Malikhao, 2002).

With this shift in focus, one is no longer attempting to create a need for the information disseminated, but rather disseminating information for which there is a need. The emphasis is on information exchange rather than on the persuasion. The 'oligarchic' view of communication implied that freedom of information was a one-way right from a higher to a lower level, from the Centre to the Periphery, from an institution to an individual, from a communication-rich nation to a communication-poor one, and so on. Today, the interactive nature of communication is increasingly recognized. It is seen as fundamentally two-way rather than one-way, interactive and participatory rather than linear (ibid)

3.1.2. DEVELOPMENT COMMUNICATION

World Bank defines development communication as: “an interdisciplinary field based on empirical research that helps to build consensus while it facilitates sharing of knowledge to achieve positive change in development initiatives. It is not about effective dissemination of information but also about using empirical research and two way communication among stakeholders,” (Mefalopulos, 2008).

Development communication is, essentially, the use of communication to promote social development (Quebral, 1973). Development communication approaches are employed by humanitarian, development, and government agencies to improve access to information and promote shifts in attitudes and practices at the individual, family, and community levels. The World Bank has noted that development communication initiatives can serve to “establish conducive environments for assessing risks and opportunities; disseminate information; induce behaviour and social change,” (World Bank, 2008).

Development communication includes a diverse array of approaches, including information dissemination, education and awareness raising, edutainment, community mobilization,

behaviour change communication, social marketing, advocacy, communication for social change, and participatory communication. Used widely in the health sector, development communication initiatives have supported efforts to increase child vaccination rates, increase use of such services as prenatal care or family planning, spread information about nutrition, hygiene and sanitation, promote condom use, and prevent HIV transmission and sexually transmitted infections (STIs).

Many of these initiatives encourage individuals to adopt a new behaviour that they may perceive as having immediate personal and health benefits. The objectives of such initiatives are relatively easier to achieve than initiatives aimed at encouraging communities or individuals to discontinue a practice that has existed for generations and which may be perceived by some as beneficial in cultural, material, or other terms. Such efforts present a far more complex undertaking, (Izett and Toubia, 1999).

3.1.3. BEHAVIOUR CHANGE COMMUNICATION (BCC)

The Behaviour Change Communication (BCC) aims to change knowledge, practices, attitudes and behaviours of individuals, families and communities, as well as stimulate and facilitate wider social change at local and national levels. These are achieved through dialogue with individuals and groups to inform, motivate and promote behaviour change. Over the last decades, BCC has evolved to strategic communication programs, leading to better integrated approaches – community mobilisation, interpersonal communication, community empowerment, public relations, public policy and media advocacy, entertainment-education, social marketing – where a sound understanding of its audiences and communication channels are crucial features to improve the reach and effectiveness of interventions that seek to facilitate social change. This evolution reflects emerging theories and empirical observations that point to the importance of people-centred, multidisciplinary, behaviour-oriented and strategic approach to communication interventions, (Hosein et al., 2009: 536).

3.1.4. COMMUNICATION FOR SOCIAL CHANGE (CFSC)

Communication for Social Change (CFSC) attempts to integrate different theories and approaches in development communication. CFSC emphasises dialogue as central to development and the role of poor people as agents of change through participation and empowerment. While CFSC's strength is that it has emerged largely from practitioners on the ground, some critics claim that it has failed to back its arguments and evaluation methodologies with rigorous academic analysis modelling and theory. Scholars and practitioners, at the 8th

United Nations Inter-Agency Roundtable on C4D (UNFPA et al., 2002: 47-48), admit that a number of issues surrounding CFSC remain uncertain, including evaluation regarding who owns the process, who is the most appropriate audience and whether tools should be used.

3.1.5. PARTICIPATORY COMMUNICATION

Participatory communication has its roots in Latin America, where its film- and video-based forms are commonly known as “alternative” or “citizens’ media.” Participatory communication has been defined as “a dynamic, interactional, and transformative process of dialogue between people, groups, and institutions that enables people, both individually and collectively, to realize their full potential and be engaged in their own welfare” (Singhal, 2003). The teachings of Paulo Freire, the Brazilian educator and activist, had a major influence on the increasing popularity of the participatory model. Freire stressed that people should be regarded as agents rather than objects, able to teach themselves through dialogue with one another (Freire, 1970).

According to Freire, the process of raising questions and engaging in dialogue sparks “critical consciousness,” which enables the shift from reflection to action. Participatory communication has also been described as “an exchange among individuals that values each person’s perspective and voice,” generating the emergence of communicators who create “a stronger collective voice for change at many levels of society” (Stuart and Bery, 1996).

The participatory model entails working with community members to determine their needs and design programs that address locally-identified priorities, “rather than imposing an intervention from above” (Morris, 2000). Activities informed by the participatory model frequently combine media with interpersonal communication. An examples would include, and community-based theatre activities which actively engage community members in planning, implementation, and assessment. A key distinguishing aspect of this approach is a stronger focus on process, rather than on a communication “product.” It is also oriented towards long-term change based on community identified needs.

3.1.6. ADVOCACY COMMUNICATION

One decade ago, the international development community (UNFPA, 2002: 53) saw advocacy as a “relatively new program area in the field of Communication for Development”. It was seen as public relations to promote a project or organization or it could be reduced to support function of service delivery or policies, through activities such as media events. The advocacy component of a communication strategy should inform and motivate appropriate leaders to create a supportive environment by taking action, such as changing policies (legal reform

or enactment of new laws), allocating resources (funding, social or political alliances, or mobilizing resources). It is, therefore, imperative to have the involvement of individuals, groups and all sectors of society for the effectiveness of the advocacy, as defended by (Servaes, 2003: 23).

3.1.7. HUMAN TRAFFICKING

Human trafficking is a complex global phenomenon involving the intentional movement of people for the purpose of exploitation. One of the most common forms is the trafficking of women and children for the purpose of sexual exploitation and/or prostitution. Trafficking occurs when a woman or child is recruited, sold, or taken from one country, region, or community to another in order to exploit him or her for sexual purposes. In Southern Africa, women and children (both boys and girls) are being trafficked for use in prostitution and/or pornography, or are being sold or procured for personal use as “wives” or “sex slaves,” (Thompson, 2007)

There are also many forms of human trafficking that do not necessarily involve sexual exploitation. In the SADC region, many people, including and in some cases primarily children, are being trafficked either within their own country or across state borders for domestic work, farm labour, construction, mining, or other types of work, (Thompson, 2006).

The difficulty of combating trafficking is increased by the involvement of highly organized criminal syndicates, who make huge profits from the exploitation of others. IOM estimates that organized criminals earn up to \$12 billion annually from human trafficking. This makes human trafficking second only to drug trafficking in terms of profitability for organized crime. On the trans-national level, trafficking in people is often perpetrated by the same criminal groups that engage in such crimes as drug trafficking, document fraud, migrant smuggling and money laundering. Trafficking is also facilitated by corruption at all levels of the state, especially amongst law enforcement and immigration authorities, (International Organisation for Migration, 2005).

In Zambia, most cross-border trafficking appears to involve trafficking in young women and children for sexual exploitation. Zambia is both a country of origin for trafficking as well as a transit point for trafficking from other parts of Africa to South Africa, Europe and Asia. To a lesser degree, Zambia is also a “destination” or “receiving” country for trafficked persons, recruiting children from neighbouring countries such as Malawi to work on Zambian farms, (National Policy on Human Trafficking, 2009).

One way to understand Human Trafficking is to think of it not as a single act, but as a process, involving three key elements or stages (National Policy on Human Trafficking, 2009). These include:

- Recruitment (by various means, in the home region or country of origin)
- Transportation (within or across borders to another region or country)
- Exploitation (in the country or area of destination).

3.1.8. RAPE

Rape is defined as an act of non-consensual sexual intercourse (ASAZA, undated). This can include the invasion of any part of the body with a sexual organ and or the invasion of the genital or anal opening with an object or body part (ibid.). Rape and attempted rape involve the use of force, threat of force and or coercion, (ibid.).

Rape occurs in the home, in the community and in times of war is, unfortunately, also used as a weapon of war. The notion of rape in marriage has been contested for a long time though data shows that rape (unconsented sex) is much more prevalent in marriages with women often times being victims. Instances where they have not consented but have been forced to have sex are considered acts of rape. However, due to cultural beliefs and practices, marital rape is often disregarded and goes unreported. The advent of HIV/AIDS has implications for marital rape in as far as infecting ones partner is concerned. There have been reports of discordant couples (a situation where one partner is HIV positive while the other is negative) in which case a negative partner would demand unprotected sex from the other in the pretext that it is their obligation. This has in some cases led to contracting of HIV/AIDS, (Sarah, et al, 2005).

Outside of marriage, rape occurs both at home and in society. Date rape is one phenomenon which has not been widely discussed. This happens when a male and female go out on a date and the one partner is forced to have sex. This often unreported and therefore goes without punishment.

3.1.9. SPOUSE BATTERY

This is one of the most common forms of GBV worldwide and Zambia is no exception. Battery often occurs in the domestic sphere and both men and women can be victims of this act. However, statistics indicate that the majority of the victims are women who due to their socio-economic positioning and due to discriminatory cultural practices tend to be more vulnerable to battery, (ASAZA, undated).

3.1.10. DEFILEMENT

Zambia has had a surge of cases on child defilement. The Anti-GBV Act of 2011 and the Section 138 (1) of the Penal Code, Chapter 87 of the laws of Zambia as amended in Act No. 15 of 2005 defines defilement as unlawful carnal knowledge of a minor under the age of 16 and this usually refers to a girl and not a boy.

3.1.11. SEXUAL HARASSMENT

Sexual harassment is a relatively new concern in most African countries and only recently has it emerged as a matter of public debate. Sexual harassment is a stigmatised and emotionally charged issue not only in Zambia, but also in many other countries, (Population Council, 2009:4).

The International Labour Organisation looks at sexual harassment as a clear form of gender discrimination based on sex and a manifestation of unequal power relations between men and women, (Zandonda, 2010).

The term sexual harassment was first coined in the 1970's (Pascal 2008:4), and since then it has become a recognised phenomenon throughout the world in all cultural and occupation contexts. Broadly,, "sexual harassment includes a wide range of behaviours including unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature, (Anderson 2006:2).

The Zambia Penal Code, Amendment Act No. 15 of 2005 explains that sexual harassment means "(a) seductive sexual advance being an unsolicited sexual comment, physical contact or other gesture of a sexual nature which one finds objectionable or offensive or which causes discomfort in ones studies or job and interferes with academic performance or work performance or conducive working environment (b) sexual bribery in the form of soliciting or attempting to solicit sexual activity by promise of reward (c) sexual threat or coercion which includes procuring or attempting to procure sexual activity by threat of violence or victimisation or (d) sexual imposition using forceful behaviour or assault in an attempt to gain physical sexual contact," (Zambia Penal Code, 2005).

3.2. THEORETICAL FRAMEWORK

3.2.1. DIFFUSION OF INNOVATIONS THEORY

Diffusion is the process in which an innovation is communicated through certain channels over time among the members of a social system. It is a special type of communication, in that the messages are concerned with new ideas.

Diffusion is a kind of social change defined as the process by which alterations occurs in the structure and function of a social system. When new ideas are invented, diffused, and adopted or rejected, leading to certain consequences, social change occurs. Diffusion is therefore comprised of the innovation, the communication channels, time and a social system, Rogers (2011). Diffusion relies on several social factors for the adoption of an innovation. Opinion leaders and change agents influence adoptions of innovations in a social system.

This is because opinion leaders are often in a uniquely influential positions in their system's communication structure, they are at the centre of interpersonal communication networks. Opinion leadership according to Rogers is the degree to which an individual is able to influence other individuals' attitudes or overt behaviour informally in a desired way with relative frequency. A change agent is an individual who influences clients' innovation-decisions in a direction deemed desirable by a change agency, (ibid).

Diffusion can also be defined as a process by which a new practice or behaviour gets communicated through certain channels over time among individuals and groups (Rogers, 1995). In theory, there are six types of groups. Innovators act on information they get through the media and peers outside their community. Early adopters act if convinced by the media and innovators that the new practice 'works'. Early and late majority adopters rely heavily on information from their peers. Mass media and traditional media are also important in modelling new behaviour to this group.

Late acceptors and resisters require extensive peer group education (Rogers, 1995 and UNICEF, 1999). These groups move through different stages of change as people decide on a new behaviour or practice. Although there are several versions of these stages, the principle remains the same. People do not suddenly begin to do something they have never done before. They learn, weigh the benefits and see if anyone else is doing it. They acquire the skills needed for the new behaviour, apply it to their own lives and evaluate whether it is worthwhile continuing. They may reject the behaviour, or encourage others to follow their lead.

A basic notion of diffusion is that a new idea is adopted slowly during the early stages, builds steam and then flattens out again. When plotted over time, the rate of adoption is typically S-shaped as early adopters tell others about their experience and encourage them to take up the new practice. A critical mass builds and then levels off as fewer individuals or groups remain to adopt the behaviour (Backer et al, 1998). At each stage, experience shows that people need different kinds of information, emotional support and skills.

Rodgers also states that the adoption process is 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.

For example, the messages against GBV to be taken into consideration the targeted audience have to pass through the five stages of adoption as illustrated by Rodgers.

The diffusion theory explains how information, ideas, new behaviours and innovations move in a society and between societies. The theory explains how new ideas are transmitted from one person to another and what affects this transfer of ideas. The theory also helps in analysing the current communications, the channels they use and the audience or target audience of this information.

3.2.2. SOCIAL COGNITIVE THEORY

The Social Cognitive Theory (SCT) defines human behaviour as a triadic, dynamic, and reciprocal interaction of personal factors, behaviour, and the environment (Bandura, 1977a; 1986; 1989). According to this theory, an individual's behaviour is uniquely determined by each of these three factors. While the SCT upholds the behaviourist notion that response consequences mediate behaviour, it contends that behaviour is largely regulated antecedent through cognitive processes. Therefore, response consequences of behaviour are used to form expectations of behavioural outcomes. It is the ability to form these expectations that give humans the capability to predict the outcomes of their behaviour, before the behaviour is performed.

In addition, the SCT posits that most behaviour is learned vicariously. The SCT's strong emphasis on one's cognitions suggests that the mind is an active force that constructs one's reality, selectively encodes information, performs behaviour on the basis of values and expectations, and imposes structure on its own actions (Jones, 1989). Through feedback and reciprocity, a person's own reality is formed by the interaction of the environment and one's cognitions.

In addition, cognitions change over time as a function of maturation and experience (i.e. attention span, memory, ability to form symbols, reasoning skills). It is through an understanding of the processes involved in one's construction of reality that enables human behaviour to be understood, predicted, and changed. The SCT explains behaviour in terms of a triadic, dynamic and reciprocal interaction of the environment, personal factors, and behaviour.

However, this reciprocal interaction does not imply that all sources of influence are of equal strength. The SCT recognises that some sources of influence are stronger than others and that they do not all occur simultaneously. In fact, the interaction between the three factors differ based on the individual, the particular behaviour being examined, and the specific situation in which the behaviour occurs (Bandura, 1989).

Thus, this model of causation as proposed by the SCT is extremely complex. The person-behaviour interaction involves the bi-directional influences of one's thoughts, emotions, and biological properties and one's actions (Bandura, 1977a; 1986; 1989). For example, a person's expectations, beliefs, self-perceptions, goals, and intentions give shape and direction to behaviour. However, the behaviour that is carried out then affects one's thoughts and emotions.

The SCT also accounts for biological personal factors, such as sex, ethnicity, temperament, and genetic predisposition and the influences they have on behaviour.

A bi-directional interaction also occurs between the environment and personal characteristics (Bandura, 1977a; 1986; 1989). In this process, human expectations, beliefs, and cognitive competencies are developed and modified by social influences and physical structures within the environment. These social influences can convey information and activate emotional reactions through such factors as modelling, instruction, and social persuasion (Bandura, 1986). In addition, humans evoke different reactions from their social environment as a result of their physical characteristics, such as age, size, race, sex, physical attractiveness.

The final interaction occurs between behaviour and the environment. Bandura contends that people are both products and producers of their environment (Bandura, 1977a; 1986; 1989). A person's behaviour determines the aspects of their environment to which they are exposed, and behaviour is, in turn, modified by that environment. A person's behaviour can affect the way in which they experience the environment through selective attention. Based on learned human preferences and competencies, humans select whom they interact with and the activities they participate in from a vast range of possibilities.

Human behaviour also influences their environment, such as when an aggressive person creates a hostile environment. Thus, behaviour determines which of the many potential environmental influences come into play and what forms they would take. In turn, the environment partly determines which forms of one's behaviour are developed and activated (Bandura, 1989).

3.2.3. SOCIAL LEARNING THEORY

Social learning theory proposes that two key factors influence behaviour. A person must believe the benefits outweigh the costs. More importantly, the person must have a sense of personal agency, or self-efficacy (Bandura 1995). A person with a developed sense of self-efficacy holds strong convictions that he or she has the skill and abilities to act consistently to protect his or her health, despite various obstacles.

Self-efficacy builds when people set goals, monitor their behaviour and enlist incentives and social support. Bandura's research shows that if people are not convinced of their personal efficacy, they rapidly abandon the skills they have been taught when they fail to get quick results. Another central concept is that individuals can acquire cognitive skills and new patterns of behaviour vicariously by observing others. Bandura emphasises the power of mass

media, particularly television, in creating a 'symbolic environment' in which new ideas and social practices are rapidly diffused within and between societies.

3.3. CONCLUSION

This chapter has drawn different theories that underpin this study. These theories looked at human behaviour as being triadic, dynamic and a result of reciprocal to the interactions within the environment, social cognitive theory. The other one tried to explain human behaviour and adoption of new ideas as being dependant on the channel used to communicate as well as the social system at that time while the last one looked at human behaviour as being influenced by two key factors and that is explained by the cost benefit analysis. This chapter also explained the various concepts that have been used in the study.

CHAPTER FOUR

RESEARCH METHODOLOGIES

4.0. INTRODUCTION

This chapter looks at the research methodology used during the study. It outlines the sample size, sampling procedure, data collection methodologies as well as the data analysis process. It also looks at the limitations of the study. This chapter also provides insights into the measures that the researcher took to ensure that the data is not polluted and that the findings are not only reliable but also valid. The method of triangulation was used in this study. Triangulation involves the use of different research methodologies in a study aimed at addressing a problem. This is because of the realisation by researchers that both quantitative and qualitative methods of research are vital in addressing a research problem or in trying to understand any observable fact. Triangulation is not only done to validate findings but to further researcher's comprehension of phenomenon. In this view, triangulation can cut across the qualitative-quantitative divide. It is necessary in ensuring that the research is both interdisciplinary and holistic.

This method was also used to help prevail over what could have been possible causes for weakness and bias in the study. The topic being researched is too wide to restrict to one method of enquiry, hence this way, irregularities were easily observed and checked. For this study, the qualitative and quantitative methods were used. A breakdown of the actual methods is as follows:

4.1. RESEARCH DESIGN

The research used a combination of descriptive, and exploratory designs.

4.1.1. QUALITATIVE METHODS

In order to gain deep understanding of GBV and critical data that emerged from the quantitative survey, the researcher identified a number of resource persons. These people, also called 'privileged witnesses', were selected on the basis of their expertise, their daily experience and their contact with the subject under study, namely GBV and similar issues. The people were interviewed were in two categories;

The staff at YWCA

- ✓ The Programmes Manager
- ✓ Programme Coordinator

- ✓ Communications Officer
- ✓ Mens' Network Coordinator

Linda Township Leaders

- ✓ Three officers from Ward Development Committee
- ✓ One religious Leader
- ✓ Two community activist (YWCA Champions)
- Direct Observation (attending scheduled meetings programs in Linda Township)
- Desk review of relevant documents from YWCA, etc.

4.1.2. QUANTITATIVE SURVEY

- 150 Questionnaires were distributed to respondents in Linda township

The above mentioned methods were applied in order to adequately cater for the questions raised in the study.

4.2. STUDY POPULATION AND SAMPLE SIZE

The study population were the residence in Linda Township of Lusaka and a total sample of 150 respondents were selected using Multi-stage Cluster Sampling. Specifically, Linda township which purposively chosen based on the activities of the YWCA. At the level of township, the researcher used information from the Ward Development Committee and the Mount Makulu clinic to develop a mixed Quota and Convenience sample. Respondents were restricted to 78 Females, and 72 male adult members of the household and these were defined as those either heading a household, or above the age of 18 years. This was in order to make sure that only knowledgeable responsible people with sufficient information on the community and family wellbeing were given an opportunity to provide information.

4.3. DATA COLLECTION METHODS

Data was collected by going into the field to deliver self-administered structured questionnaires, conduct in-depth interviews with key informants and community leaders and YWCA staff.

4.3.1. DESK REVIEW

This technique enabled researchers to gather and make use of various specialized reports, scientific works as well as reports of activities specifically those dealing with issues related or associated to GBV. The researcher analysed legal and regulation texts as well as

the public policies related to GBV. The desk review aimed at equipping the researcher with a general overview of the topic under research, to gain a deep understanding of the issues involved and supplement other research instruments. Documents reviewed include but not limited to;

- ✓ YWCA Strategic Plan
- ✓ YWCA communication Manual
- ✓ Anti-GBV Act of 2011,
- ✓ GRZ Communication Strategy on GBV and the
- ✓ YWCA Annual Reports.

4.3.2. DIRECT OBSERVATION

Direct observations were also conducted, in addition to attending meetings and reviews of the existing literature. The study also relied on field observation conducted on communications campaigns. The observations method were employed by the researcher to learn people's reactions about GBV awareness campaigns. Observations gave a valuable insight on people's perceptions of communication materials, as well as the people's comprehension of the information obtained from communication campaigns and interventions. Observations also helped in getting a feel of the peoples day to day lifestyles. The researcher attended five meetings, participated in community exploratory visits and recruitment of programme participants.

DATA ANALYSIS

4.3.3. QUANTITATIVE SURVEY

After data collection, the research instruments were coded by the researcher with coding sheets to begin the analysis process. Quantitative data was entered into the Statistical Package for Social Sciences (SPSS) for descriptive analysis mainly for measures of central tendency and dispersion.

4.3.4. QUALITATIVE SURVEY

In-depth interviews were analysed in a thematic approach (theme by theme) going by the research questions and relevant relationships that were made in the light of the research topic.

4.4. LIMITATIONS

The study was met by some challenges in different aspects especially data collection. Firstly, very little research on this subject has been done in Zambia making literature and comparison of findings very difficult. It was anticipated that the results of similar studies would be used to

compare and contrast with the findings. However, since very little or almost no documented research was available, the researcher had to rely on external studies done by other researchers that often did not capture the Zambian situation. Due to the lack of information sharing among organisations, the researcher found it difficult to consolidate all the information on the subject matter thereby finding difficulty in getting a united/single picture of the situation on GBV as compiled by the various organisations involved.

4.5. ETHICAL CONSIDERATIONS

The researcher observed a set of measures to comply with ethical standards during the whole process of the study. These are: (a) obtaining informed consent from potential research participants; (b) anonymity and confidentiality was guaranteed regarding any information given and promised to use it exclusively for this assignment.

4.6. CONCLUSION

This chapter looked at the research methodologies that were used in the research and has shown that triangulation method was used to ensure quality of the findings. This chapter has also shown that scientific method of sampling was used – stratified random sampling – as well as that the researcher took measures to ensure that the data was not polluted by other factors hence the active participation at all stages from data collection through to coding, data entry and analysis.

CHAPTER FIVE PRESENTATION OF FINDINGS AND ANALYSIS

5.0. INTRODUCTION

This chapter presents the findings of the study cross referenced to the research objectives and research questions. The findings are presented in both figure and tabular formats for ease of presentation and interpretation. The chapter starts with describing the demographics of the population under study before venturing into the psychographics.

5.1. POPULATION DEMOGRAPHICS

5.1.1. DISTRIBUTION OF RESPONDENTS BY SEX

The researcher interviewed a total of 150 respondents, of these, 56 percent were females while 44 percent were males. See Figure 1 below for sex distribution of the survey respondents.

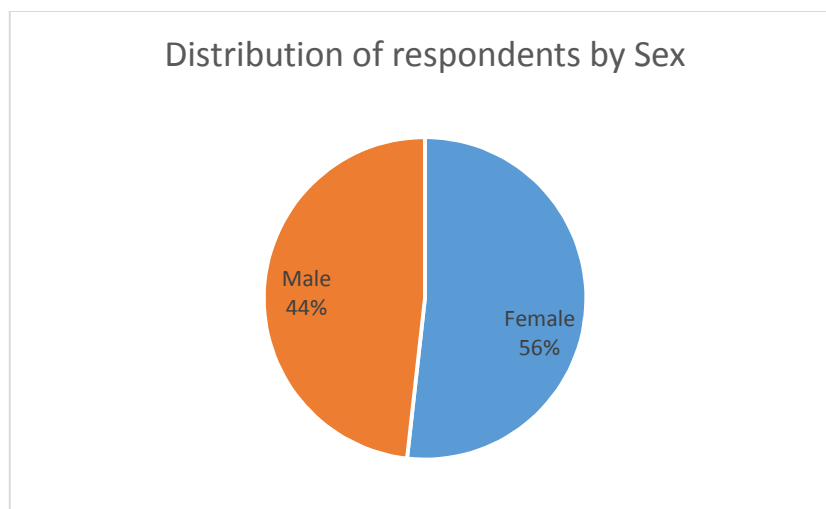


Figure 1: Distribution by sex of the survey respondents

5.1.2. DISTRIBUTION OF RESPONDENTS BY AGE GROUP

One of the demographic variable considered paramount in the study was age. It provided an understanding of the various factors that affect different age groups and their perception and interpretation of gender based violence. Data gathered during the survey showed that 19.3 percent of the respondents were aged between 18-22 years, 18 percent were between 23-27 years, 12 percent were between 28-32 years, 20 percent were between 33-37 years, and 14.7 percent were each between 38-42years and above 42years while about one percent of the respondents did not indicate their age category. See Figure 2 below:

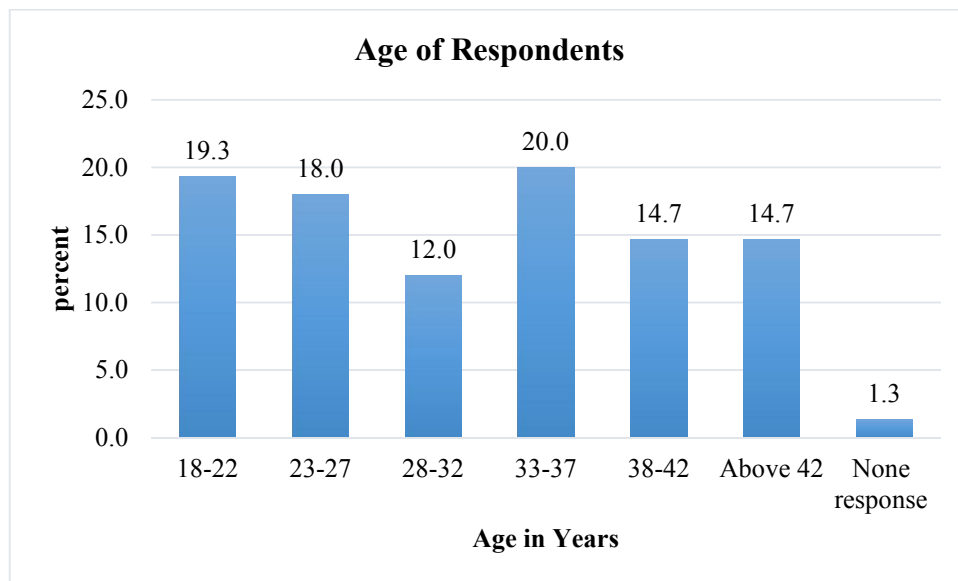


Figure 2: Distribution of respondents by age categories

5.1.3. DISTRIBUTION OF RESPONDENTS BY INCOME

17.3 percent of the respondents earned below ZMK150.00, 12 percent between ZMK150.00 – ZMK300, 13.3 percent between ZMK300.01 - ZMK450, 20.7 percent between ZMK450.01- ZMK600.00, 8.7 percent between ZMK600.01 - ZMK750.00, 14.7 percent between ZMK750.01 - ZMK900, 10.7 percent above ZMK 900.01 and 2.7 percent did not disclose the their income. The monthly household income is shown in Figure 3.

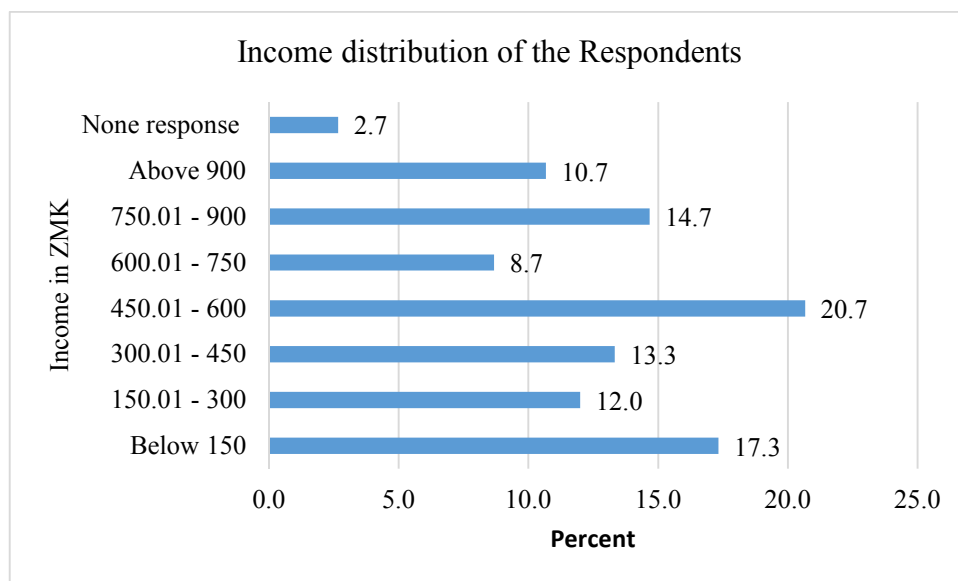


Figure 3: Income distribution of the respondents

5.1.4. MARITAL STATUS

The distribution of respondents by marital status showed that 23 percent were single, 66 percent were married, 6 percent are divorced, 2.67 percent were separated, and 2.67 percent were either widows or widowers. Figure 4 shows the marital status of the respondents.

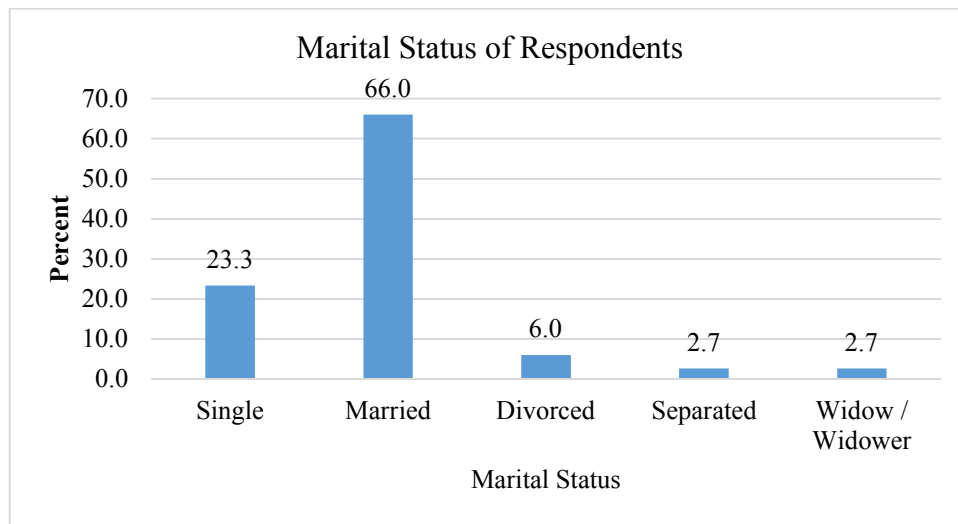


Figure 4: Marital Status of respondents

5.1.5. DISTRIBUTION OF RESPONDENTS PER LEVEL OF EDUCATION

The study showed that 4.0 percent of the respondents had never been to school, 42 percent had reached up to primary level, 44 percent had attained secondary school education and 10 percent had reached the tertiary level, the results distribution are shown in Figure 5.

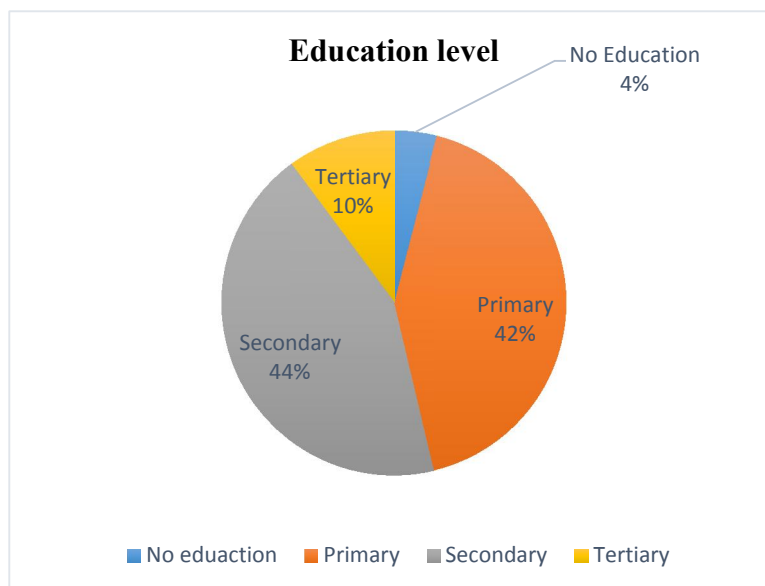


Figure 5: Education level of respondents

5.1.6. KNOWLEDGE OF GENDER BASED VIOLENCE

The study showed the majority of the respondents had heard about Gender Based Violence with the distribution ratio of 91.3 percent had heard of GBV while 8.7 had not heard about it. Results are shown in Figure 6 below:

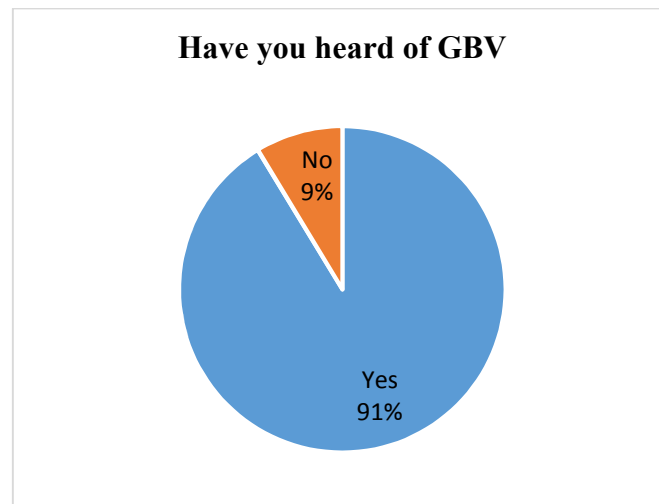


Figure 6: Have you heard of GBV

5.2. POPULATION PSYCHOGRAPHICS – RESEARCH QUESTIONS

5.2.1. RESEARCH QUESTION 1 (RQ-1): TO WHAT EXTENT DO PEOPLE IN LINDA TOWNSHIP KNOW ABOUT GBV?

To respond to this objective, respondents were asked a series of question that sought to establish their 1) understanding of GBV 2) if they had heard of GBV 3) if they had experienced any form of GBV. They were further asked 4) to identify the forms of GBV that exist in the Compound. These questions helped establish both the extent and the forms of GBV that exists in Linda Township.

Research findings indicate that 91.3 percent had been exposed to GBV messages while 13 percent said they had not heard about GBV campaigns. Table 1 below has more details:

		Frequency	Percent	Valid percent	Cumulative percent
Have you heard of GBV	Yes	137	91.3	91.3	91.3
	No	13	8.7	8.7	100.0

Table 1: Have you heard of Gender Based Violence

Research findings also indicated that generally, the respondent’s demonstrated an idea of what constitutes gender based violence. They were able to demonstrate this by the different answers they gave which touched on some aspects of GBV. For example, 45 percent said it was a fight between men and women, 21 percent said it was when rights of an individual are violated, 16 percent said it was spouse battery, another 16 percent said it was a fight between husband and wife, 12 percent said wife battery, 11 percent said it was a misunderstanding between people of different sexes, 9 percent each said it was the use of abusive language towards a person of different sex and where a woman is abused respectively. The different responses provided, though not fully satisfactory on their own did indicate that people in Linda Township at least had an idea on what GBV was. Figure 7 below has more details on the findings.

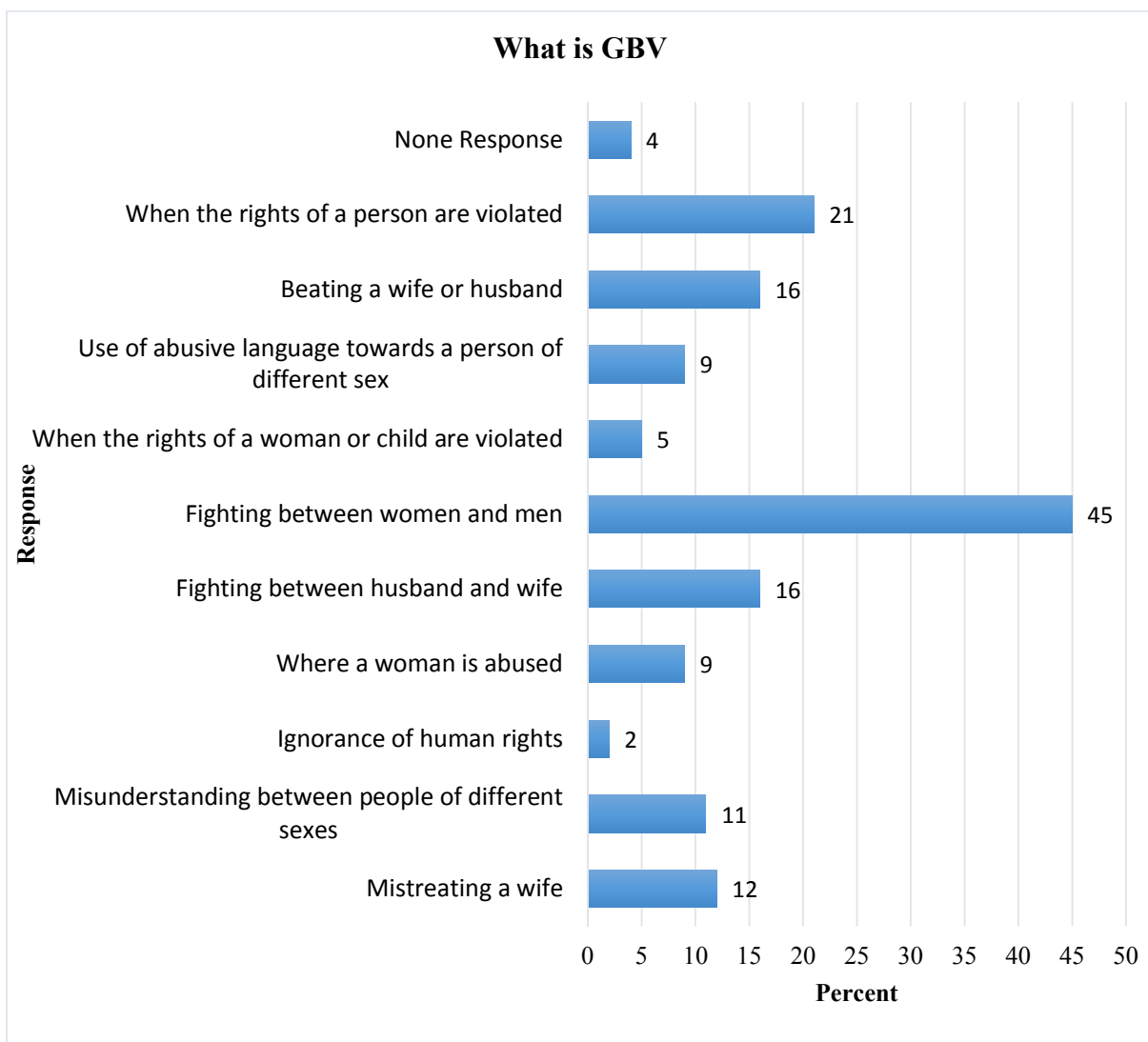


Figure 7: What is Gender based violence

The study went further to ask the respondents if they had experienced any form of GBV. This was cross tabulated with sex as an independent variable in order for the researcher to establish the sex which is much more prone to abuse. Data showed that out of the 150 respondents, a total of 64 percent had been abused before and 32.7 percent had not while 3.3 percent did not respond. In terms of count within sex, 44 percent of the total women interviewed (84 respondents) had suffered a form of abuse. Comparatively, 20 percent of the total number of male respondents (66) interviewed had also suffered a form of GBV. These figures were quite high for both male and female abuse. Table 2 below gives more statistics.

Sex * Have you ever experienced GBV before Cross tabulation						
		Have you ever experienced GBV			Total	
		Yes	No	None response		
Sex	Male	Count	31	30	5	66
		Percent	20.7%	20.0%	3.3%	44.0%
	Female	Count	65	19	0	84
		Percent	43.3%	12.7%	0 %	56.0%
Total		Count	96	49	5	150
		Percent	64.0%	32.7%	3.3%	100%

Table 2: Have you ever experienced GBV

Lastly, under this research question, the respondents were asked to identify the forms of GBV that exists in their community. During the data collection stage, the question which was asked was open ended: *what forms of GBV exist in your community?* However, upon collection of data and coding, it was discovered that all responses fell within the five categories whose tables and figures were generated below. Most respondents provided multiple responses to this question. It was discovered that spouse battery featured prominently with 68.7 percent of the respondents saying it existed in their community, this was followed by sexual harassment at 62.7 percent, defilement at 46.7 percent, human trafficking at 27.3 percent and rape cases at 22 percent.

The tables below provide more inside into the gender dimensions on the perception of the existence of these forms of GBV.

For example 20 percent of the respondents that felt sexual harassment did not exist were female compared to 14 percent of males who gave a similar response. However, of those that said it existed, 35.3 percent were females and 27.3 percent were males. See Table

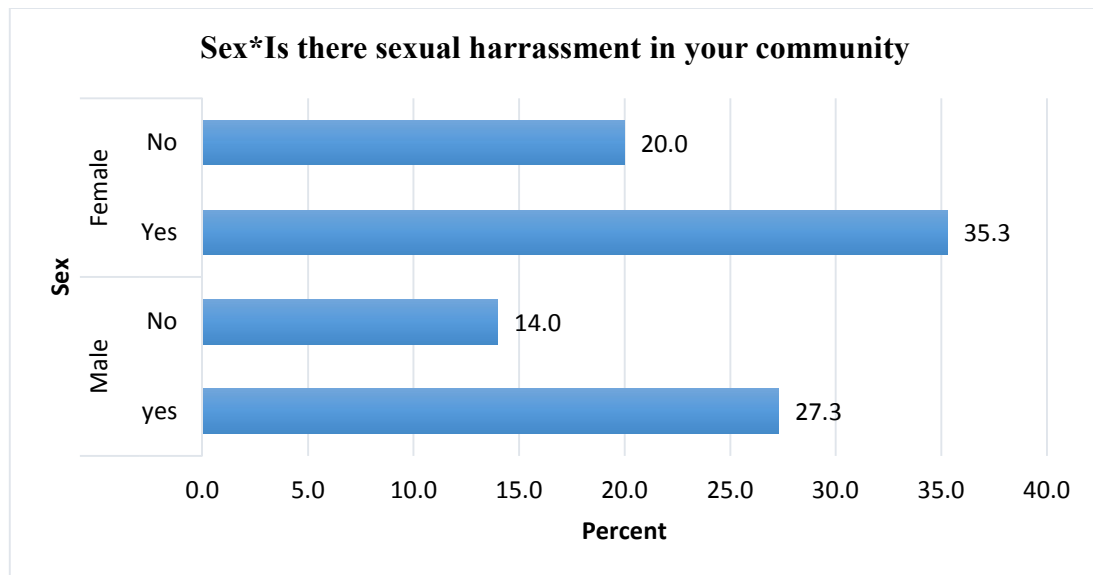


Figure 8: Sex*Sexual harrasment perceptions

In terms of spouse battery, the researcher notes that out of the 68.7 percent that acknowledged the existence of the vice, 40 percent were females while the rest were males. And out of the 28.7 percent that said the scourge does not happen, 15.3 percent were females and 12.7 percent were males. Figure 9 below summarised the findings:

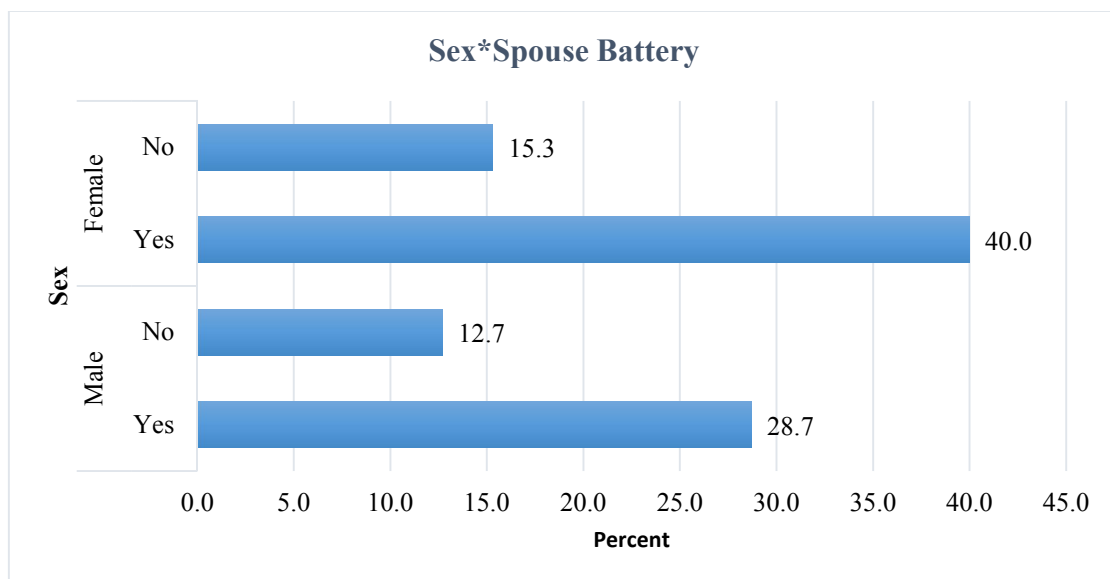


Figure 9: Sex*Spouse Battery

For defilement, out of the 46.7 percent that said there's defilement in Linda Township, 15.3 percent were males and 31.3 percent were females. Out of the 48.7 percent that said defilement does not happen, 24.7 percent were males and 24 percent were females.

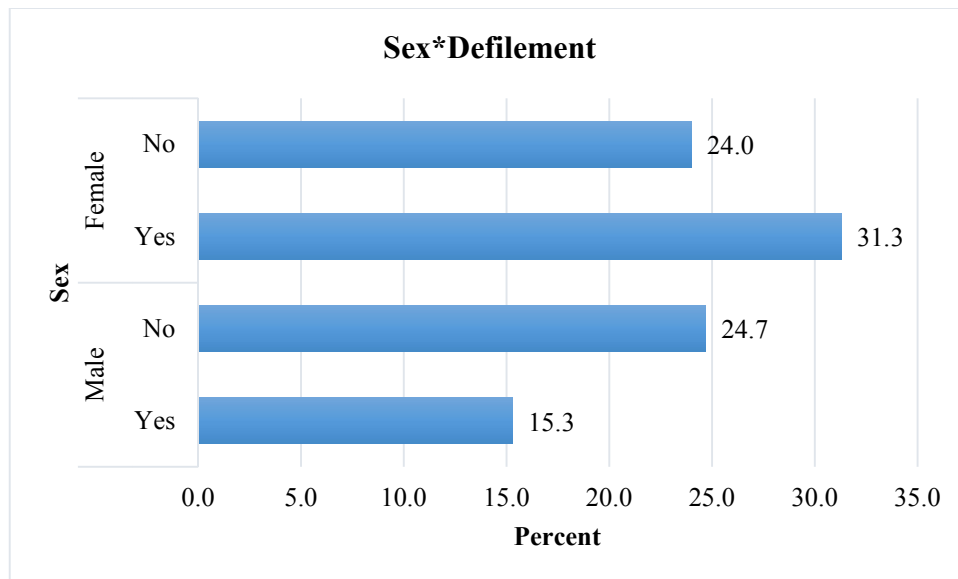


Figure 10: Sex*Defilement

Rape had the lowest number of people that admitted that it existed and was a challenge for the community. Only 22 percent responded in affirmative and of these, 9.3 percent and 12.7 percent for males and females respectively. Similarly, 30.7 percent and 40 percent for males and females respectively said rape did not exist in their community. Figure 11 below gives us a breakdown of the statistics:

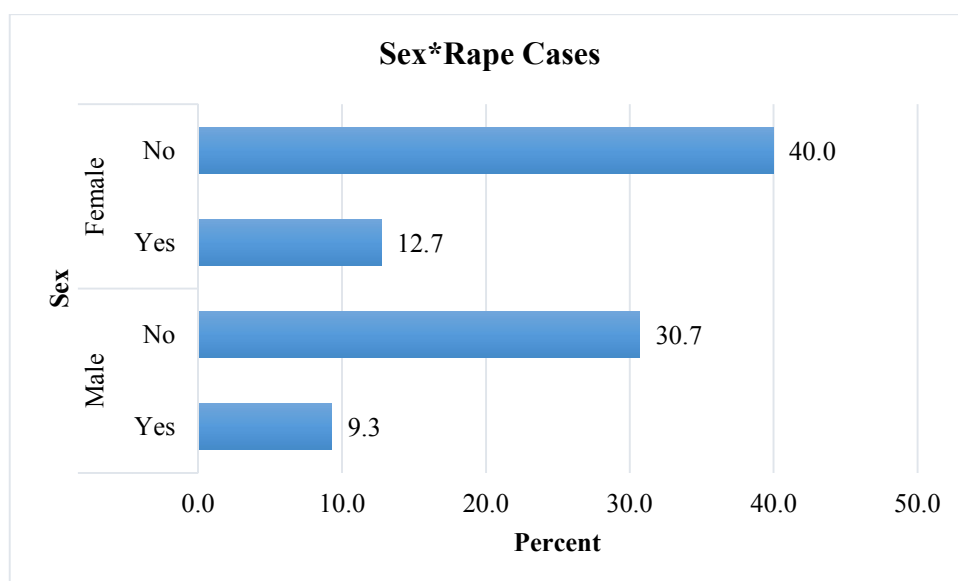


Figure 11: Sex*Defilement

An analysis on the responses on human trafficking cases showed that out of the 27.3 percent that said it existed in Linda Township, 14.7 percent were males and 12.7 percent were females while 26.7 percent and 42.7 percent males and females respectively said it does not exist. Figure 12 below shows the statistics as collected during data collection.

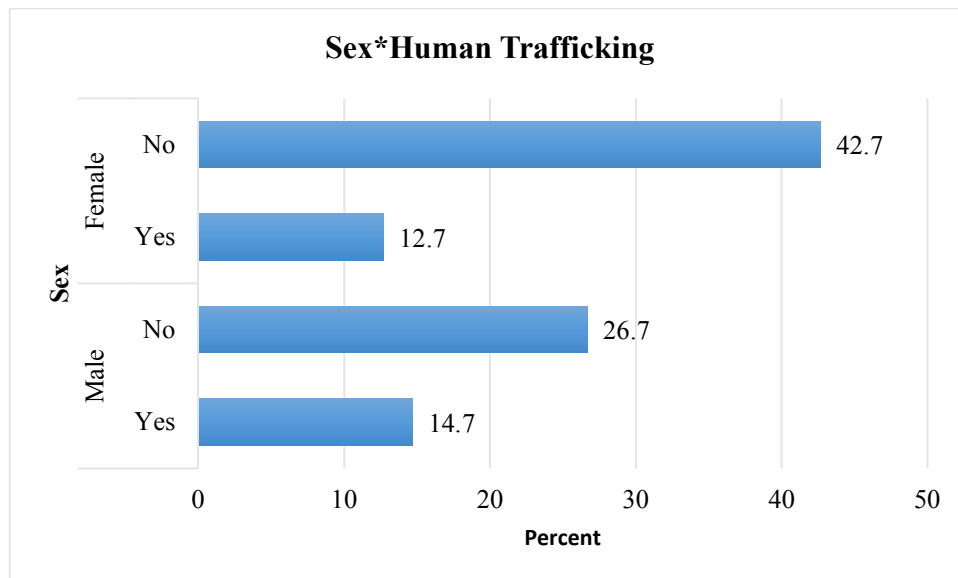


Figure 12: Sex*Human Trafficking

5.2.2. RESEARCH QUESTION 3 (RQ-3): WHAT COMMUNICATION CHANNELS DOES YWCA USE IN DESSEMINATING INFORMATION ON GBV?

The study also aimed to understand the extent to which the channels used by YWCA in communicating the GBV messages were in tandem with what the Linda community would have access to or would have preferred using. As such, a list of possible channels were provided from which the respondents said they received information from. The list was later synchronised and came up with six broad categories which included: 1) Print media (newspapers, magazines etc.) 2) electronic media (television and radio) 3) online media (including blogs, Facebook, twitter etc.) 4) Popular theatre (including drama performances) 5) meetings and lastly 6) Information, Communication, Materials that include brochures, pamphlets, posters, flyers etc.).

Figure below shows the respondents who were reached out using print media and data showed that a total of 50.7 percent of the respondents were reached and 28 percent were males while 22.7 percent were females. Of the 47.3 percent who were not reached, 14.7 percent were males and 32.7 percent were females. Two percent did not respond to this question. See Figure 13 below shows the data:

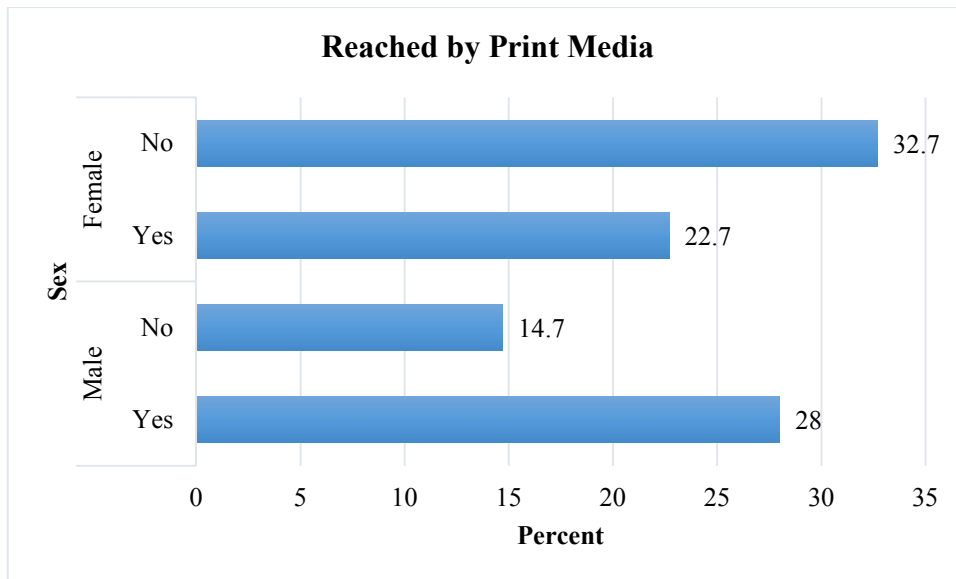


Figure 13: Respondents reached with GBV messages using print media

Figure 14 shows that 72.3 percent of the respondents were reached using electronic media and this includes radio and television. Of these 32.4 percent were males and 39.9 percent were females. Of those not reached using electronic media, 9.5 percent were males and 16.2 percent were females and they accounted for 25.7 percent of the total number of respondents. See the Figure 14 below.

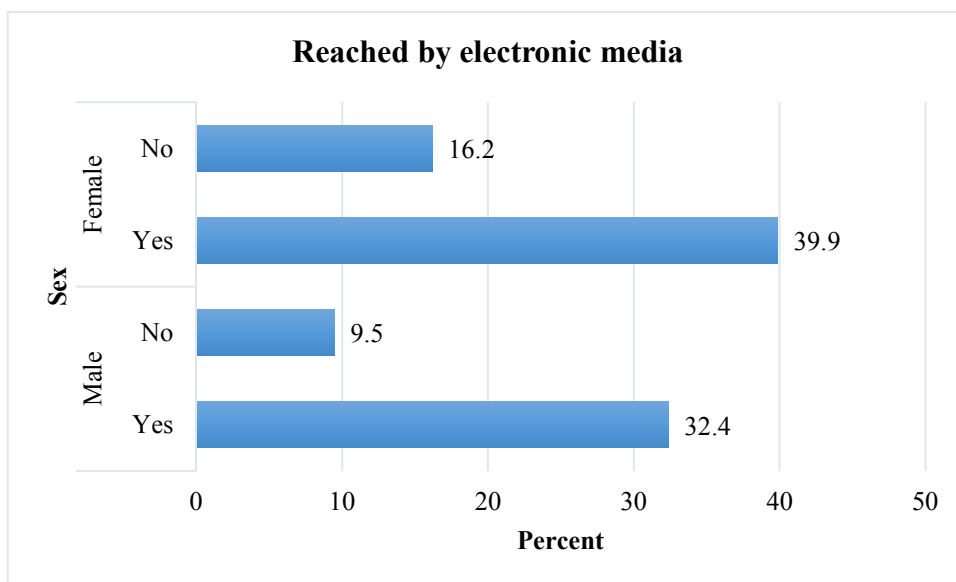


Figure 14: Respondents reached with GBV messages using electronic media

The other source of information explored was the usage on online media and this included Facebook, online newspapers or blogs, websites and any other form of social media that they could have used to access information on GBV. Figure 15 shows that there is a low or non-

usage of online media as a source of information in Linda Township. This could be attributed to literacy levels within the compound as shown above. A total of 98 percent of the respondents said they had no access to online media sources and of these 55.3 percent were females and 43.7 percent were males. Two percent did not to respond to the question. Figure 15 shows the details:

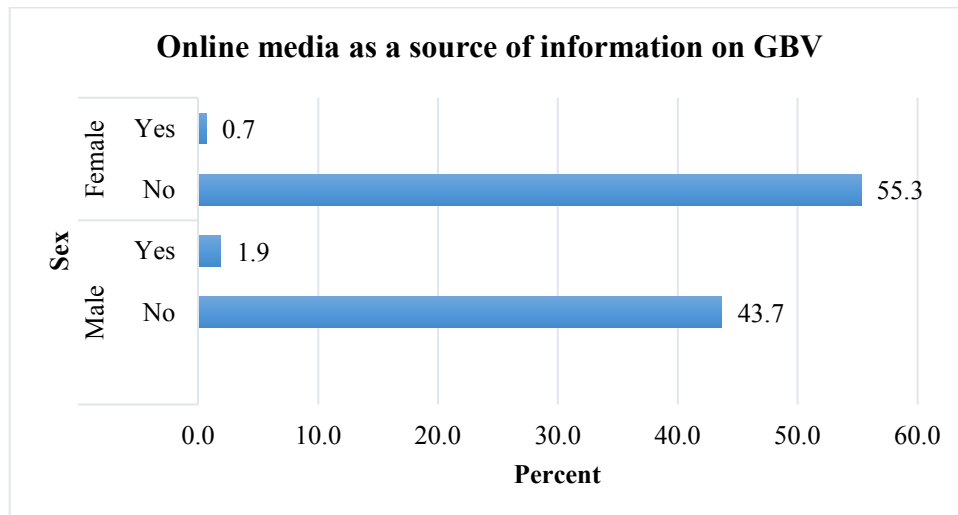


Figure 15: Online media as source of information on GBV

The research also sourced to establish to what extent popular theatre was used as a source of information on GBV in Linda Township. Figure 16 shows that 51.3 percent said they got information through this mechanism and mainly community drama and interactive sessions thereafter. Of these 25.3 percent were males and 26 percent were females. Of those that said no, 17.3 percent were males and 29.3 percent were females. There was a non-response rate of two percent. Figure 16 gives an illustration of the findings:

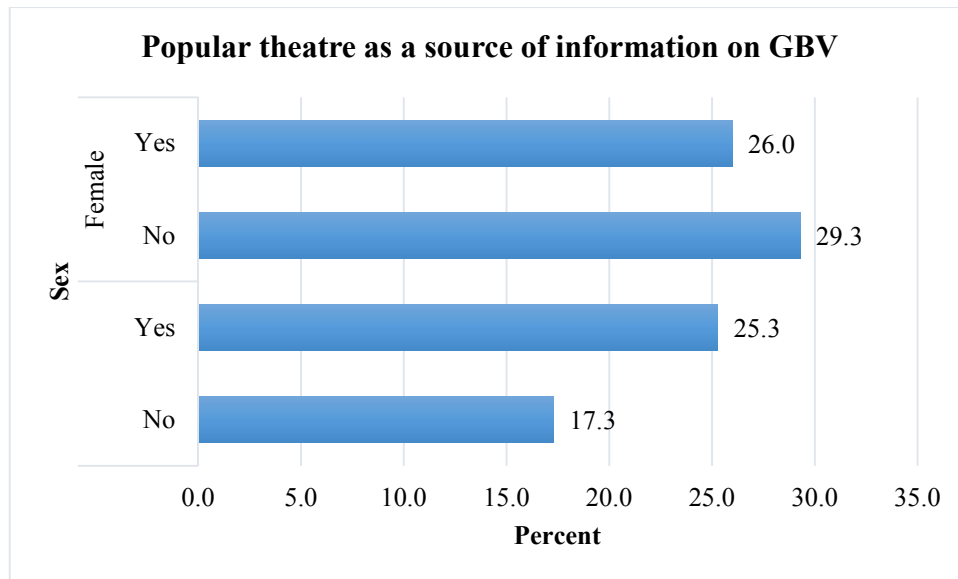


Figure 16: popular theatre as a source of information on GBV

Further the respondents were asked the extent to which they have been able to get information on GBV in various community meetings or gatherings. Figure 17 shows that 55.3 percent responded positively while 41.3 percent said no. About 2 percent did not respond while 1 percent said they could not remember. See Figure 17 below for details:

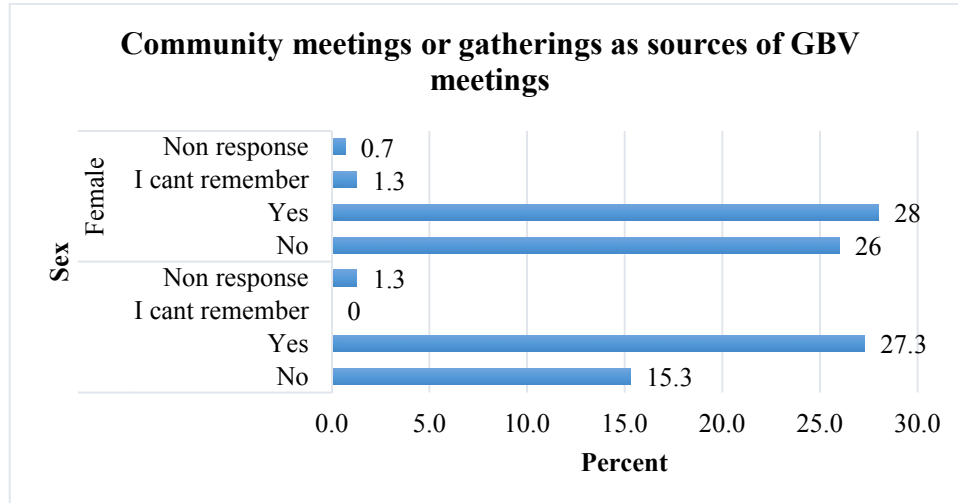


Figure 17: Community meetings and gatherings as sources of information

The study went further to ask the respondents if they were aware of any community initiatives by civil society organisations and government institutions to sensitise people on GBV. This was asked as an open ended question and various responses given were categorised according to the labels below. This was done to triangulate the responses which were provided in the figures above. See Figure 18 below:

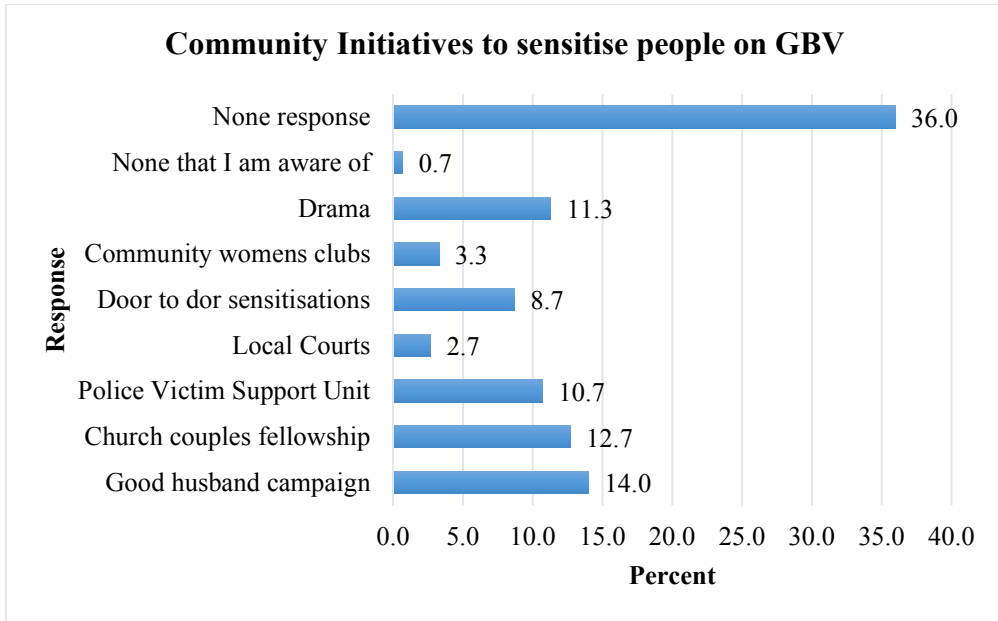


Figure 18: Community initiatives to sensitise people on GBV

5.2.3. PREFERRED CHANNELS OF COMMUNICATION IN LINDA TOWNSHIP

Respondents were asked the channels of communication that they easily accessed and would preferred they were used in the process of communicating messages. This was an open ended question and produced varied answers as can be seen from the Figures and Tables below.

Figure 19 shows that 52 percent of the respondents preferred radio and TV as a mode of communicating GBV messages. This was not surprising considering that Radio and Television did not require literacy for one to understand the message.

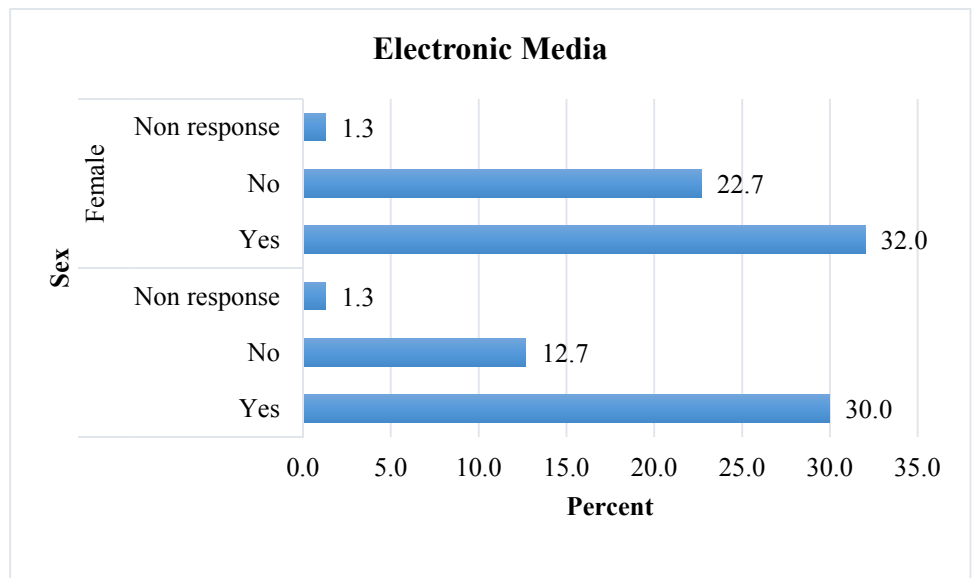


Figure 19: Prefer Radio and TV

Figure 20 shows that about 47 percent of the respondent’s preferred drama as a way of communicating and engaging with the communities on GBV. Similar to radio and TV, drama can be quite interactive and appealing to the less literate and privileged in communities.

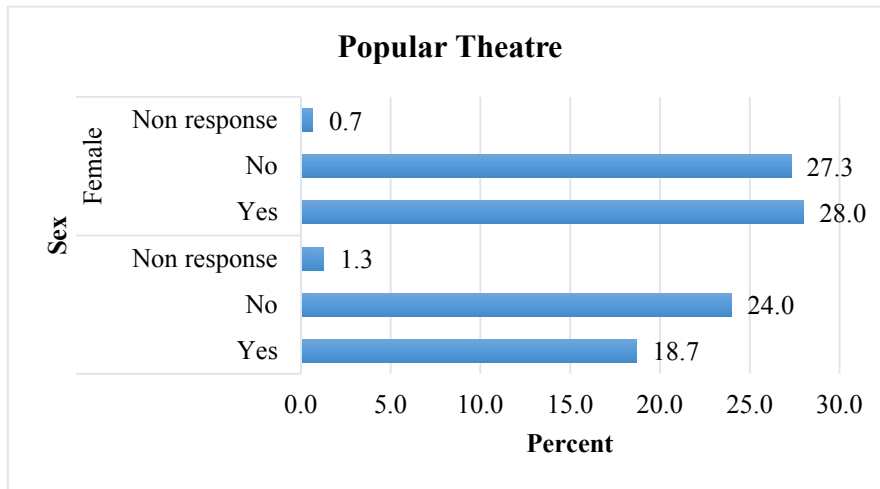


Figure 20: Prefer popular theatre

Figure 21 shows the number of people that felt other traditional forms of communication that include the development of brochures, posters, flyers among others could have been used in communicating GBV messages in Linda Township. The data shows that only 8 percent favoured this mode and about 88 percent felt it was ineffective. As the demographic data indicated, the literacy levels of people in Linda Township are quite low. In as much as the IEC materials may use visual graphics, in some cases, explaining of issues to do with GBV using such would require intellectual interpretation from the target audience. See Figure 21 for more details:

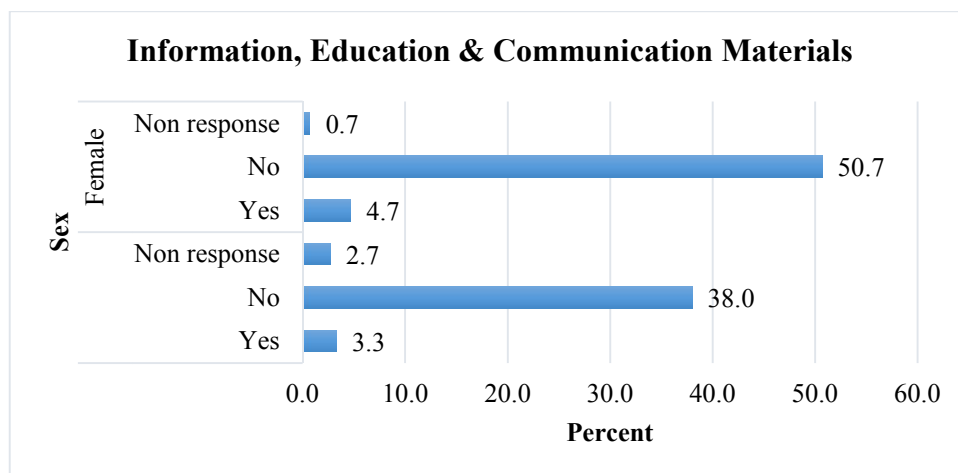


Figure 21: Prefer IEC materials

The respondents were also asked on the preference of using meetings as a forum of information exchange on GBV information. About 67.7 percent of the respondents preferred meetings and 29 percent said no. As can be seen, this method was preferred by many respondent in the study. See Figure 22 for details.

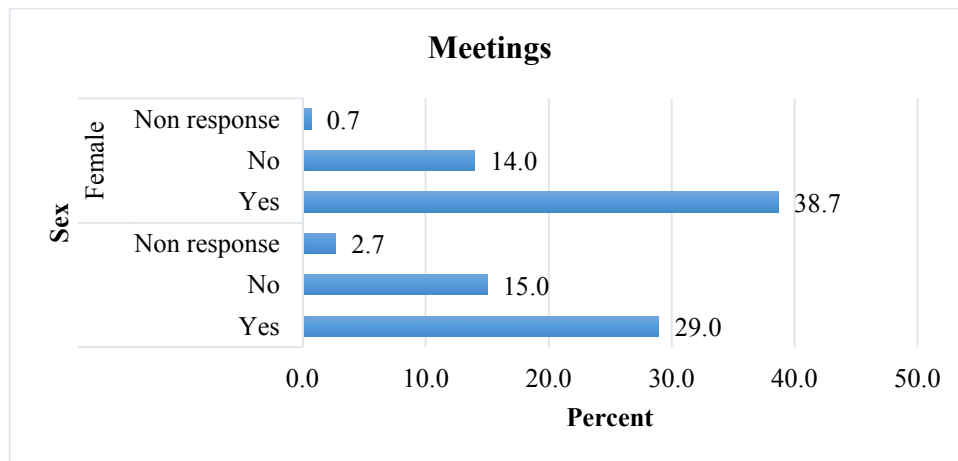


Figure 22: Prefer meetings as a forum for information exchange

Figure 23 shows the percentage of people that preferred newspapers as a source of information on GBV. The data showed that 18.6 percent of the respondents preferred this as a mode and 79.3 percent felt that it was not the right channel. See the figure below for more details.

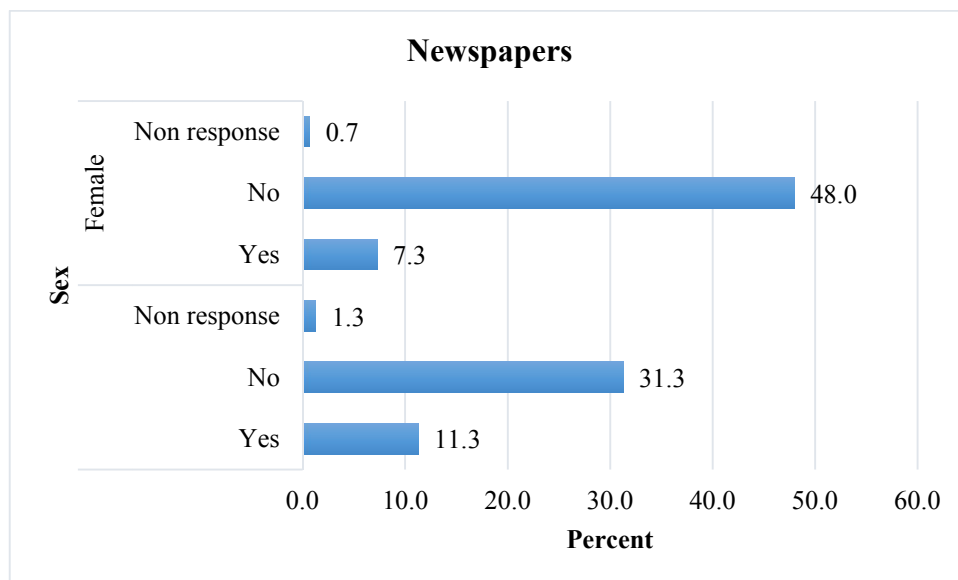


Figure 23: Prefer Newspapers as a source of information

5.2.4. TO WHAT EXTENT HAVE PEOPLE IN LINDA TOWNSHIP UNDERSTOOD THE ANTI-GBV MESSAGE

As can be seen from Table 1 above, about 91.3 percent of the respondents were reached with the messages on GBV. The researcher therefore wanted to understand the extent to which the people in Linda Township understood the messages. The researcher was however not investigating whether behavioural change took place as such an evaluative research takes long time to get the findings and also there were a lot of factors that needed to be looked at before one can conclusively deduce that the resultant behavioural change was as a result of a particular campaign.

In trying to understand if the people understood the messages, the researcher asked a series of questions that included establishing what kind of information they received as well as if they clearly understood the messages. The researcher went further to ask the respondents the type of information which they felt was lacking from the communication messages on GBV. The tables below gives the data which was collected and shows that much of the information that was given to the community was around GBV prevention, counselling, reporting of GBV cases and human rights in general. The question on this was partly open ended, however, the responses given fitted in the above four categories given and these responses were not mutually exclusive.

Figure 24 below shows that atleast 57 percent (30.7 percent and 26.7 percent males and females respectively) of the people were reached with information on the prevention of gender based violence. About 43 percent did not receive this information (22 percent males, 16.7 percent males – gender disaggregated).

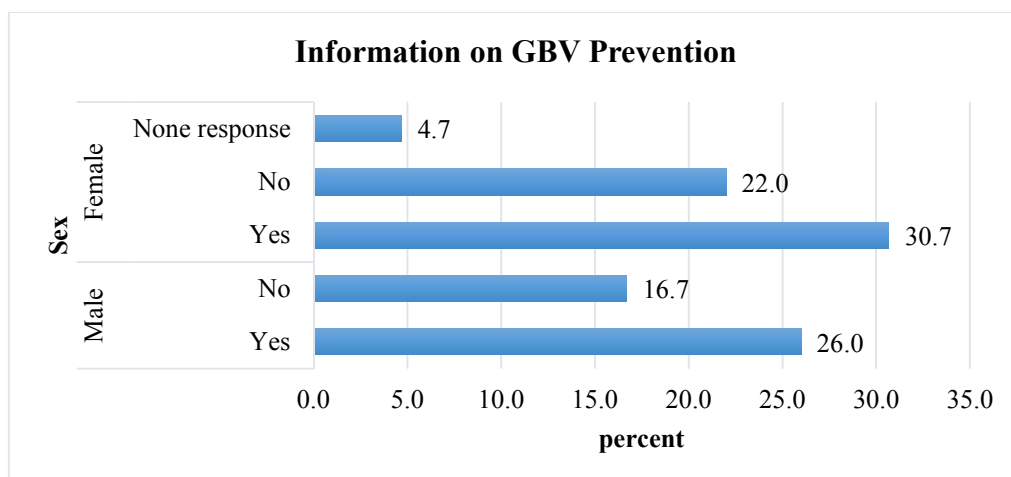


Figure 24: Information on GBV prevention

Figure 25 shows that 44 percent of the people interviewed were reached with information on the procedure on reporting cases of gender based violence. Of these, 18.7 percent were males and 25.3 percent were females. A higher percentage of respondents, 51.3 percent were not reached while 4.7 percent did not respond to this question. For a campaign whose success largely depends on prevention and reporting of cases, this low percentage point posed a challenge and needed to be looked at in future campaigns by YWCA. Figure 20 below gives more insight.

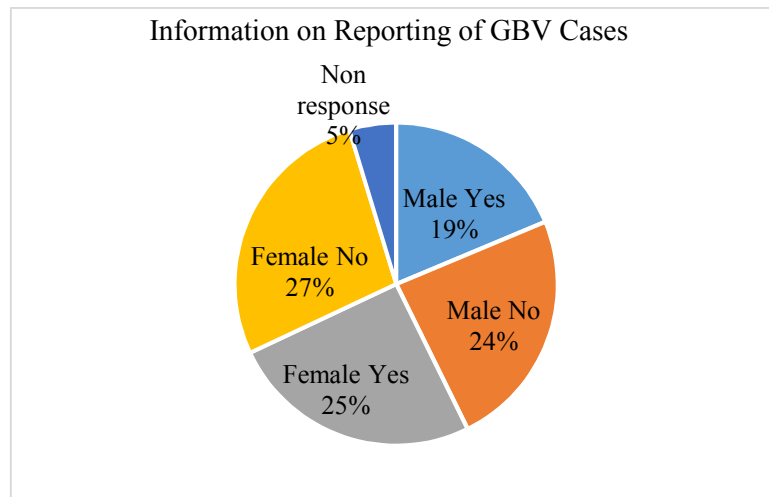


Figure 25: Information on Reporting of GBV cases

The other information which was disseminated to the people of Linda Township was where victims of GBV could access counselling services. Figure 26 shows that 31.8 percent of the respondents were reached with this information and 8.1 percent of these were males while 23.6 percent were females. On the other hand, 63.5 percent of the respondents were not reached with this information and of this percentage, 35.1 percent and 28.4 percent were males and females respectively.

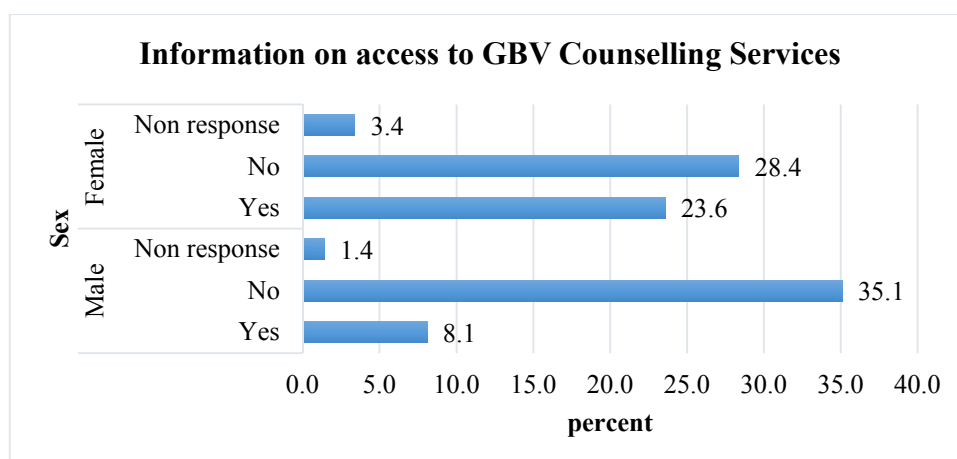


Figure 26: Information on where to access GBV counselling services

The researcher also sought to understand if the information being shared with the communities included sensitisation on human rights in general. The figure below shows that the campaign did include human rights information and 66 percent of the respondent confirmed being reached out with general human rights messages. Of these, 27.3 percent and 38.7 percent accounted for males and females respectively. Another 29.3 percent said they were not reached with such messages and this accounted for 15.3 percent and 14 percent males and females respectively. Figure 27 below gives more details.

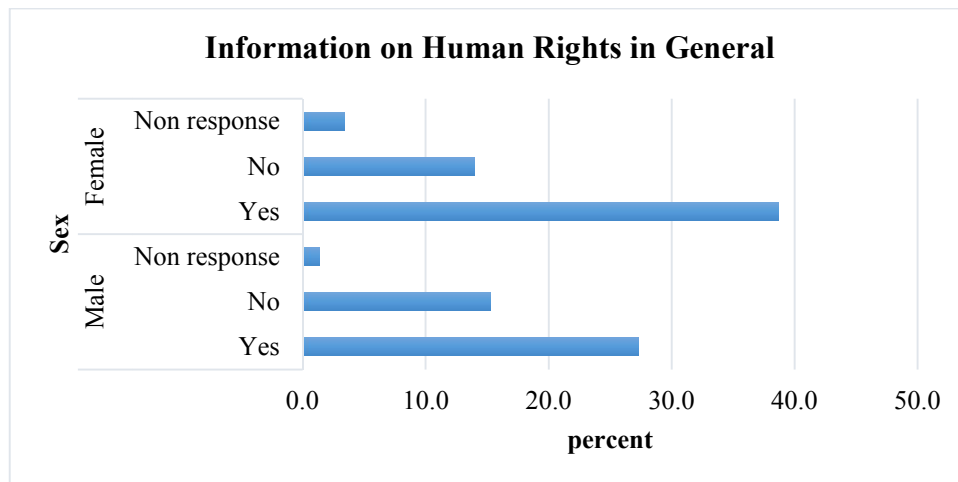


Figure 27: Information on human rights in general

5.2.5. CLARITY OF MESSAGES

Having established the kind of messages that were being given to communities, the researcher wanted to establish how clear the respondents felt the various messages were and data showed that 39 percent felt the messages were clear while 61 percent felt they could not fully grasp the messages. These percentages are out of those that responded that they had been reached out with information on various aspects of GBV. See Figure 28 for more details below:

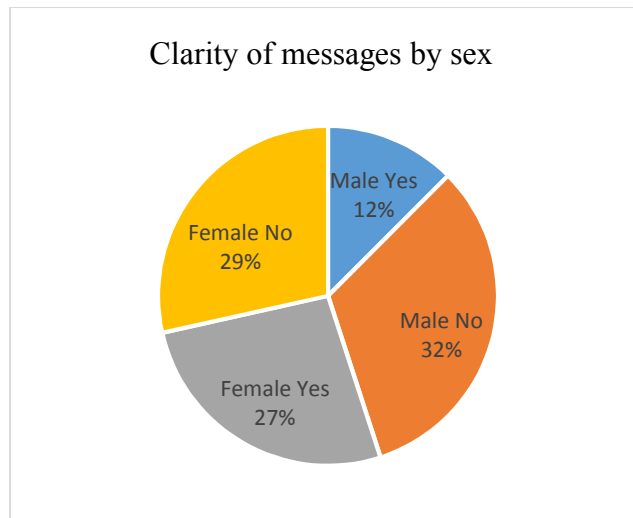


Figure 28: Clarity of messages by sex

5.2.6. RESEARCH QUESTION (RQ4) SOURCE OF THE INFORMATION

The study also wanted to know the sources of information that were used to disseminate information. Out of the respondents who were reached with various information 14 percent said that a celebrity was the source of information, 60 percent cited a community leader and 43 percent said a professional was the source of information. Results are shown in Table 3.

Source	Yes	No
A celebrity was the source of information	14.7%	80.0%
A community leader was the source of information	60.7%	35.3%
A professional was the source of information	43.3%	52.7%

Table 3: Sources of information used

The study further wanted to establish the kind of messages which the respondents would have loved to have been include or excluded in the campaign messages as well as the approaches. This was an open ended question and it produced a range of responses. After data coding and analysing the categories in the table below where established. The data showed that 95 percent of the respondents felt the information was sufficient and only need to be reinforced.

What would you like to see in Anti-GBV information dissemination?		
	Count	Percent
Balanced messages on men and women	13	8.7
Empowering information	4	2.7
Information was sufficient	95	63.3
Messages should also target women	2	1.3
More information on respecting one another and living in harmony	7	4.7
Should have targeted schools more	18	12.0
Stop condemning men	6	4.0
Use of local languages	2	1.3
Use of local positive cultural values	3	2.0
Total	150	100

Table 4: What would you like to see in Anti-GBV messages?

Due to the cultural and traditional practices that most Zambian communities engage in, the researcher sought to establish the perception that people in Linda Township have with regards to GBV and a more direct question was asked: do you believe in the cliché that wives beaten by husbands are loved? 75.8 percent of the respondents said no and of these, 43.6 percent were females and 32.2 percent were males. And 18.8 percent of the respondents said that it was true and of these 10.7 percent were females and 8.1 percent were males. See Figure 29 below for more details.

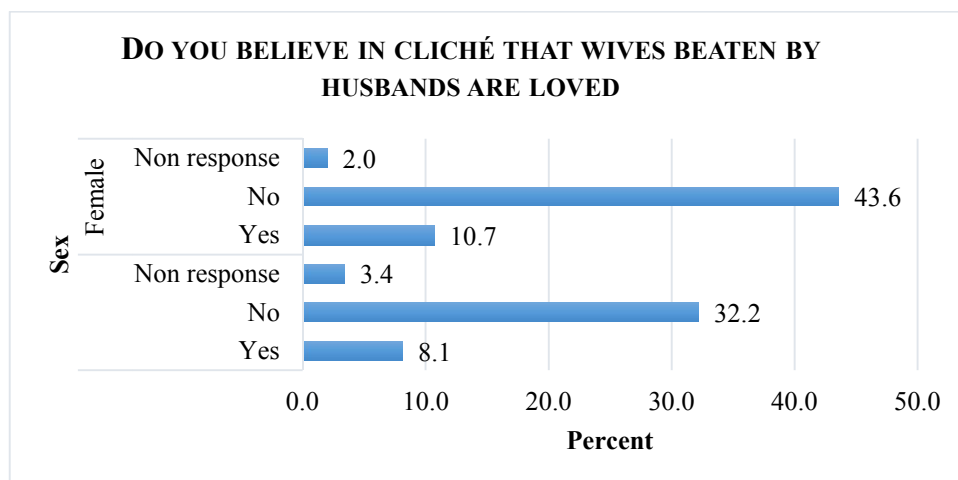


Figure 29: Do you believe in cliché that wives beaten by husbands are loved

For those that said no, a further question was asked as to the reasons why they felt wife battery was not a good practice. Figure 30 below has details of the various responses given.

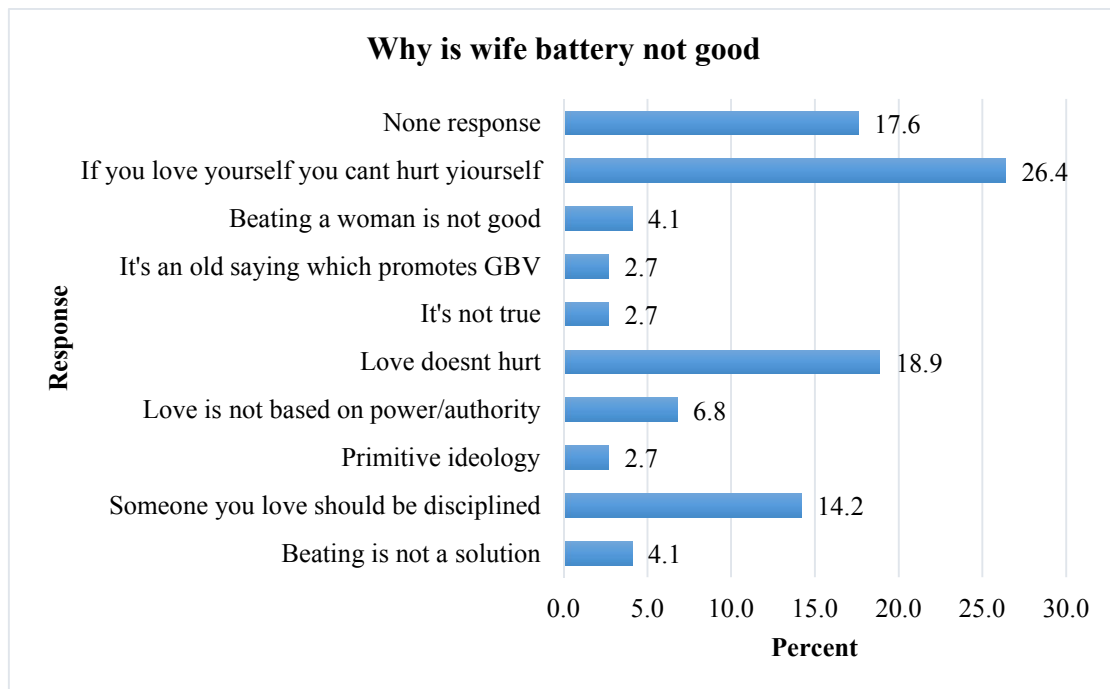


Figure 30: Why is wife battery a bad practice

5.2.7. RESEARCH QUESTION (RQ 5) COMMUNITY INVOLVEMENT IN CAMPAIGN DEVELOPMENT

The study wanted to establish to what extent was the community involved in the development of Anti-GBV campaign/ program. Only 21 percent of males said that they participated. Table 4 shows the results. The results show a glimmer picture on community participation as 95 percent of females and 72 percent of males said that they had never participated in Anti-GBV campaign development within their communities.

Sex * Have you ever participated in Anti-GBV campaign development?					
Count					
		Have you ever participated in Anti-GBV campaign development?			
		Yes	No	No Response	Total
Sex	Male	21%	72%	6%	100%
	Female	0 %	95%	5%	100%

Table 5: Have you ever participated in the Anti-GBV campaign development

5.2.8. GBV PREVENTION MECHANISMS

The people of Linda were aware or had an idea of the GBV initiatives that existed in their community. Results are shown in figure 31.

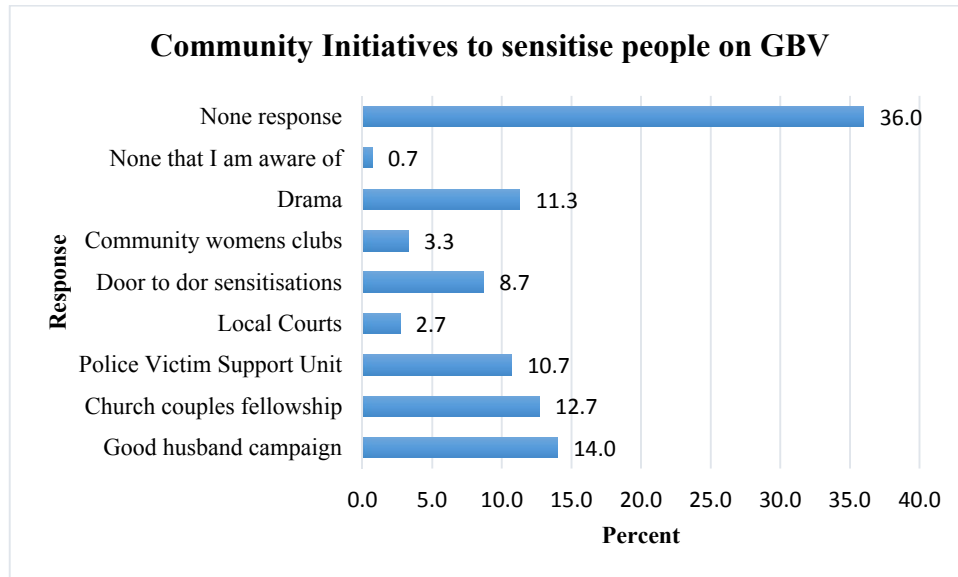


Figure 31: Community initiatives to sensitise people on GBV

5.3. QUALITATIVE FINDINGS

A total number of four interviews were conducted with the staff at YWCA. The positions the staff interviewed were as follows: Communications Officer, Programmes Manager, Men’s Network Coordinator and Programmes Coordinator. The interviews were important as they provided an insight of the YWCA communication strategies. The responses were analysed according to themes and the following were the observations.

5.3.1. RESEARCH QUESTION (RQ2) COMMUNICATIONS STRATEGIES USED BY YWCA

Advocacy and awareness raising is one the organisation key interventions using various mediums of communications which include the use of drama, photo voices, print and electronic media (Newspapers, radio, TV and social media). Notable among the interventions was:

a. Popularising the Anti-GBV Act

The Anti-GBV Act which was enacted in 2011 was simplified into a simple Guide to enable layperson to understand the content of the law. The simple guide to the Act was further translated into Major languages of Zambia — Lozi, Nyanja, Bemba, Luvale, Lunda and Kaonde.



Figure 32: A Sample message on the Anti-GBV Act 2011

b. Production of IEC materials

IEC materials such as T-shirts, footprints, bracelets among others were being produced with advocacy and awareness raising messages.



Figure 35: Sample messages on GBV using t shirts, footprints etc.



Figure 34: Sample poster message on GBV



Figure 33: Sample message on Anti-GBV using flyers

5.4. COMMUNICATION STRATEGIES/ CAMPAIGNS USED IN LINDA TOWNSHIP BY YWCA

a. Good Husband Campaign

YWCA used statistics that were recorded at the main Drop in Centre in 2010 which indicated that Linda Township had the highest level of spouse battery and child neglect. These lead to the creation of a good husband campaign. The good husband campaign is an intervention that address violence against women and girls by involving men- this is a 10years campaign that seeks to promote dialogue on gender equality, negative attitudes and belief as well as initiate sustainable transitional generational behavioural change within communities. The process begun by

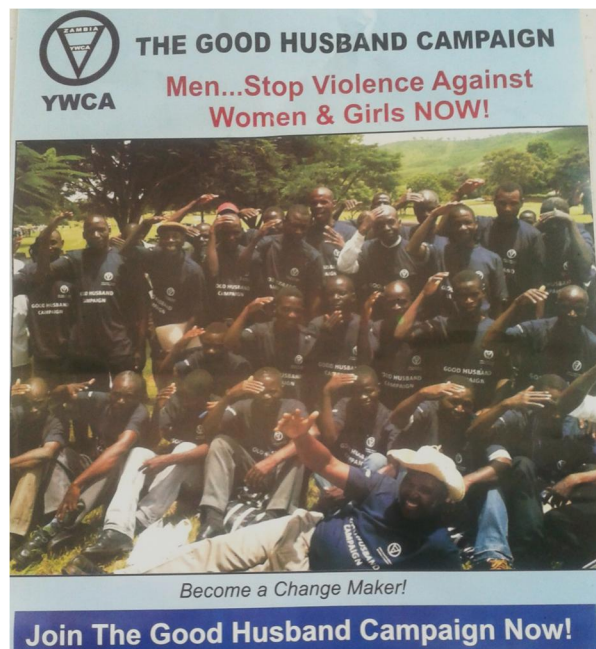


Figure 36: Poster with participants of A Good Husband Campaign

identifying a community with high number of GBV cases; thereafter, community leaders were approached, who identified potential community activist who were then trained on behavioural

change communication; these trainees then identified men with negative attitudes who also benefited from BCC interventions. The desire of the campaign is to motivate the men to commit to non-violence and self-improvement not only of themselves but also of others.

b. I Care About Her Campaign

The “I Care About Her Grassroots Campaign” seeks to change how men think about women and girls. The campaign ideology was born after a baseline which was conducted by OXFAM which revealed that in terms ranking of women cared about, results revealed that men care most about their mothers, wives and daughters. The activities includes; meeting with community leaders, selection of community champions, training the champions, creations of education groups for men and boys, participation in the 16 days of activism Gender Based Violence(I Care About Her male marches).



Figure 38: T Shirt with message on the I Care About Her Campaign

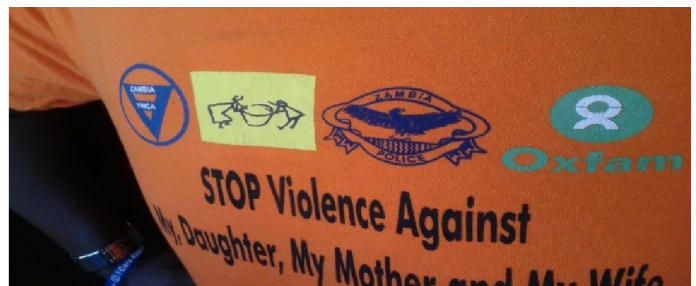


Figure 37: Another sample T Shirt with an I care About Her Campaign Message

5.5. INTERVIEW WITH THE

COMMUNITY MEMBERS (COMMUNITY LEADERS)

A total number of five interviews were held with community members which comprises of 3 Ward Development Committee officers, a religious leader and two YWCA community activist. The respondents said that GBV was a big issue in Linda Township, the common forms of GBV identified were; defilements, rape, wife battery and child neglect. Among the factors that causes and promote GBV were cultural and tradition practices, drug and alcohol abuse, poverty, lack of education, ignorance of human rights/ women and children’s rights and lack of commitment by law enforcers (police) to investigate cases related sexual violence.

Most of the GBV cases were not reported because of stigma, victims or whistle blowers were threatened, poverty (lack of resources to follow up the case) and sometimes ignorance of the law among others. GBV campaigns –Good husband and I care about her (YWCA)... The police (VSU) only gave advice to the people who reported cases there; the churches have couple counselling and couples meeting which deal with GBV which occurs between spouses.

5.6. DIRECT OBSERVATION

The organisation uses different communication strategies to create awareness; among the strategies used are; the safe space model –this where young women meet to discuss issues that affect them which are related to GBV, community leaders sensitisations meetings, Insakas (for men) and peer to peer education. The good husband campaign and I care about her campaign targets men and boys. At the time of research, the organisation was in the process of implementing a GBV program called Empowering young female slum dwellers to tackle GBV, the intervention that would target young women who were victims of GBV and those who were risk of becoming victims of the vice, and the program had also included young men who were perpetrators of GBV and those at risk of becoming perpetrators of GBV through the safe space model. The program would equip young women and men with knowledge and understanding of gender-based violence and empower them with life skills that would help to resist and report GBV.

Local communication channels, such as workshops, meetings, theatre, radio and TV are also used to enhance understanding, change attitudes and promote preventive community actions.

5.7. UNDER REPORTING OF GBV CASES

It was also stated in the meeting that only few cases reach the police and those that reach the police were withdrawn before maturity. In the same meeting, a psychosocial counsellor from Mount Makulu clinic said that most victims who seek health service from the clinic do not pass through the police when advised to go and report the case they refuse for fear that the perpetrator will be arrested and in some cases lie that what happened to them was an accident and not as a result of abuse. He further said that females were the most victims however, there had been an increasing number of male victims in the community.

5.8. CONCLUSION

This chapter presented the data and provided analysis to it. It was demonstrated in the results presented that there are high levels of GBV within Linda community despite the behavioural change campaign going on. It was noticed that much of the abuse was around spouse battery, defilement, sexual harassment, human trafficking and rape. It was also observed that there were low level of literacy within Linda community thereby limiting the strategies that can be used in communication messages. It was because of this that the most preferred strategies in conveying messages were around popular theatre, meetings and radio which has a better appeal to the less literate. This Chapter has also shown that people were aware of the sources of information and where to access help on cases of GBV.

CHAPTER SIX

DISCUSSION OF THE RESEARCH FINDINGS

6.0. INTRODUCTION

This Chapter discusses the findings of the study as presented in Chapter five. The discussion has been given with the research objectives and questions as the basis and also relates the findings with what has been documented in the given Literature Review and the Theoretical Framework.

6.1. RESEARCH QUESTION (RQ1): TO WHAT EXTENT DO PEOPLE OF LINDA TOWNSHIP KNOW ABOUT GBV?

Raising awareness is an important step in the process of preventing GBV. Effective awareness campaign increases community knowledge of human rights, including women's ones. The majority of the respondents had heard of GBV and research findings also indicated that generally, the respondent's demonstrated an idea of what constitutes gender based violence. They were able to demonstrate this by the different answers they gave which touched on some aspects of GBV. For example, 45 percent said that it was a fight between men and women, 21 percent said that it is when the rights of an individual are violated, 16 percent said that it was spouse battery, another 16 percent said it was a fight between husband and wife, 12 percent said that it was wife battery, 11 percent said that it was a misunderstanding between people of different sexes, 9 percent each said that it was the use of abusive language towards a person of different sex and where a woman is abused respectively. The different responses provided, indicated that people in Linda Township at least had an idea of what GBV was.

The findings indicate that, the 96 percent respondent's demonstrated an idea of what constitutes GBV and the forms of GBV that exist in their community. YWCA has shown good efforts in raising awareness in the community, however the question still remains if this awareness can bring behaviour change. UNICEF (2005), "many communication initiatives have succeeded in enhancing public awareness, but have failed in going beyond awareness, to stimulate changes in attitudes and practices toward creating lasting social change. Communication, to impact on sustainable behaviour change among individuals and groups on a large scale, needs to be strategic, participatory, based on evidence from research, results-oriented and well-funded".

6.1.1. PERCEIVED EXTENT OF GBV

The majority of the respondents had heard of GBV, had an Idea of what GBV is, however the prevalence of GBV is high. Most of the cases go unreported despite having a police post which has a VSU desk. GBV rates were quite high in Linda Township with 56 percent of the women interviewed had suffered a form of abuse. Comparatively, 44 percent of the total number of male respondents had also suffered a form of GBV.

It was concluded from the above percentages of both males and females who had experienced GBV that GBV affects both women and men though women are the most affected. It was also worth noting that GBV was treated as a private affair in most communities hence certain people might not have been willing to disclose that they have experienced it. All studies on GBV have already indicated that GBV was under-reported. Low reporting was encouraged by a number of reasons. Other important reasons why cases of GBV were not well reported were fear of stigma, especially in case hitting and sexual violence, dependence of the victim to the perpetrator and amicable arrangements between families of the victim and the perpetrator. Ignorance of the referral process may be a factor to some extent.

WLSA (2001) , concluded that gender violence within the family is invisible, and that the community and the agents of the Justice Delivery System tend to collude in keeping it invisible, resulting in untold suffering to those who are violated. For many women, the decision to break the silence results in fighting not only the abuser, but key members of the family, the Justice System, social isolation and the loss of personal security. The woman for example, the book says, a lot is threatened in the woman's life and may opt to live in situations of abuse.

Also theoretically, Rodgers identified different stages of adoption, it was noted that the people in Linda community are at awareness stage –the stage at which individuals are exposed to the innovation but lacks complete information about it for them to reflect and change behaviours. Messages against GBV to be taken into consideration the targeted audience have to pass through the five stages of adoption as illustrated by Rodgers.

It was noted that YWCA had two campaign running in Linda Township which were launched in 2011 and 2013 targeting men only and also a mentorship program for both young women and men. Leaving the women out in the first campaigns did not helped much in reducing the incidences. Anti-GBV campaigns or programs should target both the perceived victims and perpetrators at the same time to facilitate behavioural change.

Hope (2007), the GBV program Stepping Stones used participatory learning methodology based on facilitated focus group discussions in which men and women, youth and elders, address gender and relationship issues among their peers, then share the concerns and solutions that they have identified with the wider community. Drama and role-plays were used to help people communicate about subjects that were not normally spoken about openly (Ibid).

Equally, it is important to remember that a communication campaign may not always be the appropriate approach for facilitating behavioural change around a specific issue with the intended audience.

According to Social cognitive theory (Bandura: 1989), an individual's behaviour is uniquely determined by three factors - interaction of personal factors, behaviour, and the environment and the SCT posits that most behaviour is learned vicariously. The audience's readiness and capacity for change, as well as environmental factors that may inhibit change, can mean that other strategies should be employed or other audiences become target for the program.

6.1.2. FORMS OF GENDER BASED VIOLENCE

There exists an endless list of GBV forms. These vary according to cultures, social contexts and life cycles. As described by the World Bank's Gender and Development Group (World Bank, 2006), such violence can include, but is not limited to:

- Physical violence (slapping, kicking, hitting, or use of weapons);
- Emotional violence (systematic humiliation, controlling behaviour, degrading treatment, threats)
- Sexual violence (coerced sex, forced into sexual activities considered degrading or humiliating)
- Economic violence (restricting access to financial or other resources with the purpose of controlling a person).

YWCA had raised awareness on GBV in general but there was need to have holistic programs to transform the awareness into knowledge and into programs that eliminate GBV.

Diawara further notes that because of the many conferences that have been held to discuss Gender Based Violence, a lot has been learnt on the forms, causes and consequences of violence against women, as well as on their effect and the steps to take to combat them. This knowledge has however not translated into programs that can eliminate Gender Based Violence from most communities. Diawara makes an observation

that in all societies, in various degrees, women and girls are exposed to physical, sexual and psychological violence regardless of the income, culture and social and professional class.

6.2. RESEARCH QUESTION (RQ 2): COMMUNICATION STRATEGIES USED BY YWCA

The research findings indicated that the communication strategies used by YWCA in the fight against GBV encompassed the use of mass media and interpersonal communication strategies.

The organisation needed to explore other communication strategies like the use of community cinemas where videos can be prepared and filmed in the community markets, churches and other open places. This was also in line with what Singhal (2004) said media messages which are purposively designed and implemented to educate and entertain in order to create audience's knowledge on educational issues, create favourable outcomes, shift norms and change behaviour. E.g. Film Aid.

Through local screenings of these tapes accompanied by discussion sessions, community members can then feel free to share experiences and gain more information on services offered, including legal aid, counselling, empowerment and skills training programs that are available and specifically designed to combat GBV.

6.3. RESEARCH QUESTION (RQ3) COMMUNICATION CHANNELS PERCEIVED SUITABLE IN LINDA TOWNSHIP

Choosing the right communication channels define the success of any campaign / communication strategy, as the right messages and audience. Normally, booklets, posters and brochures are the first to be thought. They may have worked in developed communities, where literacy is high, but in Linda community these were not the most efficient tools IEC materials least cited as a suitable channel of communication in Linda community.

In a low income community, online media have little or no impact, another attribute to this could have been low literacy levels. Word of mouth might have been a good communication channel. In this case, participatory theatre conveys simple messages using local culture and local languages, involving local community members into the subject by promoting reflection and discussions and it was a preferred medium.

Community radio also plays a significant role - it stimulates listeners to participate in the discussion about sensitive issues such as defilement and spouse battery, besides getting information that they do not have access to in their local language (Sandra Pedro: 2013). YWCA used different methods to sensitise the community, however meetings were the mostly used because of their interpersonal nature.



Figure 39: YWCA Community Leaders meeting in Linda Township

6.3.1. TYPE OF INFORMATION RECEIVED

At least 57 percent of the respondents were reached with information on the prevention of gender based violence and, 44 percent of the people interviewed were reached with information on the procedure of reporting cases of gender based violence. For a campaign whose success largely depends on prevention and reporting of cases, the low percentage point is a challenge and needed to be looked at in future campaigns and programs by YWCA. There was a need for increased awareness on GBV strategies, services, responses and prevention. YWCA might have organised a more comprehensive and targeted GBV awareness campaigns. Particular attention would have been given to reporting of GBV.

Population Council (1999), when participants or targeted audience have been empowered with information on GBV prevention to begin to reflect and to privately discuss the negative effects of GBV. More people may start to question this deeply-rooted violation of human right acts in their community.

6.3.2. RESEARCH QUESTION (RQ 4): CLARITY OF INFORMATION AND SOURCE OF INFORMATION

The lower figure of clarity implied that there was need for YWCA to re-strategise the way the information was disseminated. Community leaders, who were democratically elected by

local population - were the best sources of information. Indeed, they have an important role within communities, however they might not be the right ones to disseminate information (UNMIT, 2011). Other community leaders, such as religious, may have a more respectful role within their community, therefore, it was critical to identify each local leader as they are potentially agents for disseminating information and raising awareness, at the same time they maintain their traditional role.

Another key agent was the young person, who produces behavioural change over generations and may influence their peers and older generations. For instance, they could produce changes in their parents, where communication programmes have little influence. Better education and awareness make them both an audience and a vehicle of communication. They are more sensitive and open to new values and attitudes and as influencing their peers regarding violence in adolescence.

Feldman-Jacobs and Worley, 2008, stepping Stones uses the approach of learning through shared discussions and enables individuals to identify concerns and generate ideas for action, both at a personal and peer group level. These peer level activities (men to men, elders to elders) provide the opportunity for discussion on sensitive issues, sharing ideas, and building confidence in a small, non-threatening setting prior to sharing results and ideas more broadly within the community. The methodology also provides both a process and skills development for reporting back to the wider community on the concerns and solutions identified in the group discussions.

6.3.3. DESIRED CAMPAIGN MESSAGES /INFORMATION

The data showed that 63 percent of the respondents felt the information was sufficient and only needed to be reinforced. Different kinds of suggested information content is shown in the table below.

What would you like to see in Anti-GBV information dissemination?		
	Count	Percent
Balanced messages for men and women	13	8.7
Empowering information	4	2.7
Messages should also target women	2	1.3
More information on respecting one another and living in harmony	7	4.7

Information should targeted schools more	18	12.0
Stop condemning men	6	4.0
Use of local languages	2	1.3
Use of local positive cultural values	3	2.0
Total	150	100.0

Table 6: What would you like to see in Anti-GBV information dissemination?

The analysed communication strategies implemented in Linda Township for prevention of violence against women suggested a top-down and horizontal communication, leaving aside bottom-up.

Listening to the target audience, asking them directly what were the messages they wanted to hear, and what they need, may help development professionals to avoid some mistakes, such as misinterpretation of messages. This confirms that ensuring active and meaningful participation and voice of victims and perpetrators was crucial for successful programmes in prevention of violence against women (Sandra Pedro; 2013).

In this view, Communication for Social Inclusion (CSI) is a communication for development dimension reflecting the principles of inclusion of vulnerable groups, participation and respect. CSI aims to detect original causes of negative behaviours, which lead to exclusion of communities' members, and facilitate shifts in gender relations for positive social changes. The objective is to create new values and social models to invert those that create constraints to social inclusion of vulnerable groups. This approach should follow an integrated and participatory Communication strategy to remove gender discrimination and promote inclusion of victims and perpetrators in society through a variety of communication interventions respecting local culture and giving a voice to both victims and perpetrators for promotion of public debate, (Sandra Pedro; 2013).

By engaging the entire community with the same objective – inclusion of their members – through positive messages, it ought to transmit positive emotions and feelings. The objective is encouraging positive social and healthy gender relations, with aim of reducing negative feelings of inferiority and culpability of victims to facilitate their integration in society, for example. Low self-esteem of victims is one of the main causes that makes them submissive to perpetrators. Positive messages should then use emotions to reduce discrimination and stigmatization of victims within family and community. Introduction of social norms and

values for increasing family bonds and understanding the role of women in society suggests inversion of negative feeling regarding victims, avoiding social tensions and exclusion (Ibid).

The men felt that most messages on GBV view men as perpetrators. It was good to have messages which were empowering and positive. For example, Chesterton (2004), the character of Meena for example, was designed as an appealing model for relaying messages on gender, child rights, education, protection and development. Messages were generally framed in a positive and uplifting manner, rather than in a negative or fear-inspiring manner. The targeted audience were involved in development of the messages through different methodologies.

6.3.4. PERCEPTION OF GBV – WIFE BATTERY

Among 18.8 percent of the respondents who believed in the cliché that wives beaten by husbands were loved. This was rather surprising considering that there was lots of information on the consequences of GBV and most of the effects physical violence were visible and several, despite this, some people still believed that wife battery was a sign of love. This implied that there was need for public education campaigns to be grounded in participatory and communications for social change techniques: these would have included methods that help communities to share the vision of a violence-free society and take collective action to eradicate all forms of GBV.

Sometimes, the audience need to know in advance the benefits and cost of certain beliefs. Social learning theory proposes that two key factors influence behaviour. A person must believe the benefits outweigh the costs. More importantly, the person must have a sense of personal agency, or self-efficacy (Bandura 1995).

6.4. RESEARCH QUESTION (RQ5)

6.4.1. COMMUNITY INVOLVEMENT

Only 21 percent of the respondents who were males said they were involved in the development of Anti-GBV campaign. There was low or non- community participation when developing Anti-GBV communication campaigns and program by YWCA. Research into behaviour change communication programmes suggests that relevant communities need to be involved wherever possible in the identification of problems, and in the development, testing and distribution of communication materials. Involving the community:

- ✓ Provides relevant insights into knowledge, attitudes and behaviours;

- ✓ It makes you know how much support your message/objective has;
- ✓ Ensures that the developed message resonates with your target audience;
- ✓ Creates ownership by the community, establishing greater support for the message;
- ✓ Empowers the community to build and sustain change (Media Monitoring Africa-undated).

UNDP (2005), Community Conversations program involved a series of facilitated discussion sessions that brought together men and women of different generations from within a particular community. Facilitators took the participants through a participatory process of identifying community concerns. Since its inception in July 2002, the approach has yielded visible results.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATION

7.0. INTRODUCTION

This chapter looks at the key conclusions of the study and provides recommendations to respond to the challenges that have been identified in the study.

7.1. CONCLUSION

The study identified the communication strategies that YWCA is using to communicate messages on GBV in Linda Township. It was also able to identify both the channels YWCA is using as well as the preferred channels that the community members prefer to be used. The study showed that YWCA was using a mix of door to door campaigns, meetings, IEC materials and radio programmes. These were also identified by the respondents as the “I care about her Campaign” and “The Good Husband Campaign”. This was a demonstration that the people were able to identify with the works of YWCA and other partners within the communities that are aimed at eradicating the scourge of GBV.

The fact that the strategies used by YWCA were similar to the ones that the communities prefer was a demonstration that while the strategies may not be perfect, they at least respond to the needs and aspirations of the people in Linda Township. In as far as the knowledge levels on GBV were concerned, it was demonstrated that the people of Linda Township were aware of the various forms of GBV that existed in their community. This was demonstrated by the people that were able to identify these as well as high percentages of people that attested that they existed in their communities. For example 60 percent mentioned sexual harassment, 68.7 percent talked about spouse battery and about 47 percent mentioned child defilement. Additionally, the respondents were able to define, in their words what they understood GBV to be or rather what constituted GBV, from the responses that were given, one was able to deduce that in as much as their definitions were not perfect, they conveyed an understanding of what the legal definition of GBV is.

Although people were aware of the GBV and its consequence, lack of understanding which leads to behaviour change made them generally passive about adhering to prevention measures as handed down to them through communication campaigns. Also there were still information gaps on many issues relating to reporting of cases and least noticed forms of violence such as physiological and emotion violence.

It was also essential to note that sociocultural, political, and economic circumstances which should be investigated and incorporated in the design of Anti-GBV communication campaigns and interventions were rarely taken into account. It was rarely appreciated that sociocultural, political and economic circumstances not only influence behaviour, but were themselves key factors in determining both immediate and more fundamental risk factors. This neglect means problem identification and possible solutions were all externally determined.

There however was still little appreciation that for effective intervention to take place it was not only important to know how people behave, but also the various reasons for their behaviour. Not all behaviours are the result of consciously made reasoned action – there are norms, circumstantial factors, and influences of important others that often drive what people do. Understanding of the real-life situations in which such behaviour exists may aid in coming up with appropriate interventions that are based on reasons for such behaviour.

While there has been realisation that people's involvement is required in successful implementation of campaigns and programmes, the realisation has for the most part remained on paper. In essence the communication programmes were still modelled on the hierarchical top down approaches based on the Sender-Message-Receiver model.

Community participation in design and implementation of programmes and communication campaigns is virtually none existent. Campaigns, even where communication strategies such as drama were utilised and were mostly externally designed often excluding the locals in the creation and development of the ideas leading to the campaign. There was therefore lack of ownership of the projects and programmes by the locals. And as much as it might be known that the problem was GBV, most campaigns do not appreciate the social and behavioural aspects of the communities they work in.

The study also concluded that a shift in communication channels was needed with particular emphasis on word of mouth communication at local level utilising gathering at the health centres, social and religious gatherings such as churches to complement other efforts. It was also concluded that resistance to behaviour change was the major hindrance to reducing the prevalence of GBV. The other major contributing factor was poverty and lack of basic education.

7.2. FURTHER RESEARCH

Further research should therefore strive to not only educate the masses on prevention measures but also to find out pertinent issues regarding such issues as information and communication

flows with regard to gender, poverty and what other factors may hinder behaviour change and social change. There is need to fully explore and understand the push and pull factors of GBV in this context. Furthermore, more information is needed as regards to the National laws and policies enacted to prevent GBV.

7.3. RECOMMENDATIONS

- ✓ Continue awareness raising campaign on different forms of GBV focusing on the least Known ones, including psychological and emotional violence;
- ✓ Focus on the pervasive consequences of GBV none reporting, and more specifically sexual Violence;
- ✓ Effectively engage in (continue) awareness raising campaign on the referral process, especially in case of sexual violence;
- ✓ Advocate for more effective and community close GBV response services;
- ✓ Informing the population of the available services/organisations to resort to in case of GBV;
- ✓ Communication strategies should extend beyond individuals to include service providers, traditional and religious leaders and decision-makers at different levels to stimulate structural social change;
- ✓ Respect for local traditions, language and culture as paramount, as a gender perspective;
- ✓ Participatory communication is effective if responsive to people's needs and understand context, audience and most efficient communication tools;
- ✓ Entertainment-education (EE) strategy is an underused communication strategy in GBV programs in Zambia and should be explored based on the success of case studies in other African countries and Latin America. It ought to have positive messages for changing negative social norms into new behaviours and social norms to, consequently, influence social change.
- ✓ Monitoring and evaluation of Anti-GBV communication programs and campaigns should be considered more as it help to improve future programs.

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APPENDIX 1: QUESTIONNAIRE

**The University of Zambia
School of Humanities and Social Sciences
Department of Mass Communications**

**Effectiveness of communication strategies used in communicating gender based violence (GBV) messages of GBV in reducing the incidents of GBV
Questionnaire**

All the information obtained from this questionnaire is confidential and will be held with the utmost confidence.

Please tick in the appropriate box next to the answer you agree with.

1. Sex

1) Male

2) Female

2. Age

1) 18-22 years

2) 23-27 years

3) 28-32years

4) 33-37years

5) 38-42 years

6) Above 42 years

3. Household Income

1) Below ZMK5,000

2) Between ZMK500,1- ZMK1,000

3) Between ZMK1,000,1-ZMK2,000

4) Between ZMK2,000-ZMK3,000

5) Above ZMK3,000

4. Marital Status

1) Single

2) Married

3) Divorced

4) Separated

5) Widow/Widower

5. What is your highest level of education attained?

1) No Education

2) Primary

3) Secondary

4) Tertiary

6. Have you ever heard gender based violence?

1) Yes

2) No

7. What do you understand by gender based violence?

8. Have you experienced GBV?

1) Yes

2) No

9. What forms of GBV do you know exist in your community?

- 1) Sexual harassment
- 2) Spouse battery
- 3) Human trafficking
- 4) Defilement
- 5) Rape

10. What things in your community do you think promote GBV?

- 1) Disability
- 2) Traditional and culture practices
- 3) Lack of human rights information
- 4) Migration
- 5) Poverty

11. Where did you get the information on GBV from?

- 1) Radio
- 2) TV
- 3) Friends
- 4) Brochures
- 5) Newspapers
- 6) Flyers
- 7) Any other *specify*

.....

12. How easy were the messages to understand?

- 1. Clear
- 2. Not clear

13. What was the information all about?

- 1) Human rights
- 2) Counseling
- 3) Prevention
- 4) Reporting of GBV cases

14. Who was the source of information?

- 1) Professionals
- 2) Celebrity
- 3) Community Leader

15. Do you think you have been given enough information on gender based violence?

- 1) Yes
- 2) No

16. What would you like to see changed in gender based violence information dissemination?

17. What type of communication channels do you think are suitable for your community?

18. What community initiatives do you have that help reduce gender based violence?

.....

19. For how long have you been using these community initiatives?

20. How you ever been involved in the development of the campaigns on GBV in your community?

1) Yes

2) No

21. Do you believe in the cliché that women who are beaten are more loved?

1) Yes

2) No

APPENDIX 2: INTERVIEW GUIDE – YWCA STAFF

1. What is the strategic focus of YWCA?
2. Which geographical areas does YWCA work in?
3. To what extent is gender mainstreaming included in YWCA Programmes?
4. How would you describe YWCA's involvement in anti - Gender Based Violence programmes?
5. Mention specific programmes or campaigns you are involved in
6. What is your personal involvement in planning, executing and monitoring and evaluation of these programmes?
7. Take me through the planning process that you engage in as an organisation at design, implementation and evaluation stages of these programmes
8. To what extent do you engage the target communities in the above process
9. What is the form of involvement that target community members are involved in?
10. How do you measure progress against agreed targets in your programme
11. To what extent do you involve community members in evaluating the success of the programmes?

12. What communication strategies do you use to reach out to these communities in your behavioural change messages?
13. How do you identify the best communication channels to be used in campaigns
14. To what extent do you involve other stakeholders in designing these programmes?
15. What's the level of stakeholder involvement i.e. CSO's and government instititons
16. In your opinion, are there areas that you feel YWCA could do better in terms of community engagement and involvement?