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# GENDER ANALYSIS

CHEMBA DISTRICT, SOFALA PROVINCE, MOZAMBIQUE

*Gender Transformative and Nutrition-Sensitive (GTNS) Stunting  
Prevention Project in Mozambique, 2019-2021*



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Programme

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**Country** Mozambique

**Project Title** Reaching the furthest behind first – Gender transformative and nutrition sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba, Sofala Province.

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# ACRONYMS

ADA	Austrian Development Agency
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
DHS	Demographic Health Survey
FEWS Net	Famine Early Warning Systems Network
FFA	Food Assistance for Assets
FGD	Focus Group Discussion
FNG	Fill the Nutrient Gap
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IFPRI	International Food Policy Research Institute
INAS	National Institute of Social Action
IPC	Integrated Food Security Phased Classification
KAP	Knowledge, Attitudes and Practices (Study)
KIT	The Royal Tropical Institute in Amsterdam
PHL	Post-Harvest Loss
PLW	Pregnant and Lactating Women
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goals
SETSAN	Technical Secretariate for Food Security and Nutrition
SRH	Sexual and Reproductive Health
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
WEAI	Women's Empowerment in Agriculture Index
WFP	World Food Programme

# 1. Introduction

## Background

Over three years, the Austria funded gender transformative and nutrition sensitive project in Chemba aims to achieve the following impact: *Women and adolescent girls' empowerment enables improved nutritional diversity and reduced stunting among girls and boys under the age of five in the context of a changing climate.* The two main outcomes of the project are (i) the improved availability, diversity, and consumption of nutritious food by women, adolescent girls, and children under-two through gender and nutrition sensitive household and community assets creation (FFA) and post-harvest loss (PHL) trainings in Chemba district that contribute to climate risk management, and (ii) Increased women's and adolescent girl's empowerment related to early marriage, sexual and reproductive health, and health seeking behaviours for basic childhood illnesses through intensive Social and Behaviour Change Communication (SBCC) targeted towards men, women, boys and girls.

There is a significant, yet untapped, potential to contribute to a reduction in malnutrition and achievement of the SDGs through gender transformative, nutrition-sensitive programming. Nutrition-sensitive programming takes place in sectors and fields complementary to nutrition, such as agriculture, education, sanitation and hygiene and social protection and reflects the global shift towards multi-sectoral nutrition policies and programmes to end all forms of malnutrition. While there is a strong emphasis on targeting women through the various project activities, the aspect of gender transformation is further explored by engaging men through the gender dialogue clubs, thus the programme has the potential to go further in addressing sociocultural and intersectional challenges relating to equality and empowerment of women and girls. This indeed echoes WFPs commitment and recognition that “a world with zero hunger can be achieved only when everyone has equal opportunities, equal access to resources, and equal voice in the decisions that shape their households, communities and societies”.

Chronic malnutrition in Mozambique has remained relatively unchanged for the past 15 years. The Demographic and Health Survey carried out in 2011, reveals a prevalence rate of chronic malnutrition in children under 5 years of age of 43% and severe acute malnutrition of 5.4% (FNG 2018; UNICEF 2019). The percentage of children suffering from chronic malnutrition is higher among children living in rural areas (46%) than those living in urban areas (35%). The survey furthermore revealed that that the mother's nutritional status is closely correlated with the child's nutritional status. Additionally, SETSAN (2007) points out the poor knowledge of 'good health-nutrition-care practice' as basic factors of food insecurity and malnutrition in Mozambique as well as absolute poverty (46.1%) (IOF 2014) which affects women more than men. Sofala is among the provinces with the highest rates of acute malnutrition in Mozambique (7%), where a mere 13.7% of children aged 6–23 months receive a minimum acceptable diet (DHS 2011).

A study from 2015, investigating the association between child mortality rates and United Nations Development Programme's (UNDP) Gender Inequality Indices of 138 countries, found that gender inequality harms children during antenatal, perinatal, postnatal periods and during further development stages<sup>1</sup>. It was also highlighted that “lack of autonomy hinders women equitably accessing health education and preventive as well as curative health services to prevent

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<sup>1</sup> <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-015-1449-3#ref-CR6>



transmission of disease to their children". Furthermore, the International Food Policy Research Institute (IFPRI) published a study that found half of the reduction in hunger between 1970 and 1995 could have been attributed to improvements in women's societal status. Progress in women's education access (which explained 45% of increase in food security) was nearly as significant as increased food availability (26%) and health advances (19%) put together. It is believed that placing women at the centre of decision-making in food systems, dietary practices, and their own personal nutrition can improve overall health of the wider household<sup>2</sup>. Sociocultural and traditional norms often result in women consuming smaller amounts or with less nutritional diversity, prioritizing the more nutritious food items for the men. Effectively understanding sociocultural structures and gender dynamics has served to strengthen results from interventions for improved nutrition practices, i.e. working with influential community actors (e.g. traditional healers, community leaders) or enforcing nutrition programmes with education on rights and advocacy skills<sup>3</sup>.

The lessons learned from the aforementioned studies, among others, are being applied with vigour in the context of the GTNS project. This is done through placing a strong emphasis on building a shared understanding among male and female project participants of the added value of equal access to resources, opportunities and overall decision-making. Through this approach, and the understanding of the inherent correlation of gender equality and maternal and child nutrition, it is expected that the project will impact positively on women and girls' sexual and reproductive health (SRH), nutrition and social environment.

While Mozambique is signatory to the Universal Declaration of Human Rights, The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), The Maputo Protocol and the 1995 Beijing Platform for Action, echoing the relatively stagnant nutrition outcomes in the country, Mozambique still has a long way to go for gender equality. In 2009, following some years of lobbying and debate, the Law on Domestic Violence Against Women (Law Nr. 29/2009) was approved<sup>4</sup>. On October 22nd 2019 the Government unanimously approved the Law for the Prevention and Fight Against Early Marriage (Law Nr. 19/2019)<sup>5</sup>. Despite these measures, in 2011, 14.3% of girls between 20 and 24 years of age in Mozambique had been married before the age of 15. 48.2% of girls within the same age group had been married before the age of 18. The provinces of Nampula, Zambezia and Niassa present the highest rates of early marriage in the country, with the Province of Sofala coming sixth according to the data presented. Furthermore, early pregnancy is closely associated with early marriage since the majority of teenage mothers married very early.

Strengthening the voice and choice of women and girls requires challenging gender inequalities as well as other power inequalities that intersect with gender relations. Age is a critical factor that shapes how women and girls experience gender inequalities. A life-cycle approach takes into account how the intersection of age with gender shapes the expansion of choice and strengthening of voice of women and girls, and with it, nutritional outcomes. This recognises the different needs and experiences of participants at different stages in their lives and can be applied to the dialogue club approach and SBCC activities.

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<sup>2</sup> <https://www.theguardian.com/global-development-professionals-network/2014/jun/03/women-nutrition-mothers-hunger-gender>.

<sup>3</sup> <https://www.devex.com/news/how-to-better-integrate-gender-equality-and-nutrition-95035>.

<sup>4</sup> Ministério da Saúde (2012) Manual de Atendimento Integrado às Vítimas de Violência. MISAU.

<sup>5</sup> <https://www.unicef.org/mozambique/media/1991/file/Lei%20de%20Preven%C3%A7%C3%A3o%20e%20Combate%20as%20Uni%C3%B5es%20Prematuras%20em%20Mo%C3%A7ambique.pdf>.

This gender analysis seeks to set out the gendered makeup of the communities in the locality of Mulima, where the project is being implemented, in order to inform the project strategy and adapt the gender dialogue club curriculum and SBCC materials for improved nutritional practices to the lived realities on the ground. The analysis was set out in line with the three key elements of gender empowerment: agency, institutional structure and resources and the five domains of empowerment as per the Women's Empowerment in Agriculture Index (WEAI)<sup>6</sup>: (i) production, (ii) resources, (iii) income, (iv) leadership, and (v) roles and responsibilities.

## Objectives of the gender analysis:

- (i) To understand the influence of cultural and social norms in the lives of women, men, girls and boys in the communities covered by the intervention.
- (ii) To explore relations at household and community levels, focusing on decision making, workload distribution, roles and responsibilities.

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<sup>6</sup> <http://www.ifpri.org/publication/womens-empowerment-agriculture-index>



## 2. Methodology

The gender analysis study is one of the three studies that have been designed to establish the foundation for the GTNS project. The other two studies being 1) a baseline study consisting of values for each of the project indicators; and 2) a Knowledge, Attitudes and Practices (KAP) study providing information needed to design and implement the overall programme (related to the SBCC intervention: gender, nutrition, and sexual and reproductive health). The reports from these three studies will together contribute to the understanding of the socio-cultural context of Chemba district, local dynamics, and understanding of the programmatic areas that will be addressed by the project. The nutrition component has been covered in the baseline study and will be further elaborated by the KAP study, while the gender analysis study focuses purely on the gender domains.

In order to effectively address women's empowerment, it is important to define exactly what is meant by women's empowerment and how it can be measured. The Royal Tropical Institute in Amsterdam, KIT, produced in 2017 a White Paper: A Conceptual Model on Women and Girls' Empowerment. The paper provides a comprehensive and practical approach to women's empowerment, bringing together models for change and clear examples of effective programming. Building on a vast evidence base, they found that women's empowerment should be seen as the expansion of choice, the strengthening of voice and a transformation of power relations for women and girls. This in turn is dependent on the interaction of three key elements<sup>7</sup>:

- **Agency:** the capacity for purposive action, the ability to pursue goals, express voice and influence and make decisions free from violence and retribution.
- **Institutional structures:** the social arrangements of formal and informal rules and practices (family, community, market and state). They shape and influence the expressions of agency as well as women and girls' control over resources.
- **Resources:** are tangible and intangible capital and sources of power that women and girls have, own or use individually or collectively in the exercise of agency. Resources include women and girls' critical consciousness, bodily integrity (health; safety and security) and assets (financial and productive assets; knowledge and skills; time; social capital).



Elements of Empowerment <sup>8</sup>

<sup>7</sup>KIT Gender 2017.

<sup>8</sup>KIT Gender 2017.

Empowerment is a dynamic and transformative process of change that can be brought about through the active engagement of the three key elements on a continuous basis.

In parallel, the five domains of empowerment of the WEAI are built on the following definitions, which have been applied in the project's monitoring & evaluation (M&E) framework:

- **Production:** Sole or joint decision-making over food and cash-crop farming, livestock, and fisheries as well as autonomy in agricultural production.
- **Resources:** Ownership, access to, and decision-making power over productive resources such as land, livestock, agricultural equipment, consumer durables, and credit.
- **Income:** Sole or joint control over income and expenditures. Leadership: Membership in economic or social groups.
- **Roles and Responsibilities:** Allocation of time to productive and domestic tasks and satisfaction with the available time for leisure activities.

## Data Collection

The data collection was conducted over a period of 5 days in communities within Mulima locality, where the project will be implemented. A total of 17 focus group discussions (FGDs) were held with women, men and young people<sup>9</sup> as well as community influencers (including traditional and community leaders), formed separately to allow both women and young people to talk more confidently and avoid mutual influence in the responses. In all but one community the groups were of mixed ages, with one exception where a group of young men and women participated in discussions presenting interesting cross-generational insights.

The FGDs were comprised of 6 -12 participants and took place in the 9 communities in which participants were residents (*see annex 1: Focus Group Discussion participants*). The FGDs were largely conducted in Sena (local language) and translated into Portuguese. The FGDs were facilitated using a mix of participatory visual exercises (constructing a day-to-day timeline and commenting on images or illustrations) and a pre-defined series of questions targeting local realities and gender norms with the aim to unpack perceptions and experiences of gendered roles, responsibilities and opportunities for change.

The lines of enquiry followed the below outline reflecting on the five domains of empowerment with the aim of identifying challenges and opportunities with regards to gender equality in the locality of Mulima.

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<sup>9</sup>Young People covers the age range 10-24 years. <https://www.who.int/southeastasia/health-topics/adolescent-health>.

<p><b>Production</b></p>	<ul style="list-style-type: none"> <li>• Who determines what to do with the agricultural production and livestock?</li> <li>• In what ways, and to what extent, do women and men contribute to their households' food and nutrition requirements?</li> <li>• Who in the household is hungry? food insecure? malnourished?</li> <li>• Who participates in the decision making in the household? Are women involved in making decisions?</li> <li>• Who benefits? Who doesn't benefit?</li> </ul>
<p><b>Resources</b></p>	<ul style="list-style-type: none"> <li>• What are the household's assets? Who makes decisions about them?</li> <li>• What resources do women/men have access to? What resources do they control?</li> <li>• What are the community's assets? Who has access to them? Who controls them? To what extent?</li> <li>• Who decides how common resources will be used?</li> <li>• What knowledge and skills do women possess?</li> <li>• Do women face any obstacles in using their knowledge and skills?</li> <li>• Are they being under-utilised? Why? And for men? Girls? Boys</li> <li>• Who decides on health of PLW and young children? Who decides on accessing health and planning family services?</li> </ul>
<p><b>Income</b></p>	<ul style="list-style-type: none"> <li>• What is the division of labour among women and men?</li> <li>• What is the situation of women and men in the specific sector of intervention?</li> <li>• What is the participation between women and men in the formal/informal economy? Who manages the household?</li> <li>• In what ways, and to what extent, do women and men contribute to their households' food and nutrition requirements?</li> </ul>
<p><b>Leadership</b></p>	<ul style="list-style-type: none"> <li>• In the community, what is the nature and extent of women's and men's participation in the community groups, committees and activities? Is there an equal participation of women and men in the community?</li> <li>• Is there collective decision-making? About what? Who is involved?</li> <li>• To what extent are women's voices heard? In relation to what? And for men?</li> <li>• Are the interests and ideas of women addressed? How? In relation to what? And for men?</li> <li>• Would you regularly participate in a community group to discuss gender issues? Why?</li> </ul>
<p><b>Roles and Responsibilities</b></p>	<ul style="list-style-type: none"> <li>• How do women and men spend their time? Who decides what they do?</li> <li>• What women and men do – their daily or routine activities (in a day, week, season etc.)?</li> <li>• How much time and effort women and men spend meeting their responsibilities (doing the activities)</li> <li>• The distribution of work inside and outside of the house. Who benefits?</li> <li>• Do they have leisure time? (if applicable, describe activities for men and women)</li> <li>• What are their roles and responsibilities in both the public and private domains?</li> <li>• Have there been changes in what women/men are responsible for recently? What have been the changes? Why?</li> <li>• What is the division of labour among women and men? What is the participation between women and men in the formal/informal economy?</li> <li>• Who manages the household?</li> <li>• Who takes responsibility for the care of children and the elderly?</li> </ul>

## 3. Analysis

### 3:1 Overview of Chemba

Chemba is a district in the north of Sofala province. It is in the central semi-arid zone with sandy-clay soils and moderate fertility. The district has 17,730 households and a total population of 87,925 (41,077 men and 46,848 women). The agricultural production is insufficient and affected by the semi-arid climate and low precipitation. All the participating communities rely on agriculture as their main livelihood. Generally, communities tend to grow maize, sorghum, millet and nhemba beans for sustenance, although a few communities grow cotton and sesame seeds as cash crops but reported limited production and low prices. All communities stated that their entire crops were lost to Tropical Cyclone *Idai* as a result of heavy winds and in many locations, subsequent floods. The few families that had managed to conserve food and seeds from the previous harvest had already consumed everything when the study took place during the first week of November 2019.

Chemba is prone to floods, drought, and man-wildlife conflicts.<sup>10</sup> With large segment of its population<sup>11</sup> relying on their own production during four to five months of the year, consuming wild foods and with limited source of incomes (agricultural labour and sale of natural products such as coal).<sup>12</sup> The FEWS NET Country Outlook for December 2018 to May 2019 has found that many areas in Sofala, including Chemba, are experiencing crisis levels (IPC 3) of food insecurity<sup>13</sup>. In addition, there are signs that the situation may be worsening. Consumption based coping strategies in Sofala are among the highest (second in the country), which mirror an IPC 3 situation,<sup>14</sup> or higher. Another indicator of the worsening situation is the status of the agricultural campaign. Due to sporadic and limited rainfall with high temperature, the harvest will likely be low and unable to meet the needs of people. Chemba has weak infrastructure with poor road networks and an inadequate health system that cannot provide appropriate coverage to meet health needs. There are twelve health units with a catchment population per unit of 6,083 people, one hospital bed available per 1,140 people and one technical professional for 1,057 people. Long distances to health facilities and inadequate drug supply are common problems.

Polygamy has been prohibited by the Family Law (2004), yet Polygamy is common in Chemba district, with most men reported to have three to four wives. Men claimed to have more than one wife both due to cultural norms and because this increased their capacity for agricultural production as they were able to cultivate more land and thus produce more. However, during focus group discussions most communities stated that the effects of climate change in recent years have to some extent been resulting in changed dynamics with younger men opting for only one wife to limit the resulting stresses when crops fail. Although this cannot be generalised across the whole district.

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<sup>10</sup> Mozambique does not have the resources to afford separate wildlife conservation areas, and with the growing population, human-wildlife conflict is a key issue, especially as key resources diminish, such as water and vegetation. Sofala, and parts of Tete, where Chemba is located, incidence of human-wildlife conflict has been documented. Crocodiles are the main concern, with others, like hippos.

<sup>11</sup> Based on the ICA, the portion of the population that faces food insecurity in a recurring basis surpasses the established threshold of 20 percent of the population, looking back from 2006 to 2016.

<sup>12</sup> Integrated Phase Classification (IPC) for Chronic Food Insecurity, SETSAN, April 2018.

<sup>13</sup> Mozambique Food Security Outlook, December 2018 to May 2019: <https://reliefweb.int/report/mozambique/mozambique-food-security-outlook-december-2018-may-2019>

<sup>14</sup> Even with any humanitarian assistance at least one in five HHs in the area have the following or worse: Food consumption gaps with high or above usual acute malnutrition OR Are marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gap.

Literacy rates in Mozambique stand at 70.5% for the population aged 15–24 years and women are significantly less literate than their male counterparts, highlighting disparities between girls and boys' participation in school<sup>15</sup>. During the focus group discussions it was clearly noted that women's education levels were generally lower, with women on average claiming to having studied up to 3-5th grade and were not comfortable speaking Portuguese, compared to men's groups who tended to have studied for longer and it was more common for the men to speak in Portuguese. The reason for lower education levels can be seen to be a result of the high household burden on women following early marriage and early pregnancy. Although all participants felt strongly that boys and girls should equally study to 12th grade, if there were sufficient household resources, which is also indicated in Government data which shows only a slight difference between enrolment of boys and girls (51.7% and 48.3% respectively in 2018)<sup>16</sup>.

## 3:2 Production

This section captures findings regarding decision-making over food and cash-crop farming, livestock, fisheries, as well as autonomy in agricultural production.

Men and women decide jointly what crops to grow, but while both men's and women's FGDs indicated that women are free to determine independently what they feel should be grown in the small plot of cultivated land (in Mozambique referred to as 'machamba'), without any conserved seeds from previous harvests the women depend on the men for money to purchase seeds. However, this in turn depends on money available in the household and perceived priorities by men who hold the financial power. Some groups of women highlighted the need for short-cycle seeds for maize production, but with limited resources, the families are most likely to buy non genetically modified seeds at the local market which with irregular rains are unlikely to yield a good enough harvest to sustain the communities in the longer term. Very few groups cited a second harvest of vegetables (April – June), this is possibly due to issues with access to water as this harvest depends on proximity to rivers and irrigation, including applying water remaining from the rainy season.

Both women and men groups stated that households jointly determine what to do with the agricultural production and livestock, although most families said they no longer had livestock to sell or eat as they were either already sold or had been lost to illnesses.

As noted above, many men associate wives with the machamba, which means that the more wives a man has, the more machambas can be cultivated, resulting in greater production. Despite each wife managing her own machamba, men are seen to have the final say on the use of the broader harvest, claiming that when production is not good, food and earnings will be shared amongst all the wives, which can cause frustration among the women. Women stated that they prefer to control machamba assets and the use of their income in order to make decisions that concern their day-to day life, including to ensure better diets for themselves and their children.

Both groups women and men emphasised that young children are most affected by lack of food because they cannot ensure the proper frequency of meals or of food diversity to meet individual dietary and nutritional needs. Children eat the same food every day, consisting of xima and vegetable stew, when it is available. In addition, children receive very little animal protein. Pregnant

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<sup>15</sup> 2017 Census for Mozambique.

<sup>16</sup> [http://www.mined.gov.mz/DN/DIPLAC/Documents/Brochura\\_Marco2018.PDF](http://www.mined.gov.mz/DN/DIPLAC/Documents/Brochura_Marco2018.PDF)

and lactating women (PLW) mentioned that they share the same food with young children, but prioritized children when meat was available. There is clearly a lack of availability and access to adequate nutritional products, affecting the nutritional status of children, pregnant and lactating women, and as a result impacting the first 1,000 days and, therefore, child growth and development.

### 3:3 Resources

This section captures tangible and intangible capital and sources of power that women and girls have access to, own or use individually or collectively in the exercise of agency. Resources include women and girls' critical consciousness, assets (financial and productive assets; knowledge and skills; social capital), and bodily integrity (health; safety and security).

The machamba is a key asset in Mozambique as it sustains most rural families. Men determine where machambas should be opened. While both men and women claimed that they go to the machamba together, further conversations showed that men and women each have their own machamba, as noted above. Echoing the wider context in rural Mozambique, the conversations suggested informal land ownership through traditional means as opposed to official documentation, indicating that households cannot use land as collateral for access to finance/ credit. Very few communities cited the existence of savings groups (see section on the dynamics of the local community and communication channels below).

The only secondary school that runs up to 12th grade is based in Chemba district capital (Chemba-sede). This means that parents who are motivated for their children to study beyond 7th or 8th grade must arrange for their children to move to Chemba-sede. This might mean building a house for the children in or near the capital or arranging for their children to stay in youth accommodations which according to the district health authorities is paid for with a set contribution of food (grains). Such payments depend on production, and with increasing droughts and natural disasters, the ability to send children to study in Chemba-sede can be negatively affected.

Despite these challenges, some participants claimed that both boys and girls go to school up to 12th grade. However, due to early pregnancy, girls drop out of school as a result of restrictions to studying while pregnant and the day-to-day household burden once they have given birth. Most participants stated that early marriages do not take place; however, when prompted further, they acknowledged that while parents might understand the restriction of marriage under the age of 18 and should report such arrangements to the police, girls who went to study in Chemba-sede could indeed return home pregnant. If the father was known and of a similar age, the girl's parents would locate his family and arrange for the two children to be married traditionally. This in turn results in the girls having to take on the responsibilities of a wife, while the boys appear free to continue to attend school. Most girls completed no more than 7 years of school, with the majority of girls only reaching 3rd to 5th grade, while boys were more likely to have continued for longer. Indeed, higher education levels of men were cited by some participants as the reason for being more prevalent in leadership positions in the community, particularly those which call for the ability to read and write in Portuguese.

This creates a power dynamic between men and women leading women to validate men's leadership position to the detriment of their own position. Usually women efface themselves because they do not believe they have the skills required for leadership. It is critical for the SBCC approach to



effectively address the identified issues, focusing both on reducing barriers and on building a positive environment to promote self-confidence and self-efficacy, so that women can take leadership positions together with men in the community. Self-confidence can also improve relations at the household level, which can influence important decisions that benefit the family's well-being.

Women own few assets. Both men and women groups stated that men are more likely to own phones and radios. Women can still borrow phones and they can listen to the radio when the husbands do so at home, but given their ongoing activities the women rarely manage to listen actively. These findings suggest that with more limited access to information and often depending on husbands to share instrumental information as received over the phone or on the radio, women's bargaining and decision-making power is further impacted negatively, beyond the cultural norms with regards to men typically being seen to have the final say on any matters relating to the household.

The lack of equal access to resources by women has a direct impact on nutrition because the assumption is that women, in their role as main caregivers, spend money on food, health care and nutritional needs of the household, resulting in an improved nutritional status of women themselves (including healthier pregnancies) and better care for their children. Therefore, interventions to improve nutrition and health require women's empowerment given that issues related to maternal and child care require their active participation. Although men and women determine jointly when to use health services for children, men have the final say on accessing these services, particularly if access requires transport or payment to access services, because they control the finances.

It is important to note that some men consider themselves responsible for taking care of their children when they are sick, accompanying the mother to the health facility and supporting the treatment; while most women highlighted the importance of men being involved in child-care, particularly when it comes to taking children to the health centre. Some men think they are only responsible for providing resources and conditions for the mother to do what is necessary for the child's health, without participating directly in the process. Others stated that women took babies to health services while men would take children referring to the different caring capacities for the different age groups stating that the women for example have to breastfeed the babies. Generally, the barriers mentioned by women are mostly related to the dominant perception that child health care is their responsibility. This perception hinders the effectiveness of health care and nutrition because it is known that men's involvement will directly affect both maternal and child nutrition.

Although the women cited were dissatisfied with not having enough support from their husbands when it comes to childcare, they have internalised this role as sole caregiver because it is the dominant perception that is widely accepted and socially supported in their communities. The key target populations for behaviour change interventions should include not only men, but also women, as they are surrounded by the same social norms and cultural practices, which are steeped in longstanding family traditions, which leads both men and women to reproduce these roles.

Men determine the number of children the family should have. In some cases, women are able to negotiate with their husbands, claiming that they are not physically ready and that they have enough work with the current children, often very young. In one community the women stated that younger men were less accepting of this and simply coerced the women into having as many children as possible.



In all communities, women were aware of and actively used birth control that was available to them in health centres, lasting between three and five years. A number of women's groups stated that where men would not accept to give women time between children, they would go alone to the health centre and secretly seek family planning services, but in other groups the women said they always informed their husbands as it was difficult to hide and the husbands wouldn't react well if they found out later. It is important to note that women in the same circumstances can adopt different behaviours; although many women just follow their husband's decisions, some others try to exert their own will against social norms of obedience to their husbands.

Attention should be given to the importance of applying the Positive Deviance Approach, which identifies women and men in the communities who deviate from the norm in a positive way. This contributes to the creation of an enabling environment to sustain positive behaviour and to promote changes in behaviour. Spreading deviant norms across communities by involving people from communities (and not from outside) is very powerful in behaviour change programming. Deviants and non-deviants are within the same social, cultural and economic contexts, and the analysis of why some people support social norms and others do not needs to be incorporated into the SBCC strategy. Moreover, the SBCC strategy will take into account what resources must be mobilised to support positive change and how to address barriers that cause some women to be disinclined or less inclined to promote change.

### 3:4 Income

This section addresses findings relating to sole or joint control over income and expenditures.

As a result of climatic effects, both men and women are having to diversify their income opportunities although significant differences were apparent with regard to the types of activities undertaken by men and women, including opportunities and earnings. In general, many FGD participants cited the lack of money as a key challenge in their communities, because there is very little to do apart from working in the fields, which is basically subsistence farming, offering no or few possibilities to sell their produce in most cases. Consequently, both men and women have very limited opportunities to make money.

As a result of their caring responsibilities women are generally tied to the home and do not travel far. However, both men and women groups stated that women were not restricted from travelling to see family, although this was usually rare and less common for women than men.

With limited production in machambas as a result of climate change women are increasingly seeking opportunities to earn money or food (ganho-ganho) to help ensure the food security and wellbeing of the family. However, as a result of cultural gender norms, on top of their ongoing household responsibilities, women will fetch water, firewood, work in machambas of others, make clay pots and cover houses for neighbours and neighbouring communities. Despite the long hours and long distances covered by the women in undertaking these menial tasks, women's contributions are not valued in the same way as men's activities that are generally seen to be heavier and better paid. In Mandue community, women claimed that they only received a bucket of sweet potato as payment, which they used to feed their children, but felt that this was not fair compared to work that they did.

Men are more likely to receive money, and higher amounts in comparison to women, for the work undertaken and travel longer distances seeking work given that earning opportunities are limited

or non-existent locally. Areas closer to rivers or other localities and bigger towns were referenced as places where they can have more diverse opportunities from opening and clearing machambas, building houses, providing services in homes, local businesses or Government offices. In most communities, men would travel and come back the same day. The approval of the wives was no determinant for the men's travels and some women and men even said that the women would find out from the neighbours that the husband had travelled. Only in Mandue did participants state that men would often stay away for extended periods and that some even settled in Sena or Chitamba (neighbouring localities) or further afield.

Men claimed that they tended to be the ones to go to the market to make household purchases, not because they were the ones to decide what to buy, but generally because the women were slow, took time in the market and some communities also suggested that the women tended to keep the change for their own interests. In parallel there were little qualms over men using household funds for alcohol and other things the women might not consider urgent. Although most groups claimed that alcohol consumption was limited due to the high levels of poverty faced by the communities visited. Conversations indicated that men would tell women what they intended to buy at the market. However, while men stated that the women could share their opinion on the purchases and that the plans could be changed based on feedback from their wives, the women generally did not feel their opinion was taken into account and listened to despite them insisting. It was also clear that women could not be too insistent for fear of negative reactions from their husbands (see the section below on Gender Based Violence).

Women's empowerment is linked to the control of family income, which would be increased if they had additional income-generating activities. However, this is difficult given the fact that there are very few opportunities for women and because women play a dual role in the household and in the machamba (for agricultural production). Additional tasks would increase the burden on women's time and labour.

Many women mentioned that if they had a chance to choose what to give their children to eat, they would choose rice instead of xima because rice, according to them, is a better food and makes children stronger and healthier. Some men agreed, but others did not. Some men said they would choose xima to feed their children if they could save money to buy alcohol.

A SBCC programme should focus on how women and men spend their money and how it affects the family's health and nutritional status. Knowing that they may have different perspectives, the programme should promote effective communication between the partners to enable them to jointly prioritize food items to be purchased by putting the family's well-being first. The programme should also promote women's control of household resources so that they can provide better food for themselves and their children.

### **3:5 Leadership**

This section addresses findings relating to membership in economic or social groups.

Community committees and groups are not prevalent. Some communities referred to farmers groups, health committees, and savings groups in which both women and men participated but these were generally dependent on implementation and support from NGOs. Otherwise communities simply referred to community gatherings in which both men, women and more vulnerable members of the community participate actively.

In general, when groups are formed in the community, men were said to take the leadership role. According to their explanation, leadership is traditionally expected to be taken by men. Women generally added that, given their household burden and low literacy, they accept the ordinary role of being a group member. However, both men and women recognise that women can have a more active role in community issues and referred to the fact that the district Administrator is a woman.

Some women said that they would like to have more time to spend on community activities. The few women who are on health committees said that they spend some time doing community activities such as providing counselling and visiting homes to raise awareness on healthcare, but that they would do more if they could. The main reason given for this involvement is the pleasure to serve community members by going beyond traditional household and family boundaries, demonstrating potential to actively involve women in community activities and creates a positive environment for women's participation in collective actions.

In general, women particularly in rural areas, operate as primary caregivers, responsible for the household's well-being. Their productive and social roles tend to be undervalued and unsupported. From an SBCC programme perspective, promoting women's participation in social activities is an important step in the process of building capacities through which an individual, in interaction with others, can discuss social issues, community concerns, and their own life to learn about decision-making processes. Women will learn how to reason, how to agree or disagree, and how to take a position. Engaging women in social groups and community associations will support them in creating a sense of self-determination that can influence the power dynamic at the household level, which is the focus for making decisions on nutrition and health care.

## 3:6 Roles and Responsibilities

This section addresses findings relating to allocation of time to productive and domestic tasks and satisfaction with the available time for leisure activities.

The main leisure activities in the community are the church and football. On Sundays, the family usually goes to church together; while football is a male activity that engages most men, women enjoy watching the game.

Men and women tend to wake up at the same time, but while men wash their faces and head out to work in their machamba or seek work, women have a long list of activities to complete before starting the day's work; fetch water, which can take two hours or more depending on distance to the water source and the waiting time at the pump, light a fire and make porridge for the children, and clean the house. They then walk to the machamba or the location where they will work for food (ganho ganho). At noon the women tend to return home before the men, foraging for wild fruits or leaves for the 'stew' (caril), fetch firewood and possibly water. They feed the children and then return to the machamba to work until about 3/ 4 pm. In this period (midday) the men are likely to take a break and rest. On the way home from the machamba at the end of the day, the women again fetch firewood, fetch water, seek out leaves for the 'stew' or forage for wild fruit. When times are hard the men equally forage for wild fruits on their journeys and might help their wives in fetching water, recognising that they are slow due to exhaustion. Men only fetch firewood for light and warmth. When at home the men take a bath with the water provided by the wife and rest while they wait for the wife to cook. After dinner the women clear up, wash plates and sleep (see the annex 2: Roles and Responsibilities: women and men).

As the description above demonstrates, men have more time for rest and leisure although they are seen to undertake heavier tasks. Men take a break or meet friends at least twice a day, while women are on their feet completing a long list of tasks covering long distances from morning to evening. Women state that they only take a break on Sundays, when they go to church and in some cases, with their church groups visit old people or vulnerable households to provide them with food, water and other necessary support they can give, which doesn't signify much of a rest. Women referred to cases of young pregnant mothers who would carry all the tools for the machamba, including the husband's tools, while also carrying water for the day, the infant and leading the toddler and other children as relevant while the husband will lead the way carrying his radio, if anything.

Both men and women recognise the significant time-burden on women, particularly in hard times where the women have to increase their daily activities in a bid to contribute to the food security of the family. While men claimed to occasionally support their wives, women clearly felt that they needed more support, and that men should more actively contribute to the daily household chores to ease the burden and allow women some more rest and time for leisure activities. In parallel, women were also doubtful that the gender dynamics could change and even suggested women could also present barriers to change themselves, stating that men who fetched water, cooked or took on other household chores in a context where the woman was not ill, travelling or deceased, would be considered crazy. This indeed highlights the importance of men and women receiving the same messaging not only on increased opportunities and recognition of women's contributions but also on the possibilities for men to actively take on activities traditionally undertaken by women.

The above situation reflects the socio-cultural norms that determine femininity and masculinity, and the roles and responsibilities assigned to men (and boys), and women (and girls) in their daily lives. The gender division of labour and the allocation of tasks are socially reinforced, which makes it very difficult for women to break the rules and for men to accept a behaviour that does not conform to these social norms. This is a challenge for achieving desired nutrition and health outcomes.

It is widely known that women are in a better position to care for themselves and their children when they have more time to do so. An SBCC intervention in nutrition, therefore, should focus not only on reducing demands on women's time, but also on their physical labour, by identifying activities that have a potential negative impact during pregnancy, such as fetching water and firewood. Therefore, women's workload needs to be addressed, and women should be encouraged to decide how best to allocate time to take care of and feed their children and ensure a healthy pregnancy.

### **3:7 Gender-based Violence**

Violence was a running theme through the conversations and part and parcel of the women's daily reality. Both men's and women's groups spoke openly about the high prevalence of physical violence in the past but generally claimed that it has become less of a problem than it used to be. It is clear that the enforcing of the Law on Domestic Violence Against Women has meant that women feel empowered to report physical violence, and men think twice before beating their wives from fear of arrest. However, upon further prompting the fear of physical violence still lingers as the shift appears to be more focused on indiscriminate violence or violence without "reason". A conversation with a group of young mothers suggested that women can still expect physical punishment for not fulfilling their traditional role as wives. Punishment could occur if not cooking on time, fetching water or for not having sex. Although this might be a generational issue, with older men more easily adapting changed norms while younger men are more affected by toxic perceptions of masculinity

and intrafamily relations. As the study only met with one age-disaggregated group it would be pertinent to review data from the KAP study to better determine whether there are any differences in perception between age groups.

Being well-aware of the existence of the law, most of the groups did not openly talk of the current occurrence of physical violence but rather claimed that they opted to discuss the issue at hand and involve local leaders or family members if the conflict could not be addressed within the household. One man also stated that “intelligence is much more powerful than physical force”. However, in most cases women referred to limited space to voice their opinions at the threat of negative reactions from their husbands suggesting significant psychological violence. In a number of communities both men and women referred to men sending their wives home to their parents to be ‘educated’ to be good wives, staying for an undetermined time until the husband decides that the woman has learned her lesson.

As noted above, FGD participants were very determined that early marriage was not a problem anymore as the Government had communicated to them that marriage was not permitted before the age of 18. When it comes to early pregnancy, the status of the father however seems to play an important role. If the father is a teacher or someone older and in a position with power or influence over the pregnant girl, it was stated that the police would be involved, but often the pregnant girls could be too ashamed to say who the father was.

A SBCC programme focusing on promoting a safe environment for women is crucial to improving nutrition, health care and health during pregnancy. Women must feel safe and confident to be able to take care of themselves and their children. With this in mind, it is fundamental to deconstruct ideas that associate men with strength, virility, dominance and power, as these social norms can lead to unwanted pregnancy, sexual violence, physical or symbolic aggression and the normalization of women’s vulnerability. Moreover, the importance of the relationship between one’s intimate partner and children and women’s wellbeing is widely acknowledged. A poor relationship can have a negative impact on the nutritional status and health care of pregnant and lactating women and their children as well as on family planning decisions.

### **3:8 Dynamics of the local community and communication channels**

This section addresses findings relating to the dynamic in the communities and communication channels.

Mobile brigades, health committees, saving groups, and community gatherings involving health activists, community health workers, religious leaders, traditional midwives, community leaders, neighbours and friends, are identified as the main sources of interaction that engage community members and provide information on the daily life of the communities. These channels are used to exchange information, counselling, discuss community issues and make decisions. Additionally, telephone and community radio were mentioned as the main communication channels. While the use of the telephone is very limited, the radio is widely used by most people, but not all community members own one. Women tended to have limited access to radios and would only listen to their husband’s radios when they were in reach, as they went about their daily tasks. According to some

of the groups consulted, the preferred listening time is very early in the morning, at the beginning and at the end of the day, as well as in the evenings. The preferred types of programs are those that offer information about daily life, as well as those that offer entertainment and information about events in the life of the local population.

The FGD participants confirm that the involvement of community influencers is crucial in addressing the challenges faced to facilitate behaviour change, particularly when it comes to activities for men and women to participate together, given the fact that men send their wives to attend counselling sessions because they think these are not activities for them.

Male community influencers play an important role in persuading other men to attend community sessions together with their wives and emphasize that the presence of male community leaders is vital to attract a male audience. Community leaders stated that women would like to have men more engaged in counselling sessions, because it influences positively the couple's dialogue at home and can help them to have more support from their husbands.

Community members say that influential people in the community are a crucial resource in the community not only because of their counselling work, but also because their service is recognized and trusted by the community members.

## 4. Challenges & Opportunities for Gender Equality

While the effects of climate change have presented significant challenges to the population in Chemba district discussions have also shown that this is affecting gender dynamics in some cases to an extent that men are recognising the increased burden on women and more willingly taking on traditionally female activities to support their wives and families more generally. Women are also more likely to travel beyond the traditional scope of the home and machamba signifying increased opportunities for access to information beyond the household and in some communities men and women referred to having observed changed gender dynamics in larger towns, such as men supporting their wives more and more actively caring for their children, which they would like to see in their communities as well, although they didn't feel this change would be easy.

All communities were aware of laws to protect women and girls and understood that the government was serious about addressing both domestic violence and early marriage, and indeed that prevention of both was good for the wellbeing of women, families and the wider community in the long term, although it was clear that the participants could benefit from increased awareness of the laws and the rights of the affected women and girls. Given that health services are the first port of call for GBV and the programme works closely with health services, this initial understanding presents an entry point for greater engagement with communities on these issues in partnership with local authorities, including the police services, either through contribution to dialogue club sessions or community meetings supported by the Cooperating Partner.

Based on comments by focus group participants, there is large concentration of young people from Mulima locality in Chemba-sede, given that this is the only secondary school up to 12th grade for the population of Mulima. In this context, as noted above there is high potential for a continued cycle of early pregnancy and related early marriage, and a continued cycle of violence and poverty for young women and men if this context is not utilised.

Cultural barriers for changes to the current gender dynamics were clearly present in conversations with both men and women in the visited communities. However, women clearly stated that they needed greater support and understanding from men and men were generally able to see that although men take on tougher jobs, the physical burden on women is greater and they were willing to learn how they could better support their families.



## 5. Recommendations

The Gender Analysis was conducted to inform the programme strategy and provide recommendations to promote equitable relations at the household level and improved nutrition outcomes. Based on the findings of the study, recommendations for prioritizing actions and field strategy development are outlined below.

### 1. Creating a positive environment for women's participation in the community

Women's participation in community activities either as ordinary members or as leaders, plays an important role in building empowerment, self-confidence, capacity to raise their voice, as well as creating opportunities for stronger women's empowerment.

The field strategy should highlight the benefit of having women actively participating in discussions about daily life, resources, health, and education related issues, focusing on:

- Improving communication of women's concerns.
- Including the health care of children and PLW in community priorities.
- Discussing the gender power dynamic at household and community level.
- Address low literacy barriers to taking leadership on community related issues, for example exploring how local education services could be leveraged or encouraged.

As the study highlights, many decisions are made at the household-level that directly impact the lives of women, men, girls and boys. These include the use of income (including investments), domestic work, health care, education, family planning, food and cash-crop farming, and livestock. An SBCC campaign using community radio and interpersonal communication would be recommended to encourage positive changes in intra-household communication and to promote joint household decision-making. Radio programmes and talking points should be well designed to ensure that messages and sensitization activities are strategically focused. As per the study findings, the SBCC campaign should focus specifically on:

- a) Education – encouraging girls to finish school.
  - At school level, support teachers in awareness activities involving girls and boys to prevent girls from getting pregnant and early marriage and enable them to finish school.
  - Engage girls in sharing inspiring experiences on why they need to finish their studies to create a positive environment in the schools.
- b) Develop gender transformative radio dialogue: “by talking, men and women can understand each other” with focus on positive experiences shared by couples. Highlight the benefits to both men and women of working towards gender equity based on positive actions found in the community. Together, they should share experiences and testimonies on the benefits of making decisions together as way to improve:

- Access to and use of health care services for PLW and children.
- Family planning.
- Productive resources such as land, livestock, agricultural equipment, consumer durables, and credit.

## **2. Changing social norms that confine women to hard domestic work by identifying positive deviants in the community**

This study shows that social norms and traditional practices very often relegate women to domestic work, preventing them from resting and leisure in comparison to men. This difference between men's and women's responsibilities leads to an unequal gender dynamic at household level and has implications for nutrition and health. Therefore, it is important to be focused on how to enhance the existing designed and tested approach to apply to the local context and leverage the SBCC components that are being applied in parallel with the gender dialogue club approach. Key community engagement messages to include in the activities are the following:

- Being a man means to take responsibility for family well-being and to share domestic work.
- Women need some rest and to spend time on leisure and social interaction as well as men.
- Being a good father means supporting children's health, nutrition and education.
- Being a good husband means to support your wife in having access to health services and good nutrition during pregnancy and breastfeeding.

## **3. Enhancing a safe environment for women**

This study shows that although physical violence has decreased in the communities covered by this study, women still feel intimidated by their partners. It is well known that the relationship between intimate partner violence and nutritional outcomes can create a negative impact on both women and their children in terms of nutrition status. Thus, combined with gender dialogue sessions, an awareness campaign using the most appropriate communication channels should be developed to increase knowledge of the Law on Domestic Violence Against Women and, consequently, to report physical violence. Moreover, activities should be designed that discourage aggression and abuse of power between men and women. Key messages to disseminate could be the following:

- Power does not come from violence; power comes from intelligence.
- A real man treats his wife well and protects his family.
- A happy family means men and women work hand in hand.

Influential people in the community should be actively involved in the campaign as they are trusted by community members and women to deal with these issues and are also considered as conflict solvers.

## 4. Engaging beneficiaries to actively participate in the programme

Engaging beneficiaries in the programme is vital to creating a sense of ownership and commitment at community level. Therefore, beneficiaries should be put at centre stage to allow them to raise their voice, share their thoughts, express themselves and transform their experiences into entertaining activities. Emphasis must be given to gathering relevant information and inspiring thoughts and testimonies from the existing field implementation to inform innovative activities, which will be led by the project field staff and CHWs. Beneficiary groups will be selected to actively participate in these activities. Examples of innovative activities are the following:

- Photo exhibition on men's and women's daily life prepared by themselves and shown in the communities.
- Storyteller: "How our lives have changed" prepared by beneficiaries and spread through communication channels.
- Public recognition ceremonies featuring beneficiaries who adopted recommended behaviours or show deviance.
- Illustrated book based on positive testimonies and inspiring thoughts shared by beneficiaries.

## 5. Monitoring and Impact Evaluation

In order to contribute to achieving gender equality and empowering all women and girls, it is crucial to focus on the power dynamics between men and women at household level. The GTNS project aims to promote women and adolescent girls' empowerment for improved nutritional diversity and reduced stunting focusing on the first 1,000 days of life. Enabling the project to capture changes at the level of couples would inform about the effectiveness of the implementation. Specific activities are the following:

- Establish a baseline and conduct an endline to track changes among couples resulting from SBCC activities. Polygamous families should be tracked, and monitoring tools should be developed.
- Conduct an Impact Evaluation with recommendations for the future initiatives and ensure active engagement of the Impact Evolution beneficiaries.
- Ensure the key output indicators to be tracked among couples to allow the implementing partners to reorient the intervention as needed in order to better deliver results.

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## 6. Annexes

### Annex 1: Focus Group Discussion participants

Community	FGDs profile	Number of FGDs	Average number of participants group	Total number of research participants
Bucha	Community influencers	3	11	33
Candima				
Candima	Men/fathers	5	11	55
Ofece				
Mandue	Women/PLW	6	10	60
Tomucene				
Xavier	Young people - girls	2	8	16
Lambane				
Segundo Bairro	Young people - boys	1	8	8
Bairro Jovem				
<b>Total</b>	<b>5</b>	<b>17</b>	<b>48</b>	<b>172</b>

### Annex 2: Questions for focus group discussions

Topics	Questions
<b>Local context</b>	<ol style="list-style-type: none"> <li>1. What are the main livelihoods activities in the community?</li> <li>2. What are the main activities in the community?</li> </ol>
<b>Intra-household dynamics</b>	<ol style="list-style-type: none"> <li>3. Do both men and women bring money into the household?</li> <li>4. Who makes decisions:             <ol style="list-style-type: none"> <li>a. Use of money</li> <li>b. Use of land – what crops to grow, what to sell</li> <li>c. Travelling to visit family</li> <li>d. Going to the health centre – how far is it? What services do people use? (also, family planning?)</li> <li>e. How many children to have? Who is responsible for preventing a pregnancy?</li> <li>f. What happens if the woman doesn't agree with the husband on any matter?</li> </ol> </li> <li>5. Caring for the family – who is responsible?             <ol style="list-style-type: none"> <li>g. Change diapers, giving a bath, and feeding kids?</li> <li>h. Cleaning the house</li> <li>i. Fetching water or firewood?</li> <li>j. Taking children to doctor/traditional healer</li> </ol> </li> <li>6. If all are women's responsibilities – why can't men do them? If mixed – how was it before? How did it change?</li> <li>7. Nutritional foods – what foods should a pregnant woman have. Is there any food that women/ girls cannot have/ only men/boys can have?</li> <li>8. When there is little food in the home – is there anyone in the household who is prioritised? If so, why?</li> </ol>

<p><b>Influence in the community</b></p>	<p>9. Who participates in decision-making at the community level?</p> <p>10. Rank the people as per voice, influence and opportunity</p> <p>11. In the community, what is the nature and extent of women's and men's participation in the community groups, committees and activities? Is there an equal participation of women and men in the community?</p> <p>12. What are the main incomes of the population?</p> <p>13. Would men and women participate as a couple in community sessions to discuss gender related issues? Any challenges?</p> <p>14. Would caregivers of children under 2 participate in community sessions to discuss health of PLW and young children? Any challenges?</p> <p>15. What are the main communication channels in the community?</p>
<p><b>Young people Opportunities</b></p>	<p>16. Is it more important to educate a boy than a girl? If yes, why?</p> <p>17. How old are women when they have their first child? Do they generally have partners or are they single?</p> <p style="padding-left: 20px;">a. If adolescent mothers/ early marriage – what is the general perception of this. Is it positive/ something that needs to be addressed?</p> <p>18. How do you feel about teaching young people about family planning?</p>
<p><b>Roles and responsibilities</b></p>	<p>19. Please describe a normal day in the life of a woman – list times and relevant chores.</p> <p style="padding-left: 20px;">a. Is this different at all depending on the time of year?</p> <p style="padding-left: 20px;">b. Has this changed at all in the past years? If so, how?</p> <p>20. Please describe a day in the life of a man - list times and relevant chores.</p> <p style="padding-left: 20px;">c. Is this different at all depending on the time of year?</p> <p style="padding-left: 20px;">d. Has this changed at all in the past years? If so, how?</p> <p>21. Are there different responsibilities for women and for men?</p> <p>22. Have there been any changes in roles and responsibilities of men and women in recent years?</p> <p>23. Is this the same for all men and women in the community – for example disabled people, chronically ill, single mothers/ fathers, adolescents, old people, child headed households?</p> <p style="padding-left: 20px;">e. Do these different groups have any jobs?</p> <p style="padding-left: 20px;">f. Do they all have the same opportunities?</p> <p style="padding-left: 20px;">g. What are the main challenges for each group?</p> <p>24. What are the main chronic health problems in the community? Women only – do women who have had children suffer any particular health problems that affect their day to day life?</p>
<p><b>Gender-based Violence</b></p>	<p>25. We are going to make a few statements. I want to know if you agree, disagree or have no opinion:</p> <p style="padding-left: 20px;">a. There are times when a woman deserves to be beaten.</p> <p style="padding-left: 20px;">b. A woman should tolerate violence to keep her family together.</p> <p style="padding-left: 20px;">c. It is alright for a man to beat his wife if she is unfaithful.</p> <p style="padding-left: 20px;">d. A man can hit his wife if she won't have sex with him.</p> <p style="padding-left: 20px;">e. If someone insults a man, he should defend his reputation with force if he has to.</p> <p style="padding-left: 20px;">f. A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.</p> <p>26. In cases of domestic violence – how are these issues resolved?</p>

### Annex 3: Roles and Responsibilities: women and men

<b>Roles and Responsibilities</b>	<b>Women</b>	<b>Men</b>
Fetch water	X	
Fetch firewood	X	
Cut firewood	X	X
Clean around the house	X	
Clean inside the house	X	
Wash cloths	X	
Work in the field (machamba)	X	X
Do heavy work (such as building/rehabilitating the house)		X
Childcare (at home)	X	
Take the children to the health centre	X	X
Go to the market and buy things	X	X
Grind foodstuffs for the preparation of meals	X	
Cook for the family	X	
Assist children in the homework		X
Go to school	X	X
Complete school		X
Find salaried work		X
Travel		X
Go to church	X	X
Visit parents	X	X
Play football		X
Watch football games	X	
Participate in community activities	X	X



## Annex 4: Field notes

Topics	Women/PLWs
<b>Agricultural activities - Machamba</b>	Production is very limited not only in terms of quantity, but also in terms of diversity. People do not manage to feed their families during the whole year. The main products are sorghum, maize, sesame, peanuts, sweet potatoes, tomato, onion, cassava, pumpkin and garlic, cow pea and butter bean.
<b>Animals</b>	Part of the livestock has been sold in order to cope with a tough year. There are very few goats, pigs, ducks and chickens left in some communities.
<b>Activities for money</b>	<p>Men don't engage in activities of women, but women do so when it comes to activities of men. Women fetch and sell firewood, work in other people's machambas, fetch water, grind maize for others, make and sell charcoal, make cakes to sell, and thatch houses. Both forage for food, (do) work in the machamba, and cut and sell straw. Men are busy seeking work; basically, it is only the men who earn money. They chop wood, build houses, make bricks, open machambas, transport wood, coal, make pots and pans.</p> <p>Polygamy is very common - each wife owns a machamba, but they do the same activities and share as necessary. The women don't like this. Some men do not consult them about bringing a new wife.</p> <p>Production is very limited, and they do not sell their produce. Sometimes, when men travel to help in other people's machambas, they receive sweet potatoes as payment from machambas near the river, but there is not enough to sell.</p>
<b>Community make-up</b>	Polygamous relationships are very prevalent. Men generally have 3-5 wives. They decide when to get a new wife, women have no way of saying no. Young men are increasingly having only one wife. More wives mean more land and a bigger harvest. Having more wives is also deemed necessary if women don't have babies. The church opposes polygamy. There are many single mothers, who have lost their men due to illness. Single fathers are rarer, they do all the chores and suffer more. Disabled people get support from family, there is no government assistance. Youth who lost parents take care of younger siblings.
<b>Community involvement</b>	Women like to be involved in community gatherings, but after completing domestic tasks there is very little time left to do activities to help community members; men participate much more in community activities because they have more time. Disabled people also participate a lot in community meetings, associations and savings groups. Young people are not so engaged.
<b>Challenges</b>	<p>The cyclone Idai caused destruction in machambas. They are living off wild fruits and roots, which sometimes make them sick. People are trying to overcome this situation. But they have not harvested because everything was lost with wind and rain and they felt the cyclone brought new pests. Animals get ill.</p> <p>It is so hard to get water and both men and women are foraging for food.</p> <p>Sorghum didn't develop. People have been living off sweet potatoes but that finished already. People are also suffering from drought - no one has money so they have to forage for wild fruits. The past three years have been difficult, as machambas are waiting for rain and seeds have not been bought either.</p>
<b>Decision-making</b>	Women can share their opinion, but men have the final say in many aspects such as child and women health, family planning, resources. Men might consult the wife on marrying another woman but men will still do as they please. Women want to discuss more - have more of a say in decision-making.

<p><b>Money</b></p>	<p>If women earn any money, they inform the men. Women make suggestions but rarely feel heard and have to accept any decision made by their husbands. Both men and women have very limited opportunities to make money. However, when they make money, men have a final say on how to use it.</p> <p>They buy food - women are allocated a certain amount. They state that the money is divided, but how is not clear – most goes to the men. Women can also keep money for themselves. If they have food they will discuss and decide on acquiring soap, clothes etc. Women argue against men drinking but men still do as they please, now however they hardly have any money so men are less likely to drink. Regarding machambas, both discuss what to grow. Men manage their machamba and women theirs. When they have money they buy seeds. Sometimes, a couple discusses things and they decide jointly. On the other hand, in some cases, women can give their opinion but if they complain men might threaten them. Sometimes their opinions are accepted but often men just go with their own plans. Men give money to the women for household purchases. They discuss what food to buy - if women want more they must justify how the spending benefits the wellbeing of the household. Men might consult but generally spend as they please.</p>
<p><b>Travel(s)</b></p>	<p>Women ask permission to travel and men generally accept. Men travel as they please, not guaranteed that they say goodbye. Men are more likely to travel because they have more time and it is they who decide who should travel. However, travel is very limited because it requires money and transport which is not available in the community.</p>
<p><b>Health</b></p>	<p>Men help their wives in taking children to the health center when they are sick. Both go to the hospital. Very often husbands accompany their wives to the hospital when they are in need. However, when a man has many wives it is difficult to provide proper support and women have to go on their own. Women generally take babies to hospital while men take children.</p>
<p><b>Family planning</b></p>	<p>Men and women discuss family planning, but men have the final say. Men decide how many children to have - they can argue a lot about this. If they have different opinions, women have to plan in accordance with what men determine, regardless of the reasons explained. Sometimes, contraceptives are offered by mobile brigades, while men do not agree on family planning and sometimes women adopt a certain contraceptive without informing their husband. Sometimes, men want to have so many children that women get too tired - the idea being to have many children to work.</p>
<p><b>Caring for the family</b></p>	<p>Men do not do chores. Men and women believe that domestic activities are meant to be done by women, because that is how it is historically established. However, women think that activities should be better distributed. Men support the family when required.</p> <p>Usually men do hard work to ensure a comfortable life for their family, like the rehabilitation of the house or the furniture.</p> <p>Strong feelings on men's involvement in household caring - 'must be wrong in the head' if he decides to help out. Women might show off/gossip if the man does help, but it really doesn't happen. Little belief that it could happen. Men who have lost their wives do all the chores. Women are expected to do all (the) jobs even when heavily pregnant or with small babies. Men clean the house, take care of babies when women are sick.</p> <p>Tidy the house. Women do all the chores. Women only rest on Sundays when they go to church. If the women are sick, the men might help, but other men make them continue to work. In the past men left women to do everything but now things are more equitable. When going to the machamba the men can carry the tools while women take other (stuff) things. The Government has been informing communities via local leaders that women shouldn't be left to do everything. If women are out the men can bathe and feed the children. Rarely will men fetch water. Young men are less likely to help out. Men won't cook. Men bring firewood to light up the home.</p> <p>Women appreciate the support they are getting from men, but they feel the men should help more and support all household chores. Women have very little time to rest.</p>

<b>Prioritisation</b>	<p>First men, then children and the wife are last. But they generally eat together if there is very little food. Well-being of the family is a priority.</p>
<b>Gender Based Violence</b>	<p>Women tolerate violence to keep the family together, but they feel they shouldn't have to. It's okay when a man gets angry but doesn't beat the wife, but they know that in this case, when the beating comes it will be extra bad. Men shouldn't beat women if they don't want sex. Women never beat the men. Cases are addressed within the household. Women can call the police but then they feel bad when the husbands are taken. Men can send the wife back to her family. Levels of violence have reduced due to arrests, but people still prefer to involve leaders rather than the police.</p> <p>Women feel they must accept violence - the men paid lobolo, they have children with them so they must tolerate it. Men may be violent because the wife didn't bring water, other times there is no motive/ husband drunk. But the women feel the violence isn't justifiable - it's better to discuss the issue. Pregnant women may say no to sex around the 6th month and some men accept while others demand sex till the end and beat the women if they say no. Mixed feelings - some think men are right while others understand that women might not be in the mood.</p> <p>Violence happens a lot. The women want it to change. When marital conflicts occur and women do not want to accept men's decisions/behaviors, (sometimes,) men may give their wives back to their fathers for a while. During this time, they have to think how to better behave as a wife and they have to show regrets to be accepted again by their husbands.</p> <p>In the past men used to beat the women all the time. Violence doesn't happen a lot. If there is no "reason" for the violence the women will go to the police. If there is a reason, the issue will be resolved within the family. The young women felt it was correct/ normal for (women to be beaten if they make a mistake or don't obey - it is not fair, but the men are strong. Men return apologetic if taken to the police - violence started being reported in 2015. Women wouldn't say no to sex if they're not tired, but said it is impossible to say no anyway - they'll be beaten.</p> <p>Violence was common. The law has been around for a while and men wouldn't accept it. Now women have been going to the police and men are being arrested so violence has reduced. In the past women were worried that men would be beaten by the police so they wouldn't go to the police. There was a recent case in the community where a woman was beaten so badly, she bled and went to the police. Her husband was arrested and when he came home, he was scared and sorry.</p> <p>Physical violence has reduced - it is illegal. Men must recognise women as people with rights. Men can beat women if they say no to sex, because it is assumed, they are sleeping around (other men say they would discuss). If women disagree violence is likely, but they can also discuss.</p>
<b>Young people - opportunities</b>	<p>Children study till 12th grade. Eventually it is acknowledged that there are cases of early pregnancies - girls go to school and come back pregnant. If the father is also a child, lobolo will be paid and they will marry. Girls can't say no to marriage in this case. If the father is a teacher or another adult the police will be called. They are all aware of the laws and claim girls nowadays study. The local school is up to year 7 - then children go to Chemba district. Children come home at weekends to help in the household. Despite saying that all children study till 12th grade, most young women had completed between 3-5 years of school when they got married. Many women fear telling at what age they got married except for one woman who married when she was 12 and by the age of 20, she already had 3 children.</p> <p>Early pregnancy and child marriage used to be the norm where girls married as young as 12 years old. After being banned by the Government, it has decreased. Girls still get pregnant early and will tell the boy man, but sometimes girls are scared to say who the father is. A trusted person (influential people in the community) might be involved to help to solve this conflict.</p> <p>Men generally have phones and radio. Women rarely have bicycles.</p>

Topics	Men/fathers
<b>Agricultural activities - Machamba</b>	Produced in machamba: maize, sesame, peanuts, sweet potato, tomato, onion, banana and garlic.
<b>Animals</b>	All livestock has been sold due to a difficult year. There were goats, but people don't have many of them anymore.
<b>Activities for money</b>	Men do more labour-intensive jobs and travel further afield. Men work in the machamba, build houses, practice fishing or buy and resell fish. Seek work near and far. Cut wood to sell. Women take on work in addition to their daily chores: machamba, fetch and sell firewood and water, cut grass, make clay pots, make and produce salt.
<b>Community make-up</b>	<p>Have many wives as this helps to guarantee food - more machambas. If a wife has no food, she shares with other wives.</p> <p>Single mothers are common - husbands pass away or divorce women if these don't behave properly. Single fathers have lost wives to illness.</p> <p>Disabled people - some receive government assistance (40%), others get help from parents of spouse/children.</p> <p>Polygamy is common but this is changing. Men recognised that having many wives can be a burden when they struggle to produce food in the machambas, so the practice is changing. Men get more wives if one wife is sick or doesn't produce children. There are many single mothers - lost partners through illness or divorce (both men and women). Their children help out with chores, and the churches also offer support. Single fathers exist but they are not as common as single mothers – most have lost wife due to illness, but most remarry. They do all the different chores alone, but there is community support. Disabled people receive help from families, nothing via INAS. They have a voice in the community and participate.</p> <p>Polygamy is common but the men had different ideas – a man with three wives has many machambas and many workers in his children. A man with one wife referred to having less conflicts, happy to be just the two of them.</p>
<b>Community involvement</b>	<p>Disabled people participate a lot in community meetings. Associations and savings group involve men and women, including as leaders.</p> <p>Women also participate in agriculture groups and in women groups</p>
<b>Challenges</b>	<p>All harvests were lost with the cyclone. Access to water is very difficult and a water pump is needed. Both men and women are foraging for food. The situation forced people to sell the goats that were left for money</p> <p>Having diversity in farm produce is a big issue for the communities.</p>
<b>Decision-making</b>	Men make the final decision, but some of them prefer to consult their wives before making a decision.
<b>Money</b>	<p>Men give money to the women for household purchases. They discuss what food to buy - if women want more they must justify how the spending will benefit the wellbeing of the household. Men might consult but generally spend as they please. Women give their opinion on spending from the viewpoint of child health</p> <p>Sometimes women bring money and inform their husband. Men always keep the money they earned. Women know when children's clothes need to be bought and what food to buy. Both men and women discuss this.</p> <p>Men decide where to open up a machamba, but both will decide on how to use the machamba and what to grow. This wasn't the case before.</p>
<b>Travels</b>	<p>Women ask permission to travel and men generally accept, but women cannot take it for granted. A woman must explain where she goes and why.</p>
<b>Health</b>	<p>The health facility is far away from their homes. Usually men only go to the health facility if a child is ill. When husband and wife go together to the hospital, the women take the babies and men take the children.</p>

<b>Family planning</b>	<p>Men decide on the number of children. Some consult their wives. Others don't. They just go along and can have as many as 10 children.</p> <p>Some men think family planning is good - women can decide when they don't want to have children. Women can give their opinion but if they complain their men might threaten them. In some cases, their opinions are accepted but often men just act according to their own plans. Children just keep coming until 'women's bodies become tired'. Some men referred to 3-4 children as being good, while others want many to avoid running the risk of losing all.</p>
<b>Caring for the family</b>	<p>Men can help caring for babies, both clean the house, women fetch water and firewood. Single fathers have to do all the activities. Years ago, men would not help but the women were overworked. When the wife is out the men can also bathe their children. Men also clean the house, build the house and the toilet, remove tree trunks, bring firewood for light and warmth, cook when their wife is sick, and sometimes forage for food. Men do the heavy work.</p>
<b>Prioritisation</b>	Children
<b>Gender Based Violence</b>	<p>In case of conflict, women can be sent home to their family, but the children stay with the husband because he paid for the wife. When the couple cannot overcome a conflict, women go home to their parents for support. Issues are generally resolved within the family. Alternatively, they discuss and call the community leader to help. Few men believe that intelligence is better than strength.</p> <p>Women must be recognized as people with rights. Some men can beat women if they say no to sex, as they are assumed to be sleeping around. Other men say they would discuss.</p> <p>Domestic violence has decreased as the government sent out a clear message that women can also go to the police, and men will go to prison.</p>
<b>Young people opportunities</b>	<p>Both boys and girls go to school. Girls can be tricked and get pregnant. Parents might investigate, have them marry the father of the child. Women stop going to school when they get married or pregnant. In general, only men manage to finish school. Young boys study until 7th grade, then try to go to Chemba district to complete school.</p> <p>The existing early marriage law has contributed to decrease the number of early marriages and young people are more aware of it.</p> <p>Women are less likely to listen to the radio and less likely to have phones.</p>

<b>Topics</b>	<b>Young people</b>
<b>Activities for money</b>	<p>There are not many opportunities for young people. The main activity is to work in the field. Opportunities for making money are rare. Job opportunities are a dream. Usually, young people try selling things in the market, especially girls; young boys try to make some money by trying do to hard work. However, they earn very little money.</p>
<b>Community make-up</b>	<p>In general, young people do not like the idea of having a polygamous relationship because it means more working in the machamba to produce food to feed the extended family. Additionally, their fathers take the resources with them when they move to another house, such as mobile phone, radio, bike.</p> <p>Young boys want to make money to be able to move to the city centre of Chemba district in order to finish school; while girls would also like to do so, but they have to stay at home to assist their mothers in doing domestic activities or taking care of their own babies.</p>
<b>Community involvement</b>	<p>Young people do not participate very much in the community gatherings to discuss general issues, but they would like to be engaged in discussions about youth issues such as sexuality, pregnancy, sexually transmitted infections (STIs), and early marriage.</p>

<b>Challenges</b>	For girls, the main challenge is to finish school. Given the fact that they get pregnant very early they can not complete the studies, as school sends them back home to avoid influencing other girls; for boys the main challenge is to make money and find job opportunities.
<b>Decision-making</b>	Young people prefer to discuss issues and come to a solution together, instead of having one person with the final say.
<b>Money</b>	In general, girls do not make money because opportunities for them are much more limited, except when they manage to sell things in the market. Boys make very little money, but they find more opportunities as they can do the hard work and have a better flexibility to travel when needed.
<b>Travels</b>	Young people travel very little due to lack of money. Women ask permission to travel and men generally accept.
<b>Health</b>	Women generally take babies to hospital while men take the children. Boys very often accompany their partners to the health center when they are sick or when they are asked.
<b>Family planning</b>	Men decide on the number of children to have but if they are still caring for small babies women will say no and go to the hospital for family planning. Men generally accept this. On the whole boys and girls are more open to discuss this.
<b>Caring for the family</b>	Some men are able to clean the house, fetch water, and wash clothes if their wife is sick. Most young boys do not accept to cook, but few boys do so.
<b>Gender Based Violence</b>	In the past men used to beat the women all the time. If there is “no good reason” for the violence the women will go to the police. If there is a reason, the issue will be resolved within the family. The young women felt it was correct/ normal for women to be beaten if they make a mistake or don't obey – it is not fair, but the men are strong. Men return apologetic if taken to the police - started being reported in 2015. Some women wouldn't say no to sex if they're not tired, but they said that it is impossible to say no anyway – they can be beaten.
<b>Young people opportunities</b>	Local school is up to year 7 - then children go to Chemba. Children come home at weekends to help. Despite saying that all children study till 12th grade, most young women had completed between 3-5 years of school when they got married. Most fear saying what age they got married except for one - married aged 12 and when 20 had 3 children already. Women appreciate the support they are getting from men, but they feel the men should help more and support all household chores. Women have very little time to rest. Some of them would also like to go back to school.

Topics	Community Influencers
<b>Community involvement</b>	There are influential people in the community, such as health activists, community health workers, religious leaders, traditional midwives, community leaders. Men and women participate equally in the community gatherings. However, most leadership positions are occupied by men.
<b>Challenges/ Barriers</b>	One of the main challenges is to engage men in the community gatherings and discuss topics such as children and women health care, gender, nutrition. In general, men prefer to send their wives to attend counselling sessions because they think these are activities for women and not for men. Male community influencers play an important role in persuading other men to attend community gatherings.
<b>Community mobilization</b>	Mobile brigades, health committees, saving groups, and community gatherings are considered the main sources of information in the community, either on health-related issues or on the daily life of the communities/district. Through these channels, community members discuss their problems, get informed and make decisions. Health committees ensure the linkage between community concerns and health center. In order to sensitise and mobilise people in the community to participate in new initiatives, engagement of the channels mentioned above is necessary.
<b>Communication channels</b>	Telephone and radio are the main communication channels in the communities, although the use of the telephone is very limited, because not everyone owns a phone. Community radio is widely used and trusted by most people. The preferred types of programs are those that offer information about daily life, as well as those that offer entertainment and information about events in the life of the local population.

