

**“A Woman’s Place...”:
Community-Based Approaches to Gender-Based Violence in Malawi**

Niamh Gaynor¹ and Máirtín Cronin²

**School of Law and Government
Dublin City University
Ireland**

¹ Dr Niamh Gaynor is a Senior Lecturer in International Development in the School of Law and Government at DCU. She was the Principal Investigator on the project from which this article draws and is the corresponding author. Email: niamh.gaynor@dcu.ie

² Máirtín Cronin was the Research Assistant on the project and now works for the Irish Government Department of Foreign Affairs and Trade.

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Abstract

One in five women has experienced gender-based violence in Malawi and its incidence is reported to be increasing. The importance of cultural norms, practices, discourses and behaviours in both driving and addressing such violence is now well recognised. So too is the attendant need to involve men as well as women in community interventions to address this. In this context, this article draws on field research conducted in 2016 in two districts in Northern and Southern Malawi exploring the successes and challenges posed by community-based approaches (CBAs) to tackling GBV. We find that CBAs have yielded a number of successes – notably a reported reduction in GBV as communications between couples have improved and economic stresses within households reduced. However, we also find that these same CBAs have raised a number of challenges. These centre around resource distribution; the impact on local power dynamics; and CBA’s ability to challenge and interrogate dominant norms, ideologies, identities and practices. Overall, we argue that, while CBAs appear successful in transmitting the message to both women and men that GBV is unlawful and wrong, their impacts on the principal underlying causal factors remain weak.

Key words

Gender; Gender-based violence; Malawi; Community; Identity; Social norms; Patriarchy; NGO

Introduction

One in five women has experienced gender-based violence in Malawi and this number is reported to be increasing (NSO, 2005 and NSO, 2011). Most violence occurs in the home, is viewed as a private family affair, and is seldom reported. One in three girls who have sex under the age of 18 is coerced and almost half of all girls in Malawi experience physical abuse (NSO, 2011).

Years of programming to tackle this appear to have yielded limited results. The recent *National Gender Policy* refers to an increasing number of cases (MGCDSW, 2014b: 10) and commits to reducing these. Within policy and programming more broadly, there has been a move away from single-sex interventions towards community-based approaches (CBAs). The advantages to these approaches are the opportunities they offer to address dominant social norms, attitudes and ideologies which are now widely viewed as one of the key drivers of GBV, as well as their potential to reduce male backlash and resistance to GBV interventions. However, these approaches also bring a number of risks and challenges. Chief among these is the danger that they divert power, resources and control away from women – the principal targets of GBV interventions in the first place, thereby consolidating and exacerbating women’s discrimination and marginalisation.

However, we still do not know if, or to what extent this is the case, as one of the key issues for programme designers and practitioners is the limited number of high-quality studies on GBV programme effectiveness (see Morrison et al, 2007 for example for a review; see also DfID, 2015a and 2015b; WHO, 2010). Moreover, incidences and causes of GBV prove difficult to measure, assess and compare due to the wide variation in the definition, understanding and measurement of GBV. This article aims at making a contribution in this

regard. Drawing on fieldwork conducted in 2016 in collaboration with a non-governmental organisation (NGO) across four sites in Rumphi and Chiradzulu districts in Northern and Southern Malawi respectively, as well as with key national actors in Lilongwe, it examines both the principal causes of GBV and the effectiveness of CBAs in tackling this across these sites.

The research was designed and conducted over a nine-month period in collaboration with an international NGO with local projects in Malawi and a number of other countries. The principal aim of the research was to explore the successes of and challenges posed by CBAs in tackling GBV. This was with a view to informing the NGO's work in Malawi, as well as in other countries. Fieldwork included interviews with national level actors (8), local leaders (36), and randomly selected individual community members (33) in each of the four research sites. Individual community members were randomly selected as the third alternate man and woman encountered in transect walks across the sites each day. Individual interviews were conducted separately with women and men and efforts were taken to ensure a gender balance in participation. In addition, eight focus groups (of approximately 8-12 individuals with both mixed and separate sex groups) were conducted in the research sites. Four of these were conducted with CBA programme participants and four with non-participants. National level actors, local leaders and focus group participants were selected in consultation with local NGO staff. In some cases, community members volunteered to participate in non-programme participant focus groups and so were self-selected. All research participants contributed voluntarily and anonymity was assured. The research design and questions employed were discussed and agreed with the local NGO and ethical approval was sought and obtained from the authors' university. Relevant ethical issues were discussed at length with the local NGO and information on local services was made available following

interviews and focus groups to all research participants. One of the limitations of the research was the short time period afforded to it due to funding limitations. The necessarily intensive period of field research did not leave sufficient time to explore some of the apparent contradictions in the findings and it would be useful to be able to follow up on these in the future.

Overall, the research finds that CBAs to tackling GBV in the four sites under investigation have yielded a number of successes – notably a reported reduction in GBV as communications between couples have improved and economic stresses within households reduced. However, these same CBAs have also raised a number of challenges. These centre around resource distribution; CBA’s impact on local power dynamics; and CBA’s ability to challenge and interrogate dominant norms, ideologies, identities and practices. Overall, we argue that ,while CBAs appear successful in transmitting the message to both women and men that GBV is unlawful and wrong, their impacts on the principal underlying causal factors remain weak. This article is structured as follows.

The following section reviews the literature on the principal causes of GBV globally and in Malawi. A number of key lessons are drawn. Section Three then presents and discusses the findings on the principal causes of GBV in the research sites under investigation; successes of CBAs aimed at tackling these; and the challenges posed by CBAs respectively. We conclude the article by arguing for an approach which moves beyond ‘responsibilising’ women alone for GBV to one which interrogates and challenges dominant norms, values and attitudes towards women and their ‘place’ within communities, opening a space to construct alternative ideas and imaginaries of the multiple possible forms of both masculinities and femininities within local, national and international contexts.

Gender-based Violence: Causes and challenges

GBV is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed gender differences between males and females. The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples of GBV include, but are not limited to sexual violence; sexual exploitation and abuse; forced prostitution; domestic violence; human trafficking; forced or early marriage; and harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, among others³.

GBV: The causes

Three principal levels of causality are discernible from the broad literature on GBV. First, at a household level, studies highlight three key factors - male dominance and control; wealth/poverty; and education. On the first, there appears to be a consensus within the literature that male dominance and control within the household (over money, decision-making and behaviourally) correlates strongly with GBV (see Morrison et al, 2007 for a wide-ranging review of GBV interventions in this respect; see also Choi and Ting, 2008 and Conroy, 2014 on the specific cases of South Africa and Malawi respectively). The evidence in relation to a correlation between wealth and/or poverty and GBV is far less conclusive however. While some argue that poverty does constitute a causal factor (e.g. Morrison et al, 2007 broadly; Choi and Ting, 2008 on South Africa), others (e.g. Bamiwuye and

³ See CEDAW General Recommendation No. 19 – available at <http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx>.

Odimegwu's (2014) six country study⁴ in SSA; Conroy's (2014) longitudinal study in Malawi), find no correlation. The empirical evidence for education levels constituting a contributory factor is even less. Indeed, Morrison et al's (2007) review of interventions finds no correlation between education levels (among women and men) and GBV. A fourth factor often cited in the literature is alcohol. However, the complex root causes of alcohol abuse remain unexplored and this is often cited as a consequence as well as contributory factor to GBV.

The second level of causality is at the level of community where social norms around roles, responsibilities, acceptable and respectable behaviours and practices are both constructed and reinforced. Early interventions in the area of GBV focused exclusively on women and reinforced the image of women as passive, submissive victims, with men demonised as natural perpetrators. Such simplistic understandings of gender were increasingly critiqued as restricting gender related issues to 'women's issues', thereby 'responsibilising' women alone and preventing men from becoming involved. Over time, the more comprehensive, identity-based analyses of scholars such as Kimmel (1994) and Connell (1995) led analysts and commentators to challenge this erasure of men, and it has now become widespread to involve men in efforts to tackle GBV. This has led to CBAs which engage both men and women in interrogating dominant roles and challenging unequal gender relations.

A range of studies demonstrate the efficacy of such CBAs in tackling different aspects of GBV. A number of quantitative studies (Abramsky and Devries, 2012, Kohli, 2012, Tol 2013) find CBAs effective in both GBV prevention and in service take-up. More specifically, Radford (2014), reviewing a number of specific studies of CBAs in Sub-Saharan

⁴ The countries included in the study are Cameroon, Kenya, Mozambique, Nigeria, Zambia and Zimbabwe.

Africa, finds that CBAs which are multi-level and norm-based have a positive impact on GBV responses. On strategies to challenge and transform social norms, Paluck and Ball (2010) advocate the targeting of injunctive norms (prescribed or proscribed group attitudes and behaviour) rather than descriptive norms (current group attitudes and behaviour) and argue that in some cases it is strategic to mobilise a new norm or weaken an existing negative one. In Malawi, a number of studies (Bisika et al, 2008; Chimaraoke and Undie, 2008; Mkandawire, 2009; Stephenson et al, 2013; and Greco et al, 2015) indicate that social norms within communities are extremely important as causal factors of GBV.

Moving beyond local communities to a third, broader, structural level, a number of analysts (Websdale and Chesney-Lind, 1998; Kitzinger, 2008) argue that violence against women is inherently linked to their unequal position within patriarchal societies which discriminate against women in multiple ways – in economic, social and political fields, as well as through popular discourse and messaging more broadly. Thus, efforts to tackle GBV must necessarily challenge and seek to transform these broader institutions and structures.

Tackling GBV: The challenges

As Barker et al (2009) note, while much of the emphasis of GBV programmatic interventions is based around shifting rigid gender norms, a notable weakness in any evaluations conducted is the near ubiquitous analysis of individual changes in male attitudes and actions, rather than a broader analysis of social norms and gender power relations within communities. DfID (2015a: 31) also draws attention to the methodological shortcomings of many programme evaluations, highlighting in particular three main problems – i) evaluations are generally conducted only with men participating in programmes and not the general population; ii) only short-term changes are reported, with a maximum follow up of one year following a

programme; and iii) changes in attitudes and behaviour are self-reported soon after the end of the intervention, which can result in social desirability bias. Noting this, our study investigates norms and attitudes among women and men within local communities, including those not exposed to programme activities as well as those who have taken part in the CBA programme being implemented in the research sites.

This dearth of specific evaluation material notwithstanding, the broader studies and literature reviewed above point toward four clear lessons for commentators, programmers and practitioners alike. These are as follows.

1. GBV is not ‘a woman’s issue’: Interventions targeting women alone appear less effective than those targeting men also. Indeed, they can inadvertently send out a message that women are solely to blame for GBV (Morrison et al, 2007; Ratele et al, 2011).
2. Targeting men and young boys works, but we are not sure how: Generally, approaches targeting men and boys are viewed positively within the literature (see for example Barker et al’s review of 58 evaluations (2009); Flood’s list of benefits (2011: 360)⁵; DfID (2015a: 44); Peacock and Barker (2014)), but little is known about what form of intervention works best.
3. CBAs appear the most effective: There appears to be an emerging view that the most effective interventions are those that engage with both sexes together through community based approaches (WHO, 2010; Dworkin et al, 2013; DfID, 2015a; Nicholson and Carty, 2015; and Mandal and Hinden, 2013 on Malawi). Although, as

⁵ These include personal well-being (freedom from the costs of conformity with dominant definitions of masculinity), relational interests (men’s care and love for the women and girls in their lives), and collective and community interests (the benefits to communities, e.g., of a diminution in the civil and international violence associated with aggressive constructions of masculinity and patriarchal nation states).

DfID notes (2015a: 40), the effectiveness of these approaches in transforming masculinities and/or social norms remains “*sorely under-researched*”, their potential for doing so, as well as for reducing male backlash and resistance to GBV interventions is now widely recognised.

4. Longer term transformative approaches are urgently required: Stemming from the view that GBV results from broad-based gender inequalities across economic, social and political spheres, there appears now a wide consensus that broader, longer term transformative changes are required which target not just so-called perpetrators and victims of GBV and their immediate communities, but which challenge and seek to transform broader social, economic and political inequalities and discrimination within societies at large (Heise, 1998; WHO, 2007; Barker et al, 2009; Dworkin et al, 2013; Davies and True, 2015; DfID, 2015a and 2015b; SIDA, 2015).

Overall therefore, although the evidence to date on what works and what does not in efforts to tackle GBV remains somewhat limited, the literature does indicate that CBAs combined with broader, more long term approaches aimed at challenging and transforming institutional and discursive prejudice and discrimination prove ultimately most effective. We now turn to our study of efforts in Malawi in this context.

“A Woman’s Place...”: GBV in Malawi

The main findings from the research are presented below. The section begins with a brief overview of the CBAs employed within the research sites. It then draws from field research to outline the principal causes of GBV in the research sites under investigation, together with the successes and challenges of CBAs in tackling these.

Community-based approaches to tackling GBV

CBA programmes within the research sites have been run by local staff since 2011. The current programme has two aims. The first is to reduce GBV through community-based reflection and discussion. The second is to support women to have greater access to resources and control over their income. Within the first, principal activities include Reflection-Action Circles⁶ where community-based educators inform participants of their legal rights and mechanisms of redress in relation to GBV; ‘Real Men’s groups’⁷ which engage local influential men to raise awareness within the community more broadly on women’s rights; community-based GBV Committees which both report incidences of GBV to local authorities and raise community awareness; and broader partnerships and coordination with paralegals, magistrates, police officers, health workers and Chiefs within local communities. The principal activity in relation to the second aim is a Village Savings and Loan (VSL) facility. This is a support provided by NGO staff to local VSL groups which, run by local women, encourages women to save money, and provides seed funding for small businesses and enterprises.

As noted previously, this research engaged women and men who had participated in these CBAs together with those who had not, in an effort to understand broader community norms, discourses and practices on GBV in the research sites under investigation. We now turn to an exploration of the main causes of GBV in this context.

⁶ Known as ‘macheza’ in chiChewa and generally facilitated by a woman and man.

⁷ Known as ‘AmunaMuna’ ni chiChewa. As well as engaging local ‘notables’, these groups also include former perpetrators of GBV.

The principal causes of GBV

The principal causes of GBV were explored through individual interviews and in FGs with women and men both engaged and not engaged in the CBAs aimed at tackling this. Informed by the literature, FG exercises and interview questions explored dominant norms in relation to both male and female identities and acceptable behaviour and practices in households and communities. As we will see, the findings resonate with some of the principal causal factors located in the broader literature as presented heretofore.

Gendered identities, roles and responsibilities

Dominant norms around gendered roles and responsibilities were explored by asking research participants to outline the characteristics of an ‘ideal’ man or woman. The findings from this exercise are set out in Tables 1 and 2 below.

Table 1: Characteristics of ‘ideal’ men and women identified by individual interviewees (random community and local leaders)

Characteristics of an ‘ideal’ man	No. of respondents (comm.)	No. of respondents (leaders)	Characteristics of an ‘ideal’ woman	No. of respondents (comm.)	No. of respondents (leaders)
Financially supports the family	29 (15M / 14F)	25 (18M / 7F)	Looks after the family and children	14 (5M / 9F)	18 (11M / 7F)
Sends the children to school	4 (4M)	4 (4M)	Is respectful / obedient / faithful to husband	10 (6M / 4F)	5 (4M / 1F)
Settles disputes in the family	2 (2F)	-	Works (farm or business) to earn additional cash for family	9 (7M / 2F)	8 (5M / 3F)
Is God fearing / prayerful	2 (2M)	-	Keeps the house clean	8 (4M / 4F)	-
			Is presentable / respectable	-	1 (1M)

A remarkable consistency is apparent across the findings with men’s identities largely associated with the ability to financially support their families through work outside, while women are largely associated with the domestic sphere, looking after their husband and children.

The findings from FGs largely mirror these findings. These are set out in Table 2 below.

Table 2: Characteristics of ‘ideal’ men and women identified by FG participants⁸

Characteristics of an ‘ideal’ man	Focus group	Characteristics of an ‘ideal’ woman	Focus group
Financially supports the family	A, B ^P , C ^P , D, E ^P , F, G ^P , H	Obedient and submissive to husband	A, B ^P , C ^P , D, G ^P , H
Good housebuilder/construction	D, E ^P , F, H	Looks after family and children	B ^P , D, E ^P , F, G ^P
Faithful to his wife	A, B ^P , C ^P , G ^P	Works (own business) to earn cash for husband/family support	A, B ^P , C ^P , D, E ^P
Fertile/able to have children	A, D	Sexual gratification of husband	A, C ^P , D, H
Goes to church	B ^P , C ^P	Keeps family matters private	B ^P , C ^P
Does not beat his wife	E ^P , G ^P	Faithful to her husband	B ^P , C ^P
Allows his wife to have her own small business	B ^P , E ^P	Goes to church	B ^P
Good communications with wife	C ^P	Good communications with husband	C ^P
Decision-maker in family	C ^P	Dresses respectfully	C ^P
Keeps family matters private	B ^P	Reports incidents of domestic GBV	E ^P

Three key points stand out from these findings. First, echoing the findings depicted in Table 1 above, the overwhelming characteristic attributed to men across all FGs is to provide financial support to the family, while women are relegated to the domestic sphere, looking after their families and remaining obedient and subservient to their husbands. These hierarchically gendered roles are exemplified by FG participant statements such as “*There is no way whereby the woman should show disrespect to the husband, because the husband is the most superior of the family*”, and “*a woman is an auxiliary, subordinate to the husband.*” (Participants in FG G – also participants in CBA programmes). Second, while there is relative unanimity across all groups in relation to these most common traits, some impact of CBAs are apparent in relation to participants’ comments on non-violence, familial communications and the financial independence of women (although this latter trait is framed as ‘allowing’ women to have their own businesses in order to support their husbands in their

⁸ Focus group composition was as follows: A=Mixed sex; B=Female; C=Male; D=Mixed sex; E=Mixed sex; F=Male; G=Male; H=Female. The symbol ^P indicates that these FG members have been engaged in CBAs. The others have not.

responsibilities). Third however, there is some inconsistency on this impact apparent in terms of reporting of incidences of household violence. Participants from three FGs (all participants in CBAs) cite the privacy of family matters as a characteristic (with one explicitly including incidences of GBV within this), while participants from another group identify the ability and courage to report this as a key characteristic. The precise reasons for this apparent contradiction are unclear from the data. However, it does seem to suggest a persistence of norms of privacy and confidentiality around domestic affairs in spite of the CBAs employed.

What stands out perhaps most prominently from these findings however is the almost absolute rigidity and hierarchy of roles and identities as well as, perhaps to a lesser extent, the acceptability of damaging behavioural norms and practices. Digging a little deeper into these gendered roles and relations, we now turn to an examination of acceptable behaviours and practices within households.

Acceptable behaviours and practices

In an effort to explore behaviours and practices at household level, research participants (randomly selected individual interviewees, local leaders and FG participants) were asked under what conditions (if at all) is it acceptable to shout at or hit one's wife⁹. The combined findings are set out in Table 3 below¹⁰.

⁹ The terms husband and wife are commonly used for cohabitating couples regardless of their formal marriage status.

¹⁰ These ('to shout at...'; 'to hit...') were posed as two separate questions to all participants. Interestingly however, many participants noted that the situations were similar with shouting preceding beatings, while others provided the same responses and explanations to both questions. Thus, the findings are combined in Table 3 and the ensuing discussion above.

Table 3: Situations in which it is deemed acceptable to shout at or hit one's wife

<i>Situation</i>	<i>Individual interviewees (public)</i>	<i>FG participants</i>	<i>Individual interviewees (local leaders)</i>
Never	11 (7M / 4F)	FGE; FGF, FGG; FGH	15 (12M / 3F)
When wife disobedient / insubordinate	11 (6M / 5F)	FGA; FGB; FGC; FG	9 (6M / 3F)
When food not prepared	5 (2M / 3F)	FGA; FGH	-
When sex is refused	4 (3M / 1F)	FGA	1 (1F)
When wife is unfaithful	3 (2M / 1F)		-
When husband unhappy	2 (2F)		-
When wife comes home late	2 (2M)	FGC	-
When wife squandering household money		FGA, FGC, FGG	-
When husband is drunk		FGB; FGH	-
When wife not working hard enough		FGC	4 (2M / 2F)

The findings show that there are mixed views across all respondent categories on whether this is acceptable or not¹¹. Fifteen of the 36 local leaders responded that it is never acceptable, while 14 felt that in some cases it is warranted¹². FG participants were somewhat equally divided although, as discussion ensued, some cited incidences where it is warranted despite having initially noted it is not. More randomly selected community members felt that it is warranted and acceptable in certain incidences than those that did not. Again, it is difficult to explain the precise reason for these mixed views, although the somewhat ambiguous findings do suggest that norms in relation to this behaviour are not homogenous within the communities studied. Moreover, the shifting views on this over the course of discussion in some FGs also suggests a flexibility and dynamism in norms, indicating a potential for transformation in cases where this had not yet taken place. The most popular reason for hitting one's wife among those perceiving this as acceptable behaviour is perceived

¹¹ However, these differences do not reflect participation or non-participation in CBA interventions in the area.

¹² The remaining seven had been involved in CBAs and were not asked this question as interviews focused more on their views of CBAs themselves.

disobedience, insubordination and/or lack of respect. This clearly demonstrates male dominance within households and the perceived need to maintain control when wives are seen to be not fulfilling their prescribed duties or acting in an ‘acceptable’ manner. Some excerpts from FG discussions illustrate some of these incidences.

The husband can hit his wife when the wife is insubordinate or is unruly. For example if the husband asks the wife ‘can you go collect the water for me?’. And the wife says ‘no you have legs, why don’t you go get it yourself?’.

(Focus group A, male participant)

It’s the frequency of the misunderstandings which causes the husband to hit the wife. Maybe today you haven’t washed his clothes. Tomorrow you haven’t washed his clothes. So the repetition of the disobedience, that is what makes the husband hit his wife.

(Focus group B, female participant)

Male participant: *The other situation is the man asking for his conjugal rights, wanting sex, and the wife saying no. Maybe they have had sex once already, but the husband wants to do it two or three or four times a day, so the wife is refusing, and the husband gets furious and starts beating the wife.*

Researcher: *And would everyone agree with that?*

Male participants: *Yes*

Female participants: *[eyes down, don’t respond...]*

(Focus group B, multiple participants)

Overall, the findings presented in this sub-section suggest that identities, roles and responsibilities of women and men which embed and reinforce male dominance and control remain fixed and unchallenged across the research sites. These lay the possible foundations for GBV when tensions run high and stresses escalate. The remaining sections examine the effectiveness and potential of the CBAs being implemented in the four research sites tackling these.

CBAs tackling GBV: Some successes

In an effort to determine some of the CBA programme successes, FG participants who have taken part in CBAs (FGs B, C, E and G) were asked to discuss and identify the most useful activities. The two most commonly cited activities in this context were the Reflection-Action Circles and the Voluntary Savings and Loans (VSL) facility provided by the programme. The reduction in GBV cases arising from Reflection-Action Circle discussions was seen as a crucial advancement, *“It was very important because as I have been living here... there was a lot of violence that was happening to women but nothing was done. But since that workshop, people started teaching each other... Yes, I see a lot of men stopping beating their wives...”* (Interview primary teacher, Site A, female). Exploring this positive outcome in more detail, three inter-related factors emerge as determinants. The first is the reported improved communication within households involved in CBAs. The second factor is the involvement of men, including some of the most serious abusers who are reported to have changed their negative and harmful behaviour. The third factor is the reduced poverty within some households participating in the programme’s VSL scheme. Through this, many women note their changed status from dependence on their husband to a level of economic independence and an increased ability to support their families. As we discuss in the following section however, this is also seen as a challenge over the longer term.

CBAs tackling GBV: Some challenges

The same FG participants were asked to identify and discuss the least useful activities of CBAs they have been involved in. The findings from this exercise reveal more variation than in the previous exercise which identified the most useful activities and are particularly instructive in three respects. First, echoing one of the challenges to CBAs within the wider literature, the key preoccupation among all groups is resources and the need for more of

these. This is reflected in requests for additional inputs in relation to particular aspects of the programme itself (allowances, transport, torches, gumboots etc...), and in relation to ancillary or other programmes in the area (childcare services, livestock projects, irrigation projects). It is also reflected in repeated calls to expand the scope of the programme, to train more facilitators, to offer more refresher training, and to organise exchange visits. While resources are clearly always an issue, communities' heavy preoccupation with these does raise questions in relation to motivations for both men and women's involvement in the programme.

Second, the findings here temper a little some of the successes reported in the previous section in that ongoing incidences of GBV, controlling husbands, land grabbing (from widows) and male resistance are cited. This is unsurprising however and should not take from the reported successes as social transformation takes time and change often happens incrementally. It does however raise some questions in relation to some of the more substantive ambitions of the approach.

The third interesting finding from this exercise is the re-appearance of the VSL facility as one of the negative, as well as one of the positive outcomes. The principal problem reported is the non-repayment of loans in some instances. This has led to unrest in both communities and within households, in some cases leading to escalating violence. A second issue with this scheme is that it adds to the workload and burden on women who are expected to use their new revenue (or loan) to support their family (or, as it often framed, to assist their husbands in doing so). While this can have an immediate positive effect, alleviating current stresses and tensions within households for a period, it is important to note that it does not address the principal causes of GBV. Moreover, not only does it add to women's workload but, in 'responsibilising' women to address GBV stressors and triggers, it implicitly suggests that the

solutions to and, in their absence, ‘blame’ for GBV must come from women alone. A few interview excerpts serve to illustrate this point.

VSLs, these have also assisted the women to change.... Women have been empowered economically. They are able to raise money on their own to assist husbands in the family

(Interview CBA facilitator, Site D, female – emphasis added)

They [women] get trained on village savings and loans, which have trained women on how to be economically stable in their families

Researcher: *And why is this important?*

The involvement of women has for instance assisted them to raise income at household level. And so issues like soap and paying school fees for the children is no longer the issue of the man only, it is now the issue of both.

(Focus group E, male participant – emphasis added)

A fourth and final issue relates to the impact of men’s engagement in the CBAs. While the original idea was to strategically select and work with influential men within communities in interrogating and challenging dominant norms and masculine identities which prove damaging to women, the men involved, following their own testimonies and those of other community members, at times appear to function more as a parallel police force rather than as role models for others. For example, In Site D, some interviewees and informal discussions with other community members reveal how men ‘police’ cases of GBV by doing daily rounds of the villages and intervening in cases where they suspect GBV is occurring...

Say they are ten that [are involved in the CBA]. Five go around during the day and see how the communities are like. Is there anyone who is trying to cause violence in his family? If that one is caught he will be answerable. Now comes the night, there is another group of men that walk around at night, to listen to what is happening.

(Interview village chief, Site D, female)

Although their actions are viewed positively by interviewees, especially in reducing local incidences of GBV, it is worth reflecting on the power dynamics that such a development may create as traditional hierarchies are reproduced and reinforced through such actions.

Overall therefore, the findings indicate that CBAs aimed at tackling GBV in the four sites under investigation have yielded a number of successes – notably a reported reduction in GBV as communications between couples have improved and economic stresses within households reduced. However, these same CBAs have also raised a number of challenges. These centre around resource distribution; CBAs’ impacts on local power dynamics; and their ability to challenge and interrogate dominant norms, ideologies, identities and practices. Overall therefore it is argued that, while CBAs appear successful in transmitting the message to both women and men that GBV is unlawful and wrong, their impacts on the principal underlying causal factors remain weak.

Conclusion

Researchers, policy-makers and practitioners are now largely in agreement that the most effective interventions on GBV are those that engage both women and men through CBAs. Moreover, all the available research indicates that such approaches can only prove effective when they adopt a gender transformative approach which challenges dominant social norms around masculinity, femininity, power and violence.

In this context, this research sought to explore the advantages of and challenges posed by CBAs to tackling GBV. Overall, it has found that approaches to tackling GBV in the four sites under investigation have yielded a number of successes – most notably a reported

reduction in GBV. This reduction is attributed to three principal factors – the inclusion of men in the programme; the improved communications between couples following their engagement in the programme; and reduced economic stresses within households involved in the programme’s VSL scheme.

At the same time however, the research has also uncovered a number of challenges. First, echoing concerns within the broader literature on CBAs, a key preoccupation of both women and men involved in the programme is resources and involvement in the programme as a possible means of accessing these. This is, of course, unsurprising and completely understandable in the context of severe poverty and food insecurity. It explains the popularity of the VSL scheme which can assist in running small businesses and generating much needed additional household income. These components are useful therefore in attracting both women and men to the programme. However, care needs to be taken to ensure that the benefits from these and other related inputs accrue predominantly to targeted women as originally intended and that women retain control in these areas. The second related challenge is the impact of CBAs on local power dynamics. Men engaged in the programme and, to a seemingly lesser extent, women, appear to have gained a degree of status and influence from their involvement. Testimonies on their role and activism point toward their reinforcing rather than transforming traditional power relations within communities as they focus on ‘policing’ cases of GBV rather than promoting debate and dialogue on their underlying causes as originally envisaged. The third challenge relates to the effectiveness of CBAs in challenging and interrogating dominant norms, ideologies, identities and practices. Although research to date tells us that community programmes aimed at tackling GBV can only prove effective when they adopt a gender transformative approach

which challenges dominant social norms around masculinity, femininity, power and violence, this is not happening within the CBAs examined.

While these challenges may be attributed to the rigidity of local norms or a poor or incomplete implementation of CBAs in the research sites, dominant discourses and approaches at national and international level which echo these norms, ignoring the broader structural context are undoubtedly unhelpful. For example, the National Policy on GBV characterises GBV as an economic and health issue and fails to recognise the links to hierarchical power relations and institutions. *“The Government of Malawi not only recognizes GBV, especially violence against women as a severe impediment to poverty reduction, but also recognizes its impacts on vulnerable groups in relation to the prevalence of HIV infection.”* (MGCSW, 2014: 11). Indeed, according to Chepuka et al (2014), the Malawi Health Sector Strategic Plan (2011-2016) characterises GBV as a non-communicable disease. Meanwhile internationally, the research report of the Economic Commission of Africa and UN Women on the costs of GBV (cited in Mellish et al, 2015: 35) neatly folds a consolidation of women’s traditional domestic role into an economic framing by basing its costings on the indirect costs of GBV on women’s productivity in the home alone. The framing of GBV and gender equality more broadly as ‘women’s issues’, to be tackled by women themselves also persists in national discourse. For example, the most recent national economic and development strategy focuses on promoting women’s productivity and activism in the economy and politics, as well as strengthening services for GBV ‘victims’, yet has nothing to say about the broader institutions and structures which give rise to this. Moreover, at the recent (April 2016) launch of the national Gender Policy, the Minister for Gender, Children, Social Welfare and Disability stated that the Ministry aims at ‘empowering women’ by focusing strategically on these alone. As she notes, *“there is a need to close the*

gap between men and women... [to do so] we will be putting in place strategies that will specifically target women. This will include areas such as education, health and agriculture among others.”¹³.

While much of Malawi’s GBV takes place in the home, it certainly does not begin there. Our research findings support other arguments in the literature that GBV is rooted in hierarchically gendered discourses, norms and institutions which rigidly ‘fix’ women’s identities and places within their communities. Effective approaches to tackling such violence therefore must necessarily move beyond ‘responsibilising’ women alone to deal with their ‘unfortunate’ situation. At local, national and international levels, efforts to tackle GBV must interrogate and challenge dominant norms, values and attitudes towards women and their singular, subordinate place in communities. In doing so, they can prise open the necessary space to construct alternative ideas and imaginaries of the multiple possible forms of both masculinities and femininities within local, national and international contexts.

¹³ Reported in <https://malawi24.com/2016/03/04/malawi-govt-launch-gender-policy/>

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