

# **CHAPTER 7: The Future of Afrocentric Community Education Strategies on the Prevention and Control of Domestic Violence Affecting Married Women in Zimbabwe**

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The chapter discusses the general conclusions of the study. Recommendations for nurse educators, policy makers, health care practitioners, are also discussed. Implications for mental health and psychiatric nursing are discussed together with the strengths and limitations of the study.

The study rose out of concern that given the availability of the constitution, that protects the rights of women, married women are still violated. The study utilised Betty Neuman's Systems Model. The model views the client or human being as an open system that responds to stressors in the environment. The study has provided evidence that male dominance even male ownership of women is present in most societies and reflected in their laws and customs. Thus, domestic violence should not be considered an aberration, but an extension of a continuum of beliefs that grants men the right to control women's behaviour. Despite the Zimbabwean government having a constitution that protects the rights of women, married women are still violated, as they are ignorant of those rights. Domestic violence Act has limited usefulness for participants, due to social, cultural, economic and religious factors. Domestic Violence is a deterrent to development as it inhibits realization of full potential which is critical to development. Married women affected by domestic violence already have economic insecurity, are often deprived of their rights to protect, adequate health service and are exposed to HIV infection.

Domestic violence is a major problem in Zimbabwe and a comprehensive, multi-sectorial approach is needed to approach this impediment to development. Married women are particularly at risk of domestic violence, so there is need to empower married women and adolescent girls.

Substance abuse is a major contributing factor in domestic violence; therefore, it is critical that the country adopts substance abuse policy that protects consumers and families. Therefore, there is need for a comprehensive and focused behaviour change communication package that addresses the challenges and constrains.

Domestic violence remains a major challenge in Zimbabwe and therefore it calls to mainstream domestic violence awareness in all development work, create youth friendly domestic violence services including screening, promoting economic and social freedom of women and girls. Financial difficulties within the relationship were found to be the predictors of domestic violence.

Women, the main victims of domestic violence have many reasons for not reporting incidences of domestic violence as legal authorities are not taking appropriate action, most women are unaware of their legal rights, women may be victimized either by insensitive accusatory questions or by actual assault and failure of Health Care Facilities and police to consistently record data on domestic violence against women. There is need to offer opportunities for rehabilitation of domestic violence victims including youth and adding social issues that negatively impact the lives of married women and girls.

Clinically the findings in this study have clearly shown that prevention and control of domestic violence should include family support strategies, church leaders, traditional leaders and community strategies. There is need for mental health and psychiatric nurses to

disseminate information about the importance of family support and community strategies among women experiencing domestic violence, to reduce the physical, psychological, emotional and social problems, resulting from domestic violence.

Married women who were experiencing domestic violence should be encouraged to share information pertaining to their problems with their families, church leaders and traditional leaders so that they get constructive advice to prevent and control domestic violence. There is need for family members, community, church leaders and traditional leaders to listen to the problems of married women experiencing domestic violence, to understand their problems and give essential information and constructive advice to prevent and control domestic violence. Therefore, the mental health and psychiatric nurses should educate the community members, church leaders and traditional leaders on appropriate advice and information on domestic violence to prevent and control further abuse of married women in Zimbabwe. Nursing was found as a strategy to help clients to overcome stress using the model. Structure of the model was originally designed for graduate students. Betty Neuman's model provides a guide for nursing practice.

The findings of this study have prompted the study to make the following recommendations for nursing education, future research and for community leaders.

The study suggests that the nurse training curricular should include the component of educating the communities on the prevention and control of domestic violence. For those nurses who are already in practice, the nurse training schools should facilitate the dissemination of information on strategies for educating communities on the prevention and control of domestic violence affecting married women in Zimbabwe. The dissemination of information should be through

workshops, in-service training, on job training, group discussions, and educative awareness campaigns, meetings, refresher courses. Information can also be disseminated through radios, televisions, magazines, WhatsApp, internet, email and bulletins.

The study findings in conjunction with previous study findings on strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women can be used as a basis to generate new knowledge related to strategies for educating communities within an African context on the prevention and control of domestic violence for the discipline of nursing. Further studies should be done to explore the components of family support, community support, church leaders and traditional leaders support such as emotional, tangible, and informational and appraisal support which may improve the health outcomes of married women and the activities or strategies in mental health and psychiatric nursing.

Religious and traditional leaders have a major role to play in the prevention and control of domestic violence. It is recommended that the traditional and religious leaders should be educated or oriented on the constitution that protects the rights of married women in Zimbabwe through use of awareness campaigns / road shows. This orientation should also be taken to their communities. Communities should be encouraged to report cases of domestic violence. The roles of both the church and traditional leaders should be explicit in how they deal with domestic violence among married couples.

There is need for the community members to work as a team to alleviate domestic violence affecting married women in Zimbabwe.

There is need for the Zimbabwean government and non-governmental institutions to start raising the status of women and this in a way address domestic violence affecting married women.

There is need to launch church conferences preaching gospel in relation to domestic violence affecting married women in Zimbabwe.

There is need for the community to understand the causes and contributing factors to domestic violence, determining why it persists.

There is need for the health workers, police officers, church leaders and traditional leaders to jointly working together to prevent and control domestic violence affecting married women in Zimbabwe.

There is need for Zimbabwean government to support the public, local areas and organisations to access the tools of information they need to prevent and control domestic violence affecting married women.

There is need to increase education and awareness among citizens of Zimbabwe to prevent and control domestic violence.

Traditional leaders, church leaders and health practioners require workshops on domestic violence.

The study recommends further investigations into ways traditional leaders, church leaders choose to manage domestic violence affecting married women in Zimbabwe as they need proper knowledge of domestic violence administrations. It is not by virtue of being a traditional leader or a church leader that one has skills to lead and manage domestic violence so well.

Government and non-governmental organisations need to recognize the prevalence of domestic violence affecting married women in

Zimbabwe and increase the resources committed towards prevention and control of domestic violence.

There is need to in co-operate the components of family, community , religion support, cultural and education support to deal with domestic violence affecting married women in Zimbabwe.

There is need to in co-operate domestic violence into the primary education, secondary, tertiary education and psychiatric nurse training curriculum.

Further research studies on the strategies for educating communities within the African context on the prevention and control of domestic violence should include both men and women to address some of the limitations of the current study.

More studies should be replicated with a larger sample and at different sites to increase generalizability.

There is need to promote the extended family concept and the family group meetings to promote intactness, integration and mutuality of extended families.

There is need for mental health and psychiatric nurses to inform the women experiencing domestic violence about the available services in the community such as ZWALA, Musasa project, Zimbabwe Republic Police, Traditional leaders, Women Action group, Connect and Psychiatric Units.

There is need for the law to recognize the prevalence of domestic violence affecting married women so that corrective measure can be taken.

There is need for married women to be empowered to claim their rights.

There is need for policy makers to develop policies on how to create awareness about constitutional rights of women.

There is need for community members to be aware of the limits of their power in imposing traditional norms.

There is need for health workers to play their advocacy roles in lobbying for the rights of women experiencing domestic violence within context of culture and the law.

There is need for researchers to sharpen their skills as they will be interacting with participations obtaining proper information using their research instruments.

In view of the increased number of married women being violated by men, all stakeholders should be aware of the constitutional rights of women who are being violated.

There is need for the community to be engaged, supported, empowered and their systems strengthened to ensure that interventions at community levels are driven and owned by the community themselves.

There is need for equal and active participation by women, men, boys and girls in assessing, planning, implementing, monitoring and evaluating programmes through the systematic use of the participatory methods.

There is need to ensure priority, safety and security of victims of domestic violence at all levels.

There is need for the service providers to be sensitive to the need of victims of domestic violence at all times.

There is need to ensure non-discrimination in all interactions with domestic violence victims at all levels.

There is need to reduce all forms of domestic violence in Zimbabwe by We can punch up let's say by 2030 so that it aligns with the national Vision 2030.

There is need to increase male involvement in domestic violence prevention.

There is need to increase availability of domestic violence services centres in Zimbabwe.

There is need to strengthen capacity of institutions/ organisations for the care and support of domestic violence victims.

There is need to increase participation of stakeholders in national domestic violence prevention and response at all times.

There is need to have an effective functional anti-domestic violence council in Zimbabwe.

There is need to increase the capacity of leaders at all levels to address domestic violence including negative cultural and religious practices that fuel domestic violence against women and girls.

There is need to change prevailing beliefs, attitudes and norms that contribute to the acceptability and perpetuation of domestic violence in Zimbabwe.

There is need to create an enabling environment which will require individual and community behaviour change which includes raising overall community awareness, mobilising community based efforts, providing support, for evidence based advocacy, conducting mass media campaigns that improves knowledge, attitude and practises of community members.

There is need to strengthen information on domestic violence related laws and policies in Zimbabwe.

There is need for government policy makers, program planners and other concerned bodies (non-governmental organisations) to establish appropriate strategy to prevent and control domestic violence.

There is need to engage women and girls into micro-finance scheme programmes to reduce friction and conflicts between partners especially in societies with rigid gender roles.

There is need to develop a national plan of nation to implement the Beijing Declaration on gender and the national gender policy.

There is need to setup or consolidate capacities of training centres against domestic violence.

There is need to increase women participation in positions of authority to reduce incidents of domestic violence.

There is need for better documentation of programmes and forums to share information against domestic violence.

There is need for increase access to technical assistance and funding for operations research on domestic violence.

There is need for indicators and program standards need to be established for longer-term, social change violence prevention approaches.

There is need for increasing funds available for violence prevention efforts in Zimbabwe.

There is need to conduct a gender audit of security sector legislation and policies with a view to amending them so that they are in line with the new constitution, and SADC and AU policies on women, peace and security.

There is need to advocate allocation of extra human and financial resources for implementing security legislation such as the Domestic Violence Act and other policies and legislation that enhance women's security.

There is need to support informal security sector institutions such as municipal police, religious leaders, chiefs and headmen to become more gender sensitive.

There is need to Introduce gender focal points to give technical advice and to monitor progress of gender mainstreaming in all security sector institutions.

There is need to advocate for 50/50 gender balance of women in the National Peace and Reconciliation Commission to push a gender-sensitive peace and security agenda.

There is need to advocate for the recruitment, retention and promotion of women in national-level security sector institutions.

There is need to support regional and national networks of women in the security sector to allow active internal advocacy for gender equality in all facets of the sector.

There is need to professionalise the security sector to become non-partisan so that it serves ordinary citizens with diligence.

There is need for the state to promote gender balance in national security institutions and ensure the human security of women as constitutional mandates.

Every study has its own strengths and limitation, and this was also true for this study. The strengths of this study must be considered. The literature reviewed and the findings of the study assisted the study to identify what already exists in relation to the problem of domestic violence affecting married women. The potential solutions to the problem of domestic violence affecting married women in Zimbabwe were identified. The study further emphasized the importance of community participation and involvement as an essential element to effectiveness of prevention and control of domestic violence affecting married women in Zimbabwe. Consequently, structures that promote community participation were found to be in place, although their use and effectiveness varies from community to community. The significance of education and awareness campaigns among the citizens of Zimbabwe added value. The study connected community residents to services by trying to prevent and reducing domestic violence. The community members were able to understand how and why domestic violence happens and how it affects the community. The study created a vehicle for establishing new norms about domestic violence and how it can be prevented. The dialogue about domestic violence was brought into public consciousness and the denial and isolation that often surround domestic violence was addressed. The points within the community that enhanced members' ability and find to connect to

social networks were created. Furthermore, the connection between domestic violence and other social problems such as poverty, substance abuse, culture, and mental and physical health issues were recognized. It also engaged community members in accessing their own realities and in critical thinking and planning that can lead them to action.

The powerful voice for social change and the voice of those who are directly affected by domestic violence were created. This led to empowerment and leadership development of community leaders.

The study helped community members to view violence as priority in the plans and budgets of local government and authorities. The study assisted residents and local community leaders to address domestic violence issues that do not stigmatize or label victims or perpetrators this will help to promote community norms that make it acceptable to talk about domestic violence and to intervene when someone is in danger.

Time constraints contributed to the choice of a sample size. However, time constraints were overcome by working overtime to achieve the objectives of the study.

Another limitation is that the instrument was developed by the study and used for the first time hence there could be measurement bias. However, the instrument was checked by the panel of experts in the department of Health Studies. The instrument was also tested on 5 subjects before the actual study and the responses were consistent.

The third limitation was that the focus was on females and as the prevalence and consequences differ among men and women, it will therefore be premature to extend the study findings to men experiencing domestic violence.