

**AN ASSESSMENT OF THE YOUNG WOMEN CHRISTIAN ASSOCIATION ANTI-  
GENDER BASED VIOLENCE EDUCATION PROGRAMME OF KITWE DISTRICT,  
ZAMBIA**

**BY**

**ETHEL KUNDA MAKUNKA**

**A Dissertation submitted in partial fulfillment of the requirements for the award of the  
degree of Master of Education in Adult Education of the University of Zambia.**

## DECLARATION

I *Ethel Kunda Makunka* do solemnly *declare* that this Dissertation titled an assessment of the Young Women Christian Association Anti-Gender Based Violence Educational Program is my own work and that all the sources that I have quoted have been indicated and acknowledged by means of complete references and that this dissertation has not been submitted previously to any institution.

Signed by -----

Date -----

Supervisor -----

Date -----

## **COPYRIGHT DECLARATION**

All rights reserved. No part of this dissertation may be reproduced stored in any retrieval system or transmitted in any form or by any means such as photocopy, recording or otherwise without the permission of the author or the University of Zambia.

Ethel Kunda Makunka

© 2015

**CERTIFICATE OF APPROVAL**

This dissertation titled an assessment of the Young Women Christian Association anti Gender Based Violence Education Program by *Ethel Kunda Makunka* is approved as a partial fulfillment of the requirement for the award of the degree of Master of Education in Adult Education at the University of Zambia.

Examiner's names and signature

| Name   | Signature | Date |
|--------|-----------|------|
| 1..... |           |      |
| 2..... |           |      |
| 3..... |           |      |

## **DEDICATION**

This dissertation is solely dedicated to my son Chalwe Alfred Makunka Phiri Hansungule who gave me the strength to forge on with life and school even when things were so tough before he was born on 10<sup>th</sup> October 2012. The fact that I was carrying a beautiful soul inside me made me put more effort in my school work. In my mind, I always heard him say mum: “I love you and God loves you, we will survive and we will make it”. I was filled with so much joy the day that you were born, may God’s favor always be with you and may you be of benefit to the whole community and Mother Zambia.

## ACKNOWLEDGEMENT

I would like to acknowledge the Lord Almighty for the strength and courage that he gave me throughout my studies and to compile this dissertation. I would also like to thank my supervisor Dr. Emmy Mbozi for the tireless support and guidance she rendered me throughout the period of research. I thank all the lecturers from Department of Adult Education and Extension Studies particularly Mr. W.W. Chakanika, Mr. A. L.H. Moonga, Mr. P.S. Ngoma and Mr.P. Mwansa. I also thank Lecturers from other departments in the School of Education especially Dr. Sophie Kasonde and Dr. Manchishi and my fellow students who rendered me help during the research. I also would like to thank my husband Thomas Phiri, Michelo Hansungule and my three children, Chileleko, Chalwe and Tionge for the patience and support shown during the study period. I would also like to thank Grace Mushabati (May her soul rest in peace) for always being a shoulder to cry on during the period we were together at campus. I would also like to acknowledge my parents Mr. and Mrs. Rosemary Mafumbi Makunka and Cosmas .K. Makunka, Aunts Cynthia Belemu Makunka, Sandra Makunka, Antonia Mafumbi, Maritina Mafumbi Kungu and my brother Mwape Makunka for encouraging me to aim high in life and take my studies seriously. Acknowledgement is further extended to Fr Lupupa and Fr Peter Senkwe for being my spiritual mentors.

Lastly I thank the Young Women Christian Association Administration for Lusaka and Kitwe for the untimely support and willingness to give information and literature concerning the Young Women Christian Association anti-gender based violence educational Programme. I further thank the respondents who I interacted with during the period of my study at the Young Women Christian Association in Kitwe.

## **ABSTRACT**

This study was undertaken to assess the Young Women Christian Association (YWCA) anti-gender based violence educational program at the Kitwe center. This study was necessitated by the alarming statistics of gender based violence cases (GBV). The Zambia police annual crime returns show an increment in Gender violence cases. In 2007, about 5127 cases were reported whereas 8467 cases were reported in 2010.

The objectives of the study were; to determine the characteristics of the clients; to determine the adequacy of the program qualitatively and quantitatively in addressing gender based violence; to investigate the appropriateness of the instructional tools and techniques used in the Young Women Christian Association anti-gender based violence program and to examine if the Young Women Christian Association education program is responding to the needs of the clients. The objectives of the study were; to determine the characteristics of the clients; to determine the adequacy of the program qualitatively and quantitatively in addressing gender based violence; to investigate the appropriateness of the instructional tools and techniques used in the Young Women Christian Association anti-gender based violence program and to examine if the Young Women Christian Association education program was responding to the needs of the clients. The study employed a case study design in order to do an in-depth study. The study comprised 73 respondents. Out of these 70 were Young Women Christian Association clients, 2 Young Women Christian Association psychosocial counselors and 1 Young Women Christian Association coordinator. Data was collected using researcher administered questionnaires, observation and face to face semi structured interviews.

With regard to the characteristics of the clients this study established that 83% of the clients were married women and were aged between 26 to 35 years old; 56% of the clients lived in high density areas. Most of these areas were in the locations where YWCA carry out its anti-gender based violence sensitization campaigns. The Young Women Christian Association was not running any sensitization campaigns in low and medium density residential areas. With regards to the adequacy of the program the study concluded that the program was inadequate in the sense that it focused so much on counseling leaving out issues of financial assistance, permanent shelter, spiritual counseling and employment after skills training. On busy days of Monday, Tuesday and Wednesday at Young Women Christian Association the number of clients ranged between 3-10 per day. About 1900-2700 clients' visit the center in a year and about 100 clients

visit the shelter annually. The study concluded that the number was low in comparison with the statistics of domestic violence obtained from Zambia Police Victim Support unit and considering YWCA coverage area which was vast. With regard to instructional techniques and materials at time of the study the following instructional techniques and materials were used charts, posters, leaflets, visual aids, Education and communication(IEC) materials, press releases group method, client centered method, awareness campaigns and couple counseling.

The clients indicated that they had various needs including financial, spiritual, protection and counseling needs. The study established that most clients' needs were satisfied after seeing a counselor. However they had other needs such as permanent shelter, financial stability which the YWCA program was could not meet. The researcher recommends that YWCA should broaden its coverage area where it holds Gender based violence educational sensitization campaigns; and YWCA should produce most of the materials in local languages which most clients could not read at ease.



## TABLE OF CONTENTS

|  |     |
|--|-----|
| Declaration-----   | i   |
| Copyright declaration-----   | ii  |
| Certificate of approval-----   | iii |
| Dedication-----  | iv  |
| Acknowledgement-----   | v   |
| Abstract-----  | vi  |
| List of acronyms-----  | vii |
| <b>CHAPTER ONE</b>   |     |
| <b>INTRODUCTION</b>  |     |
| 1.0. Over view-----  | 1   |
| 1.1. Background of the study-----                                    | 1   |
| 1.2. Statement of the problem-----                                   | 3   |
| 1.3. Purpose of the study-----                                       | 4   |
| 1.4. Objectives-----   | 4   |
| 1.5. Research question-----  | 5   |
| 1.6. Significance of the study-----                                  | 5   |
| 1.7. Delimitations-----  | 6   |
| 1.8. Operational definitions-----                                    | 6   |
| 1.9. Organization of the Dissertation-----                           | 13  |
| 1.10. Summary of Chapter one-----                                    | 13  |
| <b>CHAPTER TWO</b>   |     |
| <b>LITERATURE REVIEW</b>   |     |
| 2.0.Literature over view-----  | 14  |
| 2.1. Forms of violence-----  | 14  |
| 2.2. Statistics on GBV-----  | 15  |
| 2.3. Causes of GBV-----  | 16  |
| 2.4. Effects of GBV-----   | 18  |
| 2.5. Declarations/pronouncements on GBV by International bodies----- | 19  |
| 2.6. Legislation-----  | 20  |

|  |    |
|--|----|
| 2.7. Constraints in combating GBV-----   | 22 |
| 2.8. Efforts in combating GBV-----   | 23 |
| 2.9. Summary of chapter two-----   | 28 |
| <b>CHAPTER THREE</b>   |    |
| <b>METHODOLOGY</b>   |    |
| 3.0. Overview-----   | 30 |
| 3.1. Research design-----  | 30 |
| 3.2. Target population-----  | 31 |
| 3.3. Research sample -----   | 32 |
| 3.4. Sampling procedure-----   | 32 |
| 3.5. Research instruments-----   | 32 |
| 3.6. Data collection procedure-----  | 32 |
| 3.7. Data analysis-----  | 33 |
| 3.8. Limitations of the study-----   | 34 |
| 3.9. Ethical Consideration-----  | 34 |
| 3.10. Summary of Chapter three -----   | 34 |
| <b>CHAPTER FOUR</b>  |    |
| <b>FINDINGS OF THE STUDY</b>   |    |
| 4.0. Overview-----   | 34 |
| 4.1. Explanation on data collection-----                                       | 34 |
| 4.2. Finding on characteristics of clients-----                                | 34 |
| 4.3. Finding on methods and Techniques-----                                    | 41 |
| 4.4. Finding on the needs of clients-----                                      | 44 |
| 4.5 Summary of Chapter four-----   | 48 |
| <b>CHAPTER FIVE</b>  |    |
| <b>DICUSSION OF THE FINDINGS; CONCLUSION AND RECOMMENDATIONS</b>               |    |
| 5.1. Overview-----   | 49 |
| 5.2. Issues relating to characteristics of YWCA clients-----                   | 49 |
| 5.3. Issues relating to appropriateness of the methods and techniques -----    | 50 |
| 5.4. Issues relating the adequacy of the Programme -----                       | 51 |
| 5.5. Issues relating with the response of the program to the client needs----- | 53 |

|  |    |
|--|----|
| 5.6. Summary of chapter five-----            | 54 |
| 5.7. Conclusion-----                         | 55 |
| 6.6. Recommendations -----                   | 57 |
| References-----                              | 60 |
| Appendices                                   |    |
| 1. Research budget-----                      | 66 |
| 2. Research time (table) plan -----          | 67 |
| 3. Matrix-----                               | 68 |
| 4.Observation-Schedule-----                  | 69 |
| 5.Questionnaire for clients-----             | 70 |
| 6. Interview guide for the facilitators----- | 76 |

## LIST OF TABLES

|   |    |
|---|----|
| 1. Distribution table of clients by age-----  | 37 |
| 2. Distribution table by sex-----   | 38 |
| 3. Distribution table by level of education-----                                    | 39 |
| 4. Distribution table of services clients received-----                             | 40 |
| 5. Distribution table by area of residence-----                                     | 41 |
| 6. Distribution table by inclusion of services-----                                 | 42 |
| 7. Distribution table of methods of delivery and techniques-----                    | 43 |
| 8. Table indicating satisfaction levels of delivery tools-----                      | 44 |
| 9. Distribution table indicating materials used during various sessions-----        | 45 |
| 10. Distribution of levels satisfaction of materials by clients-----                | 46 |
| 11. Table indicating needs of the client's-----                                     | 47 |
| 12. Distribution table indicating if clients felt like sourcing help elsewhere----- | 47 |

## **ACRONYMS AND ABBREVIATIONS**

|         |  |
|---------|--|
| AIDS    | Acquired Immune Deficiency Syndrome                          |
| ASAZA   | A Safer Zambia   |
| CEDAW   | Committee on the Elimination of Discrimination Against Women |
| CJF     | Child Justice Forum  |
| CRC'S   | Co-ordinated Response Center                                 |
| CSO     | Central Statistics Office                                    |
| ERE     | Empowerment Respect and Equality program                     |
| GIDD    | Gender in Development Division                               |
| GBV     | Gender Based Violence  |
| HIV     | Human immune Virus   |
| IEC     | Information Education Communication                          |
| MOE     | Ministry of Health   |
| MCDMCH  | Ministry of Community development mother and child health    |
| NAP-GBV | National Action Plan on Gender Based Violence                |
| SPSS    | Scientific Package for Social Sciences                       |
| UNICEF  | United Nations International Children's Emergency Funds      |
| UN      | United Nations   |
| USAID   | United States Agency for International Development           |
| UNZA    | University of Zambia   |
| VSU     | Victim Support Unit  |
| WHO     | World Health Organization                                    |
| WJEI    | Women's Justice and Empowerment Initiative                   |

YWCA Young Women Christian Association

ZDHS Zambia Demographic Health Survey

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0.Overview**

This chapter explores the background of the study; the statement of the problem; purpose of the study; objectives of the study; research questions; significance of the study; delimitations of the study; operational definitions; limitations of the study and theoretical framework; contribution of the theory towards the study; organisation of the dissertation; and summary of the chapter.

#### **1.1Background of the Study**

Phiri (1992) reveals that violence against women is a worldwide threatening and hurting problem which has been discussed at global, regional and national levels. Gender based violence has long been recognized as an emerging problem that needs to be dealt with in Zambia. It has been viewed as a hindrance to the attainment of gender equality as well as the realization of social and economic goals of its victims. In addition, Population Reference Bureau (2000) has indicated that there are different types of gender based violence, which occur at different levels like within the family, community and the state. Domestic Violence, which typically occurs when a man beats his female partner, is the most prevalent form of gender Based Violence and this occurs within families and inside homes.

The United Nations (UN) General Assembly, in adopting the 1993 declaration on the elimination of violence against women defined, gender based violence as any violence that results in physical, sexual, or psychological harm or suffering to women; including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life (Population Reference Bureau, 2001). The World March of Women Advocacy (2000) also reports that women are vulnerable to violence at all stages of life. They are threatened by female infanticide, incest, child prostitution, rape, partner violence, psychological abuse, sexual harassment and harmful traditional practices such as forced marriage.

Statistics indicate that between 2007 and 2010 the number of reported cases of gender based violence increased - from 696 to 2419 (CSO, 2010). The statistics continue making shocking reading: 47% of Zambian wom











en have suffered physical violence since the age of 15; 77% by their husband. 41% of Zambian women who had experienced physical or sexual violence did not report it or seek help. 30% of surveyed girls aged 15 to 19 were pregnant or already caring for children and their pregnancies were often the result of sexual violence, (ZDHS - Zambia Demographic and Health Survey, 2007). Gender based violence is disturbingly common. In the United States, one survey found that during one day an average of over 16 calls per minute were directed to gender based violence hot lines across the country. Gender based violence is a worldwide epidemic, crossing cultural, economic and social groups. Since many incidents go unreported, no doubt the situation is worse than statistics.

Violence against Women has profound implications for health but often ignored. World health organisation (WHO) world report on violence and Health (2005) notes that one of the most common forms of violence is that performed by a husband or male partner usually was physical violence. This type of violence is frequently invisible since it happens behind closed doors, and effectively the legal systems and the cultural norms do not treat it as a crime but rather as private. In the long run women develop health complications and some even die due to the fact they rarely seek medical attention.

On 12<sup>th</sup> April 2011, the Zambian government in its continued effort to combat this vice and reduce incidences of gender based violence enacted the Anti-Gender Based Violence Act No.1 following wide consultation with all relevant stakeholders. In an effort to fulfil its obligation to inform and educate the Zambian public about this new Act and further to ensure the Act's efficient and effective implementation, the Gender in Development Division (GIDD) was tasked to educate and sensitize the general public on the contents of the said Act. This Act enhances not only protection against incidents of gender based violence but also help increase victims abilities to seek help (Anti-Gender Based Violence Act of 2011).

According to an article in the 'Times of Zambia' (2015:p12) by Victim Support Unit (VSU), there had been a surge in the number of men reporting cases of gender-based violence (GBV) because of awareness programmes by their organisation. Victim Support Unit (VSU) national coordinator, reported that unit had been sensitizing the community on the need to report GBV

regardless of gender. “We thank the media and the YWCA because they have helped in sensitizing the community which has seen men coming forward and report about being abused by their spouses”, he said. He also assured vulnerable victims of GBV that the unit was providing

Shelter and education for a better life. Further, the VSU coordinator urged victims of GBV to report any type of violence to the nearest centre. He reported that shelters had been built to help victims of GBV who could not find shelter after being abused by their relatives or spouses. At the shelter skills such as tailoring, printing, cookery, mechanics, and power electrical were imparted to the victims of GBV.

## **1.2 Statement of the Problem**

Literature indicates that the statement of the problem is the most critical part of research. Statement of the problem refers to an issue or concern that puzzles the researcher. This may be due to its effects or consistence despite the measures. It is a general question or statement about relations among some phenomena or variables. It seeks to establish the causes of some effect or confirm a significant existence of what the researcher is investigating. Although the research statement may be formulated in a slight different way from the research title, the two are closely linked or related. (Ng’andu, 2013)

Gender based violence has long been known as a global problem. The World Health Organization (WHO, 2005) revealed that in forty-eight surveys from around the world, 10-69 percent of the women had been assaulted by intimate partners at some point in their lives. In Zambia, statistics from the police annual crime returns show an increment in gender based violence cases. In 2007, about 5127 cases were reported, whereas 8467 cases were reported in 2010, (Mushabati, 2014). Young Women Christian Association has been offering an anti-gender based violence education program since 1993. Even if the Anti-gender based violence education programme is running the quality of the program is not known. It is because of this problem that the study was undertaken.

### **1.3.Purpose of the Study**

Brink (1996) reveals that purpose of the study simply means clearly stating what one wants to find out about a problem which affects a certain community or Nation at large. The major aim of the study is to find possible solutions to the existing problem, so that those who are affected can live better lives when solutions have been found. Kombo and Tromp (2006) also adds that an aim is a general statement which reflects the intention or purpose of ones research.it is a general statement of what the researcher wants to accomplish by the end of the study.

In this vein the purpose of the study was to assess the YWCA anti-gender based violence educational programme in Kitwe District.

### **1.4.Research objectives**

The following were the research objectives:

1. To determine the characteristics of the clients in terms of; area of residence; sex; age; and educational levels.
2. To determine the adequacy of the YWCA anti-gender based violence educational programme in addressing gender based violence.
3. To investigate the appropriateness of the delivery methods used in the YWCA anti –gender based violence education programme.
4. To examine how the YWCA education programme is responding to the needs of the clients.

### **1.5 Research Questions**

Creswell (1998) has indicated that this is simply drawing up a plan for the research. The questions pertain to how detailed the plan for the study should be. In Qualitative research there is need for a general plan the execution of which is influenced by the exigencies in the field. It is a plan that responds to the emerging matters in the field. Ng'andu (2013) also reveals that a research question is a statement that identifies the phenomenon to be studied. A strong research question should pass the following research question. a) What is it that I want to do? b) Why should I do it? c) When should I do it and d) How do I do it? The following were the research questions:

### **1.5.1 Specific Research Questions**

1. What are the characteristics of the clients of YWCA anti-gender based violence educational program?
2. How adequate is the anti-gender based violence education programme?
3. What type of delivery tools are used in the anti-gender based violence education program?
4. To what extent are the needs of the clients being met by the YWCA anti-gender based violence education program

### **1.6. Significance of the Study**

Creswell, (1994) observes that significance of the study creates a rationale for conducting the study and a statement why the results will be important. It expands on the introduction in which the researcher briefly mentions the importance of the problem for audience. Ng'andu (2014) also adds that significance of the study addresses the potential value of the study. As such it should identify the audience. It should explain how the information derived to the study will be used in improving.

In as much as a number of studies have been carried on the causes of GBV, very few studies have assessed the anti-gender based violence educational programs being provided in Zambia. The study identified potential users of the information such as government and other agencies who would like to see a great reduction in GBV cases. These include (Ministry of Home Affairs- Zambia police (ZP) and Victim support unit (VSU); Ministry of Gender and women in development (GIDD); Ministry of Health (MOE); Ministry of community development mother and child health (MCDMCH); Ministry of Justice- Judiciary- Child justice Forum (CJF)). The study also assumed that the information would be useful to scholars who are interested in carrying out any study in a related area.

### **1.7 Delimitations of the Study**

Ng'andu (2013) defines delimitations as factors that affect the study over which the research generally does have some degree of control. Delimitations describe the scope of the study or limits for study. Technically, delimitations which the researcher has control, are very distinct from limitations, over which the researcher has little or no control.



The study was limited to the Kitwe YWCA counselling centre in Mindolo which provides services to residents of Lufwanyama, Kalulushi and Kitwe.

### **1.8 Operational Definitions**

Olk, (2003) reveals that researchers define terms so that readers can understand their precise meaning. A researcher should define terms that individuals outside the field of study may not understand and that go beyond common language

#### **A) Gender Based Violence**

This is the actual or threatened physical, mental, social, economic, abuse that occurs in a domestic relationship. This, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, (UN Convention 1979).

#### **B) Client**

This is an individual affected by gender based violence who visited the YWCA centre during the period of study. Carl Rogers (1977) also adds that a client is an individual seeking assistance, controlling their destiny and overcoming their difficulties.

#### **C) Domestic Violence**

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality, (Women's Vision, 1998).

Domestic violence" can encompass many forms of violence – not just physical violence – as part of a pattern of abusive or controlling behaviour by one person toward another. The U.N. Model Framework (1979) recommends that "all acts of gender-based physical, psychological and sexual abuse" that are "within interpersonal relationships should be included." The Framework

indicates that such violence includes each of the elements discussed below, as well as, inter alia, arson, marital rape, dowry or bride-price related violence, female genital mutilation, violence

related to exploitation through prostitution, and violence against household workers. The Framework also specifies that attempts to commit any of these acts should be covered.

#### D) Physical Abuse

The definitions of domestic violence in all of the statutes reviewed include physical abuse. Ghana, Mauritius, South Africa and Zimbabwe each generally define physical abuse as physical assault or force used against another person. Namibia's definition of physical abuse is somewhat broader, incorporating forcibly confining or detaining the complainant or physically depriving the complainant of access to basic necessities, (Women's Vision, 1998)

#### E) Sexual Abuse

The definitions of domestic violence in all of the statutes surveyed also include sexual abuse. Each country defines sexual abuse broadly to include any kind of sexual contact or conduct, but Mauritius' definition of sexual abuse extends to compelling the victim to commit any act, including non-sexual acts, from which the victim has the right to abstain. Both Ghana and Mauritius focus on the requirement of some kind of force, while South Africa and Zimbabwe focus on the effect of the conduct on the victim (as opposed to whether or not it was forceful). Namibia defines sexual abuse to include both forceful conduct and conduct that has the effects described above; it also broadens the definition of sexual abuse to include exposing the victim to sexual material that humiliates or degrades the victim, and to engaging in sexual conduct with a person with whom the victim has emotional ties, (Saran, 1999).

### **1.9 Theoretical Framework**

This paper adopts the humanistic theory. Humanistic psychologists start from the assumption that every person has their own unique way of perceiving and understanding the world and that the things they do only make sense in this light. Consequently, the kinds of questions they ask about people differ from those asked by psychologists from other approaches. Whereas other approaches take an objective view of people, in essence asking about them, 'what is this person like?' humanistic psychologists' priority is the understanding of people's subjectivity, asking 'what is it like to be this person?' As a result, they reject the objective scientific method as a way

of studying people. Humanistic psychologists explicitly endorse the idea that people have free will and are capable of choosing their own actions (although they may not always realize this). They also take the view that all people have a tendency towards growth and the fulfilment of their potential. Much of their research has focused on how people can be helped to fulfil their potential and lead more contented lives, (Patterson, 1977). Carl Rogers was one of the humanistic theorists who believed that a client should be given enough space to choose their destiny.

### **1.9.1 Psycho-therapeutic counselling of Carl Rogers**

The Client-centred therapy of Carl Rogers emphasizes the importance of unconditional positive regard. Client-centred therapy, also known as person-centred therapy, is a non-directive form of talk therapy that was developed by humanist psychologist Carl Rogers during the 1940s and 1950s. Today, it is one of the most widely used approaches in psychotherapy. The History of Client-Centred Therapy Carl Rogers was one of the most influential psychologists of the 20th-century. He was a humanist thinker and believed that people are fundamentally good. He also believed that people have an actualizing tendency, or a desire to fulfil their potential and become the best people they can be.

Rogers initially started out calling his technique non-directive therapy. While his goal was to be as non-directive as possible, he eventually realized that therapists guide clients even in subtle ways. He also found that clients often do look to their therapists for some type of guidance or direction. Eventually, the technique came to be known as client-centred therapy. Today, Rogers' approach to therapy is often referred to by either of these two names, but it is also frequently known simply as Rogerian therapy. It is also important to note that Rogers was deliberate in his use of the term /client/ rather than /patient/. He believed that the term patient implied that the individual was sick and seeking a cure from a therapist. By using the term client instead, Rogers emphasized the importance of the individual in seeking assistance, controlling their destiny and overcoming their difficulties. Self-direction plays a vital part of client-centred therapy, (Patterson, 1977)

Much like psychoanalyst Sigmund Freud, Rogers believed that the therapeutic relationship could lead to insights and lasting changes in a client. While Freud focused on offering interpretations of what he believed were the unconscious conflicts that led to a client's troubles, Rogers believed

that the therapist should remain non-directive. That is to say, the therapist should not direct the client, should not pass judgments on the client's feelings and should not offer suggestions or solutions. Instead, the client should be the one in control. Mental health professionals who utilize this approach strive to create a therapeutic environment that is conformable, non-judgmental and empathetic. Two of the key elements of client-centred therapy are that, it: is a non-directive. Therapists allow clients to lead the discussion and do not try to steer the client in a particular direction. Secondly, therapists show complete acceptance and support for their clients, (Rogers, 1980).

According to Carl Rogers, a client-centred therapist needs three key qualities: Genuineness: the therapist needs to share his or her feelings honestly. By modelling this behaviour, the therapist can help teach the client to also develop this important skill. Unconditional Positive Regard: The therapist must accept the client for who they are and display support and care no matter what the client is facing or experiencing. Rogers believed that people often develop problems because they are used to only receiving conditional support; acceptance that is only offered if the person conforms to certain expectations. By creating a climate of unconditional positive regard, the client feels able to express his or her emotions without fear of rejection, (Rogers, 1980)

Rogers explained: "Unconditional positive regard means that when the therapist is experiencing a positive, acceptant attitude toward whatever the client is at that moment, therapeutic movement or change is more likely. It involves the therapist's willingness for the client to be whatever feeling is going on at that moment - confusion, resentment, fear, anger, courage, love, or pride .The therapist prizes the client in a total rather than a conditional way." The third quality is Empathetic Understanding: The therapist needs to be reflective, acting as a mirror of the client's feelings, thoughts. The goal of this is to allow the client to gain a clearer understanding of their own inner thought, perceptions and emotions. By exhibiting these three characteristics, therapists can help clients grow psychologically, become more self-aware and change their behaviour via self-direction. In this type of environment, a client feels safe and free from judgment, (Cain & Semains, 1981)

Rogers believed that this type of atmosphere allows clients to develop a healthier view of the world and a less distorted view of themselves. Client-Centred Therapy in Popular Culture Actor Bob Newhart portrayed a therapist who utilized client centred therapy on /The Bob Newhart

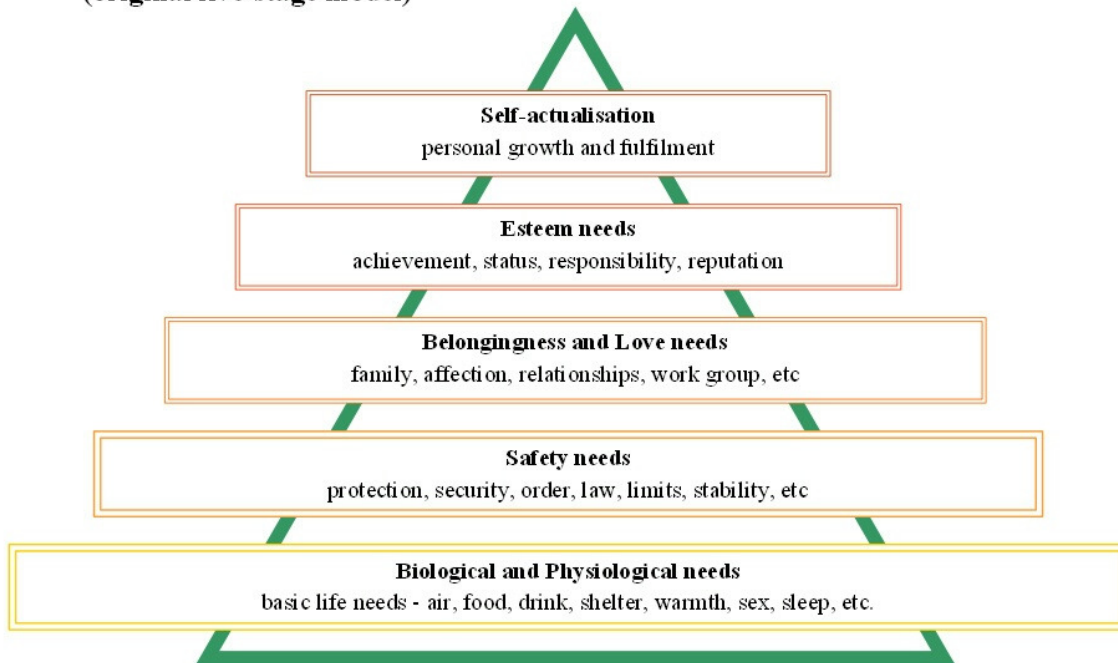
Show which aired from 1972 to 1978. How Effective Is Client-Centred Therapy? Several large-scale studies have shown that the three qualities that Rogers emphasized, genuineness, unconditional positive regard and empathetic understanding, are all beneficial. However, some studies have found that these factors alone are not necessarily enough to promote lasting change in clients, (Rogers, 1980).

This is a therapeutic form of counselling which is client centred or person centred central to Rodgers theory of personality and humanistic theory movement. The emphasis is on the tendency towards personal growth, Rogers regards this as an innate organismic tendency. Problems may occur due to environmental constraints, particularly a person has needs for an unconditional positive regard from other if he/she is to develop a positive self-regard. If the person has undergone damaging experiences and has lost or not developed a sense of self-worth then counselling may be necessary to develop it. Every person is unique with a unique personal perception of the world; as a result of this perception, client centred therapy helps the client to understand the situation by allowing him/her to talk and by reflecting back the content of this without further analysis or direction, (Cain& Semains, 1981). YWCA scope of work does not only march with Carl Rogers Client centred theory but also marches with Maslow's hierarchy of needs. YWCA allows its clients to identify their needs and choose what to do next. The clients are given opportunity to realise their potential

1.9.2 Abraham Maslow's view of human needs was more complex than Rogers'. Whilst Rogers believed that people needed unconditional positive regard, Maslow acknowledged that people have a variety of needs that differ in immediacy and which need satisfying at different times. He arranged these needs in a hierarchy, whereby the more basic needs towards the bottom take precedence over those higher up (e.g. everyone needs to have their achievements recognized, but will put this need to one side if they are starving hungry). Maslow believed that those who satisfied all their needs might become self-actualisers: rare, remarkable people who fulfil their potential completely. However, he also thought that prolonged periods where a particular need was not satisfied could result in a sort of fixation. For example, a person who grew up in poverty might continue to be dominated by anxiety about food even if they were lucky enough to escape poverty later, (Patterson, 1977).

## Maslow's hierarchy of needs

Maslow's Hierarchy of Needs  
(original five-stage model)



### 1.9.3. Humanistic psychologists study of human behaviour

Humanistic psychologists favour research methods that will allow them to understand other People's subjectivity. Consequently, they avoid methods that study people objectively, including experimentation and non-participant observation. They generally think that reducing people's experience to numbers robs it of its richness and meaning, so they also avoid quantitative' approaches. Therefore, qualitative methods are preferred, particularly unstructured interviewing as it allows access to other people's views and experiences without imposing on them the researcher's ideas about what is important. Where observation is used it is likely to be participant observation, with the researcher taking part in what they are studying in order to understand how the participants perceive it. Humanistic psychologists may also analyse all sorts of other qualitative materials that allow them insight into how people understand their world, including diaries, letters and biographies. An example of this type of research is Maslow's (1973) analysis

of the characteristics of self-actualises. He selected probable self-actualisers from public and historical figures and used biographical and other documentary evidence to analyse what they had in common. He found that they tend to be unconventional and original, accepting of themselves and others; capable of deep and intimate relationships and that they have a wonder at and enjoyment of life, (Corsini & Wedding, 2008).

#### **1.9.4. Evaluation of the humanistic approach.**

The apparent lack of objectivity and rigour in humanistic methods is a significant criticism of the humanistic approach. Other approaches would regard their methods as unscientific, vague and Open to bias and their attempt to 'get inside' other people's way of perceiving the world as Misguided and quite possibly pointless. Humanistic psychologists would reject these criticisms because they, in turn, would view the objective, scientific method as inappropriate for understanding people. Other critics take issue with the positive view of human nature that the humanistic approach endorses. Whilst it is flattering to view ourselves as basically good entities striving to fulfil our potential, the humanistic approach is at a loss to explain the horrors that people are capable of inflicting on each other. Faced with a world afflicted with warfare, genocide, runaway greed, domestic violence and so on, humanistic talk about potential, growth and positive regard seems trite at best. Some would even say that, with its focus on meeting *our* needs and fulfilling our growth potential, the humanistic approach reflects an individualistic, self-obsessed outlook that is part of the problem, not the solution. On the other hand, the counselling approaches developed by Rogers and other humanists have helped many people overcome difficulties they face in life, which is a significant contribution to improving people's lives, (Corsin & Wedding, 2008)

#### **1.9.5. Contribution of the Theoretical Framework to the study**

The study was guided by the Humanistic theory which assumes that every person has their own unique way of perceiving and understanding the world and that the things they do only make

sense in this light. Their goal of this is to allow the client to gain a clearer understanding of their own inner thought, perceptions and emotions. By exhibiting these three characteristics, therapists can help clients grow psychologically, become more self-aware and change their behaviour via self-direction. One of the humanists Maslow believed that those who satisfied all their needs might become self-actualisers: rare, remarkable people who fulfil their potential completely. The humanists believe in people realising their own needs and potential and not even the counsellor should do it for them (Patterson, 1977). Assessing the YWCA Anti-Gender based Violence Educational programme, the educational programme was perceived meeting the needs of the learners defined by the learners themselves rather than defined by the providers of the programme and the public.

Further the study utilised the theory in that it perceived the educational programme using the client centred method which allows the client to have a clear understanding of their own inner thought. Client-centred therapy, also known as person-centred therapy, is a non-directive form of talk therapy that was developed by humanist psychologist Carl Rogers during the 1940s and 1950s. Today, it is one of the most widely used approaches in psychotherapy. The History of Client-Centred Therapy Carl Rogers was one of the most influential psychologists of the 20th-century. He was a humanist thinker and believed that people are fundamentally good. He also believed that people have an actualizing tendency, or a desire to fulfil their potential and become the best people they can be, (Rogers, 1980).

The study utilised the humanistic because it adopted the qualitative methods of research like observation and review of documents. Literature revealed indicated that where observation is used it is likely to be participant observation, with the researcher taking part in what they are studying in order to understand how the participants perceive it. Humanistic psychologists may also analyse all sorts of other qualitative materials that allow them insight into how people understand their world, including diaries, letters and biographies. An example of this type of research is Maslow's (1973) analysis of the characteristics of self-actualizes. He selected probable self-actualisers from public and historical figures and used biographical and other documentary evidence to analyse what they had in common, (Corsin and Wedding 2008).

The study also adopted Maslow's hierarchy of needs due the fact that most of the clients most cardinal needs were psychological and safety needs. Most of the clients of the YWCA anti-



gender based violence educational programme were from high density areas and their primary needs were shelter, water, food, health and employment. Those clients who had nowhere to run to and sought shelter from YWCA had the same primary needs. Most clients after being violated worried so much about their health and were concerned about where to get finances. Most of the clients cried for skills and being linked to places of employment after training.

#### **1.10. Organisation of the Dissertation**

This Dissertation is presented in five Chapters. The first Chapter is the introduction which actually introduces and states what the study is all about, Chapter two is the Literature review which actually reveals the literature that supports the study. Chapter three spells out the methodology which the study employed when conducting the research. Chapter four presents the findings of the research. Chapter five is actually the discussion of the findings, conclusion and recommendation.

#### **1.11. Summary of the chapter**

This chapter presented the overview, the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, delimitations of the study, operational definitions, and theoretical framework.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0. Over view**

This chapter discusses the literature documented on gender based violence. The Literature presented is according to the following themes: forms of gender violence; the factors contributing to the gender based violence; the Zambian gender based violence act; effects of gender based violence; the mitigation educational program; legislation; declarations and pronouncements by various international bodies the statistics on gender based violence in the various parts of the world.

#### **2.1. Forms of Violence**

The reviewed literature on forms of violence shows that there are many forms of gender based violence. These include Physical, emotional, financial, sexual, and social. GBV is broadly defined to include spousal abuse/wife battery; sexual violence against women and children; property grabbing; psychological abuse; family and child neglect; sexual cleansing, early marriage; and harmful traditional practices; (USAID/Zambia GBV Evaluation, 2010).

According to the gender magazine (2011) Violence against women, children and the elderly is manifest at three (3) levels- the family, community and even at state level. Gender based violence can take many forms, many of which include physical violence and the others are: Emotional, Social, Sexual and Financial. The population reference bureau (2011) continues to discuss that domestic violence is the most prevalent form of gender based violence.it typically occurs when a man beats his female partner. Psychological abuse always accompanies physical abuse and majority of the women abused by their partners are affected by both. Physical, Psychological sexual violence against women within a couple and family consists of battery, sexual abuse, female genital mutilations and other traditional practices harmful to women

The materials reviewed indicate that Emotional Violence includes any type of on-going behaviour by one partner or ex-partner who makes the other feel afraid or even worthless. This can be threatening, hurting one's pet putting them down e.g. by uttering such things as you are ugly, stupid or incompetent and so on. Social violence can be anything in line of controlling other people's social life, such as stopping one from visiting friends and family. Stopping them

from attending meetings/events, locking them in the house or preventing them from practicing their religious beliefs, (Gender in Development Division Report, 2000).

Sexual violence, on the other hand is about forcing a partner or acquaintance to perform sexual acts against their will, such as pressuring them to have sex which is against order of nature (sodomy and bestiality) and even rapping them and defiling them. While financial violence is any behaviour. This includes refusing to provide necessities, barring a person from seeking employment, destroying or damaging property or depriving a victim of use of that property which they entitled (Carl, 1997)

Some of these other forms of violence, according to experts convened by GIDD in the March (2007) Lusaka meeting, include virginity testing, initiation practices, early/child marriage, property grabbing, widow inheritance, economic discrimination. In this study the adequacy of the program was also measured in terms of how it addressed the variety of forms GBV.

## **2.2. Statistics on Gender Based Violence**

The most recent Research on GBV indicates that statistics on GBV have been increasing.

Violence against women is a global health, human rights and developmental issue that transcend geography, class, culture, age, race, and religion to reach every community in every corner of the globe. It has been estimated that at least one in every 3 women around the world has been beaten, forced into sex or otherwise abused in her lifetime. (Mushabati, 2014)

According to Phiri (1992), Women currently or previously married were more likely to have been physically abused than women who never married and girls between 15 and 19 years of age represented the cohort most likely to have experienced abuse within the 12 months preceding the survey. Most recently studies on Gender Based Violence call and sexual abuse of girls, crime fuelled by misconceptions about virgin cure for STIs and AIDS. YWCA studies have shown incest to be hidden but pervasive problem. Women and girls in Zambia experience violence that comes in all forms and patterns. Physical and sexual violence are very common.

The ZDHS also concluded that fifteen per cent of Zambian women reported sexual violence in the context of an intimate partnership. Fewer than 25 per cent of Zambian women interviewed

believed that a married woman could refuse to have sex with her husband. Additionally, Zambia Demographic and Health Survey (ZDHS) 2007 data indicates that almost half (47%) of all Zambian women have experienced physical violence since age 15, 77% by their current/former husband/partner; 7% by a brother or sister; and 6 % by their father/step-father); and one in five (20%) Zambian women have experienced sexual violence in their lifetime (64% of which is perpetrated by a current/former husband/partner or boyfriend). Among girls younger than age 15 surveyed, the sexual violence/abuse occurred 19% by a relative; 6% by a family friend; and 10% by the girl's friend. Almost half (47%) of the girls who experienced physical or sexual abuse did not seek help – and of these, six per cent (6%) never told anyone about it. Teenage pregnancy, some of which is an outcome of sexual violence, is alarmingly high in Zambia. Three in ten (30%) of the girls surveyed as part of the 2007 ZDHS (ages 15-19) found to be pregnant or already raising children. Even if he had been demonstrably unfaithful and was infected with HIV, only 11 per cent thought that a woman could ask her husband to use a condom in these circumstances.

In this study literature on statistics helped to identify the most affected sex in the anti-gender based GBV violence program offered by YWCA, which falls under one of the aims of the study characteristics of clients. Statistics on GBV also helped in knowing how big the magnitude of GBV was, for the study perceived GBV to be a big problem.

### **2.3. Causes of Gender Based Violence**

Issues arising from the literature on the main causes of gender based violence are the women's reliance on men economically and lack of Education. Kali (2008) reveals that women's vulnerability is particularly heightened by their economic dependence on men, lack of access to education, poverty, sexual exploitation, coercion and rape, as well as by their engagement in informal and commercial sex work. Bowa (2007) adds that women face additional and more acute discrimination when they are identified as being positive because they are often first to test positive through pre-natal testing, they are branded as the "spreaders" of the virus. Once their HIV positive status is revealed or disclosed, women face being chased from their homes.

Njenga (1999) opined that the causes of violence are the space that people live in. The more crowded the people are the more domestic violence there is likely to be. Njenga (1999) concluded that poverty, which also determines where and how a person lives is one of the contributing factors. Financial insecurity is another cause of gender based violence, Njenga (1996:6) commented: that if a man cannot establish his authority intellectually or economically, he would tend to do so physically. Another cause is the image created by society which portrays a man to be viewed as being strong, educated, creative, and clever while a woman is the opposite of all these traits. The way parents bring up their children, which create disparity between boys and girls, is also a source of gender based violence in later life. When a boy grows up, knowing that he is not supposed to wash his own clothes, cook or help in the house, if he grows up and gets married to a woman who comes from a home where duties are equally shared between girls and boys, this can create tension that might lead to violence.

Bitangaro (1999:9) had summarised the causes of violence against women as being deeply rooted in the way society is set-cultural beliefs, power relations, economic power imbalances, and the masculine idea of male dominance. Saran (1999:19) gave another cause, which she regarded as a myth; she opined that a woman's dress and behaviour can cause rape. This myth according to her places the blame for rape on a woman and views men as unable to control themselves. She concluded that if a woman is known as a party animal or tease and wears proactive clothing, she is asking for attention, flattery or just trying to fit in. She is not asking to be raped.

USAID/Zambia GBV programme evaluation (2010) reported the lack of economic opportunities as limiting the ability of individuals to avoid or leave an abusive relationship and/or impacting the victim's decision regarding whether or not to report the incident – given that the perpetrator is often the primary breadwinner. This could entail building on existing activities, such as YWCA Women's Economic Empowerment Program and World Vision's Empowerment, Respect and Equality (ERE) program; further engaging the private sector; and adapting effective programs such as IMAGE in South Africa, which combines HIV and GBV prevention with micro-finance components. Economic empowerment should not only be provided to female victims of gender-based violence, but also to male victims and/or partners of these victims since economic stress was clearly one of the most commonly cited causes of domestic violence.

It also has to be noted that, in spite of the overwhelmingly negative impact of violence against women on individuals and societies, it is often sanctified by customs and reinforced by institutions that limit women's rights, their decision-making power, and their recourse to protection from violence. As such, violence against women is both an outcome and an expression of women's subordinate status in relation to men in societies around the world, (NAP-GBV, 2008-2013).

The population reference Bureau (2000) also narrates that the United Nations Declaration on the Elimination of Violence against Women has defined violence against women as —any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. The UN Declaration makes the link between gender-based oppression and violence against women clear in emphasizing that violence against women is a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women

In this study, the causes of gender based violence assisted in knowing various needs the clients had as they visited the YWCA counselling centre and the information society was lacking in terms of advocacy or awareness.

#### **2.4. Effects of Gender Based Violence**

The common effects of Gender based violence found in the literature are ill health, psychological and social effects on both the children and woman. The public health implications of this violence are enormous according to a World Health report (2005); violence is more serious cause of death and incapacity among women of reproductive age as cancer and greater cause of ill health than traffic accidents and malaria combined. It drains a country's resources and handicaps women's ability to contribute to social and economic progress.

Bitangaro (1999) commented that the effects of gender based violence could be devastating and long lasting. They pose danger to a woman's reproductive health and can scar a survivor

psychologically, cognitively and interpersonally. A woman who experiences gender based violence and lives in an abusive relationship with a partner may be forced to become pregnant or have an abortion against her will, or her partner may knowingly expose her sexually transmitted infection.

Saran (1999) reported that violence absolutely impacted the children. A child who has undergone or witnessed violence may become anxious or depressed on one hand; on the other hand, the child may become aggressive and exert control over younger siblings. Boys carry out aggressive form of behaviour and as adults, may beat their spouses.

The Gender Magazine (2011) reported that Gender-based violence constituted one of the most widespread human rights abuses and public health problems in the world today, with devastating long term consequences for victims' physical and mental health. Simultaneously, its broader social effects compromise the social development of children in the household, the unity of the family, the social fabric of affected communities, and the well-being of society as a whole. Governments are legally obligated to address the problem of gender based violence through a range of measures, including legislation

It also has to be noted that the practice of early marriage is also a form of gender based violence that is prevalent in Zambia especially in rural areas. The practice of forcing young girls below the age of 18 into early marriage is detrimental to their human development. Early marriage affects one's ability to progress with education and reach their full potential. It exposes them to early pregnancy and its associated risks of child bearing and HIV infection, (Gender Magazine, 2011).

According to the statistics South Africa (2000), the annual survey of women attending public antenatal clinics showed that 24.5 were positive. Women who are in abusive relationships are particularly at risk of exposure to HIV infection due to the threat of further violence, abandonment or loss of economic support if they attempt to negotiate safer sex or refuse sex. In this study the effects of gender based violence were vital in measuring the adequacy of the YWCA anti-gender based violence program qualitatively.

## **2.5. Declarations and other Pronouncements by Various International Bodies**

The most significant declaration and pronouncements by various international bodies is the declaration on the elimination of violence against women (1993). According to the United Nations Special Rapporteur on Violence (2006), in addition to binding international and regional instruments, several declarations and programs of action on violence against women have been drafted by a variety of international actors. While these declarations do not bind States, they provide strong evidence of a solid international consensus supporting the notion of “emerging customary international law” with respect to prohibiting violence against women. The most significant of these declarations is the Declaration on the Elimination of Violence against Women (1993). This declaration relies on the human rights foundation established by the international conventions discussed above as well as on the Universal Declaration of Human Rights. The declaration sets forth a broad definition of violence against women and calls for States to “exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons.”

The United Nations Special Rapporteur on Violence (2006), reveals the other important declarations which include the Vienna Conference on Human Rights (1993), the Programme of Action of the International Conference on Population and Development (1994), the Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women (1995), the Southern African Development Community’s Declaration on Gender and Development (1997) and the Addendum on the Eradication of All Forms of Violence against Women and Children (1998), recognizing that violence against women can constitute a violation of human rights. These declarations seek to provide momentum to the movement to eradicate violence against women and call for national and international action. The various declarations and pronouncements helped to confirm how vital this study was looking at the various international conferences which have been held around world trying to eliminate violence against women.

## **2.6. Legislation and Domestic Violence Acts.**

This section reveals the framework that guides the various legislation or domestic violence acts that have been formulated across the African continent. Gender based violence is widely



recognized as a worldwide problem that transcends cultural boundaries and mores. Studies examining domestic violence reveal that its effects outlive generations, creating a cyclical pattern of crime that has widespread social implications. This consensus is embodied in the framework for model legislation on gender based violence developed by the U.N. Special Rapporteur on Violence against Women (2003) (“U.N. Model Framework” or “Framework”), which, among other objectives, charges Gender based violence legislation to:

- a) Recognize that gender based violence is a serious crime against the individual and society which will not be excused or tolerated;
- b) Create a wide range of flexible and speedy remedies (including remedies under special gender based violence legislation, and penal and civil remedies) to discourage domestic violence and harassment of women within interpersonal relationships and within the family and protect women where such violence has taken place;
- c) Expand the ability of law enforcement officers to assist victims and to enforce the law effectively in cases of domestic violence and to prevent further incidents of abuse;
- d) Train judges to be aware of the issues relating to child custody, economic support and security for the victims in cases of domestic violence by establishing guidelines for protection orders and sentencing guidelines which do not trivialize domestic violence;
- e) Provide for and train counsellors to support police, judges and the victims of domestic violence and to rehabilitate perpetrators of domestic violence;
- f) Establish departments, programs, services, protocols and duties, including but not limited to shelters, counselling programs and job-training programs to aid victims of domestic violence;
- g) Enumerate and provide by law comprehensive support services, including but not limited to:  
Emergency services for victims of abuse and their families;
- h) Support programs that meet the specific needs of victims of abuse and their families;
- i) Education, counselling and therapeutic programs for the abuser and the victim; and

According to Statistics (2000) in December 1999 the new South African Gender based violence Acts came into effect. The new Act has opted for a broader definition of abuse or domestic relations which include all cohabiting adults, whether sexually involved or family members such as parents of a child or children of elderly or infirm parents. The list defining abuse is open ended, including economic abuse, stalking harassment, and damage to property and unauthorized entry to residence. Elderly people for instance, are now able to obtain protection against physical and financial abuse from children, whether they are living together or not. However, the Act cannot be enforced without the state committing sufficient resources, such as the provision of shelters for abused women. In addition, an enormous shortage of resources such as trained staff financial

The UNICEF global site comments on the Protection from Domestic Violence Act, No. 6 (1997) (Mauritius).The statute was amended in 2004 to address, inter alia, the scope of the domestic relationship, application time limits, and penalties. In addition Lesotho enacted the (Sexual Offences Act of 2003) and Malawi (Prevention of Domestic Violence Act of 2006).In addition, a bill that was proposed in Kenya, Gender based Violence (Family Protection) Bill, in 2002, and bill has not been enacted. Combating of Gender based Violence Act, No. 4 (2003) (Namibia.). The Prevention of Gender based Violence and Protection of Victims of Gender based Violence Act 2007, (Zimbabwe).

According to the Analyst (2007) Ghana's Criminal Code of 1960 (Act 29) provided for imprisonment and fines regarding abuse suffered in the domestic setting, but was seen by many as an inadequate response to domestic violence. Activist, such as the Women's Manifesto Coalition and the Domestic Violence Bill Coalition, pressed for passage of the new legislation, which press reports indicate was signed by the president after lengthy debate in parliament. This study utilised literature on legislation and various gender based violence Acts to come up with measures to be taken to combat gender based violence and enhance the YWCA anti-gender based violence program.

## **2.7. Constraints Faced in Combating Gender Based Violence**

The most common constraints appearing in the literature are the women's cultural and social barriers to seek legal address and legislation implementation in various countries. According to Bott (2005) Kenya has undertaken substantial efforts in the last decade to revise its civil and penal codes, and has implemented a nationwide system of "Victim Support Units" to address violence against women. But progress has been extremely slow. One observer has noted the following barriers to successful implementation:

Women and children face serious social and cultural barriers to legal redress. Women are often reluctant to use legal remedies (for reasons such as:) they do not believe that they are entitled to protection ... they are afraid of additional violence from the perpetrator ... they are pressured to avoid bringing "shame" upon their family, or (where the perpetrator is a family member,) jailing the perpetrator [may] cut off the family's economic support. Support for new laws has often been low among the police, the judiciary and the general public, especially when laws counter long-standing traditions of discrimination against women. Law enforcement institutions often simply refuse to enforce the laws.

Njenga (1999), summarises the constraints stating that a significant number of sub-Saharan African countries do not have any legislation to address gender-based violence in the first place. Despite the challenges faced by sub-Saharan African States in enacting and implementing legislative reforms, however, there is now a widespread recognition that gender-based violence must be addressed. Although no consensus has emerged on the best way to confront such violence, public awareness will drive further efforts to target this injustice, which demonstrates a fundamental lack of respect for women.

Bitangora (1999), concludes that, though legislative changes have occurred, for many residents of sub-Saharan African countries, laws, including those targeting gender-based violence, do not have the same practical impact as the authority and decisions of informal systems of justice exercised by village (or clan, tribe, etc.) elders and/or family mediation mechanisms. In this environment, despite the efforts of non-governmental organizations and civil society, few sub-Saharan African countries have succeeded in addressing gender-based violence comprehensively. The literature on constraints was vital to the study for the researcher to understand the challenges YWCA was facing in addressing Gender based violence.

## **2.8. Efforts and programs in Combating Gender Based Violence**

Reviewed literature indicated that a lot of efforts have gone towards GBV prevention, formulation of legislation by various international bodies that bind various countries, awareness programs and creation of shelter and survival. The UN special Rapporteur (2006) shows that a significant step in advancing the international human rights framework to combat gender-based violence was the creation of the United Nations Special Rapporteur on Violence against Women, providing a forum for collecting and analysing information on violence against women throughout the world. Among other issues, the Special Rapporteur on Violence Against Women has analysed the application of the due diligence standard, which appears in the Declaration on the Elimination of Violence Against Women, CEDAW General Recommendation No. 19, the 1995 Beijing Platform for Action, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, UN Resolution 1994/45 (appointing the Special Rapporteur on Violence Against Women), and concluded “On the basis of the practice and *opinion* outlined above ... that there is a rule of customary international law that obliges States to prevent and respond to acts of violence against women with due diligence,

The materials reviewed indicated that adoption of binding instruments and the issuance of declarations calling for States to ensure the eradication of violence against women have not been sufficient to eliminate violence against women. As a result, the Special Rapporteur on Violence against Women has considered “best practices” or “good practices” in fighting violence against women. These are practices that have “led to actual change, contributed to a policy environment more conducive to gender equality and/or have broken new ground in non-traditional areas for women.” The development of such practices highlights the role played by international civil society networks, human rights non-governmental organizations, women’s rights activists on the international level and regional programs such as the UNDP Africa Regional Gender Programmed in addressing gender-based violence, (UN Special Rapporteur on Violence, 2003)

Authors further indicate that the sizable body of resolutions and declarations issued by multilateral international bodies – the UN General Assembly and the Security Council – that forcefully condemn the mass sexual violence that took place in Rwanda, the former Yugoslavia, Sierra Leone, East Timor, Japan, Haiti, Myanmar (Burma), and Afghanistan should be mentioned. Although non-binding, such condemnations provide valuable evidence of as to the

prohibition of sexual violence in international law, (Beijing Declaration and platform for action 1995)

Scholars have indicated that International organizations have called attention to Gender based violence; in turn, governments have begun taking up the issue. In Namibia, the Combating of Gender based Violence Act came into force in 2003, granting extensive legal protections against based violence. In 2006, the legislature of Zimbabwe passed similar legislation after years of campaigns by NGOs and civil organizations. Most recently, in May 2007, Ghana enacted a new statute to supplement existing provisions under its criminal code, which failed to provide victims of gender based violence with an effective legal remedy, (UN special rapporteur, 2006)

The materials also reviewed that YWCA has scored some successes in rescuing girls from early marriages. The organization has been working with women advocates for the elimination of gender based violence at community level. Thirty year old guidance teacher at Chimusanya Basic School Rufunsa, Chongwe is a member of the Action group involved in raising awareness on Gender Based Violence in the community. She revealed that cases of early marriages are common in the area. A pseudonym aged 14 years is one of the five pupils that assisted the teacher helped to return to school after being forced into early marriage,( GIDD Magazine, 2011).

The USAID / Zambia GBV programming evaluation (2010) reports that USAID/Zambia supports a three-year (February 2008 – January 2011) GBV program called “A Safer Zambia” (ASAZA). The ASAZA program is implemented through a cooperative agreement with CARE International under the (Women’s Justice and empowerment initiative) WJEL. The program addresses GBV prevention, care, and support for survivors through coordinated response centres (CRCs) and shelters in seven districts: Chipata, Kabwe, Kitwe, Livingstone, Lusaka, Mazabuka, and Ndola. The goal of the ASAZA program is to decrease GBV through greater knowledge of and changed attitudes toward gender inequities, and improving GBV survivor’s access to comprehensive services to meet their medical, psychological, and legal needs The team found that the dual-pronged approach of providing direct services at the same time as conducting public outreach and sensitization campaigns/activities at all levels – from the community to the national level – is the most effective approach to comprehensively address GBV in Zambia.

Authors have tabulated that these initiatives have successfully “broken the silence” regarding GBV in Zambia, transforming deeply entrenched attitudes and norms. In less than three years, the level of awareness regarding GBV increased from 67% to 82%; the number of individuals able to identify spouse battery as a form of GBV increased from 37% to 67%; 73% of individuals reported they had recently seen or heard messages regarding GBV; and 75% indicated they knew of specific activities in their community being undertaken to combat GBV. These are major accomplishments to have been achieved in less than a three-year period, ( USAID- Zambia GBV Programing Evaluation, 2010).

The Canadian Women Foundation (2012) reports that the I Can Protect Myself project is at the La Passerelle Women’s Centre, Weedon. La Passerelle offers workshops for young women with physical or intellectual disabilities to prevent relationship violence, incest, sexualized aggression, harassment, and other forms of violence against women. The project aims to break isolation, develop critical thinking skills and provide tools that help in the case that they experience violence. To provide guidance and support for this project, a facilitator with specialized training on women with disabilities was hired

.

The Canadian women foundation (2012) also reveals that the December 6th which is at the Community YWCA of Muskoka centre, *Brace bridge* provides loans for rent deposits; moving expenses; basic furniture; storage expenses; utility deposits; and other expenses incurred as a direct result of the applicant's recent experience of abuse. Loan applicants are eligible for loans to cover the costs of outstanding rent and utilities for up to three months prior to loan negotiation when the abuser is no longer living with the woman and for loans for outstanding expenses that impact on their current safety including: a) outstanding phone bills b) outstanding hydro bill and/or c) outstanding rent. Loan applicants are eligible for loans to cover the cost of childcare expenses in arrears if the loan applicant is currently employed or searching for employment, and are at risk of losing a space in subsidized childcare services.

The materials reviewed indicated that YWCA of Halifax, continues to develop the December 6 Fund micro-loan program, which supports women as they make the transition from abusive situations to safety and self-reliance. Since launching the program in 2010, the project has

quickly gained respect as evidenced through the maintenance and development of referral networks with the Nova Scotia Department of Community Services and Victim Services teams at Halifax Regional Police, Nova Scotia Department of Justice and Military Police. In 2011 the YWCA and the Transition House Association of Nova Scotia formed a partnership along with YWCA Moncton to develop additional intake sites in order to reach rural and francophone women. While the capital loan fund is still managed centrally, additional intake sites across the region increase access for rural, francophone, and newcomer women that adds depth and breadth to the range of women helped.

The Canadian Women Foundation (2012) also reports that Community Housing Program conducted by the Discovery House Family Violence Prevention Society, *Calgary* is the Community Housing program guarantees women with children leaving domestic violence a home in the community, case management services and mental health support. This allows them to make positive changes in their lives and break the cycle of violence. The stability and connection to the community these families gain helps to minimize the risk of returning to the abusive environment, or homelessness. The Community Housing team, composed of case managers, adult mental health specialists and child and youth support specialists, provides each family with home-based services tailored to their needs.

The Mani-Utenam Women's Centre, Mani-Utenam is a project that has hired a social worker to respond to women's and children's needs related to psychological, physical or sexual violence. The Canadian women foundation (2012) reviewed that with this staff at the centre, women will have access to counselling services. They will be able to access a safe space to be heard, to express their needs, to seek referrals and choose the next steps they wish to take. This staff person will also be able to provide public education and awareness-raising on violence against women

The Authors also reviewed that raising awareness is crucial in eliminating gender-based violence. In fact, measures aimed at modifying harmful social and cultural practices are required by a number of international conventions, so that they rise to the level of a State duty. Most countries have recognized the importance of raising awareness and have responded with a variety of methods. Particularly innovative strategies have emerged from co-operative efforts between governments, international organizations and NGOs, (The Analyst, 2007)

The population reference bureau (2000) also review that an on-going campaign against gender-based violence in Liberia brings together an international NGO (Oxfam), the Forum for African Women Educationalists and schools in several parts of the country to raise awareness about the new law against sexual violence. A range of effective approaches also rely on public media, including television, radio and newspapers. For example, recent campaigns in Bolivia and India have relied on pop songs and music videos. Community mobilization and local activism is also known to be effective.

Scholars have also reviewed that in Uganda, the Centre for Domestic Violence Prevention works with a group of volunteers who attend training sessions and organize violence prevention activities, including door-to-door visits, participatory theatre, impromptu discussions and booklet clubs, in their communities. A number of States, including Egypt, have seen significant progress from so-called social contracts and public collective commitments, whereby particular groups of people (e.g., entire villages) commit to ending particular practices. This approach has had particularly high rates of success in the context of eliminating female genital mutilation, (Kali, 2008).

The studies reviewed indicate that recent analyses have drawn particular attention to the importance of involving men in awareness-raising efforts. The most famous example of a campaign focused on men is the White Ribbon Campaign, started in Canada: men who participate in educational workshops, fund-raising and general awareness-raising wear a white ribbon as a personal pledge never to commit, condone or remain silent about violence against women. The rationale behind such heightened interest is the fact that men commit the vast majority of sexual violence, and are thus in a powerful position to generate change. Involvement of this kind is especially important in societies where sexual and domestic violence by men against their wives is viewed as acceptable, (Population Reference Bureau 2000)

It was reported in The Post Newspaper; April 7, (2009) vol.6217 that the Women Christian Association (YWCA) has embarked on a sensitization programme on gender-based violence against women and children in Kazungula district. The programme, was kicked off in Mambova and Kasaya, has been made possible with the support from German Development Service (GED). A sensitization play by Liwase drama group was performed, Southern Province Regional Coordinator for YWCA, stressed that women and children are the most vulnerable in



society on issues related to human rights. She observed that most cases of gender violence go unreported and urged women not to remain silent but report all cases of abuse to YWCA.

The post newspaper April 7 (2009) vol.6217 also reported that the co-ordinator urged women in communities to support each other and speak for their rights, pointing out that gender violence can lead to death and remain submissive to their husbands in order for them to enjoy their marriages. And women in the two areas expressed their gratitude to YWCA for bringing such a sensitization programme in their communities. The co-ordinator also suggested, to team up together with YMCA (Young men Christian Association) when going out on an outreach that seeks to address matters that affect the whole family. This study utilised the literature on programs and efforts in combating GBV to see the gaps in the YWCA anti gender based violence educational program.

## **2.9. Summary**

The literature reviewed focused on Statistics, Causes and Programs of Gender Based Violence. Constraints faced in mitigating gender based violence were also revealed. .The study also looked at the Gender based violence Act and Legislation. The study also focused on literature concerning the efforts and anti-gender based violence programmes in other parts of the world. Not so much research has been done trying to assess anti-gender based violence programmes hence this study strived to fill this void. In the next research it can be vital to do a comparative study; trying to assess the anti-gender based violence programmes conducted by YWCA and VSU.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0. Overview**

This section describes the methods which were used in collecting data and how this data was analysed. It also describes the research designs which were employed, the target population, sample size, and sampling method. Data collection procedure and data analysis as well as the instruments used have been presented in this chapter.

#### **3.1 Research design**

The study employed a case study design in order to do a detailed and in depth study of the YWCA anti- gender based violence educational program in Kitwe District. Scholars have pointed out that a case study seeks to describe a unit in detail, in context and holistically (Kombo and Tromp 2006). According to Bromley (1990) a Case study is a systematic inquiry into an event or a set of related events which aims to describe and explain the Phenomenon of interest. Yin (1994) adds that the unit of analysis can vary from an individual to cooperation. Data come largely from documentation, archival records, interviews, direct observations, participant observation and physical artefacts. The case study design is neither qualitative nor quantitative (Burns &Grove, 1999). Stake (1995) emphasizes that the number and type of case studies depends upon the purpose of inquiry; an instrumental case study is used to provide insight into an issue; an intrinsic case study is undertaken to gain a deeper understanding of the case; and the collective case study is the study of a number of cases in order to inquire into a particular phenomenon. Feign, Orum and sjoberg (1991) suggest that, while proponents of multiple case studies may argue for replication using more than one case may dilute the importance and meaning of the single case.

#### **3.2. Outline of a case study**

Guba and Lincoln (1981) describe case study ‘types’. These types are factual, interpretive and evaluative. Each case study must outline the purpose, then depending on the type of case study and the actions proposed by the researcher, the researcher could determine the possible products of the study. Zucker, (2001) also states that the researcher’s actions include recording, constructing and presenting, and producing a chronicle, a profile or facts. Additionally, the

researcher is construing, synthesizing and clarifying, and producing a history, meanings and understanding. Yin (1984) case study design must have five components: the research questions, its propositions, its unit of analysis, a determination of how the data are linked to the propositions and criteria to interpret the data. Case study research purposes may be exploratory, descriptive, interpretive and explanatory.

Case study designs are often seen as prime examples of qualitative research- which adopts an interpretive data, studies things within the context and considers the subjective meanings that people bring to their situation. It is erroneous to equate a particular research design with either quantitative or qualitative methods. Yin (1993), a respected authority on case design, has stressed the irrelevancy of quantitative/qualitative distinction for case studies. He points out that: a point of confusion has been the unfortunate linking between the case study method and certain types of data- for example those focusing qualitative methods, ethnography, or participant observation. People thought that the case study method required them to embrace these data collection methods. On the contrary, the method does not imply any particular form of data collection- which can be qualitative or quantitative.

The core of this study's case study is the YWCA Kitwe Centre. This study did an in depth study of the unit's anti- gender based violence educational program. Data came largely from documentation, archival records, interviews, direct observations and participant observation.

### **3.3. Population**

YWCA has 6 sights in Kitwe District where it conducts its anti-gender based violence educational sensitization campaigns and these are the areas where most of the clients come from (namely Kamatipa, Twatasha, Race Course, Kawama, Chimwemwe and Mindolo). These areas are near YWCA correlation centre. From the YWCA register, it was observed that during active days of Monday, Tuesday or Wednesday YWCA frequency of clients is about 3-10 in a day. 180 -250 clients visit the centre in a month and 1900-2700 clients in a year. But it has to be noted that YWCA covers four districts: Kitwe, Kalulushi, Chambishi and Lufwanyama.

**Table 1: Population and Sample Size of the Study**

| <b>Kamatipa</b> | <b>Twatasha</b> | <b>Race Course</b> | <b>Kawama</b> | <b>Chimwemwe</b> | <b>Mindolo</b> | <b>Other Districts</b> | <b>Total</b>   |
|-----------------|-----------------|--------------------|---------------|------------------|----------------|------------------------|----------------|
| 15              | 13              | 16                 | 13            | 18               | 22             | 14                     | Population=111 |
| 12              | 12              | 7                  | 11            | 14               | 13             | 4                      | Sample=73      |

### **3.4 . Sample size**

The sample size was 73 respondents which comprised 70 YWCA clients, 2 YWCA psycho-social counsellors and the YWCA Kitwe coordinator. The sample size was arrived at considering the nature and frequency of the clients who visit the YWCA counselling centre in a day. During the active days of Monday, Tuesday and Wednesday 3-10 clients would visit the centre. And on non-active days maybe 1 client would visit the centre.

### **3.5. Sampling Technique**

The 70 YWCA clients were purposively sampled. The 2 YWCA psycho- social counsellors and 1 coordinator were selected using expert non random sampling. This technique was arrived at due to the frequency of clients at YWCA counselling centre. During the active days of Monday, Tuesday and Wednesday 3-10 clients would visit the centre. And on non-active days maybe 1 client would visit the centre. The clients were sensitive, had different educational and social backgrounds and visited the centre when they had a problem. Mbozi (2015) categorizes expert/ key informant sampling under the common non-probability/ purposive sampling.

### **3.6. Instruments**

The principal instruments for the study was a researcher administered questionnaire which had closed and open ended questions, interview guide and observation schedule.

### **3.7 Data Collection Procedure**

Permission to conduct this study was sought from the relevant authority at the University of Zambia and the YWCA (Kitwe) copper belt co-ordinator.

#### **3.7.1 Document review**

Data collection for the research study was done through Document review such as reading some of the essential materials like the YWCA monthly, quarterly, annual reports, attendance registers brochures, and government policy on gender based violence. According to Schwartzman and Strauss (1973) journals and logs are vital to track methodological, observational and theoretical field notes during data collection.

#### **3.7.2. Questionnaires**

Questionnaires were researcher administered to the YWCA clients who were present during the period of research.

#### **3.7.3. Interviews**

The YWCA Kitwe coordinator and 2 psycho- social councillors were interviewed. During the interviews the researcher took some notes and there were only two people the interviewer (researcher) and interviewee. Face to face interviews was used to allow an in depth study of the assessment of the YWCA anti- gender based violence educational programme. Miller (1992) stresses that the researcher has to create interview questions prior to the first interview, which serve as a script for moving the interviewee closer to eliciting experience and meaning in each succeeding interview

#### **3.7.4. Observation**

The researcher also observed the counselling centre environment, Participants, materials/methods used during the counselling sessions and how the counselling was done. Yin (1994) reveals that apparently most case study research is linked to the observation data collection method.

### **3.8. Data Analysis and Interpretation**

Data was analysed in this manner; Qualitative data employed content analysis and generation of themes; Quantitative data employed simple quantitative analysis techniques such as: the generation of frequency tables, cumulative percentages and graphs.

The responses from research respondents were put into categories according to the emerging themes and then analysed and interpreted critically and objectively in order to enable the researcher go beyond the information given from the gathered data and then draw conclusions that are vivid, valid and reliable.

### **3.9. Quality of the Data**

Quality of the data was enhanced using data triangulation which involved using different sources of information. The YWCA brochures, reports, attendance registers, the anti-gender based violence act, books, newspapers and internet were consulted.

### **3.10. Limitations of the Study**

Limitations of the study are in two fold. Firstly, considering that it is a case study with a limited number of respondents, the findings generalization was limited. Secondly, the respondents were purposefully drawn, considering those who were willing to talk to the researcher; lost out on the views of the respondents who never felt like talking when the research was going on.

### **3.11. Ethical Considerations**

Ethical concerns were taken into consideration in this study. All data collected during the study was kept highly confidential and was not used for the purpose other than the intended one. Consent was sought from the respondents and ensured that they participated voluntarily. The researcher also maintained an open and honest approach and ensured that the names of the respondents involved were protected.

### **3.11. Summary**

The chapter looked at the research design, population, and sample, sampling procedure, data collection methods, data analysis and ethics of research. It generally looked at the methods, techniques and procedures used in collecting and analysing information

## **CHAPTER FOUR**

### **PRESENTATION OF RESEARCH RESULTS**

#### **4.0. Overview**

This chapter presents findings of the study of an assessment of the YWCA anti- gender based violence education program. The findings are based on the following objectives;

1. To determine the characteristics of the clients in terms of; area of residence; sex; age; and educational levels.
2. To determine the adequacy of the YWCA anti-gender based violence educational programme in addressing gender based violence.
3. To investigate the appropriateness of the delivery methods used in the YWCA anti –gender based violence education programme.
4. To examine how the YWCA education programme is responding to the needs of the clients

The section below will present the findings related to the objectives. The responses are from the participants of the YWCA anti-gender based violence program and from the facilitators and the coordinator. The data was collected from respondents that attended sessions at the YWCA-centre at Mindolo Ecumenical foundation. The most active days were Monday to Wednesday and this was from the month of August to September 2013.

#### **4.1 Characteristics of the Clients of the YWCA Anti-Gender Based Violence Education Program**

##### **4.1.2 Distribution of Clients by Age**

In determining the characteristics of the clients, age was looked at. Age was an important phenomenon to focus on because it was assumed that most of the GBV cases surround the middle aged and the young ones. Just as indicated in the literature review, the practice of forcing young girls below the age of 18 into early marriages is also a form of gender based violence that is prevalent in Zambia especially in rural areas. The YWCA is one of the organization's that



offers services to the survivors of gender based violence and offers protection against early marriages, (Gender Magazine, 2011)

It was also proved vital to consider the age of the clients in this program so that the age group that mostly frequents the centre to access this service was known. The age group assisted the researcher to know whether the appropriate teaching and delivery materials were used or if there was need to use different teachings and delivery materials for a particular age group.

**Table 2: Distribution of Clients by Age**

| <b>Age group</b> | <b>Frequency</b> | <b>Percentage</b> |
|------------------|------------------|-------------------|
| 16-20            | 3                | 4                 |
| 21-25            | 4                | 6                 |
| 26-30            | 19               | 27                |
| <b>31-35</b>     | 20               | 29                |
| 36-40            | 12               | 17                |
| 41-45            | 6                | 8                 |
| 46-50            | 4                | 6                 |
| 51-55            | 2                | 3                 |
| 56-older         | 0                | 0                 |
| Total            | 70               | 100               |

The research indicated that most of the participants were aged between 31 years and 35 years, which is 29% of the clients and the least number of participants were aged between 51 and 55

which is 3% of the clients. Most of the Clients that is 39 out of 70 or 56% were in the 26 and 35 age range.

It was established that 2 clients or 3% were aged between 51 and 55 years. The least number of clients fell in the age range of 51 and 55 years. There were no clients aged 56 and above.

It proved worthy to look at the sex of the clients because most research indicates that women are more affected by GBV than men. Literature also confirms that, Physical and sexual violence are very common, the latest ZDHS reported that 53% of woman interviewed reported experiencing some form of battering and a quarter of the having experienced physical abuse within the 12 months preceding the survey, (Gender Magazine 2011)

**Table 3: Distribution of Clients by Sex**

| <b>Sex</b> | <b>Frequency</b> | <b>Percentage</b> |
|------------|------------------|-------------------|
| Male       | 12               | 17                |
| Female     | <b>58</b>        | 83                |
| Total      | 70               | 100               |

The study revealed that 12 respondents or 17% were male and 58 respondents or 83% were female. It has to be noted here that the male respondents who were found at the centre at that time, were there due to the fact that their spouses had reported them.

#### **4.1.3 Distribution of Clients by Level of Education**

The research also looked at level of education of clients so that it could establish if materials used corresponded with the level of education of the clients and to see if YWCA should consider partnering with educational institutions who could take on Women who would have the need of going back to school. Literature also confirms that Education and awareness would be a big step towards the fight of gender based violence. Only through Education and awareness can we

connect with the vast majority of men living in various parts of the world and prevent them from falling prey to the numerous forms of possible violence in their life, (Kali, 2008)

**Table 4: Distribution of Clients by level of Education.**

| Response                     | Frequency | Percentage |
|------------------------------|-----------|------------|
| Not been to school           | 1         | 1          |
| Grade 7                      | 25        | 36         |
| Grade 9                      | 24        | 34         |
| Grade 12                     | 9         | 13         |
| Certificate or Diploma level | 7         | 10         |
| University degree and above  | 4         | 6          |
| Total                        | 70        | 100        |

#### **4.1.4. Distribution of Clients by Residence**

The area of residence was assessed so that the catchment area could be established because in most research the enlightened population is not so much mentioned. For instance in the literature 30 year old Maggie, (a YWCA community advocate) a guidance teacher at Chimusanya Basic

School in Rufunsa, Chongwe District and a member of the Action Group involved in raising awareness on Gender based violence in the community revealed that cases of early marriages were common in the area, parents were fond of sending their children into early marriages, (Gender Magazine 2011).

**Table 5: Distribution by Residence**

| <b>Residential area</b> | <b>Frequency</b> | <b>Percentage</b> |
|-------------------------|------------------|-------------------|
| High density area       | 41               | 59                |
| Medium density area     | 24               | 34                |
| Low density area        | 5                | 7                 |
| Other                   | 0                |                   |
| Total                   | 70               | 100               |

The study revealed that 41 respondents or 59% were residing in high density areas, 24 respondents or 34 were residing in medium density areas and 5 respondents or 7% were residing in low density areas.

The study below revealed 41 respondents or 59% were residing in high density areas, 24 respondents or 34 were residing in medium density areas and 5 respondents or 7% were residing in low density areas.

It is evident from the study that a bigger number of the respondents lived in high density areas 59% whilst a smaller number of the respondent lived in low density areas 7%.

#### **4.2. Adequacy of the Anti – Gender based Education Program**

This section looked at the second objective which is determining the adequacy of the program quantitatively and qualitatively. Adequacy of the program was measured using a variety of services, Coverage area and clients satisfaction.

##### **4.2.1. Types of service**

It was cardinal to look at the services the clients received under the program so that the content or subject area was known. The content or subject would help in determining whether show if more services needed to be introduced or not. Just as it is reflected in the Anti-gender based violence No.1 of 2011 gender based violence takes many forms which can be Physical, mental, sexual, social and economic abuse. The services offered supposedly should tally with the forms of gender based violence so that everyone is attended to.

**Table 6: Types of Service Clients Received**

| <b>Types of service</b>     | <b>Frequency Total number of Respondents out of 70</b> | <b>Percentage of Respondents out of 100</b> |
|-----------------------------|--|---|
| Psycho – Social counselling | 63   | 90  |
| Legal advice                | 11   | 16  |
| Referrals                   | 12   | 17  |

|   |    |    |
|---|----|----|
| Temporal protective shelter                     | 21 | 30 |
| Training in survivor skills                     | 13 | 19 |
| Information on HIV/AIDS and human rights        | 62 | 88 |
| Protective shelter                              | 21 | 30 |
| Support networks for continued care and support | 33 | 47 |
| Food and personal needs for survivor            | 21 | 30 |

The study revealed that 63 respondents or 90% had been through psycho social counselling, 62 respondents or 88% had been given information on HIV/AIDS and human rights, 46 respondents or 66% had been connected to various partners who could assist and 11 respondents or 16% had been given legal advice.

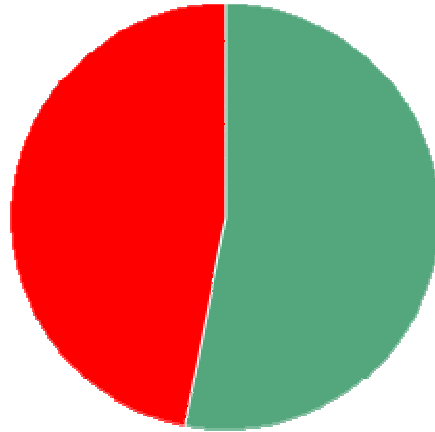
The findings showed that the majority of respondents (90%) had been through psycho – social counselling whilst least 16% had been given legal advice.

When the clients visited the centre to seek help, depending on the kind of help being sought, the facilitator guided the client on the number of services which he / she could offer. Some of the clients were offered psycho – social counselling at the same time given information, on HIV / AIDS and may be taken to the protective shelter. Thus, it was possible that a client can even get all the services under the YWCA anti-gender based violence program depending on the extent of the problem

#### **4.2.2 Distribution of Respondents Desiring more Services**

It was necessary to assess whether more services were desired in order to know what other services the clients required. This would help the program providers and the stake holders to know the services the clients required.

#### **Table 7: Distribution of Respondents Desiring more Services**



More Anti GBV Programmes 53%

Content with GBV Programmes 47%

It was established that 37 respondents or 53% revealed that they would like to see more services included and 33 respondents or 47% revealed that there were content with the number of services being offered under the anti – gender based violence program.

With regard to the question whether more services were required, most of the respondents who responded yes wanted the program to include financial help, permanent shelter, more spiritual support and employment after skills training, protection until confirmed that their spouses had left them alone and formation of business women groupings.

#### **4.2.3 Appropriateness of the Delivery Methods and Techniques.**

This was vital in the research due to the fact that methods of delivery and techniques could make a program succeed or fail. Friere (1972) confirms that inappropriate methods in Adult Education programs exemplify teacher centred methods which are described as domineering,

domestication, dehumanizing and allowing little or no active participation of learners in their own learning process.

**Table 8: Methods of Delivery and Techniques used by Clients**

| <b>Methods used as described by clients</b> | <b>Total number of respondent of 70</b> | <b>Percentage</b> |
|---|---|-------------------|
| Group method                                | 16                                      | 29                |
| Client Centred Method                       | 60                                      | 86                |
| Awareness campaigns                         | 12                                      | 17                |
| Couple counselling                          | 48                                      | 69                |
| Other                                       | 0                                       | 0                 |

The study revealed that 12 respondents or 17% had attended to using awareness (sensitization) campaigns, 16 respondents or 29% had been counselled in a group whilst 60 respondents or 86% had been counselled individually.

From the study the researcher observed that the client centred method ranked highest (86%) and awareness campaigns (17%) ranked the least because sensitization campaigns were held in specific areas recognized as the operating units. Thus clients who stay in areas like Kalulushi, River side, Chambishi and others usually miss out on awareness campaigns. It has to be noted that the naming of the methods was with the assistance of the trainers after the clients had described the method they used.

**Table 9: Client Satisfaction.**

| <b>Client satisfaction</b> | <b>Frequency</b> | <b>Percentage</b> |
|----------------------------|------------------|-------------------|
|----------------------------|------------------|-------------------|



|       |    |     |
|-------|----|-----|
|       |    |     |
| Yes   | 36 | 51  |
| No    | 34 | 49  |
| Total | 70 | 100 |

The study indicated that 36 or 51% were satisfied with the delivery method whilst 34 respondents 49% were not satisfied with the delivery methods.

Those who were not satisfied with the delivery method stated that they felt shy; they would have preferred to be in a group than using a client centred method.

Others who used the group centred method preferred to be counselled alone or just with their spouses because they were not comfortable being counselled with family members like the father in law or mother in law. Lastly, those who attended the awareness campaigns said sometimes the facilitators were not audible enough. This was because of noise from the spectators. The centre needed more machinery to hold such functions.

#### **4.2.4. Instructional Materials**

It was valuable to assess the Materials used in the Sessions in order to know if the Materials were responding to the age group of Clients and level of education of Clients.

**Table 10: Instructional Materials used during the Various Training.**

| <b>Materials cited by client</b> | <b>Total number out of 70</b> | <b>Percentage of clients out of</b> |
|----------------------------------|-------------------------------|-------------------------------------|
|----------------------------------|-------------------------------|-------------------------------------|

|   |    |            |
|---|----|------------|
|   |    | <b>100</b> |
| Charts  | 51 | 73         |
| Posters   | 60 | 86         |
| Leaf lets s   | 63 | 90         |
| Visual aids (IEC)–<br>information Education and<br>communication material | 21 | 30         |
| Other   | 11 | 16         |
| Total   | 13 | 19         |

It was reviewed that 63 respondents or 90% had been given leaf lets, 60 of the respondents or 56% revealed that posters were one of the materials they have seen during sessions 11 respondents or 16% indicated that visual aids were used during their sessions.

It has to be noted that 90% of the respondent disclosed that leaf lets were given to them during or after sessions whilst 16% of the respondents acknowledged that visual aids were used during sessions.

However, 19% of the respondents indicated that other materials had been used like the Bible, Gender Act of 2011, extracts from the panel code drama and research materials. Depending on the case the facilitator had to find information that will assist the client's situation resolved. This was cardinal so that the researcher would assess what needed to be adjusted in terms of Materials. There was a language barrier in some of the materials used because most of the materials used were in English and only a quarter were written in 6 selected Zambian local languages namely Bemba, Kaonde, Lozi, Lunda, Nyanja and Tonga.

The Gender based Violence Act of 2011 was written in English and had small font size which was not appropriate to those with sight problems and could not read English.

**Table 11: Clients Satisfaction with the Instruction Materials Used.**

| <b>Satisfied with materials used</b> | <b>Frequency</b> | <b>Percentage</b> |
|--------------------------------------|------------------|-------------------|
| Yes                                  | 39               | 56                |
| No                                   | 31               | 44                |
| Total                                | 70               | 100               |

The study indicated that 39 respondents (i.e.56%) disclosed that they were satisfied with the materials used whilst 31 respondents (i.e.44%) were not satisfied. In terms of the flyers / leaf lets some of the clients could not read because they had not been to school. Some of the clients also revealed that during the sensitization campaigns they would like to see projectors and public announcing systems and computers for the facilitators to do research and be equipped with latest information.

#### **4.3 Anti-Gender based Education Program’s Responsiveness to the Needs of Clients**

It was cardinal to assess the needs the clients had when they first came to the centre so that program providers and stake holders are aware of the other real needs of the clients. Knowles (1972) reviews that if the real needs of clients are not recognized the methods or techniques do not get to be a success

**Table 12: Distribution of the Needs the Clients had when they first came to the Centre.**

| <b>Category of needs</b> | <b>Frequency out of 70</b> | <b>Percentage out of 100</b> |
|--------------------------|----------------------------|------------------------------|
| Financial                | 6                          | 9                            |
| Spiritual                | 19                         | 27                           |
| Protection               | 13                         | 19                           |
| Counselling              | 62                         | 89                           |
| Other                    | 10                         | 14                           |
| Total                    |                            |                              |

The study established that 62 respondents or 89 were sought counselling spiritual help and 13 respondents or 19% sought protection whilst 10 respondents or 14% had other needs like education, permanent shelter for them and the children and material support like food, clothing and beddings.

The findings enabled the researcher to assess how the clients rated the program and come up with resolutions that would assist the program providers and the stake holders.

**Table 13: Clients views after Training Session.**

| <b>Clients wanting to get help elsewhere</b> | <b>Frequency</b> | <b>Percentage</b> |
|--|------------------|-------------------|
| Yes  | 2                | 3                 |

|       |    |     |
|-------|----|-----|
| No    | 68 | 97  |
| Total | 70 | 100 |

From the study it is evident that 68 respondents or 97% would not like to seek help from another organization and 2 respondents or 3% would like to seek help from another.

Clients who indicated that they would like to seek help from another organization gave a benefit of doubt of their spouses, they explained that despite their spouses showing signs of change, it is likely that that they might find themselves in the same situation.

The other reason was not being financial stable, the clients revealed they were going through rough situations (lack of provisions like food and psychological abuse) but could not leave their spouses because they were bread winners. Thus these clients were seeking someone to shelter them until they are financially and psychologically stable and in good health.

**4.4. Findings from Interviews with Facilitators and the Coordinator**

Facilitators and the coordinator were interviewed individually with respect to the YWCA Anti – Gender Based Violence Education program.

**4.4.1 Information about the Program**

The main goal of the YWCA Anti – gender based violence Education program is to ensure that violence against women is prevented and mitigated and incidences of violation of human rights r. YWCA members believes that violence against women cause physical, emotional and mental injury.

The YWCA Anti – Gender based Violence Education Program seeks to ensure that temporal protective shelter is provided to survivors of physical, emotional sexual abuse for a period of three weeks during which basic necessities are provided

Confidential and non-judgmental psychosocial counselling is also conducted under the program, information on the wide range of topics such as human rights, gender violence and HIV/AIDS is also provided. There is also legal advice and reference, training of vulnerable women in entrepreneurial skills and support networks for continued care and monitoring. Under this

program YWCA built shelters, the first shelter was opened in 1993. Currently, YWCA has shelters in the following towns; Lusaka, Kitwe, Kasama and Chipata.

#### **4.4.2 Clientele Coverage**

The findings from the facilitators showed that, in terms of clients YWCA has not necessarily got specifications of who could and not visit the Centre. As long as one had a problem and one thought YWCA can help, then they were welcomed at the centre.

However, it has to be noted that YWCA has got 6 sites where they hold sensitization campaigns. These are Race course, Kamatipa, Twatasha, Kawama, Chimwemwe and Mindolo. These areas are mostly high and medium residential areas and they were identified because most of the cases reported are from the same areas, thus it was found worth to conduct awareness campaigns due to the high presence of violence cases.

Responses from the facilitators and co-ordinator indicated that, most of the clients come from high density areas and a few come from medium density areas and it is very rare that clients came from low density areas. If they do, they usually withdrew the cases.

#### **4.4.3 Client Targets**

The YWCA in Kitwe was not setting targets for clients at the time of the study because the number of clients depended on clients seeking help. However when they carried out sensitization campaigns they set target of about 500 people. The targets set for sensitization were low in relation to the population set as coverage area. Only about 30 % of the total population was catered to. But in a day especially on Monday, Tuesday and Wednesday the turnout was high 4 to 10 clients visit the centre, in a month the number varies from 180 to 250, and in a year the number varies from 1900 to 2700 or more. The study also revealed that about 100 women visited the shelter annually.

#### **4.4.4 Training Content**

The facilitators reported that clients came with different problems thus the content differed. If the problem had to do with Gender violence, the Gender Act of 2011 was quoted. If the problem

had legal issues and Human Rights the penal code was referred to and if the client sought information on HIV/AIDS information was provided. Sometimes the Bible was also referred to in order to ensure that the client's cases were resolved.

#### **4.4.5. Delivery Method**

Advocacy and awareness activities such as production and dissemination of information, Education and communication materials (visual aids) leaflets, pamphlets, drama, charts, posters, gender based violence Act, research and documentation of the best practices and press releases. The researcher observed that these materials had a small font size which disadvantaged those adults who had sight problems. In Adult education it has been recommended to print materials in a font size which is favourable for most adults. In addition, most of these materials are written in English which entails that those adults who do not know how to read English are left out as well. Adult education recommends that a medium of instruction has to favour all.

In terms of delivery tools the YWCA Centre needs more materials. One of the facilitators disclosed there was great need of computers, projectors, Public Announcing system, furniture and more education and communication materials and more press releases have to be done.

The facilitator further revealed that the clients were counselled in different groupings depending on the nature of the problem. Individual counselling was employed when the client was alone or when the situation demands that the client should be counselled alone, couple counselling was employed when a couple has to be counselled, group counselling is employed when it demands that a family has to be counselled and awareness campaign was employed when reaching out to the masses

As the research was going on, the researcher observed an instance when a facilitator had a session with a client in the presence of other YWCA staff. The facilitator knew that client was not comfortable thus tried to tell the client that these are my colleagues so be comfortable. This type of counselling is not what YWCA advocates for as well as the humanistic theorist.

#### **4.4.6. Staffing Levels and Type of Qualification**

This research revealed that the staffing levels were low compared to the coverage area. At the time of the study the centre only had four facilitators and one coordinator. Most of the facilitators were trained in Social work. At the time of the study none of the facilitators were specifically trained to handle gender based violence cases or Adult Education.

#### **4.5. Summary**

This chapter presented findings of an assessment of the YWCA Anti- based violence based violence educational programme in Kitwe. The findings from the clients and facilitators revealed that most of the clients resided in high density areas and were aged between 26 and 35. The clients were mostly female and the educational level of most of the clients is not beyond grade nine.

The study also established that the delivery method and techniques used are charts, posters, information education and communication (IEC), leaflets, pamphlets, press releases, advocacy and awareness activities such as production and dissemination of information and research and documentation of best practices.

The study also established that YWCA had six sites where they conduct sensitization campaigns and targets were only set during these campaigns which usually captured more than 500 people. The busy days which are usually Monday, Tuesday and Wednesday 4 to 10 clients visit the centre in a day. As clients come for psycho-social counselling, depending on the case legal advice, referrals, temporal protective shelter for survivors of violence, training of vulnerable women, food and basic personal needs for survivors, information on wide range of topics such as human rights, gender and HIV/AIDS is given. The following materials are referred to; gender act Bible, extracts from the penal code and research materials.

Most of the clients admitted that their needs where being met and a few refused that there needs where not being met. The next chapter provides a discussion of the findings of the study, conclusion and recommendation.



## **CHAPTER FIVE**

### **DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Overview**

This chapter discusses the findings of the study of the YWCA Anti-gender based violence educational program. This study was focused on four main objectives: to investigate the appropriateness of the delivery method and techniques used in the YWCA Anti-gender based violence program; to examine the YWCA anti-gender based violence adequacy of the program qualitatively and quantitatively; to examine if the YWCA anti-gender based program is responding to the needs of the clients and to determine the characteristics of the clients. The discussion focuses on issues that emerged during the study. The chapter further presents the conclusion and recommendations of the study.

#### **Discussion of Findings**

##### **5.1. Issues Relating to Characteristics of the YWCA Anti-Gender Based Violence Educational Program Clients.**

The characteristics of the clients in this study did not vary much from the previous studies that dealt with the age, education, sex and area of residence. The study showed that most victims of GBV were Women just like the statistics collected by the Zambia Demographic Health Survey in 2007. According to ZDHS (2007), about 47% of all Zambian women have experienced physical violence since age 15, 77% by their current or former husband or partner; 7% by a brother or sister; and 6% by their father/step father); and one in five (20%) Zambian women have experienced sexual violence in their lifetime (64%) of which is perpetrated by current/former husband/partner or boyfriend.

The finding regarding most clients being women can be explained by the poverty levels among women in Zambia which make women more vulnerable to abuse than men. Mushabati (2014) found that most victims of domestic violence were women and at least two thirds were economically dependent on their spouses. Kali (2008) also reveals that women's vulnerability is particularly heightened by their economic dependence on men, lack of access to education, poverty, sexual exploitation, coercion and rape, as well as by their engagement in informal and commercial sex work.

The study also showed that most of the clients reside in high density areas. Those from the low density areas were fewer. The area of residence was also cardinal to assess so that the catchment area could be established because in most of the research the enlightened population is not so much mentioned. For instance, one of the facilitators disclosed that very few people from density areas visit the centre and if they do they usually withdraw.

## **5.2. Issues Relating to Appropriateness of the delivery methods and Techniques used in the YWCA anti-gender based violence program.**

The study showed that most methods and techniques were appropriate. And these were Counselling, advocacy, information education communication, drama, awareness activities such as production and dissemination of information using leaflets, pamphlets, and flyers. However dissemination of information using flyers and leaflets was not an appropriate adult education method because the font size and language used. The font size was small which means adults with eye site problems could not read them. The language used in most of the flyers, pamphlets, acts and leaflets was English which meant those who do not understand English are side-lined.

In line with the findings several scholars have revealed that; inappropriate methods in Adult education programs exemplify teacher centered methods which are described as domineering, domestication; dehumanizing and allowing little or no active participation of learners in their own learning process (Friere, 1972); At the same time these methods take little or no cognizance of the real needs of the community; (Knowles, 1975) it is important to mention that the use of such methods is often times compounded by the tendency to develop adult education programs which do not correspond to the needs of the intended beneficiaries (Chuma,1991).

The methods and techniques were not being applied correctly. This could be explained by inadequate training in adult education because most counsellors were not trained in Adult Education and not specifically trained to handle GBV cases. Literature indicates that With respect to the provision of psychosocial support, most social workers from the relevant institutions have no specific training in addressing GBV cases, and have little institutional support. While social workers are expected to monitor and report on cases, they do not send reports in a regular or prompt manner to the MCDSS. Some experts maintained that the psychosocial sector was the weakest of all sectors in addressing GBV issues in Zambia. Counseling services were not widely available. Social workers had large caseloads and extremely limited resources, resulting in difficulties in providing adequate services to survivors or victims, GBV-NAP (2008-1013)

### **5.3. To examine the adequacy of YWCA anti-gender based violence education program qualitatively and quantitatively.**

It was established that the anti-gender based violence program was not adequate. The location of the YWCA centre is not favourable to most clients. The centre is located in Kitwe on the Copperbelt province and it caters for other districts like Lufwanyama, Kalulushi and Chambishi. The transports costs are too much for the clients to bear hence cases go unreported or withdrawn. Literature also confirms that despite the establishment of victim support units in some districts in Zambia, counseling services for girls and young women who have experienced domestic and sexual abuse are either inadequate or not available in some places, (GBV-NAP, 2008-2013)

The study also established that in terms of the services clients interviewed received the most common service was Psycho –Social counselling and whilst the least was Legal advice. The other services include referral, temporal protective shelter, training in survivor skills, information, information on HIV/AIDS and human rights, support networks for continued care to support food and personal needs for survivors. Despite the provision of all these services the respondents indicated that they would like to see more services introduced in addition to the ones being offered. Services which they would like to see introduced include economic empowerment, permanent accommodation, spiritual counselling and linkages companies after training in survivor skills.

In line with the requests for more services literature shows an example of the YWCA services Canada. The December 6th which is at the Community YWCA of Muskoka centre, Brace bridge provides loans for rent deposits; moving expenses; basic furniture; storage expenses; utility deposits; and other expenses incurred as a direct result of the applicant's recent experience of abuse. Loan applicants are eligible for loans to cover the costs of outstanding rent and utilities for up to three months prior to loan negotiation when the abuser is no longer living with the woman and for loans for outstanding expenses that impact on their current safety including: a) outstanding phone bills b) outstanding hydro bill and/or c) outstanding rent. Loan applicants are eligible for loans to cover the cost of childcare expenses in arrears if the loan applicant is currently employed or searching for employment, and are at risk of losing a space in subsidized childcare services, Canadian women foundation (2012).

YWCA has not necessary set targets. But in a day especially on Monday, Tuesday and Wednesday the turnout is high 4 to 10 clients visit the centre, in a month the number varies from 180 to 250, and in a year the number varies from 1900 + 2700 or more. It also has to be noted that about 100 women visit the shelter annually. However, it also has to be noted that YWCA has got 6 sites where they hold sensitization campaigns. These are Race course, Kamatipa, Twatasha, Kawama, Chimwemwe and Mindolo. The clientele turnout is low as compared to statistics of GBV cases in Zambia. The literature reviewed indicate that in 2007, about 5127 cases were reported were as 8467 cases were reported in 2010, Mushabati (2014)

Furthermore, the latest ZDHS reported that 53% of woman interviewed reported experiencing some form of battering and a quarter of having experienced physical abuse within the 12 months preceding the survey. Woman currently or previously married were more likely to have been physically abused than women who never married and girls 15-19 represented the cohort most likely to have experienced abuse within the 12months preceding the survey. Most recently studies on GBV call attached to the sexual abuse of girls, crime fuelled by misconceptions about virgin cure for STIs and AIDS. YWCA studies have shown incest to be hidden but pervasive problem, Gender magazine (2011)

#### **5.4 To examine if the YWCA Anti-gender based violence program is responding to the needs of the clients.**

The study established that most of the clients sought counselling services even though they had other needs like education, permanent shelter for them and the children and material support like food, clothing and beddings. Knowles (1972) reviews that if the real needs of clients are not recognized the methods or techniques do not get to be a success.

The other need that strongly came out was that of clients not being financially stable. The clients revealed they were going through rough situations (lack of provisions like food and psychological abuse) but could not leave their spouses because they were bread winners. Increasing Economic Empowerment would be a viable solution for clients coming from home and those who temporarily live in the shelters. Respondents noted the importance of including economic strengthening activities, as much as for prevention and mitigation. The lack of economic opportunities was reported as limiting the ability of individuals to avoid or leave an abusive relationship and/or impacting the victim's decision regarding whether or not to report the incident – given that the perpetrator is often the primary breadwinner. This could entail building on existing activities, such as YWCA Women's Economic Empowerment Program and World Vision's Empowerment, Respect and Equality (ERE) program; further engaging the private sector; and adapting effective programs such as IMAGE in South Africa, which combines HIV and GBV prevention with micro-finance components. Economic empowerment should not only be provided to female victims of gender-based violence, but also to male victims and/or partners of these victims since economic stress was clearly one of the most commonly cited causes of domestic violence

#### **5.6 CONCLUSION**

Chapter one brought out issues on why the study was carried out. The study proved to be vital because of the escalating levels of gender based violence in Zambia and Worldwide. Gender based violence has been proved to be a health, psychological and social problem. A lot of women have been denied their human rights. A lot of Studies have been conducted regarding the causes of gender based violence but very few have been done trying to assess the programs which try to mitigate gender based violence. Thus this study was cardinal because it has tried to bring out

issues that can help policy planners and NGO, S that partner with government to mitigate GBV. Issues like most gender based violence victims needed economic empowerment came out thus a component like this one needed to be included in the anti-gender based violence programmes. In order to mitigate gender based violence in Zambia materials meant for sensitization or advocacy had to meet the adult education requirements and adult educators should be consulted before publishing. Facilitators for anti-gender based violence programmes should be trained Adult educators and specifically trained to handle gender based violence cases.

Chapter two which is the literature review revealed information relating to gender based violence. Literature had shown a lot of research information focusing on statistics of violence rather than on how programs aimed at mitigating GBV was performing. The literature had also shown the services or programs being provided by other organisations mitigating GBV in Zambia and other countries. The other reviewed literature was the causes of GBV, legislation and gender based violence Acts. The literature also included Efforts in combating GBV international and local organisations. The effects of gender based violence and constraints in combating gender based violence were also looked at. The literature which indicated GBV programs or services provided in other countries, as Zambia we had learnt the components and how other countries were conducting anti-gender based violence programs. Also, literature on legislation was useful to the Zambian government departments like VSU, which would see which other measures to introduce in order to fight gender based violence.

In chapter three which is the methodology, a case Study was used. This method was found to be appropriate looking at the nature of the study. The core of the case study was the YWCA centre. The study used a case study in order to collect in-depth information on how the YWCA anti-gender based violence program was running. The study focused on this case only. The information collected could be used to come with policies which can help in mitigating gender based violence. For instance, a policy could be made that gender based violence victims should be supported by the government of the day since most of them are vulnerable. The information collection could also be used to identify other needs the victims of GBV have.

Chapter four presented findings of an assessment of the YWCA Anti- based violence based violence educational program in Kitwe. The findings from the clients and facilitators revealed that the clients resided in high density areas mostly aged between 26 and 35 and were female.

The study also established that the delivery method and techniques used are charts, posters, information education and communication (IEC), leaflets, pamphlets, press releases, advocacy and awareness activities such as production and dissemination of information and research and documentation of best practices. From the findings, women were seen as the most vulnerable because of economically depending on men, thus women especially those in high density areas needed to be empowered with knowledge on how to come up with economic activities. Ultimately, the reliance on men economically would start to finish bit by bit and Zambia would develop.

## **5.7. RECOMMENDATIONS**

1. In this study it was revealed that most the of YWCA anti- gender based violence clients came from high density areas mainly the 6 sites where it holds sensitization forums on gender based violence. There is need for YWCA to reach out to People residing in low and medium density areas because incidences of gender based violence have not spared these areas. These areas were reported to be the areas where withdrawal cases are common. In order for sensitization widely spread, YWCA needs financial support and material support (transport and delivery tools) from international organizations or any other government department like GIDD who would like to support this cause.
2. In order to improve the anti-gender based violence sensitization campaigns the following should be done: first in the production of the materials leaflets, pamphlets or any other YWCA or the supporting organization have to consider a favourable font size because some adults have some sight problems; second materials should be produced in various local languages so that clients with low literacy skills can benefit from reading in their mother tongue.
3. The Government of the Republic of Zambia should provide resources to GBV victims. Capital for starting businesses especially to those who cannot go back to their homes or bread winners who are locked up.

4. Also in terms of adequacy of the program, a lot needs to be done because YWCA financial muscle and man power at the moment is not enough to reach out to three quarters of the population especially those in high density areas. The catchment area is too big but man power and resources cannot allow. There is need for YWCA to be linked to more government departments apart from the ministry of gender so that they are assisted in terms of sensitization as the government departments carry out other projects in the various communities.

### **5.8. Further Research**

The researcher would like to do a comparison study of YWCA and VSU anti-gender based violence education programme. The researcher would want to see if these two programmes have the same components. If so then the two programmes could be merged. If not then the two programmes could see how best the two can run separately.



## REFERENCES

- Bitangaro, B. (1999). Rape: the Silent Cancer among Female Refugees. *In Population Reference Bureau 2000 Conveying Concerns; Women Report On Gender Based Violence*. Washington: Measure Communication.
- Beijing Declaration Platform for Action (1995). *Addressing Women's Rights: finding a lasting Solution*. Beijing: Measure Communication.
- Bless C. and Achola, P. (1990). *Foundations of Social Research*. Lusaka: Government Printers.
- Brink, H. (1996). *Fundamentals of Research Methodology For Health Care Professionals*. Cape Town; Juta & Company Ltd.
- Bromley, D.B. (1986). *The Case Study Method in Psychology and Related –Disciplines*. Chi Chester: John Wiley & Sons.
- Burns, N. and Grove, S.K. (1999). *Understanding Nursing Research*. Philadelphia: W.B. Saunders Company.
- Canadian Women's Foundation (2012) *Grant Summary: Moving Women out of Violence*. Edmonton: Abex Publishing Corp.
- Carr, D. (1997). *Female Genital Cutting: Findings From The Demographic And Health Survey*, Calverton: Inter National.
- Creswell, J. W. (1994). *Research Design: Qualitative and Quantitative Approach*. New Delhi: Sage Publications.
- Creswell, J.W. (1998). *Qualitative Inquiry and Research Design*. London: Sage Publications.
- Corsini, R.J, and Wedding, D. (Eds.) (2008). *Current Psychotherapies*. (8th Ed.). Belmont: Thomson Brooks.
- C.S.O. (2007). *Zambia Demographic Health Survey*. Lusaka: Government Printers.
- David. J. Cain, and Jules Semain (1981). *Humanistic Psychotherapies: Hand Book of Research and Practice*. Washington DC: Psychological Association.

Feigin. J.R., Orum, A.M, & Sjoberg. G.(1991). *A Case Study*. Chapel Hill: The University of North Carolina Press.

Freire. P. (1970). *Pedagogy of the Oppressed*. New York: Penguin Books.

GIDD (2011). *Gender Magazine: Women's Rights*. (2011 Ed). Lusaka: Government Printers

GIDD Report (2000). *Educating the Masses on Gender Based Violence and Interventions*. Lusaka, Government printers

Government of Zimbabwe (2007). *The Prevention Of Domestic Violence And Protection Of Victims Of Domestic Violence Act*. Harare: The Government of Zimbabwe

Guba. E.G, and Lincoln, Y.S (1981). *Effective Evaluation*. San Francisco: Jossey-Bass Publishers

Kombo, D.K. and Tromp, D.L.A. (2006). *Proposal and Thesis Writing: An Introduction*. Nairobi: Pauline Publications Africa.

Knowles, M.S. (1973). *The Modern Practice of Adult Education*. Houston: Penguin Books

Mbozi, E.H. (2015). *Research Methodology, Paper Presented for Postgraduate Supervisors and Examiners work shop-UNZA*. Unpublished.

Mezieobi, K.A. (1994). *Contemporary Issues in Social Studies: Social Studies in Schools*. Onitsha: Outrite Publishers.

Mushabati (2014). Factors that influence the Zambia Police Victim Support Unit's Work of Reducing Domestic Violence Cases in Ndola. Unpublished Masters Dissertation : University of Zambia.

National Action Plan on Gender Based Violence (2008-2013). *National Action Plan on Gender Based Violence*. Lusaka: Government printers

Ng'andu, S.K. (2013). *Writing a Research Proposal in Education Research*. Lusaka: UNZA Press.

Njenga, F. (1999). "If Your Husband Is Abusive, Leave Him!" In: *Conveying Concerns: Women Report On Gender Based Violence*. Washington: Measure Communication.

Olk, H. (2003). *How to Write a Research Proposal*. Accra: DAAD Information Centre.

Patterson, C.H. (1977). *Foundations for a Theory of Instruction Educational Psychology*. New York: Harper & Row.

Phiri (1992). *Violence against Women in Zambia*. Unpublished: YWCA

- Population Reference Bureau (2000). *Elimination of all forms of Violence*. Washington: Measure Communication.
- Population Reference Bureau (2001). *Mitigating Gender Based Violence in War torn Countries* Washington: Measure Communication.
- Republic of Ghana (2003). *Domestic Violence Act: Forceful Engagement*. Accra: Republic of Ghana.
- Republic of Namibia (2003). *Combating of Domestic Violence Act, No. 4*. Windhoek : Republic of Namibia.
- Republic of Zambia (2011). *Simplified Anti-Gender Based Violence ACT No.1* .Lusaka: Republic of Zambia: Lusaka.
- Rogers. C. (1977). *Carl Rogers on Personal Power: Inner Strength and Its Revolutionary Impact*. New York: Delcorte Press
- Rogers. C. (1980). *A Hand Book of Research and Practice*. Washington DC: American Psychological Association.
- Sarah Bott, Mary Ellsberg and Andrew Morrison (2005). *Preventing And Responding to Gender-Based Violence in Middle and Low-Income Countries: A Multi-Sectoral Literature Review and Analysis*, 20 (World Bank, Working Paper No. 3618).
- Saran. S. (1999). *Rape is you At Risk? In : Conveying Concerns: Women Report on Gender Based Violence*. Washington: Measure Communication.
- Stake, R.E. (1978). *The Case Study Method in Social Inquiry*. Educational Researcher, 7(2), Statistic South Africa (2000).
- The Analyst, Vol. 358, April 9, (2007). *Gender based violence Campaign Rages*. Liberia: The Analyst.
- The Post Newspaper. April 7, (2009). Vol. 6217, “The Fight against Gender Based Violence”. Lusaka: The post Newspaper.
- Times of Zambia. April 12, (2015). Vol.19 (No120 ). “GBV Cases against Men Rampant.” Vol.19 No.120. Times Print Park, Lusaka.
- UNICEF (2015) *GlobalSite:* [http://www.genderbasedviolence-uk.com/sample\\_essays.phpixzz2kf5nbv](http://www.genderbasedviolence-uk.com/sample_essays.phpixzz2kf5nbv)
- USAID/Zambia (2010). *GBV Programing Evaluation*. Lusaka: Dev. Tec, Inc.
- United Nations (1979). *Convention on the Elimination of All Forms of Discrimination against Women*, G.A. Res. 34/180, Art. 2, U.N. Doc. A/RES/34/180 (Dec. 18, 1979)

Yakin Erturk (2006). *The United Nations Special Rapporteur On Violence Against Women, The Due Diligence Standard As A Tool For The Elimination Of Violence Against Women*. Delivered to the Economic And Social Council, U.N. Doc. E/CN.4/2006/61

Radhika Comaraswamy (2003). *The United Nations Special Rapporteur on Violence Against Women, Integration Of The Human Rights Of Women And The Gender Perspective, Violence Against Women*. 2147, Delivered to the Commission on Human Rights, U.N. Doc. E/CN.4/2003/75/Add.1

Women's Vision (1998). *A Fight against the Knife: Conveying Concerns: Women Report on Gender Based Violence*: Washington: Measure Communication.

United Nations (2005). *World Health Organization Report: Gender Based Violence Effect*. Washington: Measure Communication.

Yin, R.K. (1994). *Case Study Research: Design and Methods* (2<sup>nd</sup> Ed.). Newbury Park, CA: Sage Publications.

Zucker, D.M (2001). *Using Case Study Methodology in Nursing Research: The Qualitative Report*, London: penguin books.

## APPENDICES

### RESEARCH BUDGET

| ITEM NUMBER | DESCRIPTION                             | QUANTITY                            | UNIT PRICE | TOTAL IN KWACHA   |
|-------------|---|-------------------------------------|------------|-------------------|
| 1           | Transport                               | 30 trips go -come, data collection. | K10,000    | K3,00,000         |
| 2           | Food And Drinks                         | lunch and breakfast                 | K20,000    | K600,000          |
| 3           | Printing And Proposal Binding           | 2 copies                            | K50,000    | K1,00,000         |
| 4           | Printing Of Questionnaires              | 82*4                                | K500       | K164,000          |
| 5           | Stationary                              | 10                                  | K2,000     | K20,000           |
| 6           | Printing And Binding Of Research Report | 4 copies                            | K100,000   | K400,000          |
| 7           | Payment Of Research Assistant           | One                                 | K1,000,000 | K1000,000         |
|             | <b>TOTAL</b>                            |                                     |            | <b>K2,584,000</b> |

## RESEARCH TIME (TABLE) PLAN

| Activity plan                | March – April 2012 | April – May 2012 | June 2012 | July – august 2012 | Sept- Oct 2012 | Nov – Jan 2013 | Feb – April 2013 | May 2013 |
|------------------------------|--------------------|------------------|-----------|--------------------|----------------|----------------|------------------|----------|
| Literature search + review   | <b>//</b>          |                  |           |                    |                |                |                  |          |
| Proposal writing             |                    | <b>//</b>        |           |                    |                |                |                  |          |
| Submission of final proposal |                    |                  | <b>//</b> |                    |                |                |                  |          |
| Field work                   |                    |                  |           | <b>//</b>          |                |                |                  |          |
| Data analysis                |                    |                  |           |                    | <b>//</b>      |                |                  |          |

|                   |  |  |  |  |  |   |   |   |
|-------------------|--|--|--|--|--|---|---|---|
| Report writing    |  |  |  |  |  | " |   |   |
| Report finalizing |  |  |  |  |  |   | " |   |
| Report submission |  |  |  |  |  |   |   | " |

## MATRIX

| Objectives   | Nature of Information  | Source of Information  | Methods  |
|--|--|--|--|
| 1) To determine the characteristics of the clients                           | Educational background<br>Sex<br>Area of residence                     | Clients<br>Facilitators<br>Registers   | Interview<br>Questionnaire<br>Observation<br>Document review |
| 2) To determine the adequacy of the program qualitatively and quantitatively | Coverage area<br>Delivery techniques and tools<br>Frequency of clients | Facilitators<br>clients<br>Registers<br>GBV Act of 2011<br>Penal codes and other materials | Questionnaire<br>Interview<br>Observation<br>Document review |
| 3) To investigate the appropriateness of the delivery methods                | -Common methods used   | Facilitators<br>Clients  | Interview<br>Questionnaire<br>observation                    |

|  |  |                         |   |
|--|--|-------------------------|---|
| 4) To examine how the YWCA program is responding to the needs of clients | Services offered and received<br>Identification of needs | Facilitators<br>Clients | Interview<br>Observation<br>Questionnaire |
|--|--|-------------------------|---|

**OBSERVATION SCHEDULE**

| ITEMS BEING OBSERVED | RATING-<br>GOOD,VERYGOOD OR<br>BAD | COMMENTS |
|----------------------|------------------------------------|----------|
| ROOM ENVIROMENT      |                                    |          |
| DELIVERY TOOLS       |                                    |          |
| CLIENT/ FACILITATOR  |                                    |          |



|   |  |  |
|---|--|--|
| RELATIONSHIP                              |  |  |
| MATERIALS CONSULTED<br>DURING COUNSELLING |  |  |
| CONSELLING<br>TECHNQUES                   |  |  |
| STAFF WARMLINESS                          |  |  |
| NEED IDENTIFICATION                       |  |  |

**QUESTIONNAIRE FOR CLIENTS**

In Zambia, gender based violence keeps on escalating thus it was proved worth to assess one of the educational programs being offered to bring down the cases of gender based violence.

The questionnaire assesses your experience in the program.

As a respondent your participation is voluntary and you have the right to terminate participation any time. In addition, your participation is anonymous and all responses provided will only be used for master's research purposes and no information will be made available to any third party.

Finally your participation in this research is highly valued and appreciated.

Ethel Kunda Makunka,

Department of Adult Education and Extension Studies,

University of Zambia,

P.O. box 203637, Lusaka,

Mobile: 0963 864967

Please answer the following questions by ticking the relevant block or writing your answer in the spaces provided.

## **SECTION A : BIOGRAPHIC INFORMATION**

This section aims to obtain background or biographic information and determine characteristics of the clients.

Question 1: what is your current age?

|                                |        |        |         |         |         |            |
|--------------------------------|--------|--------|---------|---------|---------|------------|
| Please select only one option. | 16 -21 | 22 -25 | 26 – 35 | 36 – 49 | 50 - 59 | 60 - older |
|                                |        |        |         |         |         |            |

**Question 2: sex**

|                           |      |        |
|---------------------------|------|--------|
| Please select one option. | Male | Female |
|                           |      |        |

**Question 3: what is your level of education?**

- a. Grade 1 – 7
- b. Grade 8 – 9
- c. Grade 10 – 12
- d. College certificate or diploma
- e. University degree and above
- f. If none of the above, please specify.....  
.....

**Question 4: what kind of work do you do?**

- a. Maid / cleaner /garden boy
- b. Run a business
- c. Professional teacher, doctor, accountant or any other profession.
- d. If none of the above, please specify.....  
.....

**Question 5: where do you stay?**

- a. High density area
- b. Medium density area

- c. Low density area
- d. Other, please specify.....  
.....

**Question 6: if your spouse works, what kind of work does he / she do?**

- a. Guard
- b. Cleaner / garden boy
- c. Professional
- d. Other, please specify.....  
.....

**SECTION B:**

**Adequacy of the program qualitatively and quantitatively.**

**Question 7: during the visits to the YWCA Centre which of the following services have you been provided with? Please tick as many as possible.**

| Services   | Ticks |
|--|-------|
| Psycho-social counseling.                            |       |
| Legal advice.  |       |
| Referrals.   |       |
| Temporal practice shelter for survivors of violence. |       |
| Training in entrepreneurial skills.                  |       |
| Food and personal needs for survivors.               |       |

|   |  |
|---|--|
| <b>Information on a wide range of topics such as human rights, gender and HIV and Aids.</b> |  |
| <b>Occupational therapy.</b>  |  |
| <b>Support networks for continued care and monitoring.</b>                                  |  |

**Question 8: Would you like more services to be included?**

- a. Yes
- b. No

**Question 9: if yes, what other services would you require?.....**

.....

**Question 10: when you came to the Centre on the first day, was the Centre crowded by Clients?**

- a. Yes
- b. No

**Question 11: if yes, how many where you?**

- a. 1-4
- b. 5-8
- c. 9-12
- d. Other, please specify.....

**SECTION C: Appropriateness of delivery methods and techniques**

**Question 12: which methods do facilitators mostly use when communicating to you? Tick the methods you have encountered.**

- a. Group methods (counseling a family)
- b. Client centered method (pshyco-social counseling)
- c. Large audience talks (during sensitization)

d. Couple counseling (people in relationships)

e. Other, specify.....

**Question 13: were you satisfied with the methods?**

a. Yes

b. No

**Question 14: if not, where was the problem?.....**

.....

**Question 15: what kind of materials did the facilitator use during your sessions. Please tick as many as possible.**

a. Charts

b. Posters

c. Leaflets

d. Pamphlets

e. Visual aid (information education and communication (IEC)).

f. Other, please specify.....

.....

**Question 16: were you satisfied with the materials presented?**

a. Yes

b. No

**Question 17: If no, what problem did you experience?.....**

.....

## **SECTION D**

**Attachment of needs.**

**Question 18: what kind of help were you seeking when you came to the Centre? Tick as many as possible.**

- a. Financial
- b. Spiritual
- c. Protection
- d. Counseling

e. Other, specify.....  
 .....

**Question 19: choose a sentence that suits you.**

- a. My needs were fully met after the sessions.
  - b. My needs were half met after the sessions.
  - c. My needs were not met at all after the sessions.
  - d. Other, please specify .....
- .....

**Question 20: do you feel like sourcing help somewhere else after the program?**

- a. Yes
- b. No

**Question 21: if yes, explain why?.....**  
 .....

**SECTION E**

**What do you think would be included in the Programme which could help reduce gender based violence in homes?.....**

.....  
.....

**INTERVIEW GUIDE FOR FACILITATORS**

**1. WHAT IS THE YWCA EDUCATIONAL PROGRAMME ALL ABOUT**



2. HOW MANY FACILITORS ARE AT YWCA AND WHAT SORT OF QUALIFICATIONS DO MOST OF THEM HAVE?
3. HOW MANY PEOPLE DO YOU HAVE PER DAY, A MONTH AND A YEAR?
4. WHERE DOES YOUR CLIENTELE MAINLY COME FROM?
5. GENERALLY,WHAT ARE THE EDUCATIONAL LEVELS AND ECONOMIC STATUTUS OF THE CLIENTS
6. WHAT IS YWCA'S ANTI-GENDER BASED VIOLENCE EDUCATION PROGRAM AREA OF COVERAGE
7. WHAT DELIVERY TOOLS DO YOU USE TO REACH OUT TO YOUR CLIENTS?
8. DO YOU DO PRE-COUNSELLING?
9. DO YOU FOLLOW UP YOUR CLIENTS AFTER THE SESSIONS
10. IN YOUR OWN OPNION WHAT WOULD LIKE TO BE INCLUDED IN THE PROGRAM WHICH YOU FEEL IS MISSING