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ABOUT THE JOURNAL

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Letter from the Editor

Welcome to the first issue of Zimbabwe Social Sciences Review. The issue pays particular attention to pertinent social issues that affect developing countries in the contemporary world. In particular this issue focuses on urbanisation, HIV and AIDS, household budgets and gender violence among other issues.

The Editor in Chief would like to thank editors and manuscript reviewers for taking their time to work towards the publication of this issue.

For your comments do not hesitate to contact us.

Enjoy your reading

Percyslage Chigora

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Founding Director, Social Sciences Research Consultancy Trust

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The Role Socio-Economic Processes in the Residential Differentiation of Harare, Zimbabwe

By

Steven Jerie

Abstract

This paper examines the processes that give rise to the patterns of residential location in Harare, Zimbabwe. The study uses the classical models of urban morphology by Burgess and Hoyt in the theoretical framework as a basis of analysing the factors that result in the residential differentiation. The multi-variable technique of factorial ecology is used in establishing the factors that are prominent in establishing the residential patterns seen in Harare based on the sub-areas of high-density, medium density and low density areas. Results reveal that residential mobility is a very complex process in Harare. The majority of the movements in Harare are influenced by life-cycle stage and socio-economic factors and to a very limited extent ethnic or cultural factors. The two salient factors of family life-cycle and socio-economic status demonstrate the compatibility of the two classical models of urban morphology in explaining residential location. In general people move over short distances and these movements account for 10% of the monthly movements.

Introduction

Residential differentiation is evident world-wide. Spatial maps of the social interaction of population can be constructed to have a better insight into the categorisation of residences according to criteria such as colour, religion, ethnicity and socio-economic status. Segregation into Jewish, Irish and Asian social groups is evident in British towns and cities. In Jerusalem the two major religious groups, namely, the Christian Jews and the Moslem Jews are kept apart.

Social geography seeks to identify different regions of the earth's surface according to associations of social phenomena related to the total environment. Social geography is the study of areal or spatial patterns and functional relationships of social groups in the context of their social environment, the internal structure and external relationships of the nodes of social activity and the articulation of various channels of social communication. Social scientists seek to establish order in their subject matter and this entails establishing patterns (Jones and Eyles 1977). The social geographer tries to explain the patterns so established i.e. to examine the processes that produce a particular pattern. Patterns exist in space because social activities are related in space in an easily identifiable way. The starting point of the social geographer is to establish the social patterning of human activities. Patterns are mainly the outcome of processes in society although these may be subject to constraints in the environment (Robinson 1994; Jones and Eyles 1977). There is therefore, need to explore the processes that give rise to patterns of activities because pattern and process are inextricably interwoven and cannot be separated. This study examines the role of socio-economic processes in residential location in Harare, the capital city of Zimbabwe with a view of illustrating the compatibility of social and economic factors in the differentiation. Map 1 shows the residential areas of Harare whose differentiation is not accidental, but has been due to processes of segregation in society.

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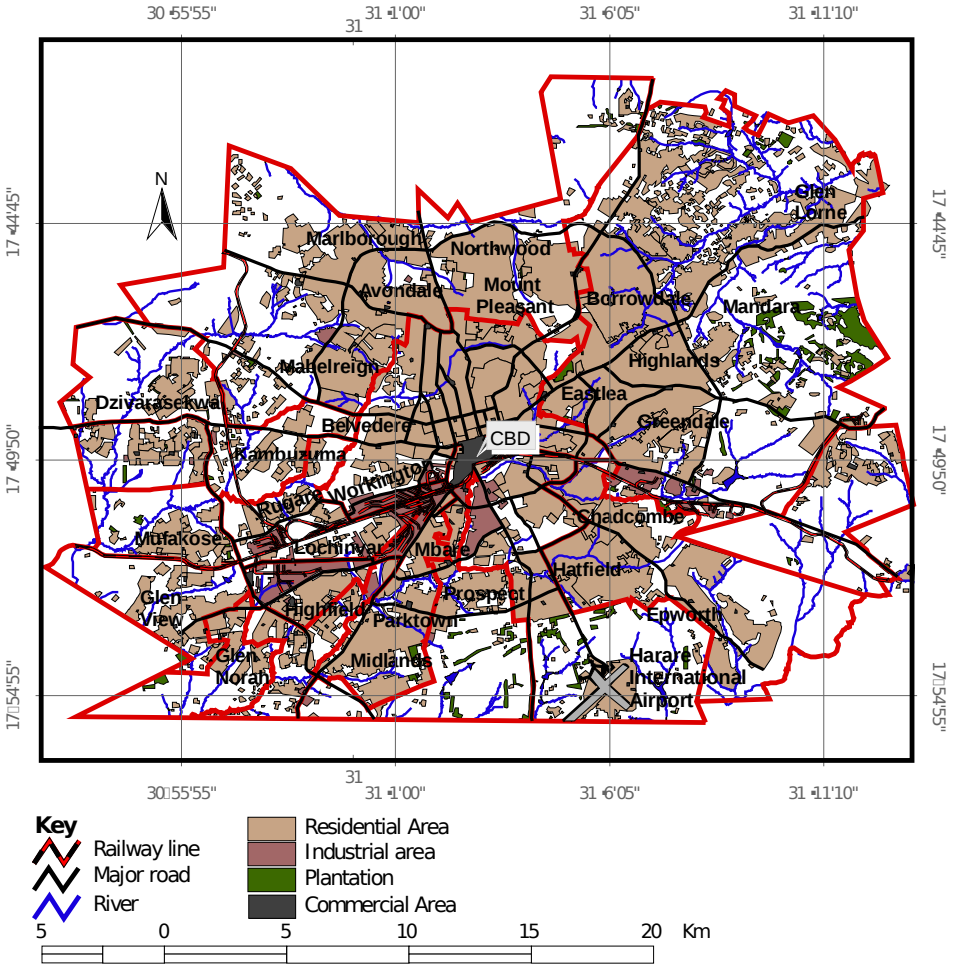
Map 1 The urban landuse of Harare



In urban residential location the patterns one looks at are a result of process in society (Briggs 1982; Hornby and Jones 1991; Bradford and Kent 1982; Polimeri and Erickson 2007; Waugh 1994). The starting point in studying the interaction of pattern and process is an examination of how the classical models of urban morphology proposed by Burgess and Hoyt allocate residential land-use within the urban setting and the basis of this allocation (Bradford and Kent 1982; Waugh 1995). According to Burgess, the lowest income residential areas are found nearest to the city centre whilst the highest income areas are located at the periphery. Hoyt, on the other hand, proposed the sector theory in which the highest -income residential areas are located in one or more specific sectors with high rent areas forming wedges along roads radiating from the centre and the low rent areas are found in the more central locations opposite the location of the high rent areas. The land market is a very complex system that is made up of a number of sub-systems and the residential market is part and parcel of this market (Bhat and Guo 2004; Guevara 2005; Nevo 2001). One framework that has been used for the micro-economic modelling claims that the market is competitive and agents are the price takers (Anas 1982; Blundell and Powell 2001) and they choose the dwelling that

maximises their utility as shown in Fig. 1. The alternative model suggests that urban locations are quasi-unique in that the location of amenities cannot be produced as normal products to satisfy demand and thus location costs are not associated with production cost, but instead with scarcity of land (Guevara 2005; Hahan and Hansen 2003; Wooldridge 2002). This is essentially a bid-rent market where property is assigned to the best bidder – the Bid -Rent Model (Fig. 2.)

Fig. 1 The choice model

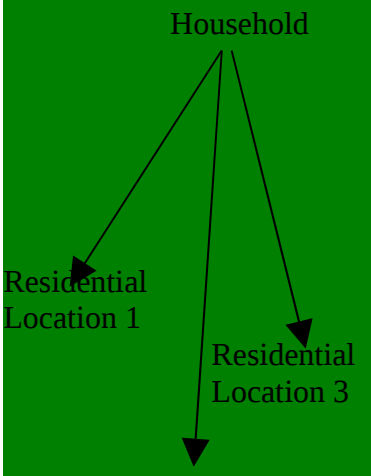
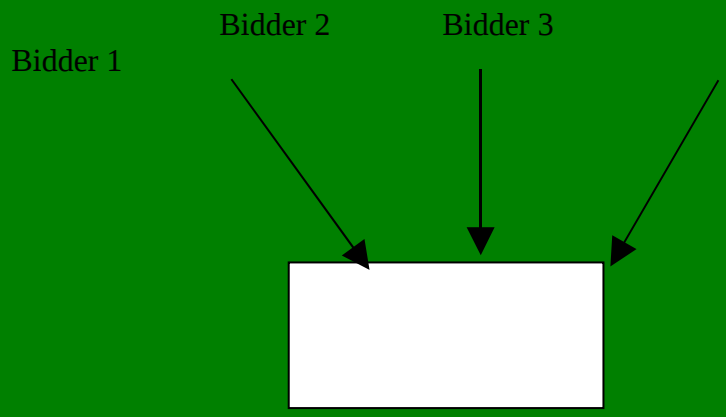


Fig. 2 The bid-rent model



METHODOLOGY

A multi-variable technique called factorial ecology is used to reveal urban residential differentiation. This approach consists of the application of extensive factor analytical techniques to a wide range of demographic, socio-economic and housing data that is generated on a sub-area frame-work. The analysis is founded on the idea that it will be possible to account for the manifold variations in neighbourhood characteristics in terms of a much smaller number of constraints. The factors provide summaries of common patterns of variability within the data, making possible more concise statements about the urban population. The following sub-areas of Harare were used in this study:

Table1. The sub-areas of Harare

High density areas	Medium density areas	Low density areas
Mbare, Highfield, Mufakose, Rugare, Glen View, Dzivaresekwa, Glen Norah, Tafara, Mabvuku, Budiriro	Park Town, Hatfield, Arcadia, Southerton, Cranborne	Borrowdale, Eastlea, Glen Lorne, Avondale, Highlands, Mount Pleasant, Marlborough, Mabelreign, Milton Park, Gun Hill

The factors that were chosen for the sub-area analysis included the following:

- socio-economic status
- stage in the life cycle
- population size and density
- ethnicity
- mobility (by car).

The method of factorial ecology was complemented by questionnaire surveys and interviews with the residents in the sub-areas chosen for study. This was meant to gather information on the reasons for mobility, their information sources as well as the general processes and patterns of mobility.

RESULTS AND DISCUSSION

The pattern of residential mobility

In Harare 46% of the movements are for life-cycle reasons, 43% for career or income changes (status reasons) and 19% for other reasons. It is also those who are getting married (30%) or changing jobs (18%) or moving to larger accommodation, who are the main movers. Freedom and choice are necessary to facilitate mobility and this is a complex process that determines who moves, why, the nature of their movement, where they move to, when and how they move. Residential mobility is a complex process accounting for the movement of 10% of the households monthly. In general people move over short distances rather than long distances and the distances are less than 6km within high-density suburbs and less than 8km within low density areas. The direction of movement appeared to be random when considered from the central areas of Harare and rather sectoral within the low density areas due to the influence of socio-economic status i.e. the idea of staying within the same-status or almost similar residential location. The housing stock available in Harare is based on the type i.e. tenure status such as owner occupancy, single family dwelling and the number of rooms in a house. It is also based on the quality and such aspects as the housing value, the number of rooms and the age of the building come into consideration. Thus the important variables influencing the pattern of residential mobility in Harare are the socio-economic status and family status. Socio-economic status is related to house quality and family status to housing type.

Life-cycle stages play a vital role in influencing residential mobility in Harare. During the early years of an individual's life, the locational decisions are based on that of his/her family. Depending on the original place of residence the individual has to make an independent decision on where to move to depending on the type of accommodation he/she can afford. In the case of Harare, the growing individual from a family based in the low density suburb does not necessarily reside in a low density suburb, but more often than not may move to a high density suburb-in a full-house, a room or a flat. Upon getting married the individual tends to make locational decisions based on the nature of the family he/she has. This is called familism and the life cycle stages really begin here. The pre-child stage is associated with modest income and accessibility to work is important and hence the affected individuals tend to reside in flats near the Central Business District (CBD), cottages and areas close to the industrial areas such as Mbare, Rugare, Southerton and Workington. The chid-bearing stage is associated with more demand for space and this demands more awareness of the area in which the people live. During the child-rearing stage there is a move towards home-ownership for those who can afford to do so and bigger rented accommodation for those not yet ready for home ownership. There is emphasis on good schooling and a good child-rearing environment. Such families have a tendency to move away from the CBD. The post-child -rearing stage is associated with families whose children have left home to work and live elsewhere. Such people would have reached the peak of their income and hence move to bigger, better house though the demand for space may have dropped. Others move into a flat near the CBD as the demand for space declines or due to widow-wood and others into old-peoples' homes due to age.

Socio-economic status determines a person's eligibility for a particular residential location based on rent-paying ability or affordability for home-ownership schemes. According to Karl Max class is a group of people who share a common relation to property, perform the same function in organised production, have similar relationship to power in society and have a tendency to common behaviour

patterns as determined by their objective behaviour. Little satisfaction comes from a home that is too costly for the family budget or too small family requirements.

Issues of neighbourhood consideration are vital also and this is with reference to a desirable residential environment that is typical of the wider social world. Important aspects under consideration here include adequate space for bringing up children. Privacy is also vital in this case and this is difficult to achieve where there is great physical proximity of properties. The need for social interaction is also vital and this is not only the presence of people, but who is available for social interaction. People in Harare want their neighbourhood and neighbours to reflect their own status and hence reflect similar behavioural standards and patterns. Symbolic importance of the living space is vital for residential satisfaction and this is with reference to the appearance, standards of maintenance and quality of dwelling. Another aspect considered is that of the attractiveness or unattractiveness of an area relative to other alternative locations as perceived by the individual decision maker in relation to his particular needs.

Sources of information used by Harare movers

Any residential move is influenced by the information that is available to the family or individual as shown in Table 2

Table 2 Information sources for the movers

Information source	Percentage of migrants using this source	The impact i.e. % of migrants using source effectively
Newspapers/notices	35	20
Real estate agents	21	12
Personal contacts	20	33
Driving or walking around	20	1
Windfall	5	24

The importance of information sources is in the fact that it provides the housing possibilities in an area and in Harare the newspapers and notices are the most used sources, but are essentially used by those who can afford them and the literate people. Their effectiveness is, however, out-stripped by personal contacts that provide first hand information of the existence of a housing possibility.

Factor analysis

The factor analysis showed that the sub-areas of Harare that scored highly on socio-economic status were those that had a high proportion of business people, managing directors of big businesses and institutions, highly placed government officials, some university-educated people as well as those in white collar occupations with high income levels and the ability to live in sound housing with high rents. Such areas included all the low density areas that are associated with large houses on large

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residential stands with varied designs. The large houses are well constructed with garages, domestic quarters and large gardens. These areas are also associated with wider streets, street lighting, large open spaces and recreational facilities such as golf courses, tennis courts and swimming pools. The owners have high income and own one or two cars and their areas are well served by feeder roads. The typical low density areas in this category include Glen Lorne, Borrowdale, Mount Pleasant, Highlands, Chisipite, Avondale, Sentosa, Mabelreign, Marlborough and Belvedere. However, the sub-areas that had low scores on the factor of socio-economic status tend to be those associated with lowly paid persons (including the educated such as teachers and nurses) and most people in blue collar employment. In Harare the high density areas fall into this category of sub-area. The residential properties in here comprise many small houses per unit area most with uniform designs, small gardens, fewer open spaces or recreational areas, narrow streets, tower lights and many beer outlets. Typical residential areas that fall in this category in Harare include Mbare, Harare, Glen Norah, Glen View, Budiriro, Dzivaresekwa, Mufakose, Mabvuku and Tafara.

The second index is that of stage in the family life-cycle. Those areas with a high score on this factor show the sub-areas that have large families with many children and few grand parents. The houses in these areas are well built, neat and recently built and are either owned or are on mortgage. The suburbs that fall in category include Warren Park, Westgate and Westlea. Those areas associated with small families, fewer children and working wives are typically the low density areas of Harare. The third factor is a combination of ethnic and socio-economic factors. The high scoring areas have mostly Indian/ Moslem population living in high quality housing as in Belvedere or coloured populations in areas such as Arcadia. The sub-areas can thus be classified based on the key variables of socio-economic status and family life cycle to give four spatially-defined areas as shown in Table 3.

Table 3 Residential patterning based on sub-area classification

A = High status areas Old, small families e.gs Mount Pleasant, Glen Lorne, Borrowdale, Mabelreign, Avondale, Highlands, Sentosa etc.	B= High status Young, large families Westgate, Gunhill, Glen Lorne, Borrowdale Brook
C=Low status Old, small families Mbare, Highfield, Rugare, Glen Norah	D=Low status Young, large families Budiriro, Glen View, WarrenPark, Dzivaresekwa

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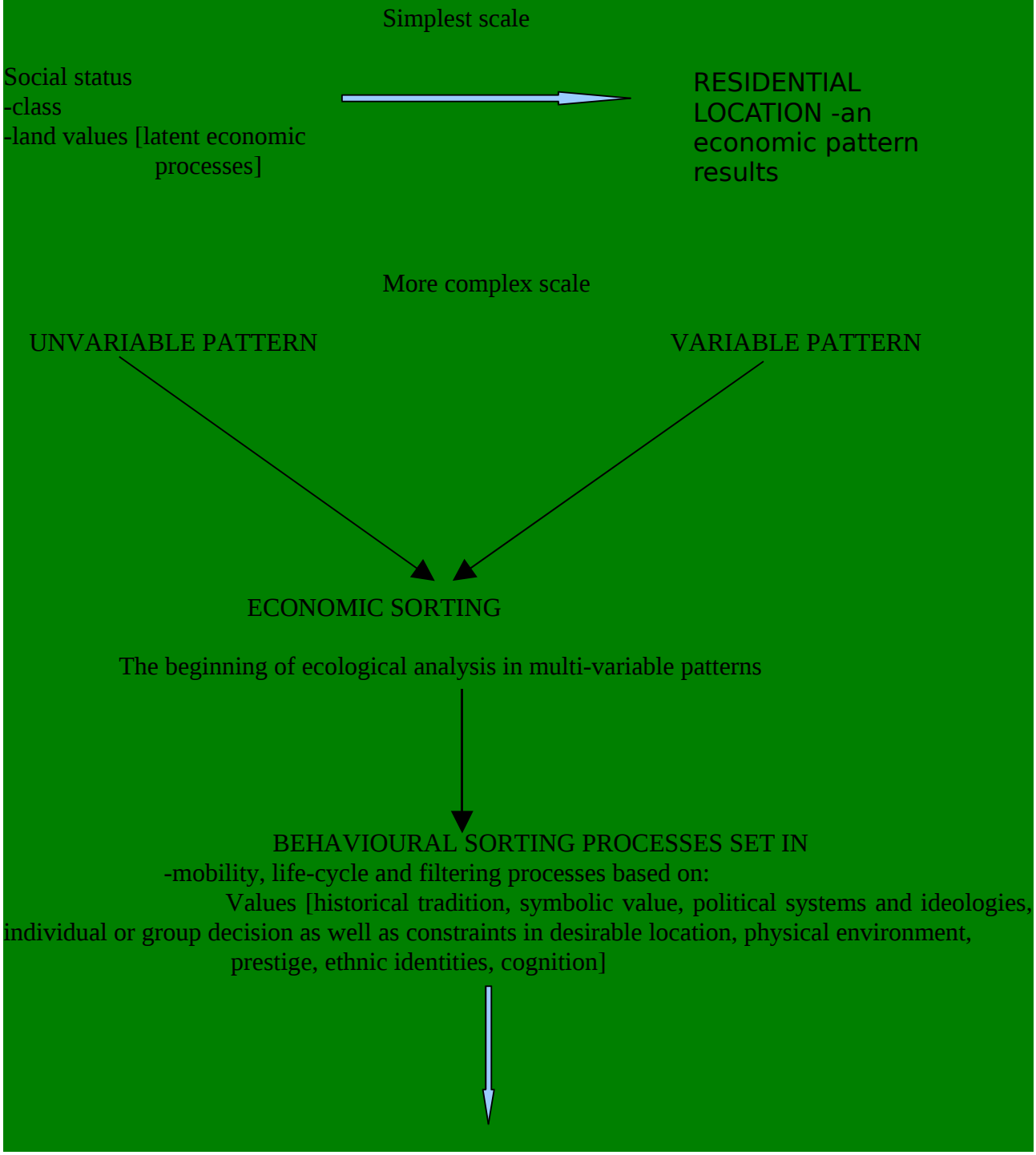
The patterns described above are based essentially on rent values and to some extent family status. Economic segregation results in different people being segregated according to their abilities to meet the rents associated with different locations. The initial basis of residential differentiation has been economic competition, but the resultant pattern has been broad-based. In other words the resultant pattern must be a result of selection and segregation which create natural groups and at the same time create natural areas of the city as shown in Fig. 3.

Fig. 3 Residential Location Processes in Harare



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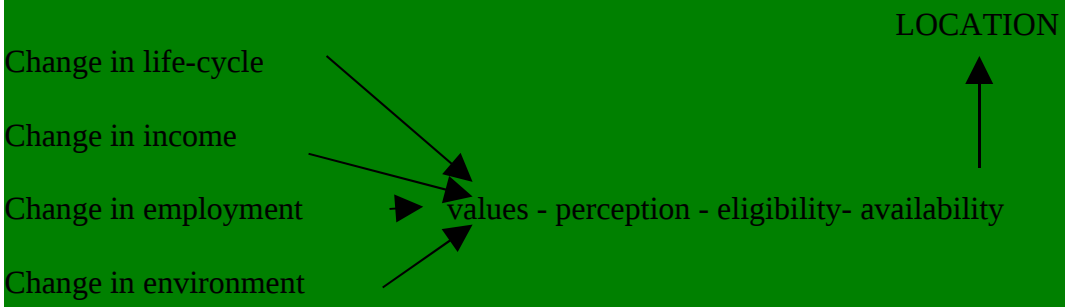
RESULTANT PATTERN
Based on multi-variables

CONCLUSION

Just like in most former colonial African cities, socio-economic status and the stage in the life cycle are vital in determination of residential location in Harare. These two variables are not only significant in explaining the social patterns of the city of Harare, but demonstrate the compatibility of the two classical models of city structure by Burgess and Hoyt. People have in their memories images of the world in the form of cognitive maps and these are not necessarily maps, but mental expressions of data in their minds about the world. The evaluation of the alternatives is thus based on assessing the impersonal environment (e.g. the physical environment in terms of privacy) and also assessing the inter-personal environment (e.g. neighbourhood reputation). In residential location therefore the trigger mechanisms need to be examined on the premises highlighted in Fig. 4.

Fig. 4 Trigger mechanisms [decision to move] in Harare



The important aspect is thus not in the impetus for movement by Harare residents-why they move, but in their ability to move within a certain controlling system and it seems many households are influenced in their location by socio-economic factors and are thus severely constrained in their choice. Ethnic factors in Harare seem to have limited influence due to assimilation after independence and only a few areas such as Belvedere and Arcadia reflect this factor.

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Malawians' Perception of Barriers to HIV Positive Serostatus Disclosure

by

Lytone S. Jamba

and

Joseph M. Kasayira

Abstract

The study examined teachers' views on HIV-related stigma and discrimination as major barrier to discrimination. The study revealed that there are people in the community still experiencing discrimination and prejudice despite the medical advances made in HIV and AIDS treatment. Community stigma was perceived to be more prevalent than that of individual respondents with victims suffering verbal stigma, loss of identity or role, isolation and loss of resources or services after disclosing HIV positive serostatus. Knowledge of people who disclosed their HIV positive serostatus, gender, marital status, education, and knowledge about ARV and diet were identified as factors linked to barriers of HIV serostatus disclosure. Implications of these results are discussed, recommendations were given and further research suggested.

Introduction

Over 200,000 people turned up during the voluntary counselling and testing (VCT) week from 10 to 16 November, 2008 to know their HIV (Human Immunodeficiency Virus) serostatus in various VCT` centres in Malawi. Out of these, 15677 were found HIV positive (Daily Times [Malawi] November, 24, 2008). But the question that still remains unanswered is: 'How many of these people disclosed their HIV positive serostatus either to their spouses, friends, relatives and/or the public as a whole?' In many communities the world over, stigma and discrimination have been documented as major barriers to HIV positive serostatus disclosure as HIV-seropositive individuals fear rejection and abandonment, discriminating treatment such as eviction or termination of employment, retribution and violence (Petrack, Doyle, Smith, Skinner & Hedge, 2001; Simoni & Pantalone, 2004; Visser, 2005). Stigma related to HIV is so devastating that some people are more fearful of the stigma than the condition itself (Visser, 2005). For instance Linda Kabengele, a 41-year-old Zambian woman who had been living with HIV, became the object of taunts, mockery and laughter and had to be given a room at a school in her community where she slept alone, fuelling her feeling of isolation and rejection. On 9 September 2009, after experiencing continual stigmatisation from her community, Linda committed suicide (Geloo, 2009; Mulalami, n.d.). Hence it is very important to examine stigma and other factors associated with HIV serostatus disclosure in order to identify possible ways of reducing the dangers associated with HIV related stigma and discrimination. The paper analyses the views and perceptions of possible barriers to HIV serostatus disclosure from personal point of view and from the community view point.

HIV and AIDS Stigma conceptualization

In the HIV and AIDS (Acquired Immunodeficiency Syndrome) context, stigma is defined as negative thoughts about a person or group of people based on a prejudiced position and is derived

from the most elemental parts of the human experience such as sex, blood, disease and death (UNAIDS, 2002). Stigma is attached to HIV positive persons because they are often blamed for their condition and viewed as causing their own misfortune unlike people suffering from other diseases (UNAIDS, 2002). According to Letamo (2003) stigma generally refers to a negatively perceived defining characteristic, either tangible or intangible such as judgement that dramatically changes the way individuals see themselves and is seen by others. Stigma is a social disease by which society imposes this negative status on a person or groups of people (Links & Phelan, 2001); however infected people may self stigmatise their own conditions due to feeling of shame and embarrassment they feel (Davidoff, 2002).

Stigmatization and discrimination as social processes are used to create and maintain social control and produce and reproduce social inequality. Stigma contributes to the creation of social hierarchy in a community and in turn legitimizes and perpetuates social inequality (Parker & Aggleton, 2002). Stigma is a complex social phenomenon involving interplay between social and economical factors in the environment and psychosocial issues of affected individuals.

UNAIDS (2007) theorises that HIV related stigma is a process of devaluation which in turn leads to the violation of human rights for people living with HIV and AIDS. This process of HIV- related discrimination is action that results from stigma. It occurs when a distinction is made against that person that results in his/her being treated unfairly or unjustly on the basis of his/her actual or presumed HIV status or belonging or being perceived to belong to a particular group.

AIDS stigma is expressed around the world in a variety of ways, including: a) Ostracism, rejection, and avoidance of people with AIDS, b) Discrimination against people with AIDS, c) Compulsory HIV testing without prior consent or protection of confidentiality, d) Violence against persons who are perceived to have AIDS or to be infected with HIV, and e) Quarantine of persons with HIV and AIDS (Ragimana, 2006).

HIV-related discrimination is action that results from stigma attached to AIDS. The stigma is associated with shame and fear. There is shame because the sexual practice that transmits HIV is surrounded by taboo and moral judgement, and there is fear because AIDS is considered deadly (Piot & Seck, 2001). Responding to HIV with blame, or abuse towards people living with HIV and AIDS (PLWHA), simply forces the epidemic underground, creating the ideal condition for HIV to spread. HIV and AIDS related stigma comes as a result of linking the disease with inappropriate sexual behaviour, disgrace, blame and dishonour (De Cock, Mbori-Ngacha & Marum, 2002). HIV is also associated with risk groups such as prostitutes and the gay couples, thus creating a false illusion of safety on the part of those who do not belong to such groups.

Impact of HIV and AIDS Stigma

Stigma related to HIV/AIDS often leads to discrimination and this, in turn, leads to human rights violations for PLWHA and their families. Stigma and discrimination fuel the HIV/AIDS epidemic by hampering preventions and care efforts, sustaining silence and denial. It also reinforces the marginalization of PLWHA and those who are particularly vulnerable to HIV infection.

The stigma associated with HIV has powerful psychological consequences for how people living

with HIV and AIDS come to see themselves; contributing in some cases to depression, lack of self worth, despair and making them vulnerable to blame, and self-imposed isolation. It also undermines prevention by making people reluctant in finding out whether or not they are infected. This is due to fear of the reaction of others.

Stigma makes those who are infected with HIV and AIDS feel guilty and ashamed, unable to express their views and fearful that they will not be taken seriously. Fear of stigma has deterred individuals from being tested for HIV and from disclosing their seropositive status to sexual partners, family, and friends (Herek, Capitanio & Widaman, 2002).

Levels of Community HIV-Related Stigmatization

According to Green (1995) assessing community stigma can be done in two ways. One of the ways is to assess personal perceptions of HIV and AIDS in a group of people. These attitudes may be related to some behaviour of individuals towards PLWHA. Stigma can cause people to perceive individuals with or at risk of HIV as the out groups 'them', reinforcing the feeling that HIV "couldn't happen to me". The second way is to assess the perceived community stigma–that is how an individual perceives the stigma that community attaches to HIV. The perceived collective stigma can be seen as a generalized construction or social norms that can have an impact on the behaviour of individuals. In the case of Linda Kabelenge, she perceived that her community had isolated her and as a result there was no social support given to her. Consequently, she committed suicide. This was not an isolated incident as a research by CARE in Zambia revealed that stigma against women with HIV range from subtle actions to the most extreme degradation, rejection and abandonment (Geloo, 2009). Thus Linda suffered one of the most extreme forms of stigma and discrimination.

Societies that place greater emphasis on individualism, may perceive HIV and AIDS as a result of personal irresponsibility, and thus individuals are blamed for contracting the infection. In contrast, in societies where cultural systems place greater emphasis on collectivism, HIV and AIDS may be perceived as bringing shame on the family and community. In individuals, the way in which HIV and AIDS related stigma and discrimination are manifested depends on family and social support and the degree to which people are open about such issues such as their sexuality as well as their serostatus. In context where HIV and AIDS is highly stigmatized, fear of HIV and AIDS related stigma and discrimination may cause individuals to isolate themselves to the extent that they no longer feel part of the civil society and are unable to gain access to social and health-related support they need (Huidrom, 2004).

Factors That Constrain Self-Disclosure of HIV Positive Serostatus

Studies on disclosure in both developed countries (Greene et al., 2003) and developing countries (Almeleh et al., 2004) have shown that the decision to disclose is generally a difficult process. People living with HIV are confronted with numerous factors that compel, encourage or constrain HIV positive serostatus disclosure (Almeleh, 2004).

Studies have shown that perceived negative reactions discourage people from being open about HIV serostatus (Kalichman et al., 2003); when a person receives a positive HIV diagnosis fear of stigma and discrimination as well as fear of early death is likely to occur (Rohleder & Gibson, 2005). In most cases fear of stigmatization is due to the potential negative consequences of being identified and labelled as HIV positive when either accessing treatment or support. As a consequence of these psychosocial fears, people living with HIV and AIDS generally keep their

diagnosis secret and carry on living as they did previously (Paxton, 2002).

Cline and Boyd (1993) point out that the dilemma faced by persons with HIV and AIDS is either risk becoming stigmatized by disclosing their condition, in order to take a chance on gaining the potential health benefits of social support, or avoid being stigmatized by engaging health benefits of social support. It is, therefore, against this background that the present study was carried out with an aim of assessing the extent to which perceived HIV-related stigmatization and discrimination may determine HIV serostatus disclosure as compared to social and health-related support.

To greater or lesser degrees, almost everywhere in the world, discrimination remains a fact of daily life for people living with HIV. One-third of all countries have virtually no laws protecting their rights. Almost all permit at least some form of discrimination - against women and children who contract the disease, against gay men, against communities at risk (United Nations, 2008).

Stigma remains the single most important barrier to public action. It is the main reason too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason the AIDS epidemic continues to devastate societies around the world (United Nations, 2008). Those diagnosed with HIV positive serostatus are faced with a lot of questions shooting through their minds: How could this happen to me? How will my life change? Who should I tell? Will anyone still love me? Will I have to take treatment for the rest of my life? How will society look at me morally? Hence there is need to educate society on the impact of stigma and discrimination.

Victims of stigma suffer physical and social isolation from their family, friends and community; they are made to feel guilty, ashamed and inferior and even those that are associated with PLWHA also suffer from stigma, as do those thought to be responsible for spreading infection, such as commercial sex workers, traders and migrant workers even if they are not themselves known to be infected. Stigma does not just cause agony to individuals, but also hampers prevention and care programmes. Those who fear becoming stigmatised are unwilling to volunteer for an HIV test, even buying condoms or discussing safer sex may be seen as an indication that one is infected.

Impact of Stigma and Discrimination on HIV Positive Serostatus Disclosure

National AIDS programmes and the international community have embraced the goal of universal access to HIV prevention, treatment, care and support by 2010. To achieve this goal, countries needed to address the obstacles blocking provision and uptake of prevention, treatment, care and support. Experts and communities have consistently identified perceived HIV-related stigma and discrimination as critical barriers to effectively addressing HIV. The consequences and fear of stigma and discrimination such as abandonment by spouse and/or family, social ostracism, job and property loss, school expulsion, denial of medical services, lack of care and support, and violence, result in people not disclosing their HIV serostatus to others and not accessing treatment, care and support (UNAIDS, 2007).

Globally, HIV-related stigma and discrimination are associated with lower uptake of HIV prevention services, including under- or non-participation in HIV information meetings and counselling and reduced participation in programmes to prevent mother-to-child transmission. Stigmatising attitudes are associated with denial of risk and a lower likelihood of adopting preventive behaviours (UNAIDS, 2007). In Botswana, a survey of patients receiving antiretroviral therapy found that 40 per cent delayed getting tested for HIV, mostly due to stigma (UNAIDS, 2007).

In a study done at Kolping Training Centre (KTC) in a low income township in Cape Town, South Africa, Mills found instances of gossip and blame. People who were identified as HIV positive were said to have too much sex, too many boyfriends or girlfriends or told they were promiscuous and unfaithful (Mills, 2004). Therefore, the perception of such HIV-related stigmatization and discrimination may prevent people with HIV positive serostatus from disclosing.

In a study of more than 1,000 healthcare professionals working with HIV patients in four Nigerian states, 43 per cent observed others refusing a patient with HIV hospital admission (UNAIDS, 2007). Therefore, the perception of such stigmatization and discrimination by medical practitioners may prevent people with HIV positive serostatus from disclosing.

Prevalence of Stigma and Discrimination on People Living With HIV in Malawi

Principal secretary on HIV/AIDS and nutrition in the Office of the President and Cabinet, Mary Shawa reported that stigma and discrimination were real in Malawi and this increased the painful experience of those who discover that they have HIV positive serostatus (Daily times [Malawi], 2009). HIV is still a taboo subject in many communities within Malawi. As a result, few people living with HIV make their status known, many have difficulty discussing the subject with their families, and some support groups do not meet openly.

Agence France Presse (2004) reported that the first democratically elected Malawi president, Dr Bakili Muluzi urged Malawians to break the stigma attached to AIDS by openly declaring the cause of death of their relative if it is HIV and AIDS-related as a first step in fighting the disease that had then infected more than 14% of the country's 11 million people.

Kang'ombe (2008) confessed that stigma and discrimination had remained very high among health care workers of all levels. Tragically, some of the worst discrimination occurred in clinics and hospitals. Patients known or suspected to have HIV were sometimes given very low priority or subjected to degrading treatment, and they may even be denied drugs and treatment (Nankhonya, 2009).

Psychological Model

Greene et al., (2003) argue that fear of HIV-related stigma contributes to people setting up defensive boundaries around their private information. According to Communication Privacy Management (CPM) theory, individuals develop their rules for managing their privacy boundaries (Petronio, 2002). When private information is disclosed to a trusted individual, the one who has disclosed enters the privacy boundaries. If the trusted person tells other people, however, the person who initially disclosed the private information will experience boundary turbulence. Such a perception may prevent HIV positive individuals from disclosing their HIV positive serostatus even to close friends and family members thus denying themselves of receiving social and health-related support.

The stigma related to HIV and AIDS makes it difficult for one to come out. However it is recommended that HIV-seropositive individuals should inform their partners because the partners may also have the virus and be unaware of it. Also in medical situation, disclosure enables the medical staff to protect themselves and give appropriate health care to the affected and infected.
The knowledge about health living and the recent medical advances in treatments to fight the complications related to HIV and AIDS allow many people living with HIV to live longer, have a

better quality of life, and experience fewer illnesses related to their HIV status. Despite the availability of the information, Linda Kabengele's suicide suggests that HIV related stigma and discrimination is prevalent in some communities, hence the importance of examining people's perceptions of barriers to HIV disclosure from both the individual and the community view points. The present study is guided by the hypothesis that there will be a strong negative relationship between perceived HIV-related stigmatization and discrimination, and HIV positive serostatus disclosure.

Purpose of the Study

The study sought to address the following objectives:

a) Compare personal perceptions and community perceptions to stigmatizing and discrimination of HIV positive serostatus individuals
b) Ascertain possible reactions of community towards individuals who disclose their HIV positive serostatus
c) Examine teachers' assessment of barriers to HIV serostatus disclosure

Method

Participants and Settings

One hundred and thirty three (88 males, 45 females) respondents participated in this study representing 51.8% of the targeted population of 257 (167 males, 90 females) Zomba urban secondary school teachers. The participants were from 15 secondary schools (9 Government schools and 6 private schools) that are within Zomba urban and were easily accessible to the researchers.

Procedures for Data Collection

Letters of introduction were given to the school heads or their designates upon which questionnaires were submitted to them for distribution to participants who completed them at their own time and had to be collected later on agreed date. It was emphasised that participation was voluntary and for those who participated confidentiality would be maintained and anonymity was guaranteed since their gender and age range were the only personal details required.

Results and Discussion

Perceptions of Community Responses to Stigmatising Attitudinal Statements

Table1 summarises participants' responses to stigmatizing attitudinal statements in terms of their own personal views and perceptions of possible community responses to the stigmatising and discriminating attitudinal statements.

On the whole the participants perceived the community as subscribing to stigmatising and discriminating attitudinal statements (48.1% agreeing, 35.2% disagreeing) more than the individual respondents (35.7% agreeing, 53.4% disagreeing) as indicated by the average community agreeing versus disagreeing percentage responses in comparison with those of personal responses. However, HIV-related shame stigma, blaming or judging persons living with HIV and AIDS, fear of casual contact were significantly lower on both personal and community responses ranging from 10.8 % to 19.3% and 32.5% to 35.8% respectively. These results, among other things, might be an outcome of intensive campaign on the knowledge of HIV and AIDS issues advocated by a number of non-governmental organizations such as Population Services International (PSI) Malawi, National Aids Commission (NAC) Malawi, Adventist and Relief Agency (ADRA) Malawi. However, it should be noted that the respondents were better educated secondary school teachers and had a better chance

of reading a lot of information on HIV and AIDS issues to equip themselves with enough knowledge for easy dissemination to their students.

Table 1: Percentage frequency of respondents agreeing and perceptions of community responses to stigmatising attitudinal statements (N = 133)

Attitudinal statements	Percentage frequency of personal responses			Percentage frequency of perceptions on how the community would respond		
	agree	disagree	Undecided	Agree	disagree	Undecided
HIV –related shame stigma	10.8	81.0	8.2	35.8	49.9	14.3
Blaming or judging persons living with HIV and AIDS	11.7	77.7	10.6	37.7	49.0	13.3
Fear of casual contact HIV transmission	19.3	71.1	9.5	32.5	51.4	16.1
Isolated (Social and physical exclusion)	45.2	41.6	13.2	49.9	27.4	22.8
Verbal Stigma	65.5	26.7	7.8	68.4	17.1	14.5
Loss of identity or role	60.2	29.7	10.2	67.3	18.6	14.2
Loss of access to resources or services	36.9	45.9	17.2	45.4	32.8	21.8
Average Percentage	**35.7**	**53.4**	**11.0**	**48.1**	**35.2**	**16.7**

Knowledge of people who disclosed their HIV positive serostatus and suffered verbal stigma, loss of identity or role, social and physical exclusion, and loss of access to resources or services had relatively high percentages on both personal and community responses with the highest percentage being 68.4% for community and 65.5% for personal response through to 45.4% for community and 36.9% for personal responses. This supports the hypothesis that there will be a strong negative relationship between perceived HIV-related stigmatization and discrimination and HIV positive serostatus disclosure. As such this impedes the idea of HIV positive serostatus disclosure thereby impacting negatively on accessibility to social and health-related support at times of ill health. Of the four stigmatisation and discrimination experiences stated above, knowledge of cases of loss of access to resources or services was significantly lower on personal responses (36.9%) but higher on community responses (45.4%). This might be as a result of civic education in the urban areas and closeness to human rights activists preaching against property grabbing.

Respondents' Assessment of Predictors of HIV Positive Serostatus Disclosure

Table 2 presents predictors of willingness to disclose one's status based on participants' personal and most community members' likely responses. Gender, marital status and education were significantly identified as predictors to HIV serostatus disclosure on both personal and community responses. In this case, it was revealed that females, married couples and better educated people are likely to disclose their HIV serostatus earlier than males, unmarried and less educated people. This

could be due to female attachment behaviour and their focus on social and health-related support. At the same time, married couples are bound to reveal their status because of the attachment behaviour to their spouse and willingness to access social support from family members. In the case of educated people, it is assumed that education exposes one to wide literature on medical advancement to HIV and AIDS treatment and this gives them flexibility to disclose knowing that the benefits of HIV positive disclosure outweigh the costs.

Disclosure to religious community was significantly higher on personal responses (43.4%) but lower on community responses (23.2%). This entails that religion plays a greater role on HIV serostatus disclosure on individual basis. This is due to the belief in power of repentance of sins to the Almighty God that even if one dies he/she should be assured of attaining salvation.

Table 2: Respondents' assessment and their perceptions of most community members' assessments of predictors of HIV serostatus disclosure (N = 133)

Predictors of and willingness to disclose, and effect of ARV and diet	**Percentage frequency of personal responses**			**Percentage frequency of perceptions on how the community would respond**		
	Yes	**no**	**Undecided**	**Yes**	**no**	**Undecided**
Gender, marital status and education as predictors of disclosure	46.6	32.5	21.0	39.1	33.1	27.8
Disclosure to the Religious Community	43.4	39.2	17.5	23.2	47.6	29.2
Knowledge of people who disclosed their positive serostatus	76.4	12.6	11.0	63.1	17.4	19.5
ARV and diet knowledge	84.0	8.1	7.9	68.8	15.3	15.8
Average Percentage	**62.6**	**23.1**	**14.35**	**48.55**	**28.35**	**23.08**

Both personal and community responses indicated that adherence to ARV and good diet would likely improve health of PLWHA and hence leading to HIV serostatus disclosure. Such is the case because HIV serostatus disclosure gives one a peace of mind knowing that social and health -related support can be accessed easily in times of need.

Possible Reactions of Community towards Individuals Who Disclose Their HIV Positive Serostatus

Table 3 presents respondents' predictions and what they considered would be the reactions of most community members towards individuals who disclose their positive serostatus. Both personal and community responses indicated that there are high chances of HIV positive serostatus disclosure leading to shame, verbal stigma, and loss of identity or role. Such a perception on the part of HIV positive serostatus individuals has proved to be an obstacle to HIV positive serostatus disclosure and if not checked it would lead to discriminatory tendencies on the part of close friends, relatives and the general public. If this culture of non-disclosure continues in society, efforts to curb the virus would prove futile because culture of silence leads to inactivity in the fight of the pandemic. People living with the virus are labelled as the unfaithful and prostitutes while others are taken as innocent people who cannot contract HIV.

Both personal and community responses indicated that there are no chances of HIV serostatus

disclosure leading to property grabbing (60% and 52.1% respectively) and denial of health services (51.5% and 46.2% respectively). As has been indicated before, most people in urban areas are sensitized on the evils of property grabbing and even practising doctors and other health personnel are mandated to exercise their professional ethically. This has led to a positive attitude towards PLWHA.

Personal responses indicated that there are lower chances of HIV positive disclosure leading to rejection, abandonment, loss of customers or job whereas community responses indicated that there are higher chances of disclosure leading to rejection, abandonment, loss of customers or job. This is due to the fact that the position of the current respondents was better off, both economically and socially, as such they did not perceive chances of rejection and abandonment unlike the community that is composed of different sectors of people from different backgrounds.

Table 3: Respondents' predictions and what they considered would be the reactions of most community members towards individuals who disclose their positive serostatus (N = 133)

Chances of disclosure leading to any of the following	Percentage frequency of personal responses			Percentage frequency of perceptions on how the community would respond		
	High	Low	Not likely	High	Low	Not likely
Rejection	39.7	42.8	17.6	54.6	30.3	15.1
Shame	40.5	36.6	22.9	58.5	29.7	11.9
Abandonment	25.0	42.2	32.8	43.6	29.9	26.5
Verbal stigma	45.7	31.9	22.4	38.8	36.4	24.8
Loss of identity or role	38.8	36.4	24.8	55.1	29.7	15.3
Loss of customers or job	26.0	41.2	32.8	43.3	32.5	24.2
Property grabbing	6.2	33.9	60	11.1	36.8	52.1
Denial of health services	11.5	36.9	51.5	10.3	43.6	46.2

Conclusions and Recommendations

The study highlighted the debilitating effect of HIV-related stigmatization and discrimination on the efforts of PLWHA to come out in the open and disclose their HIV serostatus. In response to the first objective, the study revealed that community stigma is perceived to be more prevalent than that of individual secondary school teachers. Since the study attributed more stigma and discrimination to the community than individual respondents, it is recommended that there should be open commitment from all sectors of government, community leaders and the media to support and care for the PLWHA. One major task of community leaders should be focusing the community on positive beliefs and values that can be built into HIV and AIDS intervention programmes. The participation of community leaders would go a long way in reducing stigmatizing behaviour at the community level and to change a community perception.

In line with the second objective, the study noted that participants were aware of many people who

suffered verbal stigma; loss of identity or role; social and physical exclusion; and loss of access to resources or services after disclosing their HIV positive serostatus. However, they were aware of relatively low HIV-related shame stigma, blaming or judging persons living with HIV and AIDS, and fear of casual contact. On the whole, the study shows there are people in the community still experiencing discrimination and prejudice despite the medical advances made in HIV and AIDS treatment. Therefore, in addition to educational interventions, there is need for the government to enforce laws that protect PLWHA against discrimination. Furthermore, the greater involvement of PLWHA in the development and implementation of intervention programmes at all levels should be encouraged to reduce HIV related stigma in the community.

Pertaining to the third objective, the following were identified as factors linked to barriers to HIV serostatus disclosure: knowledge of people who disclosed their HIV positive serostatus; gender; marital status; education; and knowledge about ARV and diet. Thus, on a personal level exposure to HIV and AIDS plays a major role in mitigating people's attitudes towards those with HIV. People with HIV should therefore be encouraged to disclose their status to the public, their family and friends. This may increase personal interaction, which may contribute to change in the level of blame and judgement and personal stigma. Above all, the study alludes to the fact that, although stigma and discrimination still exist, PLWHA's perception and fear of stigma in the community could well be overvalued.

One limitation of the study is that it did not examine factors that are known to compel and encourage HIV positive serostatus disclosure such as the social and health-related support. The other limitation is that only questionnaires were used, a clearer picture was likely to come out if observations and interviews were also used. Therefore, there is need for future research to include these aspects. Finally, future research should also include various segments of society, including PLWHA, to get more representative picture of the problem.

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Management of Household Budgets and Gender Violence Among Heterosexual Dual-worker Marriages in Masvingo and Gweru urban, Zimbabwe.

By

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Abstract

This article aims to contribute to the developing area of scholarships on household economic management in heterosexual marriages through a study of dual worker partners in two of Zimbabwe's cities. By tracing household income management patterns, the article highlights the fact that household budgetary systems have a severe influence on gender relations and are in turn, influenced by it. Using a descriptive survey design, the study established that the hegemonic model of masculinity under which black men in Zimbabwe grow up and live in, emphasizes control and domination over wives (sometimes through use of physical force). This in itself was found to be a risk for gender based violence in the management of household expenditure in heterosexual marriages. Intimate terrorism and violent resistance are the most occurring types of violence in this aspect of the relationship. Intimate terrorism was almost exclusively found to be perpetrated by the husbands while violent resistance was exclusively female. This article concludes that the causes and the solutions of this type of violence lie outside the individual. As an interventional measure, this study recommends a slow incrementalist model of gender empowerment that takes males and females on board as a way of promoting a new concept of masculinity and femininity through building space for men and women to look into and reconsider themselves. Focus of the model is on non violent masculinity identities, non passive-consumerism femininity and a consensus in which gender based violence is de-legitimised.

Introduction

Heterosexual marriages bring changes for both sexes: the man becomes a husband and usually a father, while the woman becomes a wife and usually a mother. The two, thus, form a family whose most important function is to provide a "safe haven for its members" and is usually characterized by common residence, economic cooperation and reproduction (Johnson 1989, 824). This study focuses on heterosexual families where both partners have some form of income from formal or self employment and seeks to investigate whether their household budgetary management systems have an influence on or are influenced by their gender relations. This paper is divided into seven sections. First is this introduction that presents the objective of the study, then the background that tries to situate the problem into context, followed by the conceptual framework that deals with specifications regarding concepts that are felt of importance in this study. The fourth section presents the research methodology that was employed in this study, then the research findings in section five. The sixth section discusses some of the issues for possible future development. A conclusion comes at the end of the article.

Background

Despite the many conferences on women from as early as 1975 in Mexico, 1980 in Copenhagen, 1985 in Nairobi, 1995 in Beijing and 2000 in New York, studies around the world have shown that the issue of gender based violence (gbv) against women, particularly in the fields of employment, public economics and politics is not improving (Bennet 2002). In these fields, research findings

continue to show that the main reason why women lag behind men is not because of lack of potential and will, but because of the gbv (subtle or open) against them which leads to the demeaning gendered perceptions held about them as a sex group. These world conferences were important mobilizing and awareness raising events on the plight of women and have kept the issue of 'gender asymmetry' in the relationships between men and women on the fore of the major critical world concerns. These gender asymmetry relations have been shown to be one of the major hindrances to the development process (Tsanga, Nkiwane and Nyanhugo 2004).

As the gender symmetry - asymmetry debate continues, numerous studies the world over report the preponderance of gbv to be perpetrated by men and women, but all agree that compared to men, women suffer more violence. This is why the United Nations (UN) Convention on Elimination of all forms of Discrimination against Women, takes a feminist view of gender based violence and defines it as "any act that results in or likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in private or public life….." (Bennet 2002, 20). In these fields, studies have shown that gbv against women arises primarily through the dynamics of their being gendered, that is, women's lack of access to and control of power in politics, economics and employment is heavily influenced by the way in which their sexual identity is given meaning, status and value by society (Meena 1992, Welsh 2001).

This study limits itself to a private economic issue as a potential site of gbv and focuses only on household budgetary management and its influence on dual worker heterosexual gender relations. The study's investigation centers on whether management of household budgets culminates in gender based violence.

Conceptual Framework

What is gender based violence?

In trying to get a deeper and better understanding of gbv, it is necessary to understand the meaning of violence first. Violence is the aggressive action, physical or otherwise that causes damage to the recipient. The damage maybe physical or psychological (Archer and Lloyd 2002). It involves use of coercive forms of power, or threats to do something that the person might not otherwise do. In the context of this study, violence is taken to mean any behavior which harms others, physically or emotionally, and causes loss of value, mental and physical integrity, as well as loss of dignity. When this violence is committed solely because of social considerations attached to one's sex, it is called gender based violence and throughout this paper the term gender based violence (gbv) is used to constantly remind the reader that the violence being focused on is that which arises primarily through the dynamics of power imbalances between wife and husband. At the heart of any act of gbv is a question of power (ibid). This power is created in the relationship, and is never an inherent or fixed entity, - that is why its intensity varies from relationship to relationship. Steven Lukes (1974) in Haralambos and Holborn (2004, 541) defines power thus: "A exercises power over B when A affects B in a manner contrary to B's interests." Power is exercised over those who are harmed by its use, whether aware or not aware. In the context of this study power is the husband/wife's ability to make own interests or concerns count, even when the other resists with or without use of direct force.

Despite the global efforts to tackle the issue of gbv against women mentioned in the introduction above, existing research into gender violence continues to provide stark evidence that the problem is rife (Izumi 2007). Zimbabwe is no exception to the problem of gbv against women, despite its

growing sustained efforts and interests in treating gender as a central issue (Musasa Project 1997). The Zimbabwe National Report to the Fourth World Conference on women, held in Beijing (Zimbabwe Government 1994), the 1997 Zimbabwe Republic Police Annual Report (Tichagwa and Maramba 1998) as well as results from studies by Musasa Project, a local non governmental organisation, in 2003, bear testimony to the fact that Zimbabwe is no exception to the issue of gbv. Statistics from studies by Musasa (ibid) show that in Zimbabwe the most overt acts of gbv now and in the past are committed by men, and that women are mostly the recipients. These same studies reveal that gbv accounts for more than 60% of the murder cases that go through the Harare courts. Below are some of the recorded cases of gbv against women in Zimbabwe:

Chidzingwa was beaten to death by her husband with utensils for delaying to cook sadza for him (The Daily News 14 June 1999).

Phiri was assaulted by her husband and her head was crushed against a wall for arriving home late after having her hair done (Musasa Project Training Manual for the police)

Kashiri committed suicide after enduring severe violence after many years. Her husband assaulted her regularly after she had given birth to six daughters and no son (ibid).

Husband forces wife into prostitution to raise bus fare (The Herald 1 November 2005).

17 school girls sexually abused by their class teacher (The Herald 20 October 2005).

Man (86) fatally silences singing wife (The Sunday Mail July 30-Agust 5, 2006).

4 girls handed over to appease ‘ngozi’ (the avenging spirit) (The Manica Post 9-15 June 2006).

Man slices girlfriend’s buttocks (The Manica Post 6-12 April 2007).

Though the contexts are different, and the damage caused is different, what is common is that they are all forms of gbv and help to illuminate the fact that gbv is both a cause and a consequence of gender perceptions, here showing men’s perceptions of themselves and women. More clearly and succinctly, in all these cases, gbv is grounded in power imbalances between men and women and is shown to be a result of and an expression of the conditions of power inequalities between the two sexes. There is here, a direct connection between violence and masculinity, as men seem to commit the violence as part of their expression of manhood. This confirms what Musasa project (1997) found out that women are the victims (96%) while most men are violators (99%). This study focuses exclusively on gbv between intimate partners in heterosexual marriages. In these relationships gbv is not a unitary phenomenon. It manifests itself in an array of forms throughout the world. Through classification of the different forms of gbv, many aspects of gbv are better understood, especially their causes (hidden or otherwise) and the motives behind them. Johnson (2005, 2006) identifies four types of conflicts that give rise to gbv in intimate relationships basing on the dyadic control context of the violence. Because the four types have different causes, they may necessarily require different forms of intervention. He defines the four types conceptually in terms of the motives of the violent member, and through the structure of the interaction, that is, the role played the partners in the violence so created. The four types he identifies are: intimate violence, violent resistance, situational couple violence and mutual violent control. This study makes a distinction of them.

Intimate terrorism

This is a situation in an intimate relationship where one partner is violent and controlling and the other is not. It is therefore a general strategy of exercising 'power over' the partner, 'power within' the self and 'power to' make overriding decisions in the relationship. Williams (1994) makes a distinction of these types of power control. **Power over** in this study is when a spouse has total control and authority over a partner as regards use of household income. This type of power destroys the subordinate spouse's **power within** base, that is, the spouse's sense of the self as worthy, self confidence, self awareness and self respect and make him or her participate in own subordination. When this happens the subordinated spouse loses sense of own rights and counts oneself as not being a full human being and this sense of unworthiness spreads to other aspects of the relationship. This type of violence strives on socially sanctioned threats of violence and intimidation (Williams 1994).

Up until recently in Zimbabwe, the law invested the husband with such powers in marriage over his wife. "Under both customary and common law the husband had a right to physically chastise his wife as a correctional measure or a way of making her obey his lawful orders" (Taylor and Stewart 1991, 47). So if a wife disobeyed, her husband could punish her by assaulting her but he was not allowed to cause her injury (ibid). The stick that he was permitted to use was not supposed to be thicker than his thumb, hence the phrase, "Rule of Thumb". Thus the prevailing societal attitudes then, allowed for a certain acceptance of wife beating. Authorities only got involved when the violence resulted in severe physical injury. However, this position has changed. Through the enactment of the Zimbabwe Domestic Violence in 2007, violence against women in Zimbabwe is now just as criminal as any other crime.

Violence resistance

This is violence that forms when the controlled and abused partner responses to intimate terrorism with violence but not controlling. It is therefore a violent reply and an act of self defense as the controlled partner makes efforts to stand up to the challenge he or she cannot control. It is sometimes called 'active resistance'.

Situational couple violence

This is violence that forms when an argument or disagreement between the intimate partners turns into an angry argument and escalates into violence. In this situation, violence is not part of the general pattern of control, but only an unplanned product of the escalation of the couple conflict. Neither of the spouses is violent and controlling.

Mutual Violent Control

In this situation, both partners are violent and controlling and in fact, compete in the controlling game, very keen to convert the other into own worldview and very good at making the other partner feel very bad about oneself. Such violence by definition is gender symmetric. The partners in this type of violence tend to accumulate grievances over the course of their relationship to almost the same extent (Vaknin 2003). Hence both are suffocating monsters as both are mutually hurtful.
This classification of gbv within intimate relationships is of particular importance to this study, since this study is dealing with intimately related people. More important is that to intervene and make meaningful recommendations, it is essential and best to identify first the type of violence. Thus this study takes this as an indispensable step towards mapping the way forward.

Access to and control of resources

In dealing with heterosexual marriages, gender relations are also revealed through issues of 'access to and control of resources'. 'Access to' in this paper refers to the husband/wife opportunity to use the household income. 'Control of' refers to their powers as individuals to decide how to use the household income. Many studies in Zimbabwe have shown that when it comes to valuable resources, women have access only but lack the control of the resources (Musasa Project 2003). Because research has also shown that the one who has the control and power over the resource benefits from the resource, it is men more than women who enjoy more benefits accrued from the resource (ibid). Hence, in this study it is also investigated who, between husband and wife, has ultimate benefit from the rights, claims, control and power over the household income.

Gender Needs

The structural relationships that create and reproduce systematic differences in the positioning of husband/wife in the management of their household incomes may also be revealed through an assessment of their gender needs. There are two types of gender needs. These are practical and strategic needs (Molyneux 1985, Moser 1993 both in (March, Smyth and Mukhopadhyay 1999). When Molyneux and Moser defined these two needs, they were looking at violence as a male rather than a human problem. That is why their definitions of practical and strategic needs are somewhat limited only to women. The Gender Policy and Planning Programme (GPPP) improved on Molyneux and Moser's definitions to encompass both men and women. The GPPP thus define practical needs as "the needs identified by women and men which arise out of the customary gender division of labour and are a response to immediate perceived necessity, identified within a specific context" (March et al 1999, 124). These needs are for basic survival for example water provision, health care, food electricity e.t.c. When met, these needs only change the condition of the individual, that is, the material statuses of a person only. They do not challenge the dominant or subordinate position of the husband/wife within the household.

Strategic gender needs on the other hand, "reflect a challenge to the customary gender relations and imply a change in the relationships of power and control between men and women" (ibid, 24). When met, these needs change the position of an individual, that is, the socio-political standing of an individual relative to others in society. These needs relate to power and control. In this study, it is investigated on what items husbands and wives spend their income(s) on and an evaluation of these items against satisfaction of practical or strategic gender needs.

Research Purpose

The study sought to investigate the relationship between management of household budgets and gender violence.

Research Objective

The objective of the study was to find out whether household budgetary management has an influence on gender relations.

Main Research Question

Is there a relationship between management of household budgets and gender violence?

Sub Research Question

In coming up with a response to the research objective, the study sought answers to the following questions:
On what items do husbands and wives spend their income?
What are the husband/wife expectations of each other's income expenditures and is there a convergence or divergence of these expectations
How do the husbands/wives perceive their household economic interaction patterns?

Research Methodology

The descriptive survey research design was used because of the need to obtain an in-depth assessment of the management of household budgets in heterosexual marriages. The study also adopted mainly the qualitative approach in order to attend to motives and consequences, as well as get opinions from different angles. The qualitative approach allowed the researcher to interact with the respondents through face-to-face interviews and through close and open ended questionnaires. The responses were used to deduce meanings.

Population and Sample

The study drew its population from members of heterosexual dual worker marriages in Masvingo and Gweru urban (Zimbabwe) in June-September 2009. A study sample of 100 participants took part in the study. This sample included fifty husbands and fifty wives. From this sample 20 interviews (twelve in Gweru and eight in Masvingo) were carried out face to face by this researcher. All the one hundred participants filled in the questionnaires. These included thirty-three males and thirty-four females from Gweru and seventeen males and sixteen females from Masvingo. The sample, divided into homogeneous categories of male/female was chosen first by network referrals. These homogeneous categories of husbands and wives from a variety of occupations were further stratified to include high earners, middle earners and low-income earners.

Research Instruments

Interviews and questionnaires were the tools that the researcher used to gather data from the participants. Close and open ended questionnaires were used because they allowed the researcher to solicit a variety of responses from one document, were not time consuming, and the data they gathered was not influenced by the researcher's personal attributes as the respondents answered the questions on their own. Assurance of confidentiality and anonymity was given. Face to face semi-structured interviews were also carried out with twenty participants (six husbands and six wives in Gweru and four husbands and four wives in Masvingo). These had filled in questionnaires. These interviews gave the researcher an opportunity to interact with the respondents face to face, allowed for further probing, thus, leaving no gaps in the data collected and were very vital in that they gave the researcher the story behind a particular participant's experiences.

Research Findings

Findings are presented according to the sub research questions that revolve on the research question. These themes are:

- Husband/wife expectations of each other's income expenditure.
- Husband/wife gender needs satisfaction.
- Husband/wife access to and control over household income.

A total of fifty husbands and fifty wives took part in the research. The following tables I, 2 and 3

give the demographic details of the respondents.

Table 1- Distribution of respondents by age (n=50).

Age	Male	Female	Total
Below 20 years	0	1	1
20-30 years	2	6	8
31-40 years	8	10	18
41-50 years	32	26	58
Over 50 years	8	7	15

Table 2-Duration of respondents in marriage

Duration in marriage	Male	Female	Total
0-5 years	2	6	8
6-10 years	3	6	9
11-15 years	10	7	17
16-20 years	14	5	19
21-25 years	12	20	32
Over 25 years	9	6	15

Table 3 –Respondents' earnings per month

Monthly earnings in United States Dollar	Male	Female	Total
Below 100 dollars	10	3	13
101-299 dollars	6	42	48
300-499 dollars	10	4	14
500-800 dollars	2	1	3
801-1000 dollars	6	4	10
Above 1000 dollars	10	2	12

Husband/wife expectations of each other's income expenditure

Insights were made into the husband/wife expectations of each other's income expenditures.

According to Procter (1978), an expectation is a hope. All the respondents took this view of the word, as all their responses concerned thoughts, hopes, beliefs and aspirations that they held concerning the management of their household incomes. Husbands and wives were both asked each to rank any three of their expectations of their spouse's income expenditure in order of their importance. This was done in order to have a picture of the expectations and also to establish whether there was convergence or divergence of the expectations. The majority of the wives (43/50) expected that they would combine their incomes and reach a consensus as to how to spend the money. A total of 35/50 of the wives expected that their spouses would spend his income on the upkeep of the family while they spend theirs as they wished. Some scattered responses from the wives included such responses like "each to do as he/ she pleases with own income" (12/50), "I as the mother of the home, to decide on what to do" (8/50).

Most husbands on the other hand, expected that their wives' income was theirs to control, a situation where the wife surrenders all her moneys to them (38/50). Some 18/50 of the husbands expected that their wives would give them some portion of her income to add on to theirs. Another 15/50 were of the expectation that their wives spend their incomes the way they liked. Interestingly, all the fifteen were all from the high earner bracket The majority of the women, (40/50) found none of their expectations adequately met, and the one that was least met was that they would reach a consensus on how to spend the household income (40/50). The majority of the husbands (35/50) had their expectation that they control their wife's income met. Thus the husbands and wives held divergent and competing expectations of each other's household expenditure.

Husbands/Wife gender needs satisfaction

Insights were made into the sort of items that husbands and wives used their income on. The information obtained enabled the researcher to establish who, between husband and wife was geared more on what needs – practical or strategic. Husbands and wives were asked to list any five items that they spend their earnings on. Wives' lists included: groceries 100%, bill payments (i.e. electricity, water, rates, and rentals (82%), clothing for the family (98%), maid's salary (94%), medical expenses (44%), travelling (16%) and church tithes (36%). The husbands' list topped with vehicle maintenance and fuel (77%), farm operation costs (30%), miscellaneous usage (26%), building material (24%), extended family (12%), investments/savings (92%), medical expenses (32%), rent and rates (8%). Making a closer look at needs satisfaction, it can be seen that the men's needs are more strategic than the female needs, and satisfaction of the needs gives the (the men) a higher social standing and status in life. Their being met makes the men gain a higher social and economic standing, for they include items of value like investments for the future e.g insurances, vehicles, e.t.c. The female needs are more practical than the men's and when scrutinized, it becomes clear that her needs show that, like a snail, she carries the house around her, taking care of: food (groceries), bill payments (water, electricity, rates and rentals), clothing, house maintenance (the maid), better health (medical expenses). She spends her income on basic things that are required by the whole family for survival. As the charges for these get higher and higher, it puts more economic strain on the woman and she feels particularly torn and stressed (46%).

Again from the look of it only the men have money for luxury things which they called 'miscellaneous usage'. The females did not have anything of the sort. Thus the wives were found to experience financial deprivations more on personal consumption than their counterparts. The men also had something that they called 'extended family', and the females did not have that. This again is a strategic ploy that gives the men more social power and support from extended family which is something much wanted in Zimbabwe.

From the study, 12% of the respondents indicated that they were in a shared management system in their household economics, so there was no issue as regards 'who buys what'. All the 12% though agreed that in a shared management system, the man was controlling. Some 58% of the women said that though not in a shared management system their husbands consult them on all major decisions e.g. buying a car, house, farm etc. Of these 58%, the majority of them said consultation was only a token for the male's decisions prevailed at the end. Thus what they termed consultation was mere information giving. The remaining 20% said that they were not in shared management systems and were not consulted but had their income demanded from them. Through interviews especially, the women indicated that money is a taboo topic (22%) in their families, not that the women "are not willing to talk and discuss money but I am unable to do so" (interview woman). These women admitted that this leads to stress and conflict (44%). This could be the reason why Archer and Lloyd (2002) in their study on 'Sex and Gender' found out that there is a higher incidence of mental illness, (depression) among married than single, divorced or widowed women. Finding similar results, Leorne et al 2004, in Johnson (2006), using data from Chicago Women's Health Risk Study found that victims of gbv reported poorer general health and more psychological distress. The women also revealed that the unfortunate thing is that the violence so suffered does not become only one part of the person's life, it overshadows other aspects and experiences of one's life. Though also admitting being stressed by lack of freedom to use money as they wished, the 5% men who said they suffered from such an abuse, did not report about the 'spilling over' effect of the violence suffered. From this finding only it becomes worth noting that though lack of economic freedom stressed both men and women who experienced it , the effect does more serious damage on the women, where the 'spilling over effect' of the violence almost exclusively introduced fear into the relationship. This fear impairs the women's enjoyment of their rights in marriage and the highest attainable standard of both physical and mental health.

Access to and Control of the household income

Insights were also made into issues of access to household income and also control over household income. This information enabled the researcher to establish who had autonomy concerning income expenditure. This further revealed who ultimately benefited from the household income. Data obtained showed that most men have access to household income, whether the couple has a joint account or are separate account holders. All women in the study said that they had access to at least their income but 76% said they did not have access to their husband's accounts/income. Coming on to the issue of control over household income, 96% of all the respondents agreed that the total control of the household income lay with the husbands, whether holding separate accounts or joint accounts. Admittedly, especially through interviews, it was established that the "man" as head of the family had the ability to define the use of both incomes and even by virtue of powers invested in him as head of family, imposed his definition of household use on the wife. Only 2% of the wives said that they had total control, while 46% said they had restricted control and 52% said they had virtually no control. Of the 98% women who said that they did not have total control, when asked if they felt that it was violence, 47% out rightly said yes while 51% said no because they claimed that traditionally that is the husband's duty as head of family. These 51% naturalized the unfairness in the name of culture. "I would not call this violence. It is tradition. The husband is the head of the family. Questioning him or disapproving of the way he disposes the household income is lack of commitment to marriage. Why should I destroy my marriage because of money?" (interview woman). These suffered from what Bourdieu (1999) in Ankerbo and Hoyda (2003, 9) calls 'symbolic violence,' i.e. "an invisible form of power where the dominated women are socialized into doxa, which means taking things for granted." These women, in the name of culture, self denied themselves equal powers with their husbands in the distribution of household income.

Thus, although the Zimbabwean culture includes a disapproval of family violence, it is here found to contain ideas that support in. Interestingly, these 51%, though saying it is not exactly violence, felt that that there is unfairness in the distribution of their household incomes, sharing same sentiments with the 47% who felt that it was violence. These 47% who felt that it was violence and were aware of the unnatural causes of their subordination, mostly agreed to suffer the violence knowingly, claiming that there is nothing they can do. A poverty of decision making power dominated their financial arrangements, as they unhappily and knowingly put up with a situation that they felt they cannot change. Arguments from these women pointed to them possessing what Smart and Neale (1999) in Haralambos and Holborn (2004, 583) calls "debilitative powerlessness" i.e. "an effacement of the self- the loss of a sense of control over your own destiny." The experience of patriarchy, bluntly or otherwise, seemed a common thread in the fabric of these women's lives. The majority of these 47% said to avoid conflict, they had resorted to a culture of financial silence. Violence in such situations was thus found to bring a feeling of numbness as if one does not actually exist and this alone may lead to emotional stress and leaves the woman feeling scared and powerless (44%). A very small fraction (3%) of these admitted that their "households are sites of control but also struggle because I resist when it is not in my interest, though this breeds even more violence in the form of fights" (interview woman). This type of gbv is called 'violence resistance' (Johnson 2005). The 3% were all reached through interviews and in their cases the motive behind fighting back was not the desire to control, but was a defensive mechanism meant only to resist domination by the abusive partner. In this study violent resistance was exclusively among the women.

This information was cross checked with the husbands, where also a substantial fraction (22%) admitted that they sometimes fight over money issues, and defended wife-beating in this regards. "She has to be beaten if she insists against my will, lest she forgets who the boss is" (interview man). Beating in this scenario, is clearly the husband's way of communicating his sense of superiority in the relationship. Men like this one, consider themselves to have special rights and privileges not applicable to the wife. This is patriarchy at its best, for in patriarchy men do not have inordinate need for control, but rather feel an inordinate right to control and control violently lest the wife forgets her role and status in marriage. This type of violence is called 'intimate terrorism' and in this study it directly stemmed from patriarchy. In this study this intimate terrorism exclusively involved a husband terrorising the wife. In such situations then, the household, though considered to be a loving and supportive social institution, was in fact found to be more violent than the military. On this same note most husbands (78%) (not necessarily agreeing that, that is what they do) regarded total control of household incomes and their management as legitimate and necessary. Here, it was found that these men considered it necessary because they considered the wife less competent and intelligent when it comes to use of money. One interviewed man asked: "How can an act that is permitted and required by a social rule be termed violence?"(interview man). Only 8% of the husbands out rightly regarded it as violence.

When asked whether they realised any benefits when it comes to management of their household incomes, 96% of the men said yes. The main reason given by the men was that resources are pooled together (96%) and support each other not only with money but with ideas (84%). Women's responses on the same issue were a mixed bag with 48% saying they realised benefits of marriage when it comes to management of their household incomes, citing mainly the reason that two heads are better than one. A good 42% said no, while 10% were in the middle, saying 'sometimes yes and sometimes no'. Of those that said no, the main reason advanced was that it gave them a sure feeling of subordination and a sense of just working for someone, as well as a feeling of total deprivation.
When asked to rate their marital happiness by management of their household incomes, 80% of the men said very happy, 10% said happy and the other 10% said average. This was common regardless

of economic class. On the other hand 48% of the women said they were happy, none said very happy, 42% said they were unhappy while 10% said average.

However it was interesting to note that when asked whether they wished to continue in marriage 98% of the women said yes and 10% of the men said no. From this it can be said that it is not marriage that the women want to free themselves from, but the oppressive conditions they find themselves in. However, it can also be for the sole reason that divorcees, male or female are seen as failures and therefore the men and women just hang on. In the Zimbabwe indigenous culture, the failure in marriage of a wife or a husband represents his or her failure as a man or as woman, more so for the wife.

Way Forward

The study findings document the prevalence and manifestations of asymmetrical power relations in the management of household incomes in heterosexual marriages in the form of psycho-emotional abuse, intimate terrorism and violent resistance especially, and empirical evidence show that women are at least not as violent as men in this aspect of their relationship. As a way forward, this paper calls for gender empowerment programmes at work places. It is an appreciated fact that it is not easy for women especially, to move beyond society's limiting expectations and values to gain economic power. Equally difficult it is for men to move below society's expectations to lose some economic grip. But this study believes that men and women can only make changes in themselves if they stop being governed by society's expectations and both, (women especially) redefine their worth, (Freire 1970). As what Magezis (1996) argues, a culture of subordination and dominance can be converted into a liberating one only when the oppressed and/or the oppressor take care to create alternatives for themselves. Culture being dynamic can positively be used to enhance women's self confidence and men's respect of women's rights as human beings. Gender cultural packages are not immune to human reexamination, and from the results, men especially, need to change their attitudes and behaviours as these impact negatively on their wives' lives. The men must be protected from being pressured by traditions and macho culture into committing economic violence against their wives.

Because attitudinal and behavioural change is a slow process, this paper advocates for a slow 'brick by brick' incremental process of gender empowerment for both husbands and wives in the workplace. The article here emphasises 'slow' because moving too fast can risk participant resistance and rejection. The view of empowerment taken in this article is that offered by Babikwa (2004) and by Kabeer (2005). Their views are most preferred because these offer what empowerment is not (but often confused to be) and then go on to what empowerment is.

According to Babikwa (2004, 72) "Empowerment does not mean individual self-assertion, upward mobility or increased disposable income……., it means an understanding of the causes of powerlessness, recognizing systematically oppressive forces and acting individually and collectively to change the conditions of life". Kabeer (2005) echoes the same about empowerment defining the same as a process whereby individuals or groups become aware of how power structures, processes and relationships operate in their lives and gain strength to challenge the resulting gender inequalities accordingly.

The incrementalist model of gender empowerment should make doses of empowerment one after the other, in a hierarchal spiral form allowing revisiting and consolidation of acquired knowledge and skills. This will be done through empowerment formation and sustainability programmes in the form of seminars, workshops and refresher courses. Discussions at these workshops and seminars

should focus on human rights, gender issues and human rights, masculinities and femininities, allowing husbands and wives to explore how their gender identities and gender relations are shaped by social expectations. Discussions should be kept focused on these ideas and not on attacking each other. When husbands and wives attack each other the result is dysfunctional conflict and this is to be avoided at all costs because what is needed are solutions that will improve egalitarian economic relations between the two groups. The goal should be to change attitudes and perceptions of self and the other.

Agreeably, the process of empowerment should start from within and is therefore a self propelling process (Kabeer 1999, 2005), but this study feels that an external ignition may be necessary to jump start the individual men and women's empowerment processes. In line with this, the first stage that this study calls for in the empowerment programmes for working husbands and wives, is a jump starting exercise, what Boender et al in Ankerbo and Hoyda (2003) call "cognitive empowerment". It is basically 'knowledge imparting' or 'awareness raising' and should result in men and women, at the workshop, becoming conscious of their power and powerlessness respectively and also in them understanding one's life conditions. Knowledge is power. Working with men in on prevention of gbv against women may sound a naive proposition, especially considering the patriarchal nature of the Zimbabwe society. But not to work with men is to stop short of affecting and effecting real and lasting change. The study has shown that husbands are the main producers of gbv in the studied aspect of their marriage relationships. This reality tempts the article to ask why husbands become controlling and dominating. An agreed fact is that they are not born like that (and that is why even in this study some men were found not to be like that) but are made to be like that (Simone de Beauvoir in Singh 1997). Men have been shown to be a risk factor- it is important that they come to terms with this, but this should not be the focus, but rather question the factors that create this risky behavior. This is the major focus of this stage one and should be done in an environment of trust and confidentiality. The aim of this stage should really be formation of critical thought and that is why it is called 'awareness raising'.

The second stage should target to achieve attitudinal change about the self. This article will call this 'psychological empowerment'. This should result in women gaining a self worth of fullness of oneself and the men gaining a self dislike for aggression. Emphasis here should be on husbands/wives clearly looking beyond and far above the existing sterile definitions of 'the real man and real woman' concept. As Musasa Project (1997) observed, men have been raised to believe that a real man is one who is able to control women, especially the wife, by being aggressive and violent. This notion that manhood is proven by the extent to which a man is able to impose and inflict pain on a woman must be changed by men themselves (ibid). This is the most crucial stage, what probably Kurt Lewin in Robins (1993) calls 'unfreezing the status quo and refreezing the new change to make it permanent'. Me should be liberated from false value systems and ideologies of 'machismo' brought about by their socialization in a patriarchal society. At this stage also, women should be made to perceive the reality of their oppression not as a closed world from which there is no exit but as an ignition situation which they can transform. Empowerment is a transformative process and the aim of this second stage is to achieve this ignition transformation. At this level on the road to empowerment, the subordinated spouse should be made to understand that the structural inequality and the problems they might be facing do not derive so much from their own personal inadequacies but instead that they are subjected to a social system of institutional discrimination against them – a situation whose cause(s) lie outside them as individuals. This is why this article would also prefer to call this same stage 'conscientisation'. Reflections here, should focus on the personal and social construction of masculinity and femininity, and on deconstruction of patriarchal ideologies to which many men in Zimbabwe feel the need to conform to.

The third and last stage is what this article calls 'skills imparting' or 'political-economic empowerment', where the target is to make the subordinate spouse gain a voice and control over own income and the benefits from it. This should constitute the last brick of the brick by brick incrementalism of the empowerment programmes. It is here that the work of the other stages are validated, for it is here that empowerment delivers its value or not. Thus the notion underpinning this incremental mode of empowerment is the same notion that underpins the idea of Bruner's 'Spiral Curriculum'. In Jerome Bruner's own words, "A curriculum as it develops should revisit its basic ideas repeatedly, building upon them until the student has grasped the full formal apparatus that goes with them" (Bruner 1960, 13). The curriculum here is the empowerment process and the student is the spouse. The stages cited above should dove tail each other and in line with Bruner's strategy, the empowerment process as it develops from one stage to the next, should revisit the basic ideas emphasized at a lower level, repeatedly building upon them until the spouse has grasped the formal apparatus that goes with them. Gradually, vulnerabilities should be reduced and capacities should increase.

Working with men in El Salvador on gbv, Bird, Delgado, Madrigal, Ochoa and Tejeda (2007) have shown that it is possible for men to change. This article however, makes a departure from Bird et al's work in that it recommends working with both men and women because if real change is to be achieved, both need to change their perceptions of the self and the spouse. If men in El Salvador could work to change their own habits, attitudes and behaviors and create alternative idea patterns, why cannot men elsewhere do the same.

Conclusion

So prevalent is the existence of gbv in the management of household income in heterosexual marriages. Violence in this aspect of the relationship was found to chiefly stem from the concept of patriarchy. A comprehensive strategy for addressing this problem was found in working with men and women together. By changing men, especially, the efforts to build egalitarian household management systems, that are free of abuse, in heterosexual relationships can surely be achieved. Egalitarian is a communist term that focuses on equalization of resources and opportunities between parties. The compelling view is that husbands and wives should have equal worth and voice when it comes to management of their household incomes. The management patterns in their relationships should help them build what Williams (1994) calls **power with**. This is power that relates to the collective power strengths of people working together, - what communists call 'egalitarian power' and what Kabeer and Subrahmanian (1996) call 'redistributive power' – a situation where power distribution of household income is mutually shared and used for the common purpose. Promoting a shift in attitudes and a new realignment of the concepts of masculinity and femininity is, herein this article, felt to be the sure everlasting solution to the problem of gbv in the studied aspect of heterosexual relationships. The proposed spiral inrecmentalist model of empowerment for working husbands and wives is believed to enable them to liberate themselves from the false value systems yoked on them by patriarchy and develop skills to find non violent outlets. If this self empowerment is not achieved, this article strongly believes that, even the most coercive laws will come to nothing in this aspect of the heterosexual relationships.

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