

CHAPTER 5: The Role of Family Members, Traditional and Religious Leaders in Managing Domestic Violence

The chapter presents analyses and discusses the major themes that came from one hundred and fifteen participants' interviews and how these themes relate to the literature. The primary goal of the study was to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe. Data were analysed using NVivo. Interviews were transcribed, interpreted and then categorised according to themes. Data analysis was done through recurrent and emergent themes. Recurrent themes were generated from ideas expressed in most of the married women's stories. The data were obtained from participants who were purposefully chosen among married women, traditional leaders, church leaders and family members in Chinhoyi rural and urban community. The married women selected for the study were living in abusive relationships. The results are reported in relation to the research questions that were as follows:

1. What are the roles of community members on the prevention and control of domestic violence?
2. What are the experiences of married women about domestic violence?
3. What are the strategies for educating community members on the prevention and control of domestic violence?

The findings have revealed that domestic violence is mostly visible in high-density areas, giving the impression that it's more prevalent among the poor who inhabit high density areas. There was also easy access of research participants in high-density areas.

The results showed that community members are still ill equipped to deal with domestic violence since there is a distinct lack of system to deal with the problem. The findings also revealed that married women are experiencing multiple forms of domestic violence namely physical abuse, social abuse, sexual abuse, emotional abuse, economic abuse and spiritual abuse. In addition, the findings also revealed that the community should facilitate programmes that educate and conscientize people to guard against domestic violence.

As mentioned earlier in the study, despite the Zimbabwean Government having a constitution that protects the rights of women, married women are still violated and the families are often ignorant of those rights. It may also appear that they have a mind – set influenced by culture on the rights of married women. The present study was designed to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe.

Custom, tradition and religion are habitually invoked to rationalize the use of violence against married women in Zimbabwe. Wife beating might be due to traditional gender norm that support wife beating and women themselves accept wife beating. Domestic violence is a worldwide problem and it is significantly associated with substance abuse (alcohol consumption) family history of violence residence being rural and high density. This scourge is difficult to eradicate particularly in Zimbabwe where an unhealthy mix of tradition, inequality and even ignorance conspires against women.

Majority of women kept silent without reporting the violence to concerning bodies that are in position or power. A significant number of married women had experienced domestic violence during their pregnancy period by the father of the child and victimized so many injuries and threats.

Despite numerous interventions, domestic violence is still a widespread problem and goes unreported. Physical abuse is the most obvious form of domestic violence.

A qualitative data collection and analysis was used. Participants were recruited by purposive sampling for the 1st and 2nd phases of the study. The study was conducted at Zimbabwe Republic Police (ZRP) Makonde District and at Makonde Rural District Council in Chinhoyi, Zimbabwe. The population of the study was married women aged between 19 - 49 who have experienced domestic violence, community members including families, church leaders and traditional leaders.

Questionnaires were used to collect data using face to face interviews and audio tapes. The tools were pilot tested for validity. The qualitative method design was chosen because of the nature of the study which explored a complex phenomenon of diverse needs and expectations of the married women experiencing domestic violence.

Ethical considerations were adhered to as a means to safeguard participants' rights in accordance with standard ethical principles. Two settings were chosen for the study, and these comprised an urban and rural area. Participants were selected based on their age, experiences of domestic violence and in terms of church and traditional leadership. Betty Neuman's System Model was used to guide the study.

The study was guided by Betty Neuman's System model. A system in this study was composed of the client, family members, church leaders, traditional leaders and the nurse who strengthens the educational role. According to this study, the central focus was the individual's relationship to stress and her reaction to stressors and reconstitution factors.

However, stressors in the environment may penetrate the client system leading to psychological, physical, reproductive, emotional and social problems. In this study domestic violence was the stressor which

penetrates the client system, leading to physical problems such as injuries or persistent headaches, psychological problems such as depression, feelings of guiltiness, helplessness and hopelessness. Social problems such as social isolation, lack of self -esteem and self- worthy are also affected.

Using the adopted model from Betty Neuman, the results indicated that cultural beliefs are strongly linked to domestic violence and that given the availability of the constitution, women are still violated meaning that there is no adequate law to deal with domestic violence in Zimbabwe.

The model focus on a wide range of nursing concerns and it guides the nursing practice, nursing research, nursing education and nursing administration. In addition, the model also focused on the actual or potential problems of individuals. It protects the individuals' stability when faced with a stressor.

The main goal of nursing on this model was optimal wellness of an individual through maintenance or attainment of system stability. Community roles were assumed to reduce domestic violence.

The discussion will follow the themes used when presenting the study findings in Chapter 4. The study showed a predominance of clients experiencing domestic violence and conditions related to domestic violence. Much consideration will be given to strategies for educating community members on the prevention and control of domestic violence.

The study revealed that respondents were for the idea of forming support groups for victims to ensure that they have a support structure to lean on. In addition, they were for the idea of the need for awareness campaigns to ensure that women and men are capacitated with

knowledge of laws and knowledge of what to do in the event of domestic violence. Respondents also highlighted the need of community based counselling, increasing reporting cases to police and assisting women to get protection orders.

This finding is aligned to the findings of the report of Kivulin Women's Rights Organisation (2011-2015:4), that promotes reporting of domestic violence as the only means of curtailing domestic violence. The importance family counselling to empower the victims and perpetrators of domestic violence was also a finding for the current study for women who wanted to leave an abusive marriage. In addition the results showed the importance of mediation as a means to bring the couple together, promoting reconciliation and save the marriage. Mediation is both a cultural, religious and contemporary means of dealing with domestic violence (Nonell, 2013:130).

The difference between mediation by all the groups is that the traditional and religious groups based it on norms that in a way perpetuates the violence as it requires married women to submit to their husbands and to honour and respect. However, the needs identified in this study appear universal and appear to corroborate findings from studies that is from other countries showing similar major needs of married women experiencing domestic violence (Nonell, 2013:127; Victorian Government, 2012:11; Kivulin Women's Rights Organisation, 2011-2015:4)

The study showed that multiple forms of domestic violence were being experienced by the respondents, despite the laws guarding against domestic violence in Zimbabwe. Physical abuse was the most common form of abuse which is linked to physical injuries such as bruises, broken bones, homicides, unwanted pregnancies, miscarriages, induced abortions, HIV and other sexually transmitted infections. This finding is similar to the findings of a study carried out in Uganda,

which showed that domestic violence impacts negatively on the women's reproductive health.

The findings also revealed that victims end up developing problems of self-esteem, self-worth, suicidal and mental health problems. These findings are similar to findings from studies carried out on domestic violence. (Madhivanon *et al.*, 2014:170; Hasan *et al.*, 2014:2; Nonell, 2013:127; Chin *et al.*, 2009:1134; Stephenson *et al.*, 2013; Feseha *et al.*, 2012:2; Victorian Government, 2012:27; Rahman *et al.*, 2011:1-2; Women Trends and Statistics, 2010:5). In addition, the results showed that most women experiencing domestic violence were from poor families as they lack economic resources. The findings are similar to findings from a study carried out on domestic violence experiences (Sanddeep *et al.*, 2014:33). However, Thupayagale-Tshweneagae & Seloilwe (2013:40)'s study contrast this finding as their study found that domestic violence is rife among the educated and the affluent.

Despite challenges being faced by married women on domestic violence, more work should be done by the family members, community members, church leaders and traditional leaders as they can play a vital role on the prevention and control of the problem. The health needs of the clients' to be addressed to a level where they "derive some comfort" with their health, families and environment. The study is of the opinion that the physical needs, social needs, emotional needs, economic needs and psychological needs should be met. However the needs identified in this research appear universal and corroborate findings from other researchers from other countries showing similar major needs of domestic violence (Seema *et al.*, 2014:124; Hasan;2014 *et al.*,2014:171; Heise *et al.*, 2000:1133; Stephenson *et al.*, 2013; Chin *et al.*, 2009:1134; Stephenson *et al.*, 2013; Kaur *et al.*, 2012:2, Hasan *et al.*, 2014; Stephenson *et al.*, 2013; Reed, 2010:22; Duran *et al.*; 2009:1135; Yigzaw *et al.*, 2010:39; Nawaz *et al.*, 2008:74; Liang *et al.*, 2005:3; Meyer, 2009).

Early intervention is a critical part of addressing violence against women (Victorian Government, 2012:5). The importance of community participation and involvement was emphasized by the Zimbabwe Health Strategic Plan (2009:31) as an essential element to effectiveness of community strategies. However, structures that promote community participation were found to be in place, but their use and effectiveness varies. The results showed that there is a need for police to extend operation of family violence safety notices to protect married women. Women experiencing violence should receive the right services at the right time, being protected and empowered. In addition, raising awareness educative campaigns to prevent domestic violence making a pledge to say no to violence.

The findings also revealed that the community should facilitate programmes that educate and conscientize people to guard against domestic violence. The community was seen as an important driver of programmes that promote safety of women and all the victims of domestic violence. In addition community can act as a sanctuary and a source of encouragement for the victim, informing the authorities of any incidences of violence they come across. Community should be initiative in ending domestic violence, holding its members accountable for their actions on domestic violence.

The abused women experience different types of abuses namely: sexual, emotional, spiritual, economic, social, and physical abuses. Strategies revealed for educating communities on the prevention and control of domestic violence includes: educative campaigns for women on their rights and what to do when they experience domestic violence, family counselling, couple meetings and workshops. In addition, training camps with various training information packs available.

Therefore, there is need for primary nursing strategies focusing on stress response and proper client assessment (Neuman, 1989:77). In addition, there is also need for primary prevention of domestic violence focusing on health promotion and maintenance of wellness (Current Nursing, 2012). According to Neuman (1989:77), there is need for secondary prevention following reaction to stress as elaborated in Current Nursing (2012) and there is need for tertiary prevention relating to the adjusted processes taking place as reconstitution.

The chapter gave a summary of the analysis and discussed the major findings of the study. Most of the findings in this current study are supported in literature. However, the role of family members, traditional leaders and the religion leaders has been espoused in this study.