Evaluating The Cultural Dialogue Model:

The Role of Traditional Leaders, Religious Leaders and the Family in Addressing Gender-Based Violence in Seke, Zimbabwe

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Acronyms

AU	African Union
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HIV	Human – Immune Virus
IDI	In Depth Interview
KII	Key Informant Interview
N	Number
PMTCT	Prevention of Mother-to-Child Transmission
R	Respondent
SPSS	Statistical Package for Social Sciences
UNICEF	United Nations International Children's Emergency Fund
UN	United Nations
VAW	Violence Against Women
VCT	Voluntary Testing and Counselling
WILSA	Women in Law in Southern Africa
WHO	World Health Organisation
ZDHS	Zimbabwe Demographic Health Survey
ZWLA	Zimbabwe Women's Lawyer Association

Abstract

Introduction

In Zimbabwe, domestic violence is widely acknowledged to be of great concern, not just from a human rights perspective, but also from an economic and health perspective. According to the ZDHS 2010- 2011, 42% of women in Zimbabwe have either experienced physical, emotional or sexual violence (or both) at some point in their lives.

Objectives and Research Questions

This study examines the effectiveness of the Cultural Dialogue Model in dealing with gender related challenges within the communities.The study seeks to answer two research questions:

1) How do the three institutions in the Cultural Dialogue Model address GBV in Seke district, Zimbabwe?
2) What is the relative effectiveness of the three institutions of the Cultural Dialogue Model in addressing GBV in Seke district, Zimbabwe?

Method

The study targeted participants from eight wards where the Cultural Dialogue Model project was implemented by SAfAIDS and Seke Rural Home-Based Care.It involved 42 adult men and 41 adult women; 41 out-of girlsand 42 in-school girls aged between 16 to 24 years. Eight gender-based violence survivors and 15 opinion leaders in the community were targeted to add to the voices of men and women interviewed, as well as focus group discussions(FGDs) comprising 16 participants.Desk review method was employed to capture data from earlier assessments of the Cultural Dialogue Model.

Findings

The majority of the respondents were females in the 41 - 50 age category (62%), followed by 52% males in the 25 -50 age category. The out of school and in school girls ranged between 16 to 24 years with in school girls at 44% slightly higher than the out of school girls at 43%. All the respondents indicated that they had been to school, except for one male who did not even attend primary school. Both men and out-of-school girls (50%) went through tertiary education. The data collected is consistent with other studies in Zimbabwe that show that the rate of female drop-outs increases with the level of education.

The study sought to establish the institutions that respondents preferred most to report GBV. The majority of repondents (33% women) favoured reporting to CBVs and traditional leaders. When asked which institutions they would consult first when they experience violence (among the family, traditional and religious leaders), the majority of women preferred to consult community-based volunteers, followed by traditional leaders.

With respect to traditional practices, more than 75% reported that girl sacrifice was no longer practiced in Seke community. Sixty-one percent reported virginity testing as being extinct, with almost 21% confirming the same about polygamy. Most of the respondents from the FGDs, key informant interviews and individual interviews, indicated that traditional practices such as wife inheritance, virginity testing, polygamy and girl sacrifice were now rare in Seke.

One notable example that is almost cited by everyone in the community is the case of a family that experienced a mysterious death in the family because of the avenging spirit of a man who was killed. Using the Cultural Dialogue Model, the problem was solved.

Respondents also answered the question whether it is true that wife inheritance spreads HIV. Women respondents (27%) confirmed the statement to be true, whilst men (24%) also agreed with the statement. Out-of-school and in-school girls at 24% affirmed that wife inheritance spreads HIV.

Participants were asked whether women had the power to negotiate for safer sex. Amazingly, almost 81% of women and 64% of men reported that women had the power to negotiate for safer sex. These assertions by women and men during the end line study are an astronomic jump from the baseline where no single women or men reported that women had power to negotiate for safer sex. Both the men's and women's FGD confirmed that women were now empowered to negotiate safer sex.

Regarding the connection between GBV and HIV, almost all gender-based violence survivors felt that there was a strong connection between the cultural dialogues and the improvement in GBV and the reduction in negative cultural practices in the area. Most of the survivors had experienced violence when they insisted on safer sex with their husbands because they were aware of their husbands' extra-marital affairs.

There was a consensus on the effectiveness of the Cultural Dialogue Model in addressing GBV in the community. With respect to cost effectiveness, all key informants concurred that the Cultural Dialogue Model was cost effective in a number of ways; it did not involve investment in infrastructure, but made use of what was already available in the two partner organisations, SAfAIDS and Seke Rural. Regarding replicability, the study noted that SAfAIDS has since outscaled the model in other southern African Countries namely, Swaziland, Zambia, Namibia and Mozambique. When asked about the factors that would assist in replicating the model, most key informants reported that a respected traditional leadership system is key for the success of the model.

The study was disturbed to note that young people were not very conversant with the Cultural Dialogue Model because they did not participate in the dialogues. It appears that the model focused on the adults and overlooked the youth.

Recommendations

For the intervention to be sustainable, the youth should actively participate in such models. Seke community should be assisted to institutionalise cultural dialogues, for instance to make it a traditional annual occasion. The study established that community members prefer to consult community based volunteers and traditional leaders first. These institutions should be further capacitated to deal with GBV issues.Given that there are strong traditional systems in Zimbabwe and in Africa at large, this model can be easily replicated. The Cultural Dialogue Model should be replicated in the whole of Seke district, through Seke Rural Home-Based Care. It should also be implemented in other districts of Zimbabwe. However the Cultural Dialogue Model should be interrogated to establish whether it can be replicated in its current format or it should be transformed to incorporate the needs of youths.

1. Introduction

Gender-based violence against women has been acknowledged worldwide as a violation of basic human rights. An increasing amount of research also highlights the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations, 2006). The World Health Organization defines such violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group of community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”

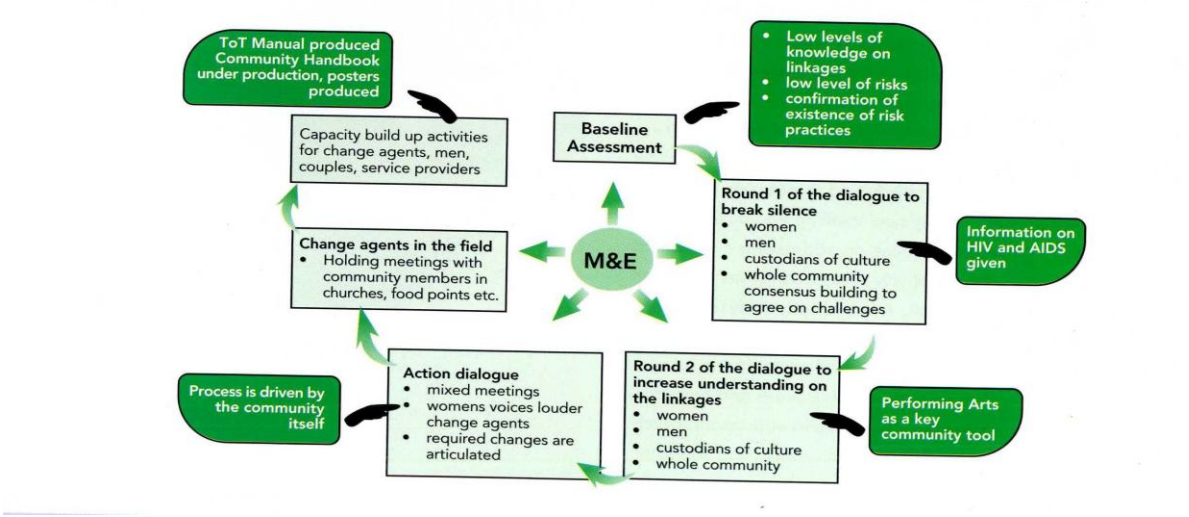
In Zimbabwe, domestic violence is widely acknowledged to be of great concern, not just from a human rights perspective, but also from an economic and health perspective (ZDHS 2010-2011). In 2006, Zimbabwe enacted the Domestic Violence Act “to make provision for the protection and relief of victims of domestic violence” (Domestic Violence Act [Chapter 5:16] Act 14/2006). Despite the new legislation and ongoing efforts to protect women and vulnerable populations against violence, there is widespread recognition in Zimbabwe that much remains to be done to protect survivors. Also, reliable data are needed to further inform and educate the population about the problem.

National resources have been committed to deal with GBV at different levels (from policy level to grassroots level). In addition, resources have been committed for the application of various strategies to address GBV, such as advocacy, and capacity development of various institutions to handle GBV cases. Studies have shown, however, that GBV has continued to increase. Models used in dealing with gender issues are critical for effective programming as they act as the drivers to lobby for reduction of the incidence of GBV and also ensure that scarce resources are efficiently used. While a myriad of studies has been undertaken to assess the level of GBV and statistics thereofproduced in Zimbabwe, less attention has been devoted to the exploration of the models used in empowering people in communitiesin order to reduce the number of GBV cases in Zimbabwe. The cultural dialogue model utilises traditional leaders, religious leaders and the family system in responding to GBV. These institutions have a major role to play in dealing with GBV cases in the communities, yet no assessment has been made to evaluate their effectiveness and hence their contribution in responding to GBV.

SAfAIDS piloted a programme Zimbabwe that links HIV, GBV, culture and women’s rights. The project, called the “Changing the River’s Flow”, was implemented in Seke district. A number of institutions, including the police, civil courts, traditional leaders, churches and the family system, were engaged using the Cultural Dialogue Model (refer to diagram 1). The programme promoted dialogue within the communities to confront the issues of culture that they normally take for granted and facilitated frank discussion on how some cultural practices drive the GBV and HIV epidemics. The basis of this project was to mobilise communities into thinking criticallyabout the root of the problems that confront them every day, in particular HIV, and to identify social challenges that stand in the way of finding solutions.

The Cultural DialogueModel entailed getting community leadership buy-in first. A meeting was conducted with the chief and other key leaders of the community to explain the intervention and to seek permission to explore sensitive issues of culture with the community. A Baseline Survey followed to assess the extent to which the community understood the linkages between gender, culture, HIV and women's rights, and to identify any existing traditional practices that were increasing the marginalisation of women and their vulnerability to HIV. The methodology of the model consisted of three rounds of cultural dialogues. Each round took four weeks and included dialogues with women (week 1), men (week two), custodians of culture (week three) and the whole community (week four), in that order. Each meeting took at least a day, with meals and transport provided. This cycle was important and deliberate because traditionally, men and women do not sit together to discuss issues relating to sex. Separating the sexes gave each group an opportunity to discussopenly without fear of reprisals. The dialogues were facilitated by someone well known to the community, whose role was to draw out important issues from the individual dialogues and to direct the discussion. The facilitator would begin the meetings by politely requesting everyone, including the chief, to literally take off their jackets as an indication that everybody was de-rolling to allow free discussion. During the discussion, there was no husband, no chief, no mother or father-in-law; in short there were simply no roles at that platform.

Diagram 1: SAfAIDS Cultural Dialogue Model



A review of the Cultural Dialogue Model conducted in 2011, revealed that women in Sekenow have a better appreciation of the fact that they are not lesser human beings and therefore deserve to be listened to and to be respected as equals. The same report noted that community leaders are discouraging negative practices that fuel HIV and violence against women. The approach has not only succeeded in helping communities to address HIV and GBV but has addressed other challenges faced by women, that include issues of inheritance and property rights, and access to education for the girl child.

A recent publication by SAfAIDS, “”Turning the Tide on Gender-Based Violence: Best Practices of Organisations Applying the *Changing the River's Flow* Model in southern Africa”(2010) identified the Cultural Dialogue Model as a best practice in Mozambique, Namibia, South Africa, Swaziland, and Zimbabwe.

2. Literature Review

Violence against women and girls has been acknowledged worldwide as a violation of basic human rights. The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (UN, 2009).It has been observed that most violence occurs in domestic settings between intimate partners and can include physical, psychological or sexual violence. Of these, the most common is physical violence perpetrated by male intimate partners such as husbands or boyfriends and is grounded in cultural practices which have dimensions of gender inequality. The connection between gender based violence and traditional cultural practices has been universally noted, with some researchers publicly asserting that violence against women and girls is sustained by cultures that ignore such violence or worse, justify and encourage it in the name of tradition and culture. The view expressed above, especially on cultural practices and GBV resonated with Seke community and the need to confront such practices led to the implementation of the Cultural Dialogue Model.

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). 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.Ibekwe (2007) also agrees that in some countries there are cultural and traditional laws that negate women's rights, which in one way or another promotes violence against women. Bisika, Ntata, and Konyani (2008) somewhat shares the same view that there are men who believe that they can be cured of AIDS if they have sex with a virgin, and also that some men believe they could get rich if they had sex with their daughters, on recommendation from a traditional healer. In such countries, that includes Zimbabwe; one may argue that violence against women has been institutionalised hence the need to assess models that are trying to address institutionalised violence against women.

In many societies in Southern Africa, culture exists primarily to serve the interests of men, and to make women subservient to them. Culture often perpetuates the notion that women are naturally inferior to men and should therefore assume secondary roles as sisters, daughters, wives or co-workers. In practice, this perception has seriously undermined women's capacity to take control of their own bodies and make informed choices. In a strong patriarchy, traditional women have been economically and socially dependent on men, especially since their rights to own, sell and inherit land is often not legally protected.

In Zimbabwe, domestic violence is widely acknowledged to be of great concern, not just from a human rights perspective, but also from an economic and health perspective. According to the ZDHS 2010- 2011, 42% of women in Zimbabwe have either experienced physical, emotional or sexual violence (or both) at some point in their lives. Gender-based violence is still a challenge, as one in four women has experienced sexual violence and in nine out of 10 of the cases the perpetrator is the woman’s current or former husband, partner or boyfriend. Statistics also show that one in three women aged 15 to 49 have experienced physical violence since the age 15.This was confirmed by a Ministry of Women Affairs, Gender and Community Development and Gender Links, GBV indicators study, which revealed that 68%

of women in Zimbabwe have experienced some form of GBV in their lifetimes. In the same study, 46% of men admitted that they had perpetrated some violence in their lifetime. The study reveals that violence is high among intimate partners and this makes the home an unsafe place for women and children.

Despite the enactment of several gender responsive laws and policies such as the Domestic Violence Act of 2007, women and girls in Zimbabwe continue to be the victims in 99% of GBV cases, especially within the private sphere.

In its endeavour to create an enabling environment for the attainment of equity and equality between women and men, Zimbabwe has ratified various international conventions and declarations on gender equality — Convention on the Elimination of all Forms of Discrimination against Women, the Beijing Platform for Action (1995) and the SADC Gender and Development Declaration (1997). In 2006, Zimbabwe enacted the Domestic Violence Act "to make provision for the protection and relief of victims of domestic violence" (Domestic Violence Act [Chapter 5:16] Act 14/2006). While Zimbabwe has gone further by coming up with some legally binding system through enacting legislation that protects women from discriminatory laws, the conflict between formal and customary legal systems is frequently unaddressed. Despite these efforts to bring about gender awareness at various levels in society, customary law has been allowed to prevail over these legislative instruments, leaving women vulnerable to harmful traditional and cultural practices.

In Mozambique, social, cultural and religious norms lead to beliefs and attitudes that put men on top of the pile and women very far towards the bottom. This has an impact on what is considered accepted behaviour for men and women. In this strong patriarchy, traditionally, women have been economically and socially dependent on men, especially since their rights to own, sell and inherit land are often not legally protected. The new family law (2003) gives women the right to work outside the home and own property without their husband's consent, but for Mozambican women, especially those in rural areas, putting this law into practice is far from easy

Namibia is a diverse country with many racial, religious and cultural groups, each with their own traditions, values and practices. Namibian society is developing and modernising but still strongly patriarchal; men are in control of almost all aspects of life. Traditionally, a good woman needs to be sexually passive and not talk about sex. Men dominate in sexual relationships and are encouraged to experiment with many different partners. Within this male dominated set up, there are social norms that mean people accept or tolerate violence against women and girls.

In Malawi, a study conducted byPhiri, Nankhuni, and Madise (1995) revealed that even women and girls in tertiary institutionsexperience some form of gender-based violence. This studyestablished that 67% of female students in a tertiary institution hadexperienced sexual harassment and that 12% had beenraped. The study further observed that women and girls experiencemany forms of GBV in their homes, work places,religious institutions, police stations, prisons, hospitals, institutionsof learning (including tertiary institutions) and even in places of entertainment. According to the study, GBV in the homemay take the form of battering, sexual abuse of female children andworkers, female genital mutilation, dowry related violence and maritalrape while in the general community, GBV exists inthe form of sexual abuse, rape, sexual harassment, trafficking ofwomen and forced prostitution.Women

in Law in Southern Africa (WILSA) reported that 86-90% ofgender-based violence takes the form of domestic violence (UNIFEM,2002). Domestic violence according to a WILSA includes drunkenhusband, forced sex, economic deprivation, petty accusations, mentaltorture and freedom denial. Property dispossession of widows isalso a form of violence against women.

3. Research questions and Objectives of the study

3.1 Research questions

The study seeks to answer two research questions:

1) How do the three institutions in the Cultural Dialogue Model address GBV in Seke district, Zimbabwe?
2) What is the relative effectiveness of the three institutions of the Cultural Dialogue Model in addressing GBV in Seke district, Zimbabwe?

3.2 Objectives of the study

The overall objective of the study is to evaluate the effectiveness of the Cultural Dialogue Model dealing with GBV in the Seke community. In order to gather information that determined the effectiveness of the model, the study will focus on the following six specific objectives.

- To assess how the three components of the Culture Dialogue Model (traditional leaders, religious leaders, the family) deal with gender issues in the community.
- To assess the contribution of the three components of the Culture Dialogue Model in responding to GBV.
- To assess the perception of the community on how effective the SAfAIDSCulture Dialogue Model is in addressing GBV in Seke.
- To determine the efficiency of the culture model components in responding to GBV in Seke.
- To assess ways of improving and/or replicating the SAfAIDS Cultural Dialogue Model in other parts of Zimbabwe.
- Make recommendations that will inform gender and development players on dealing with gender-related challenges

4. Methodology

4.1 Study area

The study was carried out in Seke Rural. It targeted participants from eight wards where the Cultural Dialogue Model project was implemented by SAfAIDS and Seke Rural Home-Based Care. Seke is a peri-urban community situated about 50kms south east of Harare. The district has a population of 1.5 million people. Although Seke people live close to Zimbabwe's capital city, where the influence of Western culture is evident, their culture remains rooted in traditional values and practices. Traditional systems play a significant role in maintaining order in the community. Traditional leaders are considered 'custodians of culture' and are expected to intervene even in domestic disputes.

4.2 Participants

The study involved 42 adult men, 41 adult women, 41 out-of school girls and 42 in-school girls aged between 16 and24 years. Eight gender-based survivors and 15 opinion leaders in the community were targeted to add to the voices of men and women interviewed and FGDs were also held.

4.3 Evaluation Design

The study triangulated both qualitative and quantitative and research methods. Qualitative data were solicited from FGDs, key informant interviews and in-depth interviews. Quantitative data were collected using structured interviews, whilst a desk reviewwas employed to capture earlier assessments on the Cultural Dialogue Model .

4.4 Data Collection Methods

4.4.1 Focus group discussions

Two FGDs (using an FGD guide) were conducted for men and women to provide information about community interaction with the family system in addressing GBV and also to solicit for community perceptions, experiences and attitudes on how the Culture Dialogue Model performs in addressing GBV in the community. Men and women were grouped separately with each group comprising eight participants. A total of 16 participants took part in the FGDs and participation was voluntary.

4.4.2 Key informant interviews

Fifteen key informants (using interview guide) were interviewed to give their insights on how they dealt with GBV issues and embraced the cultural dialogue model. Out of the fifteen, four were traditional leaders, four were religious leaders, with one representative from the police, one from the Ministry of Social Welfare, one representative from Seke Rural district council and one representative from Zimbabwe Women's Lawyers Association. The director of Seke Rural Home-Based Care and three Community home-based care givers were also interviewed.

4.4.3 In-depth interviews

Eight in-depth interviews (using in-depth interview guide)were conductedwith GBVsurvivors to gather their accounts on how structures within the community assisted them during their tribulations. Although survivors were purposively identified, participation was purely voluntary.

4.4.4 Structured interviews

Using a structured questionnaire, a total of 166 respondents comprising 42 men, 41 women, 41 out-of-school girls and 42 in-school girls were interviewed.

4.4.5 Desk review

The desk review was employed to captureearlier observations contained in project reports on the achievements of the cultural dialogue model. It was also useful in collecting relevant and related information from other GBV models used elsewhere to complement the study.

4.5 Sampling Design

This study employed purposive sampling of the respondents due to budget and time constraints. It could be expensive and time consuming to do a census of data collection, hence purposive sampling was preferred.

4.5.1 Focus group discussions

An FGD of men was drawn from Seke communities.The men were picked from households in Sekeby randomly selecting one of the eight wards that participated in the project;eight villages were randomly picked from the selected ward and one man from one randomly selected household in each village was randomly selected. This gave a sample of eight men respondents from Seke. The same method was used to select the participants for the FGD for women.

4.5.2 Key informants

Key informants were purposively identified from the Seke community on their strength in dealing with GBV cases. Four traditional leaders were interviewed to give their insights on how the traditional leaders' institutions deal with GBV and embrace the Cultural Dialogue Model. In addition, four randomly selected church leaders were selected from a pool of churches to give their insights on how the church institutions deal with GBV. Representatives of organisations that deal with GBV in Seke were identified with the help of Seke Rural Home-Based Care. A total of 16 key informants were interviewed.

4.5.3 In-depth interviews.

A purposive sampling technique was used for the face-to-face interviews with GBV survivors.GBV survivors were sampled from traditional leaders and church institutions. Traditional leaders and churches had records of GBV survivors who reported to them and these records were used to select the respondents.Seke Rural Home-Based Care also provided a list of survivors that they assisted. A random sampling of eight survivors was selected from a combined list of the three institutions.

4.5.4 Structured Interviews

The sample forstructured interviews was guided by the sample size of 40 men, 40 women, and 40 out-of- and in-school girls that the baseline used. Four villages from each of the eight wards were purposively selected. Ten men, ten women, ten out-of- and in-school girls were purposively selected from the four wards. However, a total of 166 participants were interviewed, comprising 42 men, 41 women, 41 out-of-school girls and 42 in-school girls.

4.6 Ethical considerations

This research recognised the rights of participants and treated every client with respect. Participants were informed of the objectives and procedure of the study in Shona (their mother language). They were also informed of their right to refuse to participate in the study and to query where they did not understand. In addition, researchers assured the participants that their choice regarding participation in the study had no impact on them, other than in contributing to the study. There was no deception when informed consent was sought. All participants signed a consent form. The study strictly adhered to principles pertaining to privacy and confidentiality.

4.7 Data Management and analysis

4.7.1 Qualitative data

Qualitative data were transcribed and translated. After the translation, data were typed according to themes, and analysis was done thematically. Observations from the analysis were utilised to explain or substantiate findings from the quantitative analysis.

4.7.2 Quantitative data

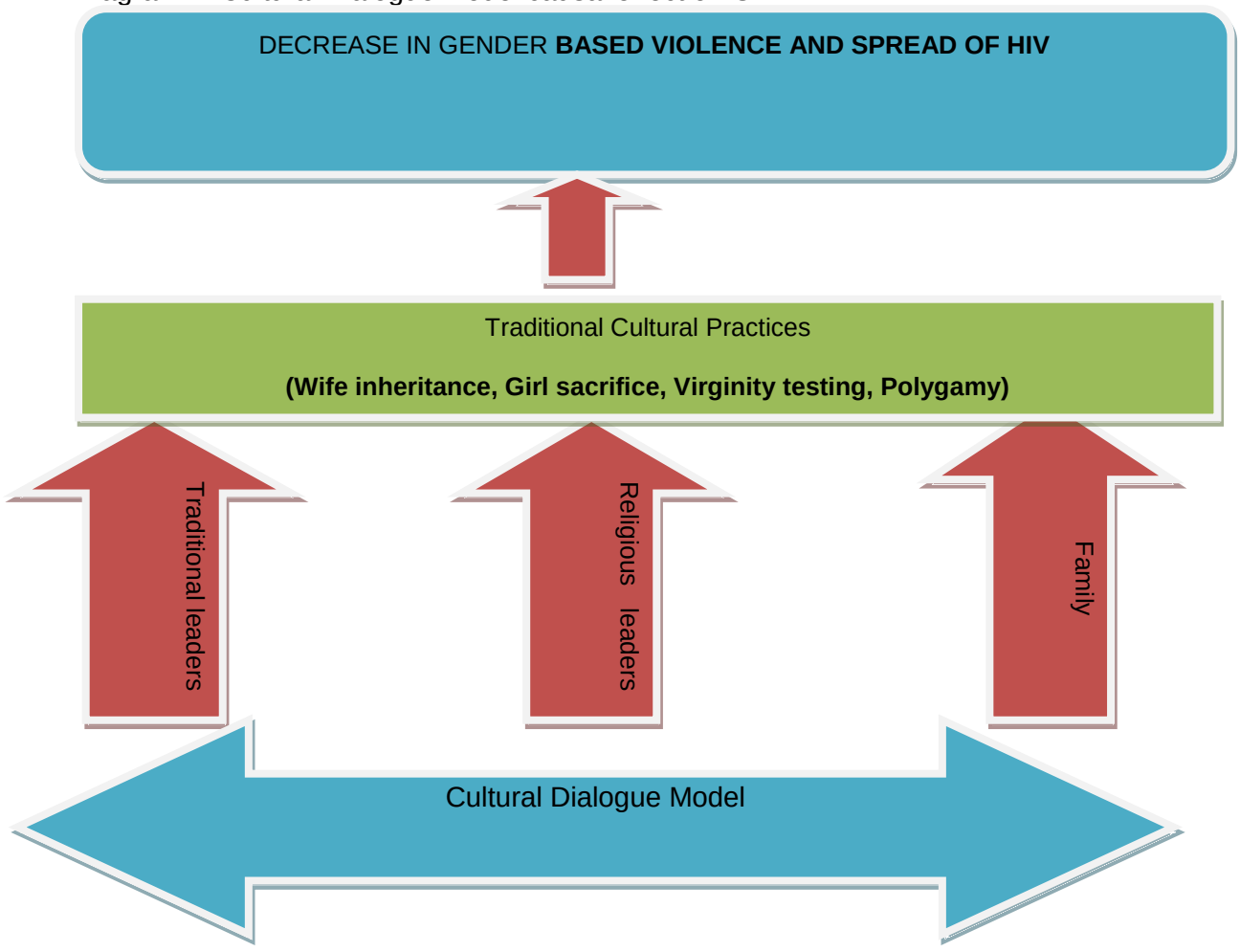
A dictionary using SPSS software was created to enter quantitative data. Data cleaning was done to correct data entry errors. All questionnaires were given code numbers so that errors could be tracked using the questionnaire code. Frequency distributions were run to establish missing values. After data cleaning, basic descriptive methods such as cross-tabulations and frequency distributions were run in order to highlight the relationship between dependent and independent variables.

5. Conceptual Framework

Traditional cultural practices have been identified as key drivers of GBV and the spread of HIV. This observation is true for Seke community where traditional practices such as girl child sacrifice, wife inheritance, virginity testing and polygamy were identified as contributing to GBV and the spread of HIV. The study postulates that addressing the traditional cultural practices through the Cultural Dialogue Model reduces GBV and the spread of HIV. A number of institutions including the police, civil courts, traditional leaders, churches and the family system were strategic allies of the Cultural Dialogue Model in confronting GBV.How ever the model specifically targeted traditional leaders, religious leaders and the family, as agents to change the cultural practices that perpetuate GBV and the spread of HIV. These institutions have different capacities in dealing with GBV at community level. However under the Cultural Dialogue Model, all the three institutions are equipped with knowledge on the relationship between traditional cultural practices and GBV.The hypothesis that the study seeks to prove is that once communities understand the connection between cultural practices, GBV and the spread of HIV; GBV prevalence will decrease in Seke. The Cultural Dialogue Model is the instrument (independent variable) that will cause change in traditional practices and subsequently reduction in the GBV cases in Seke.

The study findings are therefore demonstrating how the three institutions (traditional leaders, religious leaders and the family) addressed GBV in Seke. Further, the findings show the effectiveness of the three institutions. The effectiveness of the model was measured by comparing the baseline responses and the endline responses on the attitudes and behaviour changes by Seke community towards traditional practices that perpetuate GBV. Diagram 2 below illustrates the causal effect of the Cultural Dialogue Model on GBV.

Diagram 2: Cultural Dialogue Model causal effect on GBV



6. Study Findings

6.1 Demographic characteristic of the respondents

The study involved 42 adult men, 41 adult women, 41 out-of girls and 42 in-school girls. The majority of the respondents were females in the 41 - 50 age category (62%), followed by 52% males in the 25 -50 age category. The out of school and in school girls ranged between 16 to 24 years with in school girls at 44% slightly higher than the out of school girls at 43%.

Table 1: Age of Respondents

	Percent			
Age range	**Male**	**Female**	**Out of school**	**In school**
16 – 24	8.4	6.2	43.2	44.2
25 – 40	52.2	47.8	0	0
41 – 50	38.1	61.9	0	0
51- 60	51.9	48.1	0	0

N= 166

All the respondents indicated that they had been to school, except for one male who did not even attend primary school. Both Male and out-of-school girls at (50%) respectively went through tertiary education. The data collected is consistent with other studies in Zimbabwe that show that the rate of female drop out increases as the level of education increases. Notably, 44% of females attained primary school compared to 18% who completed secondary school.

Table 2: Highest Level of Education

	Percent			
	Male	**Women**	**Out of school girls**	**In school girls**
Primary	33.3	44.4	22.2	0
Secondary	21.2	17.8	25.4	35.6
Tertiary	50	0	50	0

N= 166

Most of the respondents were married men (43%); and 57% of the respondents are either divorced or separated.

Table 3: Marital Status of Respondents

	Percent			
	Males	**Women**	**Out of school girls**	**In school girls**
Single/never married	11.5	2.1	42.7	43.8
Married	50.9	49.1	0	0
Divorced/separated	42.9	57.1	0	0
Widowed	0	100	0	0

N= 166

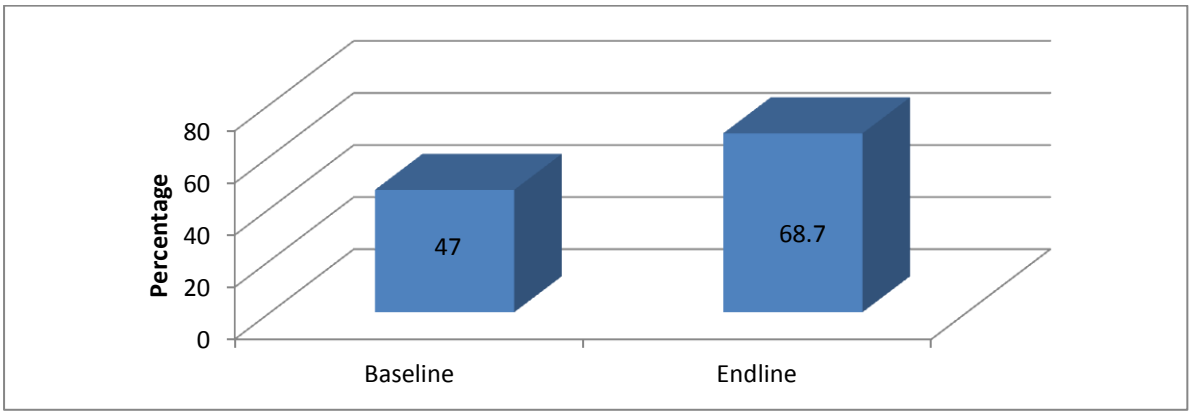
6.2 How the Three Institutions in the Cultural Dialogue Model address GBV in Seke Community

The Cultural Dialogue model approach used the three institutions by way of training them on all features of GBV, including its meaning, the causes of GBV and the connections between traditional practices and GBV. In turn these institutions would transfer the knowledge during cultural dialogues.

6.2.1 Knowledge increase in GBV and HIV

One of the key expected outputs of the Cultural Dialogues was to increase knowledge on all aspects of GBV.The baseline showed 47% respondents reporting that GBV is abuse of women andthe end line indicated 69% of respondents reporting on the same, shows that the institutions were effective. Likewise the majority of the respondents (30%) who were women, agreed that GBV was abuse, followed by men at 26%. Out-of-school girls (27%) and their counterparts, in-school girls (19%) also reported that GBV was a form of abuse.

Figure 1: GBV as Abuse of Women



The study confirmed that Seke community understood well the attributes ofGBV, and they attributed their understanding to the Cultural Dialogue Model project implemented from 2008 to 2011 bySAfAIDS, in partnership with Seke Rural Home-Based Care. Both men and women from the focus group discussion remembered vividly how the cultural dialogue was conducted. One woman from the focus group discussion spoke highly of the use of pictures in the materials that were used during the dialogues. The other participants concurred that the use of pictures assisted with better understanding of the basic concepts of gender-based violence that were explained by GBV champions.

Women and men who participated in the focus group discussions described GBV in many ways, but demonstrated that any act that causes harm to women, whether physical or emotional is considered GBV. One would have expected many examples of physical violence from participants; on the contrary, many participants cited experiences of emotional violence. For instance, one GBV survivor said that her husband denied her conjugal rights food, clothes and refused to pay school fees for their children. Another male GBV survivor said:

" I was in a marriage where my wife tested HIV positive and I was HIV negative. My wife refused me sex because I insisted on using a condom, and that was GBV". (R6: male)

Further, a GBV women survivor narrated how she was chased away by her in-laws after the death of her husband and she referred this as GBV, whilst a man who participated in the male FGD group remarked:

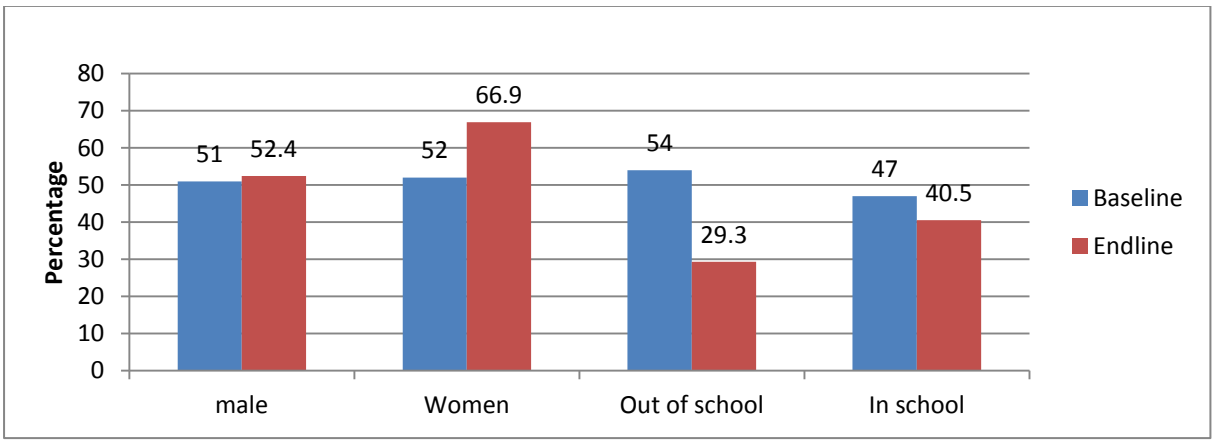
" GBV is the violence that takes place in the household between men and women. This violence is not confined to the mother and father only, but it extends to children. It would be wrong to focus only on parents as children are sometimes also involved, so we should call it family violence" (R1: male)

6.2.1.1 Connection Between GBV and Spread of HIV

Participants were asked whether they realise a strong connection between GBV and the spread of HIV. The majority of women (67%) reported a strong connection at end line study compared to 52% who reported the same at baseline. However there was a very slight increase between baseline (51%) and end line (52%) of men reporting a strong connection.

Particularly, all gender-based violence survivors felt that there was strong connection. Most of the survivors experienced violence when they insisted on safer sex with their husbands because they knew that their husbands had extra-marital affairs. Most of their GBV cases were reported to the traditional leaders.

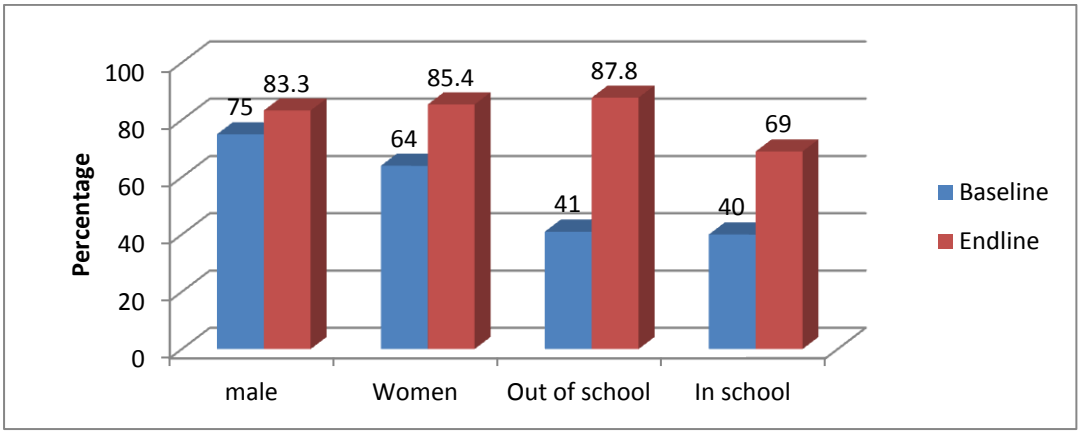
Figure 2: Connection Between GBV and Spread of HIV



6.2.1.2 Connection Between Inheritance and the Spread of HIV

The study went on to compare the baseline and endline results regarding wife inheritance and the spread of HIV. Respondents reported a strong connection between wife inheritance and the spread of HIV. Eight eighty percent of out-of-school girls and 85% of women reported a strong connection at end-line. It is interesting to note that men (75%) were ahead of women (64%) at baseline and after the Cultural Dialogue Model, women (85%) were ahead of men (83%)

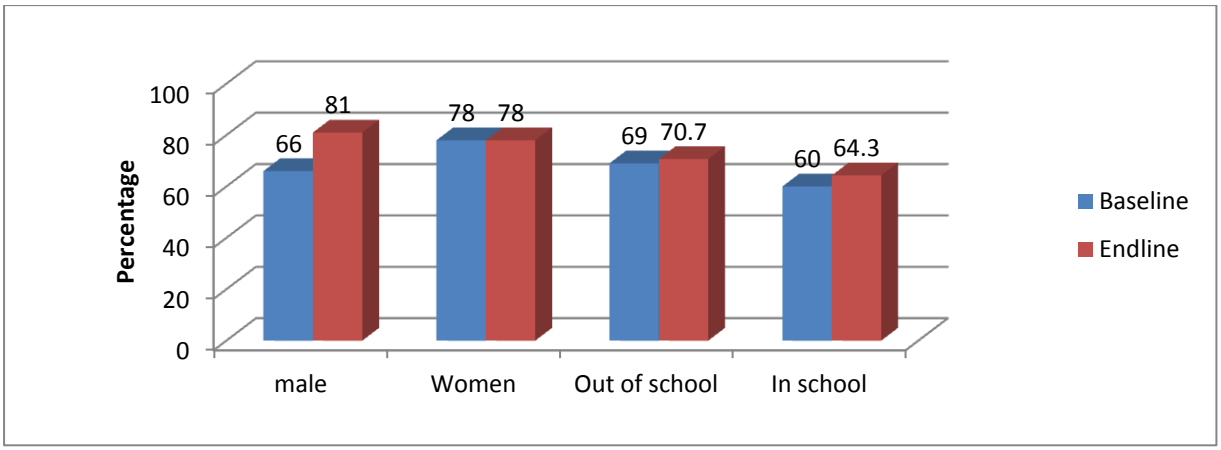
Figure 3: Strong Connection Between Inheritance and the Spread of HIV



6.2.1.3 Connection Between Girl Sacrifice[1] and the Spread of HIV

Respondents were asked about their opinions on the relationship between girl sacrifice and the spread of HIV. Respondents insisted that there was a strong relationship with men leading at 81%. When the same question was posed at baseline, 66% reported that there was a strong connection between girl sacrifice and the spread of HIV.

Figure 4: Strong Connection Between Girl Sacrifice and the Spread of HIV

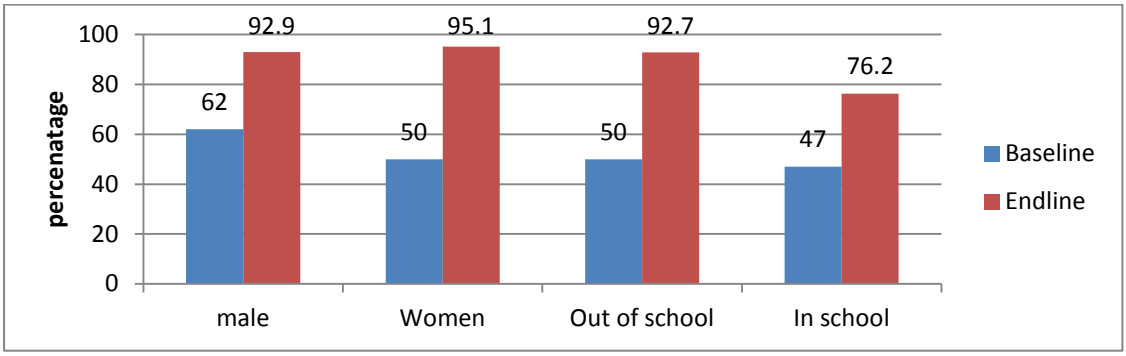


6.2.1.4 Connection Between Polygamy and the Spread of HIV

Results of the end line study show a remarkable jump from baseline, with all respondents reporting a strong connection between polygamy and the spread of HIV. Whilst at baseline, 50% of women affirmed the strong connection, 95% at end line affirmed the connection. This steep rise is also noticeable among out-of-school girls, who at baseline (50%) reported the strong connection while 93% concluded the same at end line.

[1] Girl sacrifice refers to paying an avenging spirit to a family of the victim's person by the killer's family using a girl child to appease the spirit of the dead person.

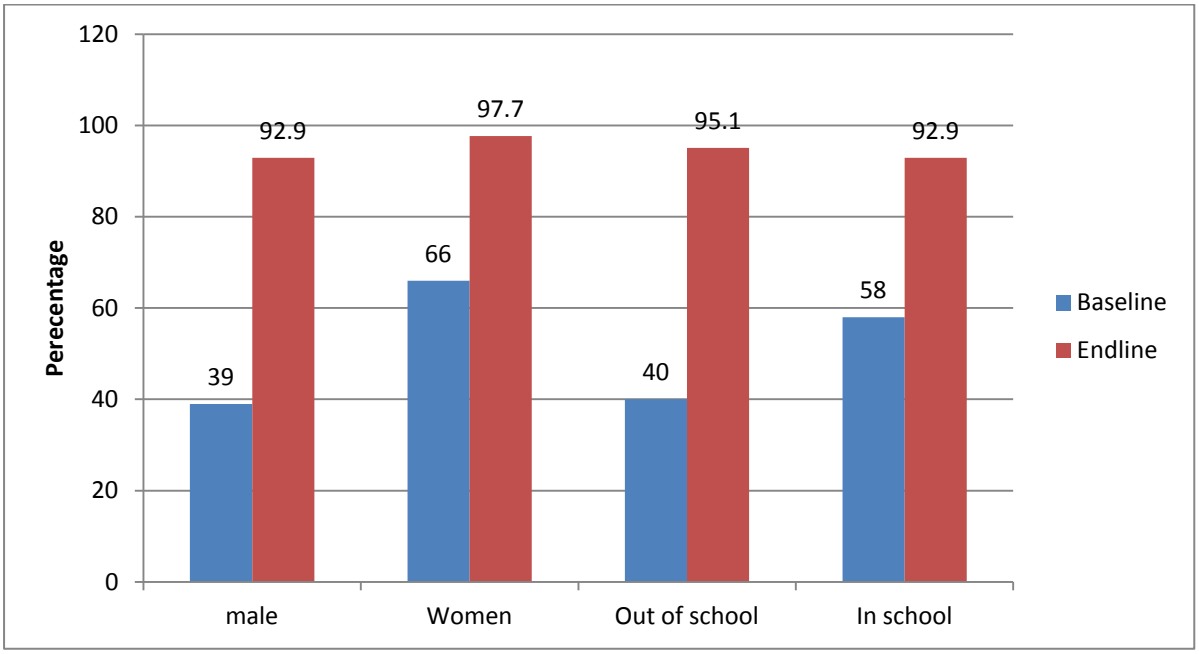
Figure 5: Strong Connection Between Polygamy and the Spread of HIV



6.2.1.5 Polygamy Causes Family Disunity

At baseline women (66%), and men at 39% reported that polygamy causes family disunity. After the implementation of the Cultural Dialogues, women and men (98% and 93%) respectively asserted that it is true that polygamy causes family disunity.

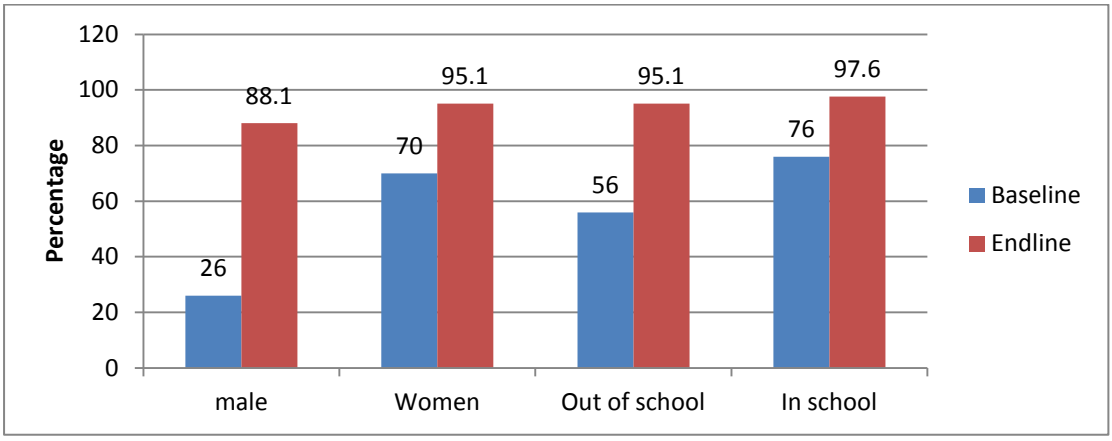
Figure 6: Polygamy Causes Family Disunity



6.2.1.6 Wife inheritance and family cohesion

When participants were further probed on the connection between wife inheritance and family cohesion, 95% of women felt strongly that wife inheritance destabilisesthe family. On the same question at baseline, 70% of the women reported that inheritance destabilisesthe family. A plausible jump by men (26%) at baseline reporting that inheritance destabilises family to 88% at end line was noted. Given that the model mainly targeted men on wife inheritance, the intervention seemed to have produced the expected effect.

Figure 7: Wife Inheritance Destabilises Family



6.2.2 Institution to Consult First

When asked in the FGDs which institutions between the family, traditional and religious leaders they would consult first when they experience violence, the majority of women preferredcommunity based volunteers, followed by traditional leaders.The majority of the respondents revealed that CBVs first counsel those who report GBV to them before they refer to the relevant GBV service providers. CBVs were credited with referring GBV cases to traditional leaders, religious leaders, police and GBV organizations

Most women thought the family institution was not very helpful; this contrasted with men's view, who thought in the event of a dispute the family institution must be consulted first.Women also choose to report to GBVs organisations and police (32% and 31% respectively)However both women and men agreed that reporting to police should be the last resort since the traditional institutions in Seke were effective. One women who participated in the women FGD relayed that:

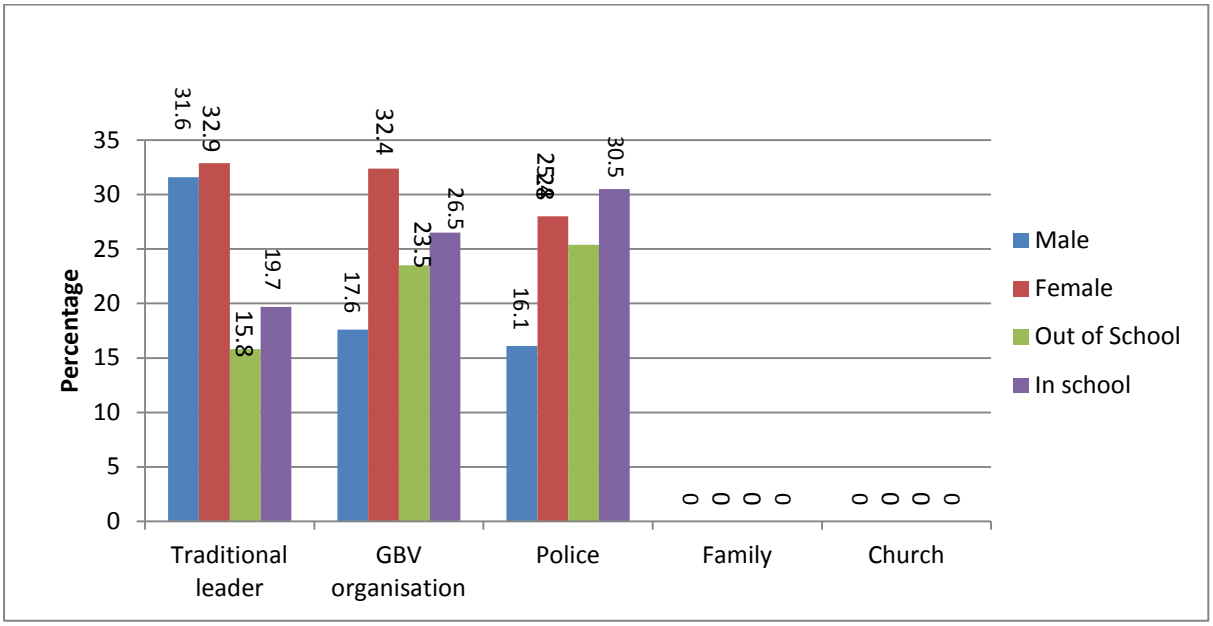
"Reporting the incident to police means that your husband is going to be arrested… kana murumewakoakasungwa, hamadzemurumedzinouyadzirinyuchi(relatives of your husband will come upon like a swarm of bees, if you cause the arrest of your husband) …we agreed with my husband that we should resort to dialogue than causing arrest of one of us". (R4:Female).

There were quite varied perceptions about reporting to the police, with some thinking that reporting to the police was a waste of time because the police will still refer you back to the headman or chief. Some thought that police stations were too far. One interesting remark was that once you report to the police, you spend the whole year attending court procedures.

Other institutions that are there in the community to address GBV were reported as Msasa project, Seke Rural Home-Based Care, the Department of Social Welfare and the Department of women's affairs.

The view by structured interview respondents differed slighltly with those from the FGDs. The majority of repondents (33% women) favoured reporting to traditional leaders. There is a slight difference with men (32%) who also reported preference for traditional leaders.

Figure 8: Institution to Consult First



Most respondents adored traditional leaders because they have courts where the perpetrator can be called to explain their actions and if found guilty, a fine is instituted. However, the fines are viewed by the respondents as not excessive. Regardless perpetrators would not want to be seen to be fined by traditional leaders because of the respect and legitimacy traditional leaders derive from community.

Given that traditional leaders were identified as the preferred consultants in the event of GBV, they were asked how they resolve GBV cases that are reported to them. One headman said:

> *" In my village this happened last week, I was called to resolve a conflict of infidelity. Both husband and wife admitted to having extra marital affairs. I fined them a goat each and told them that I did not want to hear about it again in my area. I threatened to report them to police if they do not stop infidelity. I know people in this area do not want their cases reported to police"*

Although none of the respondents indicated the desire to consult family and church institutions during structured interviews, some key informants and survivors indicated that the family institutions and the churches play important roles in addressing GBV.

Religious leaders were described by respondents as only attending to GBV cases from members of their congregations. Both women and men from the FGDs concurred that churches conduct sessions in the churches on how to live peacefully in families. The sessions include teaching couples on how to avoid conflict and GBV in marriages. The majority of the gender based violence survivors explained that religious leaders assisted them with prayers during their tribulations. When probed about the role of the church in addressing GBV, a woman narrated:

" in my opinion there are very few cases when religious leaders get to know about GBV. When my husband has a position in that church, it means that I won't consult the religious leader because I would want my husband to maintain that position in the church. I would

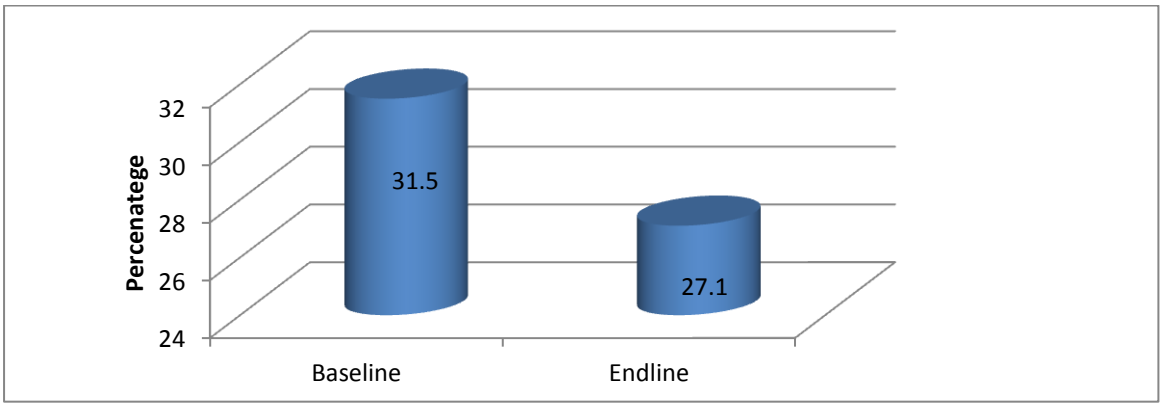
rather not report the case and have the dispute confined to my family other than the dispute affecting the position of my husband" (R5: Female

Respondents viewed the family as an institution that only seeks to create harmony. It does not publicly hold the perpetrator of GBV to account. As a result the majority of women who participated in the FGD and GBV women survivors perceive the family institution as biased towards men.

6.2.3 Reporting GBV to police

With respect to always reporting GBV to police, 32% of the respondents from the baseline indicated that they would always report GBV to police compared to 27% from the end line study. Of the 27%; 33% out-of-school girls reported that they will always report GBV to police and 24% women and 22% men respectively also said they would always report GBV to police. The slight decline in the respondents reporting to police shows that the Cultural Dialogue Model brought alternative institutions to report GBV.

Figure 9: Always Report GBV to Police



6.3 Effectiveness of the three institutions

To measure effectiveness, the project objectives were compared with the project outcomes and the positive perceptions of respondents on the how the model improved their lives. The study compared the baseline and the endline results to assess the effectiveness of the the three institutions. The assumption was that where the results show an increase on certain variables, the positive results may be attributed to the Cultural Dialogue Model intervention

There was general consensus on the effectiveness of the Cultural Dialogue Model in addressing GBV in the community and the following were mentioned as benefits of the model: 1) identifying the root cause of problem and addressing them head on; 2) cascading effect and facilitating counselling in instances of GBV. Participants generally agreed that their lives have been transformed through the project. Most GBV survivors reported that they benefited immensely from the Cultural Dialogue Model. Almost all those interviewed got knowledge on how to report GBV from the dialogues that were conducted. Ironically, those

who refused to get inherited as a result of resolutions of the dialogues, at times were subjected to violence by their in-laws.

One key informant narrated a story that demonstrated the effectiveness of the model going beyond Seke. A certain widow who was visiting in the area from Kadoma, attended the cultural dialogue, where issues of inheritance were discussed. The widow learnt from the dialogues that surviving spouses are entitled to the property of their late spouses. After the dialogue, she sought assistance from Seke Rural Home-Based Care to recover a house that was taken by her in-laws. With the advice she got, the house was eventually returned to her.

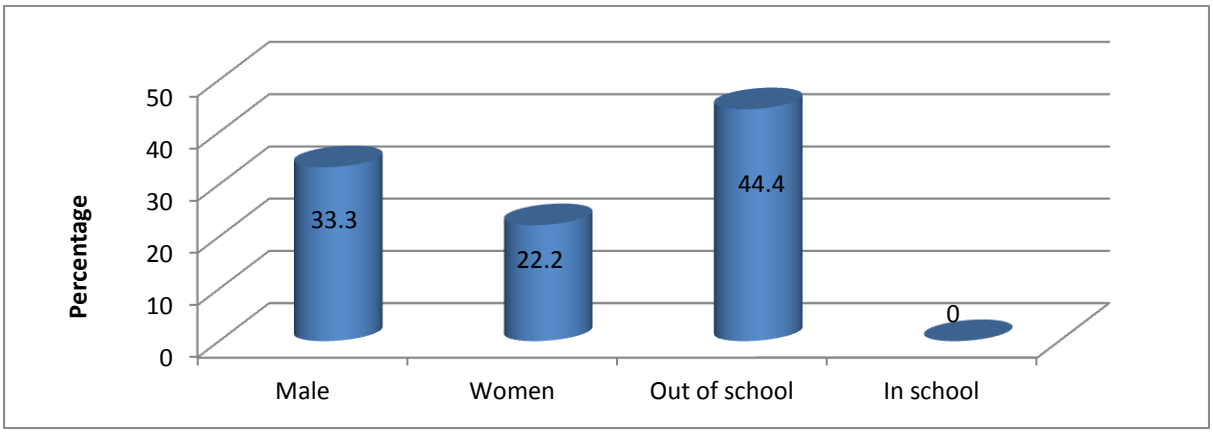
When asked about their GBV tribulations, most survivors reported that they were victims of their spouses and in laws. It also emerged that most of them are HIV positive and they attribute their status to being forced to have unprotected sex with their spouses. Most cases which were reported to relatives of the husband were not amicably resolved. They also reported that churches helped them with prayers in times of tribulation.

6.3.1 Occurrence of GBV in Seke

With respect to perceptions on the occurrence of GBV in Seke, all the participants agreed that incidents of GBV have reduced remarkably.

The majority of the respondents (44%) who were out-of-school girls reported that GBV was now rarely practiced in Seke. This view was also shared by Men and women (33% and 22%) respectively.

Figure 10: GBV rarely practiced in Seke



N= 166

There were differing views on the issues leading to violence. Whilst both the women's FGD and the men's FGD identified sex as a factor that contributes to GBV, women felt that they were justified to refuse sex. Interestingly, some women agreed with men that women's refusal to have sex was leading to men's infidelity and eventually causing violence. Some reasons associated with occurrence of GBV were pointed out as; failure by men to provide for the family; and failure to disclose HIV status. A women participant in the FGD remarked:

> *"A major contribution to GBV is the resource issue. When there are limited resources there would be a conflict. The violence is worsened when the*

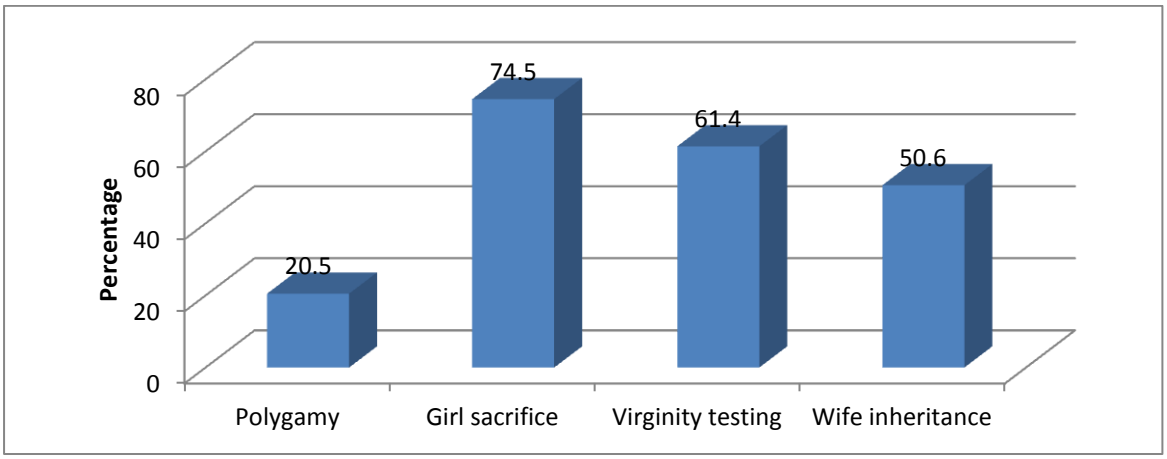
husband has another wife as this would cause hunger in the family" (R6:Female).

"Another challenge common to this community is that men are unwilling to go and get tested for HIV. When they do that, they do that on their own without the knowledge of their wives. They start taking tablets (ARVs) secretly without their wives knowledge" (R1: female).

6.3.2. Cultural practices that changed

With respect to traditional practices that changed, about 75% of the respondents reported that girl sacrifice was no longer practiced in Seke community. Sixty-one percent reported virginity testing as being extinct, with almost 21% confirming the same about polygamy. Out of the 75% reporting girls' sacrifice as no longer practiced were men, and out-of-school girls at 28% respectively, followed by women at 24%. These results are consistent with the views that were shared during the focus group discussions and key informant interviews, that some cultural practices that drive GBV and spread HIV were now rare.

Figure 11: Cultural Practices in Seke (multiple responses)



Most of the respondents from the FGDs, and key informant interviews alsoindicated that wife inheritance, virginity testing, polygamy and girl sacrifice were now rare in Seke. A woman from the FGD said:

"The practice of wife inheritance is no longer being done… in the event that the wife refuses to get inherited, husband's relatives cannot force her to leave her matrimonial home… ndiyoyakapasa" (that is what was resolved at the dialogue) –R2: Female.

One notable example that is cited by almost everyone in the community is the case of a family that experienced mysterious death in the family because of the avenging spirit of a man who was killed. The family of the murderer had paid the avenging spirit with a young girl, but the girl ran away. As a result, the spirit was causing deaths. This case coincided with the advent of the Cultural Dialogues and the case was discussed in one of the dialogues. Chief Seke, one of the cultural dialogue champions made a ruling that the two families consult a traditional healer and propose to use cattle as payment instead of a girl child. The traditional healer, who claimed to have consulted the avenging spirit, agreed to the proposal

and from then it was resolved that in Seke no one will pay for an avenging spirit with a girl child. Interestingly, since then, no mysterious deaths have been witnessed in that family. One FGD participant in the men's group asserted:

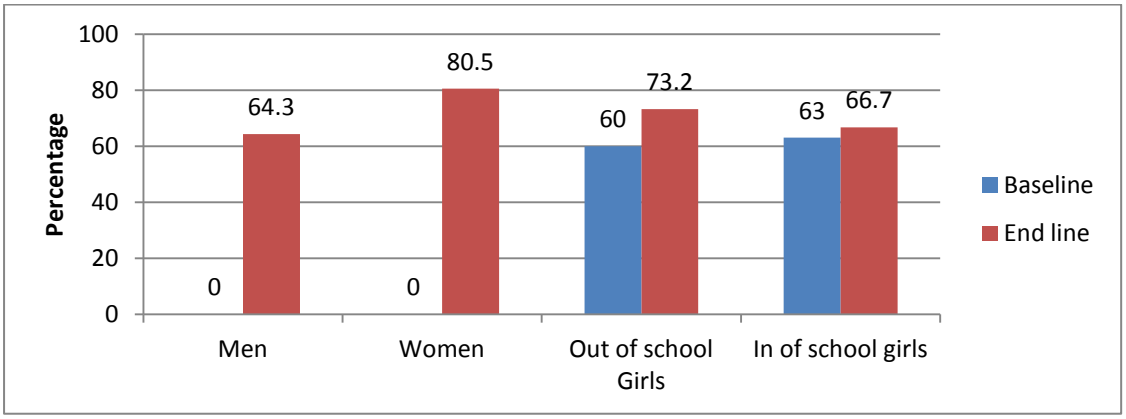
> *"Ndiyoyakapasayekutihapanaacharipangozinemwanasikana, mari kana mombendizvozvicharipangozi…. translated as that is what was resolved by the community at the dialogues, that no one should pay an avenging spirit with a girl child. Money or cattle will be used to pay the avenging spirit" (R7:male).*

6.3.3. Women Negotiating for Safer Sex

Participants were asked whether women had the power to negotiate for safer sex. Amazingly, almost 81% of women and 64% of men reported that women had the power to negotiate for safer sex. These assertions by women and men during the end line study are an astronomic jump from the baseline where no single women or men reported that women had power to negotiate for safer sex. Both the men's and women's FGD confirmed that women were now empowered to negotiate safer sex. During the same discussion in the men's FGD, there was consensus that women unjustifiably refuse sex. The study observed that the issue of refusal to sex remains divided along gender lines. One man fumed:

> *" Women are saying they have their rights. They do not want to frequently have sex, they say how many children do you want me to have?...and husband says..its ok I am going to marry your brother's daughter" (R1: male).*

Figure 12: Power to negotiate for Safer Sex



The issue of safer sex also came out strongly in an earlier review report where a women indicated not only general community acceptance of the need for men to use condoms in marriage, but also the ability of women to discuss issues of sexuality with a male authority, in this case, the headman. Such a discussion would previously have been unimaginable. The report cited an unmarried female youth who explained how the Cultural Dialogue Model had provided women and men with the same education on HIV and said this had given her confidence to insist on safer sexual practices with her partner.

Generally GBV was perceived to be an outcome of different power relations between men and women. Whilst men believed that due to women being empowered, women were no longer respecting men. Women were of the opinion that they were now capable of exercising their rights, including refusal to have sex in general, or to have unprotected sex. This view

was criticised by one of the key informants who alleged that cultural dialogues taught women too much human rights and this was causing violence in homes. The key informant thought that human rights were taught without also emphasising that rights come with responsibilities. The key informant was adamant that most of GBV cases reported were because of women emphasising rights over responsibilities

6.4 Cost effectiveness of the Cultural Dialogue Model

The model did not involve investment in infrastructure, but made use of what was already available in the two partner organisations, SAfAIDS and Seke Rural Home-Based Care. Funding was not used for permanent staff salaries, although occasionally it was used to employ the services of specific, short-term staff, such as the consultant who carried out the baseline survey. In addition, training volunteers from the community as advisors not only increased the sustainability of the project, but also reduced costs, as these advisors were able to carry out an information dissemination service without the need for a salary.

6.5 Replicability of Cultural Dialogue Model

When asked about the factors that would assist in replicating the model, most key informants pointed that a respected traditional leadership system is key for the success of the model and any environment sound traditional leadership structures is conducive for implementing the model. A women who participated in the FGD, who comes from Rusape district but was married in Seke remarked:

> *"If the model is succeeding in Seke where people do not have that much respect with traditional leaders, such a model will thrive where I come from, because we have great respect for our traditional leadership."(R8: Female)*

The study observed that there was a well structured referral system within the traditional institution that deal with GBV cases. The first port-of-call is the village herdman. The village head man refers to the chief. Interestingly, through the Cultural Dialogue Model chiefs said that they would refer cases they deem beyond their capacity to the police.

7. Discussions

7.1 Understanding of GBV Issues

The key observation made by the study during focus group discussions, key informant interviews and in-depth interviews with GBV survivors, was that adult men and women were familiar with the Cultural Dialogue Model and how it addresses GBV. Although the out-of- and in-school girls made reference to the model, they could not articulate how it worked. The study established that only adult men and women participated in the dialogues. One of the reasons for the youth not participating in the cultural dialogues could be the name " Cultural Dialogue" and they may have regarded everything associated with the dialogue as archaic. Going forward an activity name that attracts youth can be considered. The omission of youth in such a programme may reverse the gains made by the model and in future spousal violence may re-emerge.

One of the key expected result of the Cultural Dialogues was to increase knowledge on all aspects of GBV. The fact that the baseline showed 47% respondents reporting that GBV is abuse of women andthe end line indicating 69% of the respondents reporting on the same shows that the intervention was effective. This study shows the majority of the women respondents (30%) agreed that GBV is abuse, followed by men at 26%. Out-of-school girls (27%) and their counterparts; in-school girls (19%) also reported that GBV was a form of abuse. In a patrichial society like Zimbabwe, where some actions that violate the rights of women are taken as a norm, it is encouraging to have more than half of respondents identifying GBV as abuse of women in Seke, contrary to the recent Zimbabwe multiple indicator cluster survey, 2014, which reported more women (37%) than men (23%) advocating that a husband is justified in beating his wife for going out without telling him, for neglecting children, refusing sex or burning food.

The study noted a high level of understanding of GBV. In many Zimbabwean communities GBV is regarded as physical harm directed to a woman. Participants in the study demonstrated that GBV includes any act that causes harm to women, whether physical or emotional. The knowledge gained through the model may have helped to reduce incidents of GBV that were committed as a result of ignorance.

7.2 Effectiveness of Institutions

The study sought to establish the institutions that respondents preferred most to report GBV. The majority of repondents (33% women) favoured reporting to traditional leaders. It is interesting to note that 32% of the respondents from the baseline indicated that they would always report GBV to police compared to 27% from the end line study. This drop can be as a result of alternatives brought by the Cultural Dialogue Model. People have the leisure to choose where to report, and notably they have their community structures as the first port of call. It can be said that the introduction of an effective community-based approach reduced the burden on the police. In fact, some of the respondents reported that they would not waste time reporting to the police because of cumbersome court processes. They felt that community structures deal with GBV issues promptly and usually in a harmonious way.

The fact that most respondents reported that they consult community-based volunteers and traditional leaders first, mean that there is increased workload for these institutions. The question that beckons is whether these institutions are sufficiently resourced and skilled to

deal effectively with such demand. The study understood that there was an idea to have para- legal people attend hearings presided by traditional leaders, with a view to ensuring that traditional leaders decisions are in tandem with the Zimbabwean laws. There was no evidence of this assistance and traditional leaders may be facing challenges in addressing GBV cases in line with Zimbabwean laws.

Despite the fact that respondents preferred to consult community based volunteers and traditional leaders first, it was clear that all the three institutions in the Cultural Dialogue Model has a role in addressing GBV. The study learnt from the FGDs that religious leaders were particularly assisting their congregants on how to care for their families. Some GBV survivors cited that their religious leaders would pray for them during their times of tribulations. However, in Zimbabwe and other African countries there are concerns that victims of GBV sometimes have nowhere to run, as they find more vultures in institutions where they are supposed to seek solace, such as churches, and end up being abused by the men-of-the-cloth who are supposed to protect them.

Although most women respondents stated that they were not comfortable with consulting the immediate family because they seem to always take sides with men, some respondents maintained that the family system is key. Institutions such as traditional leaders and churches prefer to work with the family when addressing GBV.

7.3 Impact of the Traditional Dialogue Model

Many studies in Zimbabwe including the ZDH survey 2009 – 2011 show an increase in GBV cases. Respondents in this study overwhelmingly reported that GBV cases were reducing in Seke. The study tried to get GBV statistics at village and ward level to no avail. The statistics that the district police station provided show GBV cases increasing in the district. However, this could be due to an increase in reporting. It is imperative that innovative ways be developed to record GBV cases at village and ward level so that the impact of such interventions can be measured at that level.Given that the study failed to get GBV statistics at village level and ward level, it is highly likely that the GBV statistics reported at national level do not include cases at community level. We conclude therefore that only cases that are reported to police are recorded, and this means that GBV cases are grossly under reported.It is worthwhile to explore mechanisms to capture GBV cases that happen and reported to traditional leaders, religious leaders and family systems.

The majority of the respondents (44%) who were out-of-school girls reported that GBV was no longer practiced in Seke. Men and women (33% and 22%) respectively also reported that GBV was no longer practiced. In this instance, well below 50% of both men and women reported that GBV is no longer occuring in Seke, meaning that more than 50% of both men and women believe that GBV is still prevalent. This is consistent with most behaviour change interventions, bacause change of behaviour is not attained in one night and any positive change noted should be applauded; and reinforce those aspects associated with the positive change.

Although respondents reported cultural practices as now contributinjg less to GBV, economic factors are emerging as major drivers of GBV and the spread of HIV. It could be that those who believe GBV to be still remarkably prevelant are referring to cases associated with economic presssures.

With respect to always reporting GBV to police, 32% of the respondents from the baseline indicated that they would always report GBV to police compared to 27% from the endline study. The drop in percentage of respondents indicating that they would always report GBV to police may be as a result of alternative structures such as traditional leaders made popular by the Cultural Dialogue Model. It looks like Seke community only had police to report to before they were introduced to other alternative structures such as community-based volunteers and traditional leadership.

Conceptually, traditional cultural practices were identified as key drivers of GBV and HIV and the Cultural Dialogues sought to influence communities to change these cultures. The finding that most of the cultural practices were no longer practiced, showsa positive impact of the approach. For instance, more than 75% of the respondents reported that girl sacrifice was no longer practiced in Seke community. Sixty-one percent reported virginity testing as being extinct, with almost 21% confirming the same about polygamy.

Overall, respondents showed increased knowledge at end line on the connections between GBV, polygamy, wife inheritance and girl pledging against the spread of HIV.

The study went on to compare the baseline and endline results regarding wife inheritance and the spread of HIV. All the respondents reported increased belief that there is a strong connection between inheritance and the spread of HIV, with 88% of the out-of-school girls and 85% of women reporting a strong connection at endline. It is interesting to note that men (75%) were ahead of women (64%) at baseline and after the Cultural Dialogue Model, women (85%) are ahead of men (83%). The issue of wife inheritance and HIV was usually discussed behind closed doors in Zimbabwe for fear of eroding culture. It was normally traditional leaders who would not want any criticism of cultural practices. The model succeeded in making the traditional leaders champions of revealing the connection between wife inheritance and the spread of HIV.

Respondents were asked their opinions on the relationship between girl sacrifice and the spread of HIV. All the respondents insisted that there was a strong relationship, with men leading at 81%. When the same question was posed at baseline, 66% reported that there was a strong connection between girl sacrifice and the spread of HIV. This practice seems like one that was easy to change. It looks like the whole community - men, women, traditional and religious leaders wanted a solution to girl sacrifice and the community successfully agreed on a substitute for girl sacrifice.

Results of the end line study show a remarkable jump from baseline; with all respondents reporting a strong connection between polygamy and the spread of HIV. Whilst at baseline, 50% of women affirmed the strong connection, 95% affirmed the connectionat baseline. The steep rise is also noticeable in out-of-school girls, who at baseline (50%) reported the strong connection while at end line 93% made this conclusion. Although in public, the Seke community condemns polygamy and identifies it with the spread of HIV, some people hinted there are churches in Seke who believe in polygamy and that many people were contracting HIV in these churches through polygamous marriages.

From the discussions above, cultural practices that were identified as drivers of GBV included wife inheritance, polygamy, virginity testing and girl sacrificing. Although these practices are still practiced in Seke, there was evidence from respondents that the practices

were now rare because of the Cultural Dialogues. The use of the phrase *"ndiyoyakapasakudare*", translated as; this is what was resolved at the dialogues, shows the direct impact of the model, in that the resolutions made at the dialogues were being referred to and applied.

Respondents indicated that communities easily embraced the abolition of girl sacrifice and virginity testing, but practices such as wife inheritance and polygamy were not so easy to stop. Respondents reported that although at the dialogues people agreed that such practices were not encouraged, men were still secretly engaging in affairs with widows. One of the reasons cited was that widows should pay back the support they receive by engaging in an affair. Women from the FGD spoke strongly against such secret affairs and retorted that they were causing GBV.

Participants were asked about their opinion on the ability of women to negotiate for safer sex. Before the intervention, 65% of the participants reported that women could notnegotiate for safer sex, while after the intervention, 18% thought that women cannot negotiate.Generally all the respondents agreed that the Cultural Dialogue Model empowered women to negotiate for safer sex. The issue of safer sex, let alone refusal to have sex in general, remains controversial. There are sentiments from many African man that wives' refusal to have sex was leading to infidelity by men and in the worst cases to rape.

Based on the responses from those who were conversant with the Cultural Dialogue Model, one observes a community GBV referral system emerging in Seke. Usually GBV issues are tackled at family level first and referred to the community-based volunteer, if the issue is not resolved to satisfaction. The community-based volunteer escalates the case to the headman, who in turn refers to the chief. Although there was no evidence of cases that were referred to the police by the chief, there was an understanding that the chief would pass on major cases to the police. Notwithstanding this GBV referral system, some cases would be reported straight to the police.

7.4 Replicability and Sustainability of the Model

Based on information gathered during the study, the model is effective, especially in environments where there are strong traditional systems. Before this study, there has been project reports indicating the effectiveness of the Cultural Dialogue Model that prompted SAfAIDS to replicate it in Zambia, Mozambique, Swaziland and Lesotho. There are reports of positive impact of the model from these countries. The observation is that the model is adaptable where there are strong traditional systems.

8. Limitations of the Study

Although the observations and findings of this study can arguably be true reflection of Seke community that benefited from the Cultural Dialogue Model, theycan by no means be representative of the community because the methodology was primarily purposive sampling.The evidence of effectiveness of the model could have been further enhanced if GBV statistics were available both during baseline and endline at village and ward level. Such data would have indicated the incidence and prevalence of GBV before and after the intervention.

9. Conclusion

Generally GBV was perceived to be an outcome of different power relations between men and women. Whilst men believed that women were no longer disrespecting them due to their being empowered, women were of the opinion that they were now capable of exercising their rights, including refusal to have sex in general, or to have unprotected sex.

Causes of GBV mentioned by participants included cultural practices, failure to disclose HIV results by one partner to the other, and failure by husbands to provide adequate resources for the household. Although all participants indicated that GBV cases were on the decline in Seke, a lot remains to be done.

There was a general agreement on the effectiveness of the Cultural Dialogue Model in addressing GBV in the community. The following were mentioned as benefits of the model; identifying the root cause of problem and addressing them head on; the cascading effect and facilitating counselling in instances of GBV. Participants generally agreed that their lives have been transformed through the project.

Overall, participants indicated the use of traditional institutions more than the family, religious, and police institutions. Furthermore, the impact of the model was seen in the changes that transpired in various cultural practices including wife inheritance and using young girls to pay avenging spirits. Therefore the cultural dialogue model, to a large extent, had a positive impact to the community in addressing the GBV in Seke.

10. Recommendations

10.1 Targeting

The Cultural Dialogue Model in Seke was reported to be effective by the majority of the respondents although the youth did not actively participate in the dialogues. With regards to future programming and for the intervention to be sustainable, the youth should actively participate in these initiatives. The involvement of youth will not only guarantee sustainability, but will also ensure that youth have increased knowledge on GBV, HIV and women's rights. Further, the Cultural Dialogue Model should be adapted to appeal to everyone including the youth.

10.2 Effectiveness of Institutions

The study established that community members prefer to consult community based volunteers and traditional leaders first.Programmatically, these institutions should be further capacitated to deal with GBV issues. For instance, a GBV counselling course may be designed for village health workers. A simplified handbook with all GBV legal statutes can also be developed for traditional leaders.

10.3 Replicating the Cultural Dialogue Model

Based on information gathered during the study, the model is effective, especially in environments where there are strong traditional systems. Given that there are strong traditional systems in Zimbabwe and in Africa at large, this model can be easily replicated. The Cultural Dialogue Model should be upscaled in the whole of Seke district using Seke Rural Home-Based Care. It shouldalso be implemented in other districts of Zimbabwe.

10.4 Recording GBV statistics at village and ward level

The study intended to gather statistics of GBV cases at village and ward level. Such statistics are not available. Granted that it is highly likely that national statistics on GBV omit GBV cases reported at community level, we strongly recommend a study to find innovative ways to accurately capture GBV statistics at village and ward level. The findings of such a study can be used to lobby policy makers to review the process of compiling national GBV statistics.

10.5 Sustainability

There is danger that the cultural dialogues will die a natural death. The Seke community should be assisted to institutionalise cultural dialogues; for instance to make it a traditional annual event. Such an event will assist with integrating new settlers who come to the area. In Seke, new people are being settled there and unless these people are inducted in the model, GBV cases may become more prevalent again.

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