

Gender-based violence and women's search for care in Mozambique

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In Mozambique, beating women is often thought of as an expression of love and care of men towards their women partners. This perception contrast starkly with the concept of care as a form of protection of women expressed in the context of human rights discourse. The contradictions in perceptions of the meaning of care and respect are based on socio-cultural traditions that create obstacles to address the serious problems of women caused by gender-based violence. In this article I elaborate on the results of an anthropological study on the impact of a community-based psychosocial support program in Southern Mozambique and discuss the different features of care for women, searching for protection and support in life. Based on my findings, I argue that the provision of care for real needs turns out to be the most important factor that gives roots to the concept of women's rights for women who are exposed to gender-based violence.

[care, culture, gender-based violence, women's rights, psychosocial support, Mozambique]

As a lecturer of psychology at the university in Maputo, I became involved in the design and implementation of a community-based psychosocial support programme in Southern Mozambique in 2004. The project included the assistance of women and families exposed to domestic violence and provided so-called 'good neighbour' (*bons vizinhos*) trainings for social activists to protect women in the communities. While working with women, service providers and institutions, I found that neglect of the intense human suffering caused by violence against women had created an environment which promoted vicious circles of violence. The absence of care for their physical and emotional needs is related to social perceptions about women, particularly their inferior place. A 'good woman' respects her husband and shows this in submission to his demands and those of her male family members and her husband's family. Male dominance is seen as a natural fact and maltreatment of women is considered to be a result of women's bad behaviour, provoked by evil spirits coming from the ancestral world.

These socio-cultural explanations about women's role in society justify acts of gender-based violence as natural and private matters. The emotional and medical

needs of women harmed by maltreatment, abuse and rejection are neglected by others as well as by the women themselves. Their coping strategies have been shaped within this environment and serve to reduce the stress in their troublesome circumstances and increase their individual chances to survive. Keeping silent about suffering is the most important way to cope and is considered to be the duty and responsibility of a good wife. Driven by personal needs to survive and to find protection and support in life, survival mechanisms include accusations against other women as well as accepting accusations from other women, rejection, rumours and gossip about witchcraft. A good woman who respects her husbands' will and power will secure her position in a family, with the protection and support from her husband and his family, and from her ancestors' spirits. This means that she has to behave well, know how to endure suffering and be smart enough to 'keep her husband at home'.

After five years of working in the project, I left Mozambique in August 2008 and returned in May 2009 to conduct anthropological research about the results of the program. I examined how a hundred women, trained by the programme as community activists had incorporated the new and contrasting information about women's rights into their lives. I completed seventeen interviews, held two focus group discussions, and carried out a survey among 70 women (58 responded). I also used participant observation while at the women's assistance centre where I spent time with *bons vizinhos* and conducted follow-up visiting with them in their communities. To protect their privacy and anonymity, they are referred to by pseudonyms.

The results of the study indicated that the most important driving forces to changes in coping strategies were from receiving individual care and experiencing respect as a human being. The incorporation of principles of women's rights became possible only after the women had received care and respect from others (Slegh 2009). In this article I will elaborate on my experiences and findings which demonstrate how the meaning of care is embodied in the socio-cultural context, shaped by daily interactions and women's needs to find security in life. In the first part, I analyse the concepts of culture, care and basic needs using concepts from psychology and anthropology. In the second part, I describe how everyday violence against women is embodied in Mozambican society and has shaped coping strategies that contribute to vicious circles of violence where perceptions about care get a particular meaning. In the final part, I argue that the acknowledgment of individual *real* needs of women is the foundation which forms the changing perspectives of women on their human rights.

Culture, basic needs and care

Several scholars have argued that the way people cope with distress cannot be separated from the cultural environment that provides the insights and knowledge in dealing with stressful events (Kirmayer 2001; Kleinman 1980). The context plays a main role in the way people define and express distress as well as the way they cope with problems. The interactions between the environment and the specific human needs do not only construct knowledge and insights about best survival strategies but also shape the meaning

of the concept of care for people. What is perceived as care, is reflected in the way people 'take care' of themselves, 'receive care' from others and 'give care' to others.

These different perceptions on care giving, taking care and being cared for are shaped by socio-cultural traditions, economic conditions and personal circumstances. Cultures should not be considered static entities, but rather as "ever changing constructions that emerge from interactions between individuals, communities and larger ideologies and institutional practices" (Kirmayer 2001: 22). Here, I agree with Tronto that "the activity of caring is largely defined culturally, and will vary among different cultures" (Tronto 1993: 103, quoted by Kleinman & Van der Geest 2009: 160). Thus, perceptions of care can change in interactions between individuals and their social environment.

The meaning and practice of care in the particular environment of women in Mozambique is determined by interactions at all levels of society, by the socio-cultural perceptions as well as by 'the culture' of women who are affected and traumatized by violence. I maintain that women, who are often severely affected by gender-based violence, constitute a subgroup within the Mozambican culture. The personal ethics of these women are shaped by the characteristics of their immediate cultural environment and their personal experiences with gender-based violence. In order to address their needs, "there is only one way to figure out what care is in a particular cultural setting: by listening to those who are directly involved in it and by observing their action." (Kleinman & Van der Geest 2009: 160).

The Mozambican culture, with its particular perceptions about gender relations, affects the behaviour of women in searching for survival and shapes their individual psychologies. The actions of the women and their explanations of their violence-related problems reveal strong beliefs that evil spirits provoke violence and that most problems are related to their female gender role. In dealing with their problems, they would rather reject and accuse other women or themselves instead of setting limits for the violent partner. The neglect to provide institutionalized care programmes for the physical and emotional wounds of direct and indirect victims of gender-based violence confirms women's feelings of self-guilt and isolation and encourages further acts of violence.

Identifying and understanding the motivation for human actions is a main concern of psychologists. A number of psychological theories have used the concept of basic human needs as an explanatory model to analyze people's acts and needs. The basic psychological human needs perspective is described by several personality theorists like Freud, Maslow, Fromm, Murray, and Rogers (Schultz 2003). Ervin Staub, a researcher and psychologist, spent 35 years studying the roots of human aggression and altruism. He wanted to know why people help, care for, and harm others. He conceptualized psychological needs as a useful framework for "understanding helping and care-doing". In this article I will use the following list of five basic needs as identified by Staub in his studies (Staub 2003: 40) as the roots of goodness and evil in human behaviour: security (safe place), positive identity (self-esteem), connection (relatedness), control and efficiency (protection), and comprehension of reality (meaning of life). A similar list of needs is applied in the design of the psycho-social support program, which I will come back to later.

The basic needs perspective derives from the assumption that people's acts are driven by searching for fulfilment of these needs. The way they find fulfilment is determined by motives and beliefs, shaped by the interactions of psychological and cultural dynamics. The specific conditions in a society, the socio-cultural traditions, beliefs and individual circumstances determine the opportunities that people find to fulfil their needs and the paths that they choose to follow. The acts of people are derived from basic needs that push them forward to be met and, "if needs cannot be satisfied in a positive and constructive way, people can use destructive means to find satisfaction" (Staub 2003: 53). In other words, the motivations of women to act are driven by their needs to find security and to be connected to others within their families to find support and protection. When women are not able to control the violence of their partner, to endure their suffering or prevent their family from bad luck in life, they will be seen as bad wives. As a bad wife, a woman will provoke more violence, rejection and isolation; therefore she will search alternative ways that guarantee her a positive identity, a safe place, support and protection in life. As a good wife, a woman knows how to deal with suffering and beatings and to keep family secrets. Hence, positive self-esteem is related to submissiveness, acceptance and the ability to ensure that her husband stays with her and will not leave her for another woman. A woman who is not able to 'keep her husband at home' has failed in being a good wife.

The negative connotation of being beaten and humiliated is turned into a positive meaning when it is explained as women's capacity to be patient and tolerant towards their husband's needs. A woman's capacity to bear the beatings shows her respect and love for her husband. Several studies (e.g. Krug et al. 2002; Narayan 2000) have observed the same trend in other cultures. A psychological basic needs theory helps to understand such practices as fuelled by people's efforts to fulfil needs, if not in positive then in destructive ways. The negative aspects of pain, injury and fear are transformed into positive associations of being a good wife while violent acts are interpreted as expressions of love and care from her husband. The pain, anger and frustration towards the husband seem to be absent, while aggression is more visible in accusations of other women. Accusations of rivals, rumours and gossip about witchcraft and other forms of physical and psychological violence among women contribute to the creation of an environment of hostility and distrust. These dynamics are shaped within the particular socio-cultural context where individual women are pushed forward to meet their basic needs. Evidently, they have a strong influence on the environment and I agree with Staub's view that "the frustration of basic needs is central in the development of hostility and aggression, while their fulfilment is central in the development of caring about other people's welfare and altruism" (Staub 2003: 52). In this context, the endurance of beatings and accusation of others can be regarded as a way of taking care of one self while acts of violence get the significance of giving care and their acceptance is seen as a way of receiving care.

In the next section I describe how everyday violence against women is rooted in Mozambican society and has shaped coping strategies that contribute to vicious circles of violence where perceptions about care get a particular meaning.

Everyday violence against women in Mozambique

The everyday life of a Mozambican woman in a semi-urban community in the outskirts of Maputo is characterized by managing resources for survival and dealing with problems of poor health and family violence. She has to search for the means to provide food for her family, nurture her children and try to avoid evil spirits that may attack her health and well-being. Living under conditions of extreme poverty contributes to daily distress and family related problems. Her daily life is marked by different forms of interpersonal violence that are most often committed by (ex-)partners (Arthur 2006). The problems that women have to face in the Mozambican society are strongly related to gender inequality. A woman's life is dominated by the demands of her husband and family in-law due to the belief that females are inferior to males. The domination by others extends into the cosmological world where the ancestral spirits control women's lives.

The socio-cultural environment of Mozambican society is characterized by the presence of ancestral spirits (Feliciano 1998; Honwana 1996). The spirits of dead relatives are present among the living and have to be respected and honoured in order to restore health and good fortune. The ancestor spirits need to be satisfied by family members and any problem in the family can be ascribed to displeasure of the spirits. The spirits may choose a family member (often a woman) to fulfil the neglected ancestors' needs. Infertility, disease, and also violence at home can be provoked by these family spirits. 'Bad behaviour' of women can also be attributed to the manipulation of evil spirits through witchcraft. A woman who does not respect her husband's will or neglects the family rules may disturb the harmony in the family. She may be affected by evil spirits, manipulated by jealous rivals, relatives or neighbours, but she also could be accused of being a witch herself. Virtually all the problems in a family can be easily attributed to the influence of evil spirits provoked by women's behaviour (Meija et al. 2004).

The deep rooted belief that evil spirits in women provoke acts of violence, illustrates that gender-based violence is a phenomenon that is deeply ingrained in society and therefore a very complex problem to address. It is not unique to Mozambique; indeed, violence in families occurs worldwide, irrespective of social, economic, religious or cultural group (WHO 2005). A study of women's health and domestic violence across ten countries showed that more than a quarter of all women, by the age of 15, had been physically or sexually assaulted at least once (ibid). A survey in 2004 of two thousand women in Mozambique concluded that over 50% of Mozambican women had experienced violence; in one third of the cases the woman's partner was the perpetrator (MMAS 2004). The recognition of the problem at society level is reflected in public services available to address the problem by provision of care for victims and legal measures to stop the perpetrators/aggressors. The Mozambican government acknowledges the problem but the responses at a service level are still limited since socio-cultural perceptions dominate public discourse. The lack of adequate responses contributes to the vicious circles of violence.

Dynamic of responses to gender-based violence

A study on the quality of assistance available to victims of domestic violence in Mozambique among 21 civil society organizations and seven police help desks (Chai Chai & Slegh 2006) revealed the deficiency of victim care at the institutional level. The study showed the absence of specific care for psychological and medical needs for victims of domestic violence. While the efforts of the organizations defend women's rights as defined by the Mozambican family law, these rights are not easy to claim in official courts due to a weak legal system. In response, alternative local tribunals have been invented by women's rights organizations to 'solve' family conflicts. Although the organizations play an important role in increasing awareness of the problems they are not capable to address the psychological and medical care for victims.

The lack of specific knowledge about the consequences of violence can produce very inadequate responses. I have seen several cases of women at the police help desk who were treated like criminals after they had left the house in order to escape from a violent husband. A woman is not supposed to leave her children alone. The neglect of her pain and suffering sometimes produces even more violence and serious mental health problems. The lack of specific knowledge in the health services is an important factor that contributes to the *vicious circles of violence against women*, according to Dr. Francelina Romao, gender specialist at the Ministry of Health: "Women come to the hospital with serious injuries caused by violence, but nobody asks her what happened. They treat their wounds and they return to the violent house."

The lack of knowledge is not the only reason for the limited responses to the emotional needs of women who are victims of violence. A policewoman at a help desk for women and children explained the personal impact of seeing every day women in horrible conditions:

It hurts me every day, but what can I do? Every woman has to endure violence in the house. I am also a victim. I hardly can bear my own suffering, so I cannot bear the suffering of other women.

This policewoman's comment reflects the feelings of powerlessness of many professional and volunteer care-givers I have met over the years. The structural shortages of financial means to provide good care, the social suffering caused by poor socio-economic conditions, and domestic violence and HIV/AIDS infections among many people who are supposed to give care, create a context of scarcity of care. Survival in such an environment demands coping strategies that can best be described as survival of the fittest. In coping with violence, women are compelled to keep silent and neglect care for their health and bodies. In doing so they give meaning to what happens to them and develop strategies that help them to survive.

Beating is love and care

The main coping strategy for women is to keep silent about abuse and partner violence, trying to avoid accusations that they invited the violence. Acceptance of maltreatment and submission to the demands of husbands is perceived as the most effective way for women to avoid rejection from their families and the communities. Helena, 43 years-old, explained to me how she was taught to accept violence as normal:

Our African tradition made us suffer, our mothers and grandmothers suffered a lot. They taught us to bear our sufferings. I learned that women always have to obey their husband. They have to keep silent and accept everything he does. My parents told me: “*Bater e amor* (Beating is loving). *Tens de aguentar* (You have to endure).” Men have the active voice, and women have to keep silent.

The mistreatment by male partners and the suffering of women is considered ‘normal’ and a natural consequence of biological differences between genders. Before marriage, women are educated by their female elders about how to endure suffering and accept everything their husbands want from them. At the celebration of the Mozambican Women’s Day at the 7th of April 2007, a group of women performed a song for me about women’s suffering. Elza, a 63 year-old respected lady in the community, wanted to demonstrate to me the meaning of being a woman with a song which, as she explained, was traditionally sung to encourage younger women “to bear their destiny with dignity.” Elza stood in the middle of a circle of women, singing the song, clapping her hands and dancing:

We are women and we suffer a lot. Where can we find the reason for our suffering? Is it our nose? [Points at her nose and everyone shouts, “no!”] Is it our mouth? [Points at her mouth; everyone shouts, “no!”] Is it our breasts? [Grabs her breasts; the audience shouts “no!”] Is it our belly? [Beats her belly; all respond “no!”] Is it our *sexo*? [Grabs her crotch, everyone shouts “yes!!].

She began to hit herself between her legs and all other women joined in, clapping and singing: “Our biggest problem is here (pointing at the crotch) that causes our suffering.” After the song the women reflected on their lives as a women and the reason for their suffering:

Women suffer most of all from their *sexo* (the vagina), the organ that has to do the work, so we should not complain because our work is being a woman. We hold on as long as we find ‘morale’, given by our cultural tradition and church. The man ‘owns’ this place, and his ‘nature’ obliges him to enter whenever he needs. Our *sexo* is attracting him and that is why we women have to suffer. Sometimes it hurts, because our men do not have patience and they bring us diseases and worries. But to keep our husbands at home we have to accept our suffering. It is also the *saida* (the exit) for the newborn children, and when we give birth we suffer from pain and our lives are at risk. When the child stays in

this world we are happy but we also have the worries how to feed their mouths (women's group Mozambique, 2007).

The women have to survive in a world where their rights are submissive to the demands of men and spirits. Their being-in-the-world depends on others who dominate and control them. As illustrated in the song, even a woman's body is perceived as being owned by men. It is difficult to imagine that beatings and humiliations are perceived as care; however, a woman gets affirmation as a 'good wife' when she endures the humiliations and suffering, and when she learns to accept beatings as love. Apparently, the fulfilment of the intrinsic human need of being nurtured with care is transformed into its opposite: being nurtured with violence. In this mentality, a man who does not beat his wife does not love her. The use of physical violence is explained as an expression of love and care. The suffering of women from their female body is perceived as a natural consequence of being a woman. The endurance of pain makes a woman a good wife who 'knows how to keep her husband at home'. But does this also mean that women perceive these practices as care and love? I asked several informants if they experienced any sense of love in the beatings.

It hurts and it made me ill all the times. Sometimes I went to the field and felt so weak that I fainted and awoke many hours later. No, this is no love, but what could I do? (Teresa, 45 years-old).

My husband forced me often to have sex with him, even a couple of days after giving birth to my child; this was really violent. I started to wear trousers and tight leggings in the night, to avoid my husband to have sex when he was drunk and violent. Once it made him even more violent and he ripped of my trousers with a knife. What could I do, I had to accept. But I never thought that this was love. Now I know that I was right: this was violence (Magdalena, 37 years-old).

In order to survive, a woman has to submit herself to the control of spirits and males, and live an isolated life. Her moral world is shaped by carelessness and neglect of her needs: a world where women are perceived as inferior beings and have no rights. The socio-cultural environment teaches her that women with bad spirits provoke violence. Protection and affirmation are found in submission to the demands of others and acceptance of violence as a form of self-care.

Survival of the fittest

The denial of the problem of gender-based violence at a society level is reflected in the lack of care for the needs of victims. Individual survival strategies are developed to reduce the risks and problems of violence. In this struggle for survival, solidarity and empathy between women are hard to find. The environment of rejection does not provide a safe place for women. The fear of rejection and accusations has created distrust

and rivalry and contributed to the vicious circle of violence. One woman explained to me how her problems were solved after her bad spirits were sent to her sister:

We have a problem with spirits in my family coming from one of our ancestors. First the spirits were with me, without knowing that I had these family spirits. At the beginning of my marriage I fell ill and I did not become pregnant. My husband sent me back to my parents and I was treated by a *curandeira* (traditional healer). She told me that my ancestors wanted me to stay at home and prostitute myself to maintain my family. That is why my spirits provoked violence from my husband. The *curandeira* took these spirits from me and gave them to my sister. I went back to my husband, became pregnant and during my life I got ten living babies. However, my sister never got a living baby and she did not manage to find a husband who stayed with her (Paula, 40 years-old).

I asked her if she felt sorry for her sister who still lived alone. She answered:

You know; only *Deus* (God) knows our destination. My sister is far away, and I cannot visit her because of this thing we have in our culture: *inveja* (jealousy). I will never leave my children with her. She is a bad woman.

Paula's comments represent one of the many explanations of the role of evil spirits I have heard from other women. At the police offices and in the psychosocial support programme we saw hundreds of women who were rejected and accused of being possessed with evil family spirits or witchcraft. However, most of the accusations came from the women themselves. The vicious circle of violence shows how women, victims of violence, find survival in accusing other women and likewise contribute to repetition of the phenomenon. The vicious circles of violence and neglect of suffering can be considered as a way of coping with severe stress in a troublesome environment.

In this context, perceptions about care are strongly interwoven with the available sources to meet the basic needs that provide a place, support and protection, in positive or negative ways. In the next part I illustrate that the acknowledgment of women's real needs, provided by a community-based psycho-social support programme, has contributed to significant changes in coping strategies of individual women as well as changes in the community.

Community-based psycho-social support for women

To address the needs of women and find a response to the vicious circle of gender-based violence, we designed a model and an agenda for a psychosocial support programme in the suburbs of the capital city, Maputo. The model closely connects to the problems we met while working in an environment that has a severe lack of caring for women exposed to gender-based violence. We summarized the basic needs concept into three pillars that address a woman's need for a place (respect and safety), support (connectedness) and protection (control) in order to feel secure, worthwhile,

and protected in life. The community-based programme used these basic needs as explanatory concepts that give meaning to the problems and indicate what interventions are needed.

The name of the centre, Ca Paz, indicates the dual meanings of enabling and peace, and refers to its twin goals of building women's capabilities and offering victims a place of peace. Ca Paz builds on the social capital of the community in close coordination with the public services of health, police, and social action in the district. Local community groups, traditional healers, midwives and religious leaders participate in training and promotional activities. Positive masculinity is promoted by men (community leaders, church leaders, local dance groups) who act as male role models in speaking out against violence.

In cases of violence against a woman in a family, the staff always invites the accused partner to the centre to discuss the problems. The staff monitors transfers of the case to specific medical, social or legal help. The mobilization of care is organized in training courses for *bon vizinhos*. Women and a few men from surrounding communities are trained as *bons vizinhos* in their own neighbourhood. In a two-week training programme, they are encouraged to reflect on their own problems, needs and perceptions related to violence. They are given information about gender-based violence, laws related to it and human rights. Subsequently they learn how to reach out to women and families, organize 'safety networks' and 'safe places' for victims in the community and refer people to Ca Paz when more assistance is needed. The *bons vizinhos* also disseminate information about women's rights, the new Mozambican family law and basic health education by performing role-plays at central locations in the communities and within their own social networks such as the church, the marketplace and neighbourhoods.

Care for what really matters

The accounts of women in my research demonstrated that the acknowledgment of individual *real* needs of the women has been the most important factor that has led to make new perspectives attainable for women.. A woman's *real* needs are defined according her own explanation of her problems and her symptoms. Most women did not describe their problems as being caused by gender-based violence and abuse of their rights; instead, they explained they suffered from bad spirits, adulterous and unhappy husbands and other rival women who tried to seduce their partners. The dissemination of information on eliminating domestic violence and defending women's rights in public campaigns was not perceived as being useful by most of the women interviewed. Partly because they did not know how to grasp the new promised rights, but also due to their socio-psychological problems.

Before, I heard about women's rights from campaigns in the community and the political meetings of OMM (Mozambican women organization). I listened to the speeches and read the pamphlets but I never understood what was written. My head was empty because

of all my suffering. I always thought that the information was for other people. But the *doutoras* in the centre put the information inside me, by listening to me and helping me to look at my own life and find solutions. I realized that I, as a human being, have rights and I saw that my suffering was caused by violence and abuse of my rights (Regina, 48 years-old).

Apparently, the concepts of new rights had remained too abstract for women living in a socio-cultural and political environment where gender inequality is normal and gender-based violence is perceived as a private matter. The personal care provided by the programme for individual needs has contributed to making the abstract concepts of women's rights more concrete. The personal experience of being received at the centre with respect and care has been an eye opener for women. Many women explained how they felt treated as a valuable person in the trainings. The positive connections with the trainers made them realize what it is like 'to be a human being and therefore have rights'. The recognition of private suffering and illness caused by violence and the acknowledgment of the severe consequences of the phenomenon in society also lead to inner feelings of justice. The new insights closely connected to inner knowledge about justice and injustice in life. These experiences lead to a change in perceptions about the moral values of society. Several women reflected on their 'traditional rules'.

When I arrived at the centre, I did not have the strength to live anymore, not even for my children. I felt that I had failed as a mother, as a good wife. Doutora M. was the first person who explained to me that I have rights as a woman and that I have the right to say No to maltreatment. She invited me to do the training. Since then my life has changed completely. I learned that my parents were wrong. What they told me was not true. I realized that the pain I have gone through was unjust and unfair. Nobody has the right to treat another person like that. My silence was the only solution because I did not know that I had rights.... I learned that I have the right to speak and to defend myself.... I am a woman with rights for myself..... I was always ill, and thought that this was caused by family spirits, but now I know that I was suffering from violence (Teresa, 45 years-old).

The training encouraged women to connect with their own strength and power to regain control over their body. In trying to gain control over one's own body and well-being, different strategies were used to find support and protection. The strategies took into account the daily reality of the problems at home. None of the women, for instance, considered condom use with their partner (usually husband) as a reasonable possibility. However, one group took the initiative to go for testing every three months as a way to mitigate their risks on HIV/AIDS infection. In case that they were infected, they would get access to medicine. Two women (of a group of 8) discovered they were indeed infected the first time they were tested.

To give a place to a woman's suffering acknowledges the seriousness of her problems. To take her suffering seriously also means that she feels recognized as a worthwhile person, as a human being. The symbolic meaning is one of recognition of her existence as a human being. The affirmation of her efforts to solve her problems and to

gain knowledge gives her support and encouragement to move forward. This creates new perspectives that provide hope in her life. Getting help to protect against dangers that threatened her life encourages her to reconnect with others and sense a renewed meaning of solidarity.

These findings are confirmed by the results of a survey among the *bons vizinhos*. The questionnaire included closed questions and statements about values and norms related to health and rights for women, the use of particular cultural practices and the impact of the training on personal life. All respondents indicated changes in their life. The three main changes in attitude are classified as courage (to say no), to have an own opinion, and to take decisions. A 65-year old *bons vizinhos*, one of the oldest in the sample, explains how she has changed her way of thinking:

Before I never had an opinion of myself, I just followed the rules of my mother, the church and the government. But now I learned to do *matematica do pensamentos* (mathematics of thinking). I go home, sit on my mat, and start to think for myself. I realized that I can create thoughts inside myself that give me strength and courage.

The impact of the changes is visible in the way women take new positions in their families and the communities. As a *bon vizinho*, a woman is considered a respected person in the community, who supports others and has knowledge. In caring for other women and supporting them to find help, she gains a role in the public world. The feeling of security and a positive connection with others has reduced her focus on the own needs and made openness to care for others possible. This confirms the assumption that the fulfilment of basic needs plays a central role in the development of caring about other people's welfare and altruism (Staub 2003: 52). An interview with a male community leader about his view on the programs illustrates how the empowerment of women affects the environment and probably the gender relations:

Since we have had these *bons vizinhos* in our community, something has changed. Normally I received many cases of violence at my office, but now they go to the centre to resolve the problems with the *bons vizinhos*. But maybe the violence is decreasing, since we learn to look at women in a different manner. I also learned to see that women have the right to speak, to make decisions and to complain when they are abused. Before we never got a response from our women; they accepted everything. I could beat my wife, but she said nothing and was not even screaming. She had escaped already (*já fugiu*) so there was a no body. But now they speak and respond like human beings, they give company in life. That is much better; therefore men may stop beating (male community leader, 48 years-old).

Conclusion

In the implementation of the programme by the centre for psychosocial assistance we found how the introduction of new concepts like gender-based violence and gen-

der equality in the trainings contrasted with the prevailing perceptions of the cause of problems by the women themselves and their families. Moreover, the needs of women were not served at all when they risked losing family protection in fighting for their rights. In the programme we tried to address the needs within the context where women don't have rights, considering their inferior position as a natural fact and seeing the avoidance of evil spirits as a main tool to prevent family problems. In receiving care and support for their first *real* needs, they started to realize how it feels to be respected as a person. The personal awareness of being a 'somebody' instead of a 'nobody' has been the first step in giving meaning to the concept of women's rights in their life.

Evidently, the socio-cultural environment is still the same for women involved in the research. Women have an inferior position in relation to men and spirits and witchcraft continue to dominate the moral life of most Mozambicans. Nevertheless, women trained in the programme, have adjusted their coping strategies by employing this environment in new ways. The most important driving forces to changes in their coping strategies were from receiving individual care and experiencing respect as a human being. The neglect of care had created vicious circles of violence while care for the *real* needs of women became fundamental for new perspectives in life. The positive interactions with others led to feelings of hope. Based on the findings of my study, I argue that as long as Western-oriented notions about women's rights do not connect to the inner worlds and real needs of women, these rights remain out of scope for women. Strengthened by acknowledgment of their problems and the injustice of suffering, they felt encouraged to search for help, and take another position in life. In breaking the silence and isolation of suffering, they navigate their life in society, searching for different resources that may provide them with help and improve their possibilities. The changed interactions of women with their environment also produced new responses from that environment (women get new positions and gain respect).

The results of the psychosocial support programme affirm the assumption of Kleinman and Van der Geest (2009: 161) that good care includes acknowledgment, concern, affirmation, assistance, responsibility, solidarity and all the emotional and practical acts that enable life. However, before people can take good care of themselves and give care to others, their own basic needs have to be met on a positive way. The emotional engagement with the individual needs of the women was crucial for changes in women's lives. The care for women's needs had contributed to emotional empowerment and made self-care, responsibility for personal health and care for others attainable. The valuing of women and the positive connections of the centre staff with physical and emotionally injured women has created an environment where empathy and care for others became possible (Staub 2003).

Perceptions and practices of care are the result of interactions between individuals and cultures and will constantly change. The meaning of care in the particular environment of women in Mozambique is created by the dynamics of care and neglect of human basic needs. The concept of basic human needs provides a valuable explanatory model for the development for practices of good care for women affected by

gender-based violence. The quality of care depends on the emotional engagement of the care-giver(s) and the person(s) cared for.

Note

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