DO SOCIAL AND CULTURAL FACTORS PERPETUATE GENDER BASED VIOLENCE IN MALAWI?[1]

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Abstract

Gender based violence in Malawi exist at a level that requires special acknowledgement. A survey was conducted to assess how social and cultural factors affect gender-based violence in Malawi. The study revealed that both men and women are victims of gender based violence although women bare the brunt of the practice. Men abuse women through battery, use of abusive language, not providing some requirements and overworking them. Women abuse men by not giving them food and engaging in extra marital affairs. The study concluded that there are cultural practices and beliefs that perpetuate gender-based violence and these include "chiongo"-dowry, polygamy, "the notion of household head", male mobility, forced marriage and not having sex with a woman when she is menstruating and during post-partum abstinence which can force a man to have extra-marital sex.

Key Words: *socio-cultural factors, women, gender based violence, Malawi*

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Introduction

Although violence has been with us since time immemorial, it was only in 1996 that a World Health Assembly resolution (WHA49.25) recognized the increasing importance of violence as a leading worldwide public health problem(World Health Organization, 2002). Violence is an extremely complex phenomenon that has its roots in the interaction of many factors- biological, social, cultural, economic and political and is mainly caused by unequal power relations. Gender, social inequalities and inequities are related to many of the risk factors of violence particularly at the societal level. These factors can exacerbate other risk factors that create conditions in which violence can thrive. Conversely increased equality and equity can multiply the effects of protective factors to reduce the level of violence. Recent debate has brought the importance of addressing violence directed at women and girls. Violence against women is "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 threat of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life"(United Nations General Assembly, 1993). Violence against women has always been a tactic by which men maintain control over and exploit women's bodies and labor and has been used when a woman does not comply with the perpetrator's wishes or as a means of displacing a man's anger or bolstering his sagging masculinity (Mrsevic & Hughes, 1997).

Violence against women (VAW) is not only a manifestation of unequal power relations between men and women; it is also a mechanism for perpetuating gender inequality. The violence directed at women and girls, simply because they are female, can prevent them from obtaining equal status and full enjoyment of their human rights. As stated in the Beijing Platform for Action, fear of this violence can function as a barrier that limits women's access to opportunities and resources (African Union, 2007). Aside from the more culturally recognized physical and emotional abuse, behaviors such as destruction of property, threats, harassment and ridicule constitute violence against women.

Easteal (1994) reports that there is a complex dynamic interaction between the various beliefs and structures of a culture which is conducive to violence towards women. This is supported by Briere

(2004) who identifies socio-cultural factors such as poverty, social inequality and inadequate social support as some of the variables that combine to determine the seriousness of the impact of violence against women. Furthermore, Ibekwe (2007) reported that in some countries there are some cultural and traditional laws that negate women's rights which in one way or the other promotes violence against women. In such countries one may argue that violence against women has been institutionalized.

Bisika, Ntata, and Konyani (2008) reported that there are men who believe that they can be cured of AIDS if they had sex with a virgin and also that some men believe that they could get rich if they had sex with their daughters on recommendation from a traditional healer. This study also concluded that girls experience different forms of violence both at school and in the home which limits their participation in education and that the perpetrators of this violence are fellow pupils and friends.

Another study conducted by Phiri, Nankhuni, and Madise (1995) revealed that in Malawi even women and girls in tertiary institutions experience some form of gender based violence. This study established that 67% of female students in a tertiary institution had experienced sexual harassment and that 12% of them had been raped. The study further observed that women and girls experience many forms of gender based violence in their homes, work places, religious institutions, police stations, prisons, hospitals, institutions of learning (including tertiary institutions) and even in entertainment places. According to the study, gender based violence in the home may take the form of battery, sexual abuse of female children and workers, female genital mutilation, dowry related violence and marital rape while in the general community, gender based violence exists in the form of sexual abuse, rape, sexual harassment, trafficking of women and forced prostitution.

Women in Law in Southern Africa (WILSA) reported that 86-90% of gender based violence takes the form of domestic violence (UNIFEM, 2002). Domestic violence according to a WILSA includes drunken husband, forced sex, economic deprivation, petty accusations, mental torture and freedom denial. Property dispossession against widows is also considered violence against women.

Violence against women is a women's health issue as violence has many health effects which include injuries, psychological and mental problems, disability and death. Violence against women may also fuel the spread of HIV. There are four main areas where violence and HIV overlap:

- Forced sex may directly increase women's risk for HIV through physical trauma.
- Violence and threats of violence may limit women's ability to negotiate safe behavior.
- Sexual abuse as a child may lead to increased sexual risk taking as an adolescent/adult.
- Women who test for HIV and share the test results with partners may be at increased risk for violence.

Furthermore, victims of gender based violence especially the one involving domestic violence have a heightened risk for gynecological disorders and complications in pregnancy (Aimakhu, Olayemi, Iwe, Oluyemi, Ojoko, Shoretire, Adeniji, and Aimakhu, 2004). This means that violence against women is also a reproductive health issue as well.

Objectives of the Survey

The overall objective of the survey was to determine current levels of knowledge of men, women, boys and girls of gender based violence and to determine risky cultural practices that promote gender based violence.

Methodology

The study used largely a quantitative research method involving a survey and was descriptive in nature. A qualitative methodology was also used mainly to uncover the unforeseen concerns of the target population and also to ensure that methods were triangulated. When information from different methods and different respondents show some degree of consensus the research results can be accepted with more confidence. Quantitative data was collected through a structured questionnaire (interview schedule) which allowed for some open ended items due to the nature of the subject that was being

studied. The qualitative method involved in-depth interviews which were conducted using an interview guide.

Study Population, Sample Size and Study Area

The study population included men, women, boys and girls for the quantitative component and local leaders (village headmen) in the qualitative approach. Using a maximum variability sampling method a total sample size of 600 was considered adequate. The actual sample size was 613. This was broken down as 245 women, 155 men, 117 boys and 96 girls. The study was conducted in 3 districts namely Ntchisi, Zomba and Mangochi. The first district is in the central region while the remaining two districts are in the southern region which is home for 52% of the Malawi population.

Data Collection, processing and Analysis

The data collection and processing was highly participatory involving staff members of the Ministry of Gender and a consultant. Data collectors were trained for 3 days by a consultant social scientist and the Ministry of Gender Programme Coordinator. A team of 8 research assistants and two supervisors participated in the actual field work. Data entry was done using Microsoft Access and SPSS. Analysis of the data was done using Statistical Analysis Systems. Content analysis of the qualitative information was done manually using the search and code method. The percentages from multiple response items on the questionnaire are based on the actual number of responses and not respondents to ensure that interpretation is easy otherwise the percentages would shoot over 100%.

The categories women, men, boys and girls were used in the analysis as this allows for the direct comparison of age and gender. Man and woman were defined as those respondents 18 years and older and boy and girl were those less than 18 years of age.

Results

The Qualitative Information

The community leaders reported that gender based violence exists in their villages and takes the form of lack of care, wife battering, extra marital affairs and financial and material strangulation. The

community leaders acknowledged that these acts of violence are usually directed at women. According to the community leaders, when gender based violence has been committed people seek redress from the marriage counselors ("ankhoswe"), chiefs or village headmen and the courts. They also reported that in some instances the community leader can give the victim a letter to take to the police. Forced marriages were also recognized as violence against women and one community leader actually recalled a popular song in those old days called *"Mwana wanga ukwatiwe tizidya nsomba"* (my daughter get married so that we can eat fish).

According to the community leaders cultural practices that promote gender based violence exist and some of them are not having sex with a woman who is menstruating and during post-partum abstinence which can force a man to have extra-marital sex. The communities also observed that during weddings women sing a song which says that the boss in the family is the man ("wankulu m'banja ndi mamuna".

With respect to awareness creation in the area of gender based violence, it was observed that two out of the three communities that were visited had a gender based action group. In one community where it was fully operational, it was reported that membership was open to both men and women. In one community the gender based action group had just been formed at the instigation of the Ministry of Gender and Community Services. In the community where such a group was nonexistent the community leader concerned was quick to say that the group was needed in the community.

Another area that was explored with the community leaders was male involvement in looking after the sick since this has being traditionally a major preoccupation of women. The community leaders mentioned that men look after the sick –"even boys do". In one community male involvement was high because of the existence of a care and support group (Lamburira AIDS Support Organization-LASO). The care that comes from men includes provision of needs for the patient and assistance to women taking care of the sick. At times men may carry the patient to the hospital. The community leaders, however, indicated that cultural practices that can prevent men/boys from looking after the sick in their communities exist. People believe that a person can not look after a sick person of the opposite sex. There is also discrimination on the basis of nature of relationship to the sick

person. Marriage has also some negative implications on male involvement in care provision. People think that a man who is married should be looked after by his wife. The same observation was not made for a woman who is married.

Results from the Survey
Socio-Demographic Information

The sample for the survey was dominated by women (40%) followed by men (25.3%) and Boys (19.1%). The representation of girls was limited (15.7%). Less than a quarter (22.3%) of the respondents were household heads. More than half of the respondents were female. With respect to age, 22.2% of the respondents were less than 18 years, the rest were 18 years or older. Most of the respondents were married or cohabiting (56.3%) of whom 62.1% had been married once, and more than a third were single/never married (37.2%). A significant proportion of the respondents had no children (42.6%) and less than half (48.0%) had less than 3 children. More than a third (36.4%) were Moslems and about a quarter (25.6%) were protestants while 15.5 % were Catholics. Other religions were also reported but were not as common. A small proportion of the respondents had ever taken alcohol (15.2%) and even fewer had ever smoked (11.6%).

About a fifth (19.6%) of the respondents had no education, 61.0% had primary education and 18.8% had secondary education. More than half of the respondents (52.7%) were farmers and 20.6 were students. There were also respondents engaged in business (10.9%) and another 8.3% were home-workers.

Male involvement in Caring for the Sick

Generally the respondents were of the opinion that men should help in caring for the sick (85%) although only a fifth reported that men actually help with caring for the sick. Less than a fifth (17.3%) of the respondents reported that there were cultural practices/beliefs that can prevent men or boys from looking after the sick. These practices include male mobility (5.7%), cannot look after a patient of the opposite sex (21.7%), men do not look after the sick (21.7%) and 'can contract the disease" (19.3%) –Table 1 refers. All these factors can increase the work load for women and girls and hence should be construed as gender-based violence.

Table 1: Cultural Practices/Values That Prevent Men/Boys From Looking After The Sick

	Women	Men	Boys	Girls	Total
Can contract the disease	15.6	22.6	21.4	16.7	19.3
Cannot look after opposite sex	21.9	22.6	14.3	33.3	21.7
Men do not look after the sick	25.0	19.4	28.6	0.0	21.7
Discrimination	3.1	9.7	14.3	0.0	7.2
Sick person is difficult	9.4	6.5	14.3	0.0	8.4
Males are mobile	25.0	3.2	7.1	50.0	15.7
Nkhanza (ruthlessness/ abuse)	0.0	6.5	0.0	0.0	2.4
Busy with zinamwali	0.0	3.2	0.0	0.0	2.4

Culture and Gender Based Violence

With respect to occurrence of gender based violence 70.2% of the respondents report that men abuse women in their community. The respondents reported that generally men abuse women through battery, use of abusive language, not providing some requirements and overworking them. Table 2 provides a whole list of these forms of abuse.

Table 2: Forms Men Abuse Women

	Woman	Man	Boy	Girl	Total
Battery	56.6	57.7	62.9	66.3	59.8
No provision	13.2	15.8	12.1	9.5	13.7
Cursing	2.5	1.9	2.7	0.0	2.0
Divorce	0.0	2.5	0.9	0.0	0.8
Overworking	5.7	6.2	4.4	4.2	5.4
Abusive language	7.4	5.0	5.3	3.2	5.7
Foul language	0.4	1.9	1.8	3.2	1.5
Rape	1.6	1.2	1.8	3.2	1.8
Marrying young women	1.2	0.0	1.8	3.2	1.3
Extra marital affairs	4.9	1.9	4.4	1.1	3.4
Property grabbing	1.6	2.5	0.0	2.1	1.6
Rights denial	2.0	0.0	0.0	4.2	1.5
Frequent pregnancies	0.3	0.5	0.0	0.0	0.8

The respondents also reported that women do abuse men at times. More than a third (37.4%) of the respondents mentioned that women abuse men in their communities. Women abuse men by not giving them food, extra marital affairs and fighting back when a man is disciplining them. There are some men who reported that some women deny men freedom like not allowing them to go out to drink and chat with friends. Table 3 refers.

Table 3: Forms Women Abuse Men

	Woman	Man	Boy	Girl	Total
Divorce	6.5	10.2	10.5	2.3	7.8
Extra marital affairs	20.4	14.3	8.8	9.1	14.7
Fighting and cursing	18.5	19.4	22.8	34.1	21.8
No care	4.6	6.1	1.8	2.3	4.2
Love potion (love medicine)	0.9	6.1	1.8	2.3	2.9
Denying them food	20.4	18.4	22.8	27.3	21.2
Chasing husband	5.6	9.2	8.8	11.4	8.1
Rights denial (freedom)	7.4	11.2	10.5	6.8	9.1
Unwarranted demands	2.8	0.0	3.5	2.3	2.0

More than one fifth (21.7%) of the respondents reported that there are some cultural practices and beliefs that encourage men to abuse women. These include “chiongo”-dowry, polygamy and “the notion of household head”, initiation ceremonies where women are told to persevere and satisfy the man, poverty, acceptance of extra-marital sex and “chikamwini or chitengwa” where a woman is asked to live with the man’s relatives or village. Table 4 presents a full list.

Table 4: Cultural Practices/ Beliefs That Encourage Men to Abuse Women

	Woman	Man	Boy	Girl	Total
Chiongo (dowry)	13.0	0.0	0.0	0.0	5.3
Polygamy	34.8	12.1	27.3	16.7	24.8
Chitengwa or Chikamwini-A woman lives in the man's village	6.5	12.1	4.5	8.3	8.0
Extra marital affairs	4.3	12.1	0.0	8.3	6.2
Household head	8.7	21.3	22.7	16.6	16.0
Poverty	4.3	6.1	0.0	0.0	3.5
Drinking	0.0	3.0	13.6	0.0	3.5
Chinamwali-initiation where women are told that they should persevere	4.3	3.5	9.0	8.3	5.4

Conclusion

Gender based violence in Malawi exist in many different forms at a level that requires special acknowledgement. Both men and women are victims of gender based violence although women bare the brunt of the practice. Men abuse women through battery, use of abusive language, not providing some requirements and overworking them. Women abuse men by not giving them food, extra marital affairs and fighting back. There are cultural practices and beliefs that perpetuate this gender-based violence and these include "chiongo"-dowry, polygamy, "the notion of household head", male mobility, forced marriage and not having sex with a woman who is menstruating and during post-partum abstinence which can force a man to have extra-marital sex.

In order to address violence against women governments in collaboration with the civil society and international organizations should acknowledge the exact extent of the problem and develop, implement and monitor programmes aimed at primary prevention of violence. These should include sustained public awareness activities

aimed at changing the attitudes, socio-cultural beliefs and values that perpetuate violence against women and give higher priority to combating all forms of violence in public health as well as judiciary, education, and social service programmes.

A special effort to integrate responses to violence against women into existing programmes for the prevention of HIV and AIDS should be made and reproductive health services should be used as entry points for identifying and supporting women in abusive relationships and for delivering referral or support services.

Finally governments in collaboration with all stakeholders need to strengthen the health system so that it can respond to the various impacts of violence and in particular address the barriers and stigma that prevent abused persons to seek help. This includes supporting mental health services to address violence against women and children as an important underlying factor in women's mental health problems.

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