Addressing Gender-based Violence through Safe Motherhood Action Groups in Zambia

MORE MAMaZ
Mobilising Access to Maternal Health Services in Zambia

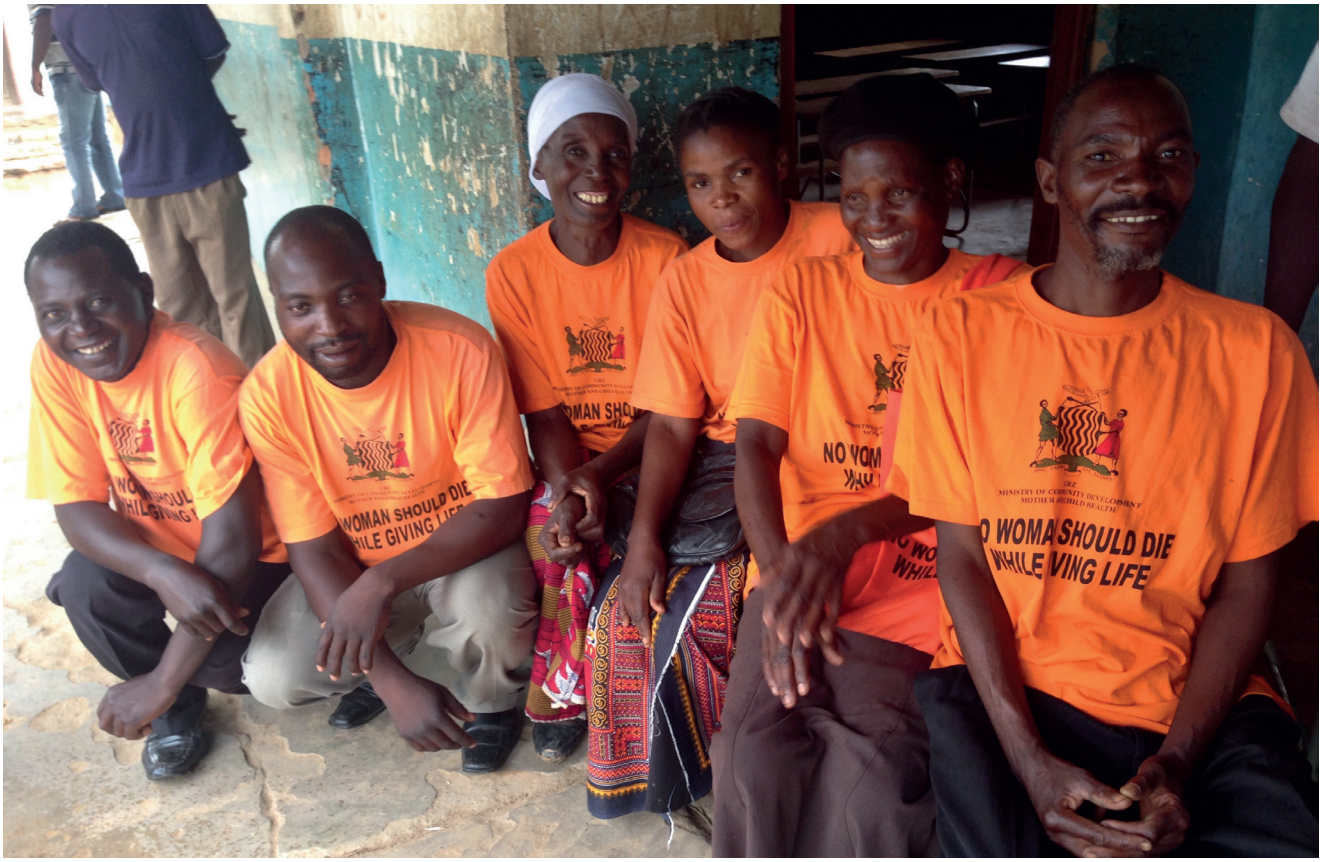
EVIDENCE BRIEF

"Men are advised that life is precious. You should not use your wife like a drum that you just beat."

These words, spoken by a Safe Motherhood Action Group (SMAG) volunteer based in a rural part of Zambia, capture the dangers that many women face in their intimate relationships. Gender-based violence is a serious public health problem in Zambia, and has wide-ranging and damaging social and economic impacts. The introduction of the Zambian Anti Gender Based Violence Act in 2011 was a major breakthrough in the fight against GBV. Yet several years on, GBV rates remain obstinately high. The More Mobilising Access to Maternal Health Services in Zambia Programme (MORE MAMaZ) integrated a focus on GBV into a community-based maternal health intervention. This led to significant positive changes in attitudes and behaviours towards women.

Summary

- Persistently high gender-based violence (GBV) rates in Zambia call for innovative and culturally appropriate approaches that resonate with, and appeal to, affected communities.
- MORE MAMaZ trained Safe Motherhood Action Groups in Zambia to implement a Zero Tolerance for GBV campaign alongside their other maternal and newborn health activities.
- The reported incidence of GBV fell dramatically in the programme's intervention sites.
- To maximise the potential of Safe Motherhood Action Groups to address GBV, training capacity needs to be built at every level of government.



Male and female SMAGs working together to change social norms around GBV

Background and context

The term gender-based violence includes any form of violence against women. Despite a favourable policy environment with the introduction of the anti-GBV law, GBV statistics in Zambia remain high. Of women aged 15-49 years, 43% have experienced physical violence at some point in their lives, 37% in the previous 12 months. Moreover, 17% of women and girls have experienced sexual violence, and 10% have experienced violence while pregnant (2014 Zambia Demographic and Health Survey).

GBV statistics reported in the 2014 DHS, show little change from the situation in 2007

GBV is a driver behind the high HIV rates in Zambia. It damages women's mental health and well-being, and can affect unborn babies if the violence occurs during pregnancy. GBV also has extensive economic and social impacts as women and girls who are affected forego opportunities for social interaction and income-generation. The widespread nature and persistence of GBV, coupled with the fact that many Zambian women accept GBV as a normal, routine part of life points to the difficulty of changing attitudes and practices.

Continuing the work of a predecessor programme, MAMaZ (2010-2013), which was funded by UK aid from the UK government, the Comic Relief-funded MORE MAMaZ programme (2014-2016) took steps to integrate a focus on GBV into the training of Safe Motherhood Action Group volunteers.

Baseline studies implemented by MAMaZ in 2010 revealed that women's low status within gender relations led to physical violence in some households. GBV was often associated with heavy drinking in locations where cheap alcohol was readily available. The baseline studies also revealed that GBV was a silent issue at community level, with the prevailing social norm being that "whatever happens within the household, stays within the household." Even in instances where other community members recognised that family, friends or neighbours were suffering as a result of GBV, there was a reticence to intervene.

Strategy

Maternal health, and specifically safe pregnancy and delivery, was used as an entry point to begin to address GBV. Community discussion groups involving men and women of all ages provided an opportunity to reflect on the steps that men could take to lighten women's work burden during pregnancy, take care of their health and nutrition, and generally enhance their well-being. This non-confrontational entry point led on to discussions about GBV, since many disagreements at household level were said to arise as a result of women being perceived as not working hard enough during pregnancy. A focus on 'sad memories' where community members recounted instances of where women or babies in the community had been injured as a result of GBV, led to discussions about the steps that could be taken to avoid such situations in future.

A focus on peer education, where male SMAGs worked with other men to share their stories and ideas for change, was adopted as a key programme strategy. Male SMAGs shared their own stories about GBV during discussion group sessions, and door-to-door visits to individual households. Some recounted how they had beaten their wives in the past but had recognised the damage this had done, both physically and mentally.

"I used to be a very violent person towards my wife. I beat my wife so many times when she was pregnant. My bad attitude made me like this. I drank beer. The problem was ignorance. I never used to know anything. Now I know that I can cause problems if I act this way. I have stopped beating my wife because of what I've learnt. I've got friends who are following my steps. It's easy to convince them to change. I'm now enjoying my marriage. My wife is very happy that I've changed."
Male SMAG, Mkushi District

"With my sister in marriage, her husband used to beat her so much... When she was pregnant, he beat her so much that it affected the baby. She went into labour and had difficultly giving birth. When the baby was born, it had an injury to its leg."
Female community member, Mkushi District

Based on the community discussions, intervention communities embraced a 'Zero Tolerance for Wife Beating' campaign. SMAGs composed songs about the campaign and used these as a medium to spread the anti-GBV messages. This traditional method of information dissemination helped to shift prevailing social norms about the acceptability of GBV.

SMAG volunteers encouraged community members to report GBV, and organised themselves so that they could intervene where necessary. The support of traditional leaders was sought to reinforce the importance of the campaign. Traditional leaders readily embraced the campaign, in the knowledge that the government legislation legitimised their efforts. Their inputs ranged from cautioning or fining perpetrators of GBV, and threatening to, or actually reporting, men to the police.

At health facility level, front-line health providers were given a training on social exclusion. This looked at the links between GBV, exclusion, and low service utilisation. Health providers' capacity was built to identify the least-supported women, including those affected by GBV, and to counsel and put them in touch with support services.

The programme's gender empowerment approach increased women's and girls' knowledge of their right to a safe pregnancy, promoted their participation in programme activities, and created opportunities for community-wide reflection on disabling social and gender norms that affected women's well-being and how these could change. The empowerment strategy created an enabling backdrop for the work on GBV, where improvements in women's and girls' confidence to speak out and articulate themselves, and to share their worries with others, challenged the taboos around GBV.

Results

The MORE MAMaZ GBV interventions resulted in transformative change for women. Intervention communities reported a very significant reduction in GBV. Some communities perceived that GBV had been eliminated, with these changes attributed to the work of the SMAG volunteers. These changes were captured in the programme's statistical endline survey, where 89% of male and 88% of female survey respondents reported that wife beating had declined. Comparable results in control sites were 72% and 76% respectively. In intervention districts, 79% of men and women attributed the decline in GBV to the work of the SMAGs, compared to 23% and 24% respectively in control sites. SMAG volunteers in the intervention sites were widely credited with having reinforced anti-GBV messages espoused by national government and the Church, allowing these to be operationalised in practical ways at community level.

79% of men and women in intervention sites attributed the decline in GBV to the work of the SMAGs, compared to 23% and 24% respectively in control sites. This shows the added value of the SMAGs in addressing GBV.

Other significant changes included the willingness of former perpetrators of GBV to act as peer educators to other men. Peer discussions were handled sensitively by SMAG volunteers who recognised that men who were violent were from their family, or friends and neighbours. This constructive approach created space for men to change while retaining their pride and self-esteem. Significant changes in drinking habits were reported as a result of the SMAGs' emphasis on reducing alcohol consumption in support of the anti-GBV campaign.

"With those under the influence of alcohol, we are seeing changes as a result of their participation in the discussion groups. This is due to their conversations with the SMAGs. Most of these people have changed."
Female community member, Mkushi District

Community members reported greater harmony in the home. SMAG volunteers appeared more willing to intervene to address or prevent cases of wife battering, and there was greater willingness on the part of victims to report GBV and to seek justice, including through the traditional governance system.

"GBV used to happen. Men would beat their wives and she would lose the baby. That was so common. Now we don't hear of it."
Male SMAG, Chitambo District

"Wife beating used to happen in the past. Men didn't mind if children were around. They would treat women like children. With all the sensitisation, it doesn't happen any more."
Female SMAG, Mongu District

"Gender-based violence has greatly reduced. Cases of wife battering are no longer common."
Male community member, Chama District

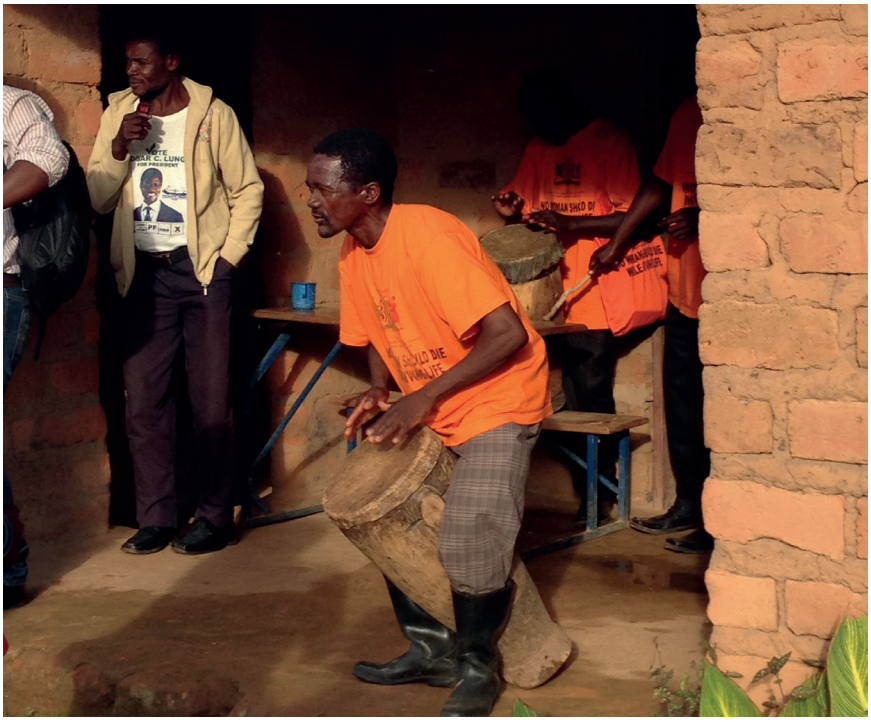
Front-line health providers trained by the programme reported that their increased probing in clinics made women more willing to talk about GBV. Although health staff were supposed to refer these cases to the police, after the training they spent more time counselling women, trying to interview domestic partners, and suggesting other forms of community support for the women.

SMAGs in Mkushi singing and demonstrating the Zero Tolerance for Wife Beating song

Lessons learned

Key lessons from MORE MAMaZ's GBV work include:

- MORE MAMaZ demonstrated that it is feasible to integrate a focus on GBV into the work of SMAGs, at low cost.
- It is important to tackle GBV sensitively, in ways that are acceptable to affected communities. In MORE MAMaZ, care during pregnancy provided a socially acceptable and non-confrontational entry point.
- An innovative strategy used by SMAGs in some intervention sites was to target young men in drinking places and initiate a discussion about the links between heavy alcohol consumption and GBV. Some SMAGs specifically targeted under-age drinkers for peer discussions. However, efforts to reach out to young people were not consistent in all intervention sites, leading to missed opportunities to intervene in order to prevent GBV.
- The participatory community engagement approach used by MORE MAMaZ empowered communities by creating space for group reflection of GBV, and joint problem-solving and action planning. Involving entire communities in this process helped generate community-wide social approval for change. Traditional health education approaches, which focus mainly on awareness-raising, are unlikely to bring about transformative change.
- MORE MAMaZ successfully addressed one key aspect of GBV – physical violence against women and girls. It did not explicitly address sexual violence. However, the programme's emphasis on addressing some of the root causes of GBV, including the links between alcohol consumption and violence, is likely to have had a positive knock-on effect. In future, SMAGs should be trained to address all aspects of GBV.



Song and dance are important ways to change social norms

Policy implications

Key implications for policy makers include:

- Promote the widening of the national discourse around reproductive, maternal, newborn and adolescent health to incorporate a stronger focus on GBV. Allocate sufficient resources for GBV mainstreaming within the health sector.
- Invest in activities that promote inter-sectoral collaboration. Promote linkages between health workers, the police, justice system, and social welfare services.
- Invest in strengthening the capacity of DHMTs and key staff within the MOH to support GBV interventions. To this end, strengthen the GBV sections of the National SMAG Training Manual, placing more emphasis on community engagement methodologies and facilitation techniques alongside the current GBV content.
- Include GBV indicators in the planned community component of the national Health Management Information System (HMIS). Assess progress with GBV prevention activities and monitor GBV outcomes through the routine performance assessment process.

"A woman in this community delivered a premature baby because she was beaten. She delivered at home. The SMAGs took her and the baby to the health facility. The baby survived. Two SMAG volunteers and the community facilitator went to speak to the man. At first he was difficult. Then he started to pay attention. He thanked them. He now keeps appreciating that without their input he may have lost both the wife and the baby. I am convinced that he is a changed man."

SMAG volunteer, Serenje District

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