

**LEGAL AID SERVICE INTERVENTIONS AND WOMEN EMPOWERMENT
AGAINST VIOLENCE IN MOROGORO RURAL AND KONGWA DISTRICTS,
TANZANIA**

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**A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY OF SOKOINE UNIVERSITY OF
AGRICULTURE. MOROGORO, TANZANIA.**

EXTENDED ABSTRACT

Legal Aid Services (LAS) providers have paid much attention to advocating women's human right issues. Yet, violation of women rights manifested in various forms of Gender Based Violence (GBV) against Women is still rampant. Experience shows that, in most cases, victims remain silent and therefore perpetrators of violence are not reported to formal or informal institutions for legal actions. Since most of the perpetrators are men, violation of women rights is one of the most direct expressions of the power imbalance between men and women. Therefore, women empowerment through LAS interventions is believed to be a crucial strategy for tackling the existing problem of GBV against women. However, information on whether LAS interventions have any influence on women empowerment and attitudes towards GBV against women in Tanzania is scantily discussed. This study was conducted in Morogoro Rural and Kongwa districts to address knowledge gap. The study specifically: (i) assessed common forms of GBV against women practised in the study areas; (ii) analysed actions taken by women victims of violence against perpetrators of GBV against women; (iii) examined women's attitude towards GBV against women with regard to their involvement in LAS interventions; and (iv) analysed determinants of women's empowerment in relation to LAS interventions. A cross-section research design was adopted, involving 240 women of equally sampled beneficiaries and non-beneficiaries of LAS interventions. Both qualitative and quantitative data were collected. Qualitative data were collected through Focus Group Discussions (FGDs) and Key Informants Interviews (KIIs). Quantitative data were collected by using a household questionnaire. Content analysis approach was used to analyze qualitative data, while descriptive statistical analysis, index scales, Composite Empowerment Index (CEI), Mann Whitney U test and ordinal logistic regression were used to analyse quantitative data. The findings of the study show that women, both beneficiaries and non-beneficiaries

of LAS interventions, experienced certain levels of violence, regardless of their involvement in LAS interventions. Wife battering, depriving women of acquiring basic necessities, early marriage and marital rape were the most common forms of GBV against women practised in Morogoro Rural and Kongwa districts. There were a number of actions taken against perpetrators of GBV against women by reporting to formal or informal justice system. However, the actions were statistically significant different between LAS beneficiaries and non-beneficiaries ($U = 2837$, $Z = -4.730$, $p \leq 0.001$). With respect to attitude towards GBV against women, slightly more than half (57.1%) of women had a negative attitude while 35.4% had a positive attitude. Though, non-beneficiaries were more likely to be upholders of positive attitude towards GBV against women compared to beneficiaries of LAS interventions. There was a strong effect between: women involvement in LAS interventions ($Exp = -3.172$, $Wald = 26.27$, $p \leq 0.001$); and ethnic background ($Exp = -1.62$, $Wald = 19.82$, ≤ 0.001) on of women's attitude towards GBV. With respect to levels of empowerment, results showed that women in the study areas were categorised in medium level of empowerment. Comparatively, beneficiaries of LAS interventions were found to be more empowered than non-beneficiaries. Ordinal logistic regression analysis shows that marital status and involvement of women in LAS interventions have stronger influence on women's empowerment. It is concluded that women still experienced various forms of GBV against women including those involved in LAS interventions. However, some significant differences were found between beneficiaries and non-beneficiaries in the actions taken against perpetrators of violence, attitudes towards GBV against women and their levels of empowerment; this has an implication on changing the odds of GBV happening against women. Therefore, it is recommended that the government and LAS stakeholders should expand LAS interventions to other villages where there are no LASs, so as to raise awareness about women's human rights education to communities.

DECLARATION

I, **Tatu Mkiwa Nyange**, do hereby declare to the Senate of Sokoine University of Agriculture that this thesis is my own original work done within the period of registration and that it has neither been submitted nor being concurrently submitted in any other institution.

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LIST OF ABBREVIATIONS AND ACRONYMS

AFNET	Ant female Genital Mutilation
CBLAS	Community Based Legal Aid Service
CEDAW	Convention on Elimination of all Forms of Discrimination against Women
CEI	Composite/Cumulative Empowerment Index
DIHR	Danish Institute of Human Rights
FEMNET	African Women's Development and Communication Network
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FVI	Freedom of Violence Index
GBV	Gender Based violence
HDMI	Household decision Making Index
HRW	Human Rights Watch
KIWAKIM	Kikundi cha Wasaidizi wa Kisheria Mvuha
LAS	Legal Aid Service
LHRC	Legal and Human Right Centre
LSF	Legal Service Facility
MPC	Morogoro Paralegal Centre
NBS	National Bureau of Statistics
NGO	Non-Governmental Organization
PAI	Personal Autonomy Index
POs	Paralegal Organizations
SDG	Sustainable Development Goals
SOSPA	Sexual Offences Special Provisions Act
SPSS	Statistical Package for Social Sciences

TAWLA	Tanzania Women Lawyers Association
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's and Education Fund
VAW	Violence against Women
WAVE	Women against Violence Europe
WEI	Women Empowerment Index
WEO	Ward Executive officer
WHO	World Health Organization
WLAC	Women Legal Aid Centre

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Problem

Violation of women rights has been practised for a long time in the world. Across the world, every woman experience male violence at some point in her life (Watts, 2010). Violence against women is considered as Gender Based Violence (GBV), as it largely stems from women's subordinate status in society with regard to men (Ellsberg and Heise, 2005). GBV is defined as "violence that is directed against a woman because she is a woman or that affects women disproportionately" (CEDAW, 1992). Violation of women rights in the form of GBV is one of the most direct expressions of power imbalance between men and women (UNFPA and WAVE, 2014; Begum, 2014). GBV is a serious violation of women's human rights (Amaya, 2016); it violates a number of women's rights including the right to life, the right to equality in the family, the right not to be subject to torture or to cruel and the right to equal protection under the law (CEDAW, 1992). It is on this background, therefore, that the study on which this thesis is based focused on GBV against women.

GBV against women has significant impacts on women and girls, as they are most often the victims suffering from physical, sexual, economic and psychological damage (UNFPA and WAVE, 2014), although a very small proportion of men also fall victims. Thereby underlining that violence against women is not something occurring to women randomly, but rather an issue affecting them because of their gender. For the purpose of this thesis, we refer violation of women rights in the form of GBV against women. Several initiatives have been implemented to promote women's human rights at the global level such as: the Universal Declaration on Human Rights of 1948, the Convention on Elimination of all

Forms of Discrimination Against Women (CEDAW) of 1979, the Declaration on the Elimination of Violence against women of 1993 and the Fourth World Conference on Women Action for Development Equality and Peace of 1995 (LHRC, 2012).

Similarly, Tanzania has ratified the aforementioned conventions. Furthermore, a number of Legal Aid Services (LASs) intervention programmes have been initiated and implemented to sensitize women on human legal rights issues at national and community levels. According to DIHR (2011), the concept of LASs is defined as free or subsidized services to an eligible individual or group, mainly poor and vulnerable people. LASs are provided to people as a means to strengthen their access to justice such as: legal information and education, legal advice and assistance, alternative dispute resolution and legal representation. LAS providers compose a wide range of stakeholders, including Government and Non-Governmental Organizations (NGOs), professional bodies and academic institutions.

Legal aid provision in Tanzania is mostly done by NGOs and other non-state actors (LSF, 2012). For NGOs, LAS providers are grouped into national and community level actors. Examples of national level LAS providers include Women Legal Aid Centre (WLAC), Legal and Human Right Centre (LHRC) and Tanzania Women Lawyers Association (TAWLA). LAS providers with a national charter deal with issues covering the entire nation or large parts of the country, this is irrespective of the fact that some of these organizations target specific groups of people, e.g. women and children (LSF, 2012). Community level provision of LASs is mostly done by Paralegal Organizations (POs) and Community Based Legal Aid Services (CBLASs). Most of the POs and CBLASs were formed with national NGOs support, and the majority of them aim at advocating women's rights through raising awareness on various forms of GBV against women such as Female

Genital Mutilation (FGM), lack of right to inherit land and other rights at the community level. In keeping with the purpose and desire to eliminate GBV against women, the study on which this thesis is based focused on LAS interventions at community level.

The study was founded on the fact that despite all of the aforesaid initiatives taken at global, regional and country levels, still GBV against women has continued to escalate among women. For example, WHO reports that in 2013 alone, about 35% of women experienced physical and sexual violence from intimate partner or non-partners (WHO, 2013). In addition, more than 700 million women were married below 18 years of age worldwide. Similarly, UNICEF (2014) estimated that 133 million girls and women have experienced some form of FGM in the Middle East and Africa.

Likewise, in Tanzania, physical violence, early marriage and cultural practices such FGM are still prevailing among women and girls (NBS and ICF Macro, 2011; LHRC, 2015; LHRC, 2016). For example, Human Rights Watch (2014) reported that 4 out of 10 girls are married before 18 years of age. Also, in the year 2010, about 45% of women aged between 15 and 49 years experienced either physical or sexual violence (NBS and ICF Macro, 2011), including Morogoro Rural and Kongwa districts where the study on which this thesis is based was conducted. The two districts were within the top five regions in Tanzania with high incidences of violence against women. However, most women affected by violence remain silent (LHRC, 2012) without reporting it to formal or informal¹ justice systems for legal action to be taken against the perpetrators. In Tanzania, apart from ratification of several conventions on women's human rights, specific initiatives have been in place to prevent and eradicate GBV against women, just to

¹ This study refers to formal justice system as those based on statutory laws and using procedural or structural foundations (DIHR, 2011); while informal justice system refers to those not primarily based on statutory law and which apply to non-state methods of conflict resolution.

mention a few: a Five-year National Plan of Action to End Violence Against Women and Children (NPAVAWC) 2017/18 – 2021/22), has been developed by consolidating eight different action plans addressing violence against women and children to eradicate violence against women and children in the country (URT, 2016). Accordingly, gender desks² have been in place since 2007, with standard operating procedures on prevention and response to GBV against women (LSF, 2012). Furthermore, 16 Days of Activism in opposition to GBV against women is a yearly campaign which starts from 25 November and ends on 10 December. The 16 days of activism campaign has been used as a strategy to call for elimination of all forms of violence against women, by raising awareness about GBV against women as a human rights issue.

Regardless of initiatives and campaigns which are in place to end GBV against women, violation of women rights in the form of GBV against women remains highly prevalent (Rugira, 2015). Hence, this study sees women empowerment as a crucial strategy for tackling GBV against women, as the study conceptualises empowerment as a means of conscientizing, inspiring and liberating oppressed people (Freire, 1970). Therefore, through LAS interventions, women in Morogoro Rural and Kongwa districts can be enlightened on their legal rights and consciously could recognise different forms of GBV against them and important actions to take against perpetrators. In the process, they develop knowledge that contributes to empowerment outcome in response to actions against perpetrators of GBV against women. Empowerment is a multifaceted concept which can be interpreted differently from diverse perspectives as a process, capacity and an end-result (Kabeer, 1999; Malhotra *et al.*, 2002; Alsop and Heinsohn, 2005). Narayan

² Gender desk is a special unit in a police station working with issues relating to GBV issues. Gender desk was established for the purpose of archiving mission of Tanzania Police Female's Network (TPF net); the mission of TPF net is to strengthen cooperation among female police, within the police force and between the police and the citizens and finally to improve effectiveness of LASs (LSF, 2012)

(2005) broadly viewed empowerment as a process for increasing poor people's freedom of choice and action to shape their own lives; it is the process of enhancing an individual's or group's capacity to make effective choices. While Kabeer (1999) defines empowerment as a process by which those who have been denied the ability to make strategic life choices acquire the ability to do so, that is, to make choices and then to transform those choices into desired actions and outcomes. Kabeer viewed empowerment as both a process and an end result. On the other hand, Alsop *et al.* (2006) defined empowerment as a group's or individual's capacity to make effective choices. They suggested that group or individual capacity is primarily influenced by two sets of interrelated factors: agency and opportunity structure. Agency is defined as an actor's or group's ability to make purposeful choices. However, even when people have the capacity to choose options, they may not be able to use that agency effectively because they can be constrained by their opportunity structure. The opportunity structure is defined as those aspects of the institutional context within which actors operate and that influence their ability to transform agency into action (Alsop *et al.*, 2006). CARE (2009) defines women's empowerment as "the sum total of changes needed for a woman to realize her full human rights: the combined effect of changes in her own aspirations and capabilities, the environment that surrounds and conditions of her choices, and the power relations through which she negotiates her path." Rowland (1997) categorised four types of power relations: power over (ability to influence and coerce), power to organise and change existing hierarchies, power with (power from collective action) and power within (power from individual consciousness).

The process of acquiring such types of power must start with the individual and require a change in their own perceptions about their rights, capacities and potential. Furthermore, CARE (2009) proposed three interrelated dimensions agency, structures and relations, which are crucial for women to achieve sustainable empowerment. Based on the

aforementioned perspectives and LAS intervention outlooks, this study adopted the definition of women empowerment by CARE (2009); since it is more comprehensive and the elements of women and human rights are embedded in it. Women's empowerment is vital to sustainable development and realization of human rights for all (Chaudhary, 2012). Empowering rural women is a way forward idea to create a stronger nation. Since KIT *et al.* (2012) highlighted that investing in rural women has been shown to significantly increase productivity, reduce hunger and malnutrition as well as improving rural livelihoods, not only for women, but also for everyone. Also, empowerment of women is ranked number 5 in Sustainable Development Goals (SDG), which specifically focuses on fighting violence against women as a way of achieving gender equality and empowering all women and girls (Osborn *et al.*, 2015). Various efforts to empower women at household and community levels have focused on economic empowerment through involving women in microfinance programmes (Malhotra, 2002).

Politically, initiatives have been made to increase women's representation in decision making organs such as setting proportions for women political posts (URT, 2010); for example, the constitution of the United Republic of Tanzania provides for 30% special seats for women in Parliament and 33.3% in the Local Councils. In order to improve women's access to justice, the Government has allowed establishment of LAS providers to sensitize women on human and women legal right issues at the national and community levels. Therefore, this study aimed at examining if LAS interventions had an influence on women empowerment.

1.2 Problem Statement

In Tanzania, a number of legal aid service (LAS) interventions have been initiated and implemented to sensitise the community about women's human rights. Some of LAS

providers target women in their interventions (LSF, 2012), with the intention to create awareness on women's human rights and various forms of GBV against them. Most of these LAS interventions have potential to improve women's access to justice and empower them fight against violence. Despite the interventions that focus on improving women's access to justice so as to empower them against violence, violation of women rights remains highly prevalent (NBS and ICF Macro, 2011; LHRC, 2015; LHRC, 2016). For example, in Tanzania, about 45% of the women aged between 15 and 49 years experience both physical and sexual violence, and 37% of girls experience FGM before their first birthday (NBS and ICF Macro, 2011). Also, four out of ten girls are married before 18 years (HRW, 2014).

Yet, most victims of violence remain silent and do not take actions to perpetrators of violence (LHRC, 2012; Rugira, 2015; Kelsey *et al.*, 2016). In Morogoro Rural and Kongwa districts, there are LAS providers who work to empower women through awareness creation about their rights. However, there is insufficient empirical evidence on whether and to what extent LAS interventions have enhanced women empowerment in response to their attitude towards GBV against women and the right actions against perpetrators of violence. It is against this background that the study on which this thesis is based was conducted: to assess LAS interventions and women empowerment to generate empirical information on whether human and women rights information offered by LAS providers, has an influence on women empowerment towards knowing their rights and different forms of GBV against them as well as taking actions against perpetrators of violence. To fill this knowledge gap, taking on board the status of GBV against women and women's attitude towards such violence with regard to their involvement in LAS interventions in the study areas. GBV against women affects them physically, psychologically, sexually and economically. Also it is one of the most pervasive of human

rights violations, denying women and girls of equality, security, dignity, self-worth, and their right to enjoy fundamental freedom (UN, 1993).

1.3 Justification of the Study

The importance of LASs has highly been recognized by a number of countries and Tanzania in particular. Legal assistance is a basic human right (UN, 1949), which is essential to improve women's access to justice and is also used as a strategy to empower women against violence, through raising awareness on human and women legal rights. However, little information is available on the influence of LAS interventions on women empowerment against violence in Tanzania. Several studies on women empowerment have been conducted in different parts of Tanzania, but little has been done in Morogoro Rural and Kongwa districts. Some previous studies on women empowerment include studies by Makombe (2006), Sikira (2010), Jeckoniah (2013), Kato and Kratzer (2013) who focused on empowerment versus entrepreneurship development, GBV, value chain and microfinance, respectively. While the aforementioned studies have focused on predictors of women empowerment in social and economic contexts, this study contributes to the body of knowledge by providing empirical evidence on women empowerment regarding GBV against women in the context of LAS interventions.

In addition, the study offers empirical evidence on behavioural related factors by examining women's attitude towards GBV against women, right actions taken by women against perpetrators of violence and determinants of women empowerment by focusing on LASs related factors. The results are useful in explaining the factors apart from social and economic determinants which can influence women empowerment. Thus, this study provides useful information to policy makers and LAS providers for improvement of LAS interventions. The findings also contribute to the implementation of SDG Number 5 which

specifically focuses on fighting violence against women, as a way of achieving gender equality and empowering all women and girls (Osborn *et al.*, 2015). Furthermore, the study contributes to the implementation of Maputo Protocol Article 8 (a) which promotes women's rights in relation to LAS (LSF, 2012).

1.4 Objectives

1.4.1 Overall objective

The general objective of this study was to examine the influence of LAS interventions on women empowerment with regard to GBV against women in Morogoro Rural and Kongwa districts in Tanzania.

1.4.2 Specific objectives

The specific objectives of the study were:

- i. To assess common forms of GBV against women practised in the study areas;
- ii. To analyse actions taken by women victims of GBV against perpetrators among beneficiaries and non-beneficiaries of LAS interventions;
- iii. To examine women's attitude towards GBV against women with regard to their involvement in LAS interventions; and
- iv. To analyse factors influencing women's empowerment in relation to LAS interventions.

1.5 Research Questions and Hypotheses

1.5.1 Research questions

This study addressed the following research questions:

- i. What are the common forms of GBV against women in Morogoro Rural and Kongwa districts?

- ii. What are the individual actions taken by women victims of violence against perpetrators?
- iii. What is the attitude of beneficiaries and non-beneficiaries of LAS interventions towards GBV against women?
- iv. What are the determinants of women attitudes towards GBV against women?
- v. What the LAS related factors influence women empowerment?

1.5.2 Research hypotheses

- Ho₁: There is no statistical significant difference on actions taken against perpetrators of GBV between beneficiaries and non-beneficiaries of LAS interventions
- Ho₂: There is no statistical significant difference of women's attitude towards GBV for beneficiaries and non-beneficiaries of LAS interventions
- Ho₃: There is no statistical significant influence of LAS related factors on women's empowerment.

1.6 Theoretical Framework

Legal aid service is a fundamental human right that aims at improving women's access to justice, but also serving as a women empowerment strategy against violence. Regardless of this attempt, violation of women rights is still widespread and access to justice is inadequate. There is a need to understand the attitude towards GBV against women and actions taken by victims of violence to perpetrators of violence in regard to women rights education offered by LAS providers. On one hand, this can be explained through Freire empowerment theory in education which explains education as a means of liberation for oppressed people to break the culture of silence. On the other hand, the problem can be explained through structuration theory to capture the factors influencing women empowerment to attain different levels of empowerment.

1.6.1 Education theory for liberation

The roots of thought on women empowerment as a form of theory in this study is based on a Brazilian humanitarian and educator, Freire (1970). The theory posits that empowerment comes in the form of liberation through education, which allows people to overcome the oppression they face. Freire assumes that humans are not born as oppressed, but instead they adapt to the structure of domination. The theory also offers an insight for education as a vehicle for breaking the shackles of oppression and a culture of silence; it sees education as a crucial way for increasing consciousness that actually enlightens women and other people to take action against the situation (Freire, 1973). In the present study, it is essential to analyze actions taken against the situation (i.e. perpetrators of GBV against women in this case). This is important to uncover if women legal rights education through LAS interventions has made women conscious of their rights, recognise different forms of GBV against them and report perpetrators of violence to justice systems.

1.6.2 Structuration theory

This study is also guided by structuration theory by Giddens (1984), which emphasizes the relationship between agency and structure. The theory asserts that there is a duality as opposed to a tension or dualism between individuals and the social structures. Structures are both the medium and the outcome of the practices which constitute social systems. A result of the duality, the structural properties in a social system can serve as both enabling and constraining forces. Structures shape people's practices, but it is people's practices that constitute social system can also shape structures (Giddens, 1984). The theory also affirms that social structures are produced and reproduced over time by people with drawing upon the rules and resources, which make up the social system. Thus, theory holds the views that people are empowered, as they have the agency to draw upon existing rules and resources in the social system to counteract or oppose dominant actors (Chitnis,

2005). This offers a theoretical inspiration in this study to examine whether LAS interventions have improved people's practices (i.e. individual agency) of the involved LAS members; and alter structure towards empowerment outcomes.

1.7 Conceptual Framework

Empowerment dimension is multidimensional; several scholars measured empowerment using different frameworks. While some authors (e.g. Alsop *et al.*, 2006) consider the interaction between two building blocks: agency and opportunity structure constituting empowerment outcomes; CARE (2009) conceives empowerment as both a process and an outcome. CARE measures empowerment by focusing on three interrelated dimensions (agency, structure and relations). Since both agency and structure are mediated through relationships between and among social actors, empowerment also occurs in relation to others (Page and Czuba, 1999; Peterson *et al.*, 2005). This study, therefore, adapted the CARE (2009) framework (Fig. 1.1). The framework considers that interactions among independent variables (agency, structure and relations) have an influence on empowerment outcomes which is the dependent variable. It is also informed from theoretical literature (Freire, 1970; Mac Kowitz, 2001; Flood and Peace, 2009). The study hypothesised that interactions of LASs related factors of agency, structure and relations are likely to influence women in attainment of different levels of empowerment, while holding other factors constant. The three dimensions shown in Fig. 1.1 are intimately related, structuring and influencing one another, to produce or undermine the process of empowerment as well as influence empowerment outcomes (CARE, 2009). Attainment of high level of empowerment enhances negative attitude towards GBV against women and victims of violence to take right actions against perpetrators. Besides, low level or no empowerment enhances positive attitude towards GBV against women as well as take wrong actions against perpetrator of violence.

To address the problem of GBV against women, it is important to know the status of GBV against women and to answer questions such as, what forms of GBV against women are practiced in the study areas and what are actions taken by victims of violence as shown in Chapter 2. The rationale for these questions was based on the fact that, LAS interventions aim at creating awareness on various forms of GBV against women in order to improve women's access to justice and empower them against violence. Regardless of the intervention efforts, GBV against women is still rampant and women access to justice is inadequate. It is, therefore, essential to assess forms of GBV against women and actions taken against perpetrators of violence among beneficiaries and non-beneficiaries of LAS interventions. The information will be useful in informing how education information on human and women legal rights offered by LAS providers enhance women to recognise different forms of GBV against women as well as affect them access to justice.

After assessing the status of GBV against women in Morogoro Rural and Kongwa districts, it was important to find out the general attitude of women towards GBV against women and to confirm whether attitude towards GBV against women is different for beneficiaries and non-beneficiaries of LAS interventions as shown in Chapter 3. The central assumption was that education training packages offered among beneficiaries of LAS interventions enhance negative attitudes towards GBV against women. Lack of education training on women legal rights and different forms of GBV against women to non-beneficiaries was conceptualised to contribute to positive attitude towards GBV against women. In addition, ethnic background (Fig. 1.1) refers respondent belong to patrilineal or matrilineal group. It was assumed also that patrilineal societies favour violence practices against women, which would consequently enhance positive attitude towards GBV against women. This information is useful, since changing of victims attitudes is the target of violence prevention campaigns (Flood and Peace, 2009).

This is important to improve understanding of the determinants of attitude towards GBV against women and to aid the development of violence prevention efforts.

The study also hypothesised that LAS related factors are likely to influence levels of women empowerment. To address this respondent was required to answer a question on what factors determine women's empowerment in relation to LAS interventions as presented in Chapter 4. The determinants of empowerment obtained through assessing the interaction of agency, structure and relations. According to the conceptual framework (Fig.1.1) individual agency is assumed to be enhanced through LASs related factors such as awareness on women's legal rights, perception of women's freedom from family domination, involvement in LAS interventions; and social demographic factors including education, age, marital status and age at first marriage. On the other hand opportunity structure composed of variables such as religion, ethnicity, access to justice and access to LAS which can enable or constrain an agency (i.e. actions of individuals). Relationships through groups and networks such as self help farmers or credit groups in Fig.1.1; can build coalitions and mutual support to improve agency and alter structures through which an individual negotiates her pathway towards empowerment outcome (CARE, 2009). Understanding of LASs related factors influencing women empowerment is useful since this study will identify LAS related factors apart from social and economic variables recognised by previous studies such as Makombe (2006), Sikira (2010), Jeckoniah (2013), Kato and Kratzer (2013) which can contribute to women empowerment. Thus, the information is important to policy makers and LAS providers for planning and improvement of LAS interventions.

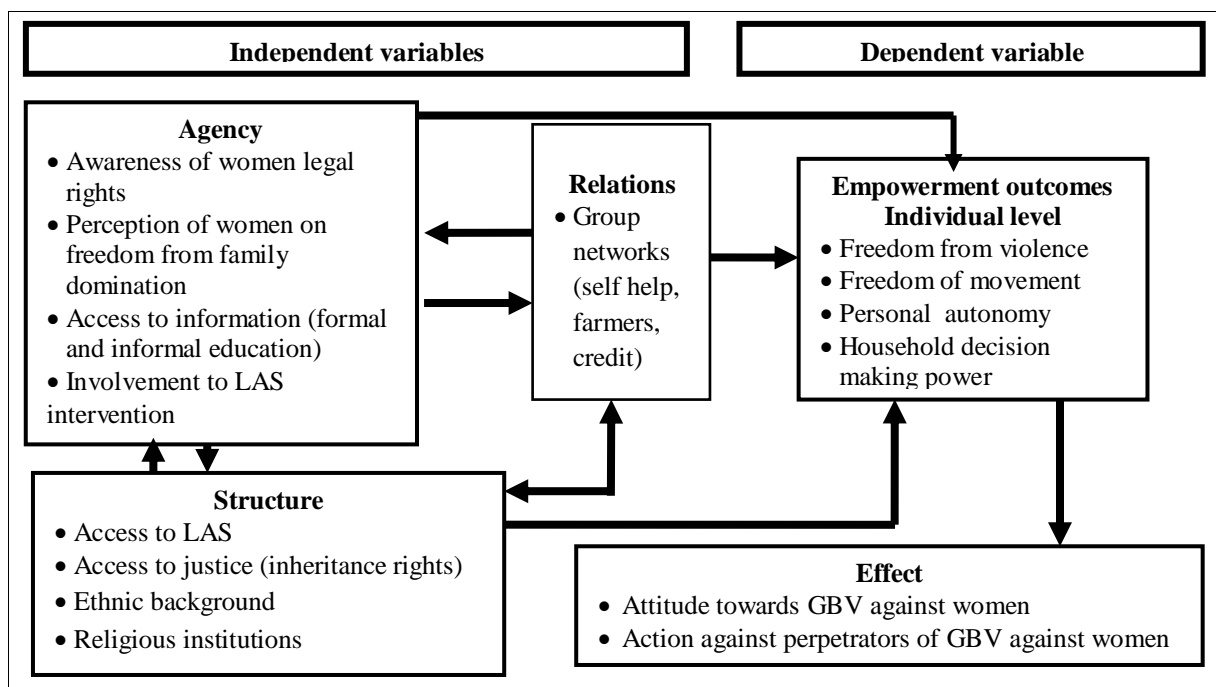


Figure 1.1: Conceptual framework adapted from CARE (2009)

Scholars such as Hameed *et al.* (2014) and Haque *et al.* (2011) suggested the importance of considering multidimensional nature of empowerment, which can be experienced in different spheres and domains and at different levels. In this study, therefore, empowerment is expected to happen, when a woman is able to make choices that lead her towards acquiring knowledge on women legal rights, making household decisions, personal autonomy, freedom of movement, and being free from violence. Furthermore, empowerment is also expected to bring effect on women's attitude towards GBV against them and actions taken against perpetrators of violence.

1.8 Organization of the Thesis

This thesis is organised in three publishable manuscripts and five chapters. The first chapter consists of the introduction which highlights the background to the problem that the thesis addresses, among other items. Chapter Two presents manuscript number one which covers objectives one and two of the study, which focuses on common forms of

GBV against women and actions taken by victims of violence against perpetrators. Chapter Three presents manuscript number two that concentrates on women's attitudes towards GBV against women in relation to LAS interventions. Chapter four presents manuscript number three on determinants of women empowerment in relation to LAS interventions. The fifth chapter presents summary of the results and discussion presented in all the manuscripts, and ultimately draws conclusions and recommendations.

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CHAPTER TWO

2.0 GENDER BASED VIOLENCE AND LEGAL AID SERVICE INTERVENTIONS IN MOROGORO RURAL AND KONGWA DISTRICTS, TANZANIA

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2.1 Abstract

Several initiatives have been implemented to promote human rights targeting women including Legal Aid Services (LASs). Despite LASs provided to women, violation of women rights, manifesting in different forms of Gender Based Violence (GBV) against them, is still high among women in the global, regional and Tanzania in particular. Using Freire's theory, this chapter analysed the influence of LAS interventions through human and women legal rights education to assess status of GBV against women in Morogoro Rural and Kongwa districts Tanzania. Specifically, the study: (i) assessed common forms of GBV against women; and (ii) analysed actions taken by women victims of violence

against perpetrators among beneficiaries and non-beneficiaries of LAS interventions. Statistical Package for the Social Sciences (SPSS) version 16 was used to analyze the data. A GBV index was constructed indicating levels of GBV against women. Results showed that women in Kongwa and Morogoro Rural districts experienced medium level of violence. Wife battering, deprivation of women from acquiring basic necessities, early marriages and marital rape were the most common forms of GBV against women practised in the study areas. Generally, beneficiaries and non-beneficiaries of LAS experienced some forms of violence regardless of their involvement in LAS interventions. Mann-Whitney U test revealed significant difference in the actions taken against perpetrators of violence for beneficiaries (Md = 5, n = 98) and for non-beneficiaries (Md = 2, n = 95), $U = 2837$, $Z = -4.730$, $p \leq 0.001$). The difference could be a result of acquired knowledge offered by LAS providers through education training on women legal rights. Hence, the knowledge inspires them to take legal actions of reporting violence incidents. These results have implication on changing GBV against women status. Therefore, the Government, NGOs and LAS stakeholders should put more emphasis on raising awareness about women's human rights, publicizing the availability of LAS providers, particularly at the grassroots level where the majority of women are less informed.

Key words: Gender Based Violence against women, Legal Aid Services, Tanzania

2.2 Introduction

Gender inequality is one of the critical challenges in the attainment of sustainable development and human development across the globe. Gender refers to the social, behavioural, cultural attribute, expectations and norms associated with being a woman or a man (WDR, 2012). Gender inequality results from unequal power relationships between women and men. These have been identified as being caused by patriarchy system

manifesting through Gender-Based Violence (GBV) (Mashiri and Mawire, 2013). GBV cuts across all divisions of classes, race, religion, age group and ethnicity in all regions in the globe and is described as the most prevalent human rights violation in the world (Cruz and Klinger, 2011; Arango *et al.*, 2014). FEMNET (2001) defined GBV as any form of violence that happens to women, girls, men and boys because of unequal power relations between them and the perpetrators of such violence. Both men and women can be victims as well as perpetrators of GBV. However, women are more vulnerable to GBV at different moments in their lives from childhood to adulthood (Ellsberge and Haise, 2005).

GBV has a greater impact on women and girls, as they are most often the victims suffering from physical violence than few men victims. Hence, the focus of this study was GBV against women. Forms of GBV against women vary across cultures, countries, regions, and occur at different stages of women's life worldwide including: physical violence from an intimate partner or husband manifested as domestic violence or wife battering, sexual violence such as marital rape, economic violence such as lack of right to own resources and deprived acquisition of basic needs, cultural violence such as early marriage and Female Genital Mutilation (FGM), psychological violence such as depression and trafficking of women and girls (Ferguson *et al.*, 2004; Betron and Doggett, 2006). Globally, several initiatives have been implemented to combat GBV against women. The initiative includes: formulation of the Universal Declaration on Human Rights of 1948, the Convention on Elimination of all Forms of Discrimination against Women (CEDAW) of 1979, the Declaration on the Elimination of Violence against women of 1993 and the Fourth World Conference on Women Action for Development Equality and Peace of 1995 (Beijing conference), whereby in Para 61 (a) of the Beijing Platform called the governments to ensure free or low cost LAS including legal literacy, especially to poor women (LHRC, 2013).

The Government of Tanzania has made efforts in tackling GBV against women through the endorsement of policies, plans and visions like the Women and Gender Development Policy of 2000, a Five-year National Plan of Action to End Violence Against Women and Children (NPAVAWC) 2017/18 – 2021/22), and the National Development Vision 2025 (NBS and ICF Macro, 2011; LHRC and ZLSC, 2017). To address this issue of women rights violation, the government has incorporated GBV against women perspectives in policies, strategies and programmes as reflected in national policy and institutional frameworks like National Strategy for Growth and Poverty Reduction (NSGRP); cluster three which indicate to eliminate sexual abuse and domestic violence against women (URT, 2010).

Furthermore, Tanzania has ratified legal instruments on the rights of women; these include the Sexual Offences Special Provision Act of 1998 (SOSPA), the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). Articles 8 (a) and (b) of the Maputo Protocol promote women's human rights in relation to LAS (LSF, 2012). The Lilongwe Declaration (2004) defines LAS to include: legal advice, assistance, representation, education and mechanisms for alternative dispute resolution; and as including a wide range of stakeholders, such as non-governmental organization, professional bodies and academic institutions. According to DIHR (2011) LAS is defined as free or subsidized services to eligible individuals or groups, mainly poor and vulnerable people, provided as a means to strengthen their access to justice, for example, legal information and education, legal advice and assistance, alternative dispute resolution and legal representation. Moreover, the Government of Tanzania permitted establishment of private agencies to provide LAS on women legal issues, like Tanzania Women Lawyers Association (TAWLA), Tanzania Media Women's

Association (TAMWA) and Women's Legal Aid Centre (WLAC). The aim of these LAS providers is to enhance awareness of women on legal and human rights including different forms of GBV against women such as FGM and land right issues (LHRC, 2004). However, with regard to GBV against women there is no specific and comprehensive law in Tanzania dealing with it, except that some of the GBV against women incidents are addressed by other laws such as; the Law of Marriage Act (LMA) of 1971, the Constitution of the United Republic of Tanzania of 1977, and SOSPA of 1998 (TAWLA, 2014).

Despite, all the above initiatives, policies formulated and LASs provided to women at global and country levels, violations of women rights manifesting in different forms of GBV against women is still high among women globally, regionally and Tanzania in particular. For example, between 1982 and 2004 about 130 million women and girls were victims of FGM worldwide (WHO, 2005). Also, it has been reported that, globally 35% of women in 2013 experienced physical and sexual intimate partner violence or non-partner sexual violence (WHO, 2013). Likewise, between 2010 and 2011 about 48% of married women in the reproductive age in Zimbabwe reported to be experiencing some forms of GBV against women, whereby 27% reported that they faced physical violence, while 26% sexual violence and 25% emotional violence (Wekwete *et al.*, 2014). Also, NBS and ICF Macro (2011) indicated that 45% of women aged between 15 and 49 years in Tanzania experienced either physical or sexual violence.

Nevertheless, the prevalence varies between regions. For example, the top five regions in Tanzania with high numbers of women who experienced physical violence in 2010 were: Dodoma (71%), Mara (66.4%), Ruvuma (58.8%), Morogoro (50.1%) and Kagera (49.4%). However, many women remain silent about violence issues (LHRC, 2012).

Several studies such as those by Rodriguez (2000) and Allendorf (2007) merely provide information on access and effect of LASs on land rights, land ownership and empowerment of women while Schuler *et al.* (2010) focused on women rights and domestic violence in Bangladesh. Only few previous analyses in Tanzania have approached the issue of LASs. For example Behrman *et al.* (2013) focused on evaluation of grassroots community- based legal aid activities in Uganda and Tanzania while DIHR (2011) determined access to justice and legal aid in East Africa. Thus, the information about status of GBV against women in relation to LAS interventions in Tanzania is scantily discussed. Therefore, this chapter analysed the status of GBV against women in relation to LAS interventions in Morogoro Rural and Kongwa districts Tanzania.

Specifically, the study (i) assessed common forms of GBV against women practiced in Morogoro rural and Kongwa districts and (ii) analysed actions taken by women victims of violence against perpetrators among beneficiaries and non-beneficiaries of LAS interventions. Moreover, the following hypothesis was tested: There is no statistical significant difference on actions taken against perpetrators of GBV between beneficiaries and non-beneficiaries of LAS interventions.

This chapter was guided by conscientization theory that developed by Paulo Freire in 1970. The theory provides an idea for education as a vehicle for breaking the shackles of oppression and a culture of silence. Also, sees literacy³ as a crucial way for increasing consciousness that actually enlighten women and other people to take action against the situation (Freire, 1973). It was anticipated that women's legal right education can: enlighten women about their legal rights, raising their consciousness to recognise different

³ Literacy as defined by Freire's (1970) means how to read and write. However, in this study literacy referred as education information gained by women through sensitisation sessions on human and women legal rights issues.

forms of GBV against women, awake them to take actions against perpetrators and report GBV against women issues to formal or informal justice systems. Conscientization is defined as the learning process to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality (Freire, 1970).

The findings from this chapter contribute to the implementation of Sustainable Development Goal (SDG) number 5 (Osborn *et al.*, 2015). This SDG specifically focuses on fighting violence against women, as a way of achieving gender equality. Also the findings contribute to implementation of Maputo Protocol article 8 (a) and (b) which promotes women's rights in relation to legal aid (LSF, 2012). Furthermore, findings from this chapter, intended to provide insights on the need for the Government and other stockholders to plan appropriate interventions programme, for education on women legal rights that can reverse the situation on GBV against women. Moreover, the findings enlighten different stakeholders including development partners, policy makers, gender activists, academicians, and the Government, with reference to decision making in regard to provision of LASs.

2.3 Methodology

2.3.1 Descriptions of the study districts

The study was conducted in Morogoro Rural and Kongwa districts. Morogoro Rural District is one of the seven districts in Morogoro Region. The District covers about 19 056 km² and lies between latitudes 8°00' and 10°00' South of the Equator and between longitudes 36°00' and 38°00' East of the Greenwich (URT, 2003). In 2012, the population of Morogoro Rural District was 286 248 including 140 824 males and 145 424 females (URT, 2013). In Morogoro Rural District, one division (Mvuha), two wards (Mvuha and Kongwa) and four villages (Mvuha, Lukulunge, Kongwa and Tulo) were selected for the

study. Kongwa District, on the other hand is one of the seven districts in Dodoma Region. The District lies between 5° 30' and 6° 00' South of the Equator and between longitudes 36° 00' and 15° 00' and 36° 00' East of the Greenwich. The population of Kongwa District was 309 973 including 149 221 males and 160 752 females (URT, 2013). One division (Mlali), two wards (Iduo and Mlali) and four villages (Iduo, Masinyeti, Nghumbi and Mlali Iyegu) were selected for the study.

The districts were selected for the study because of the presence of LAS providers such as Morogoro Paralegal Centre (MPC) and KIWAKIM for Morogoro Rural District. Likewise, there is Anti Female Genital Mutilation Network (AFNET) and Tanzania Women Lawyers Association (TAWLA) in Kongwa District, which advocate human legal rights including fighting against FGM, GBV against women, and property inheritance rights issues. Furthermore, the selected districts were within the top five regions in Tanzania with high prevalence of women experiencing physical violence in 2010 (NBS and ICF Macro, 2011). Besides, forms of GBV against women vary across cultures, countries and regions. The selected study areas also differ in terms of their cultural background as Kongwa District practises patrilineal system while Morogoro Rural District practises matrilineal system. Hence, Morogoro Rural and Kongwa districts were appropriate for the study on GBV against women because different forms of GBV against women can be identified.

2.3.2 Research design

The study employed a cross-sectional research design which allows data collection in a single period of time. Ellsberge and Heise (2005) argue that cross-sectional surveys are useful for studying violence and for providing information about the proportion of women in a community experienced or are currently experiencing abuse.

2.3.3 Data collection

Both primary and secondary data were collected. Primary data involved qualitative and quantitative data. Qualitative data were collected using an interview guide administered to 24 key informants. Purposive selection of key informants was done whereby four participants represented LAS providers, four from ward tribunals, two from the nearest police stations working at a gender desk, two from the District Community Development Office, four from ward and eight were Village Executive Offices. Similarly, a focus group interview guide was used during focus group discussion to gather information from 16 focus group discussions (1 group of women and men separately from each village with 12 participants per group discussion).

FGDs and key informant interviewees were used to provide additional and detailed information about main forms of GBV against women and actions taken by the victims against perpetrators of violence in the study areas. Structured questionnaire on the other hand was used to collect quantitative data. Four wards and eight villages that had women non-beneficiaries and beneficiaries of LAS interventions were selected purposively. For the purpose of this chapter, beneficiaries of LAS interventions mean women who have membership in LAS groups or networks and had benefited in one way or another in accessing LASs such as attending educational training on human and women legal rights, counselled on different matters relating to women rights and alike. Non-beneficiaries of LAS interventions referred to women who are not affiliated to any LASs group or network. However, for women who accessed LASs like being counselled on matrimonial issues or conflict resolutions; without attending a full package of educational training on women legal rights offered by LASs providers were considered as non-beneficiaries of LASs. The sampling unit was women beneficiaries and non-beneficiaries of LAS interventions. Selection for beneficiaries and non-beneficiaries were done purposively

from different villages within the same District (i.e. intervening and non- intervening villages by LAS providers). This is because of living in different villages which is not close by, can help to reduce spill over effects of intervention to non-beneficiaries.

In order to obtain respondents from the study areas, women aged from 15 years and above with different marital status were selected through the assistance of the village leaders and LAS facilitators at village level. Sampling frame for beneficiaries of LAS interventions was obtained from a list of names registered in LAS intervention networks or groups; while for non-beneficiaries, the sampling frame was obtained from village register in non-intervention villages. Simple random sampling using the lottery method was used to select sample from the list of names selected from each village. Sample size was 240 women (120 beneficiaries and 120 non- beneficiaries of LASs from Kongwa and Morogoro Rural districts respectively) which determined by using Cochran's formula (1977) (Appendix 4).

2.4 Data Analysis

A mixture of quantitative and qualitative method was employed to analyze data. Content analysis was used to analyse qualitative data whereby recorded information were of categories into meaningful themes. For quantitative analysis, factor analysis was used for data reduction before further analysis. Factor analysis comprises statistical techniques applied to a single set of variables, when the researcher is interested in discovering which variables in the set form correlate to subsets that are relatively independent of one another (Tabachnick and Fidell, 2007). In this chapter, factor analysis using Principal Component Analysis (PCA) was used to identify variables that were used for formulating a GBV against women index. Factorability of variables using Bartlett's test of sphericity and Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy were used. According to Pallant (2007), Bartlett's test of sphericity should be significant ($p < 0.05$) for the factor

analysis to be considered appropriate. The KMO index ranges from 0 to 1, with 0.6 being suggested as the minimum value for a good factor analysis (Tabachnick and Fidell, 2007). The overall KMO test for GBV against women index was 0.62 and the probability value for Bartlett's test was $p \leq 0.000$. Therefore, the sample was sufficient for further analysis.

Table 2.1: Factor loading values for measurement status of GBV against women

Variables	Factors		
	1	2	3
Marital rape	0.758	-0.189	-0.308
Wife or partner beating	0.726	-0.202	-0.154
Deprived right to own land resources	0.575	0.530	0.102
Experienced FGM	0.479	0.246	0.423
Insulted by abusive language	0.234	-0.581	0.407
Deprived right to acquiring basic needs	0.403	-0.562	0.264
Marriage before maturity	0.427	0.526	-0.305
Deprived right to inherit family resources	0.016	0.406	0.735

GBV against women status was measured by developing a GBV against women index based on 8 statements which were included in the questionnaire. The variables included were: whether or not the respondents had experienced partner beating, forced sexual intercourse, deprivation of the right to own family resources, marriage before physical maturity, experienced FGM, had been insulted with abusive language, deprived the right to inherit family resources and deprived the right to acquire basic needs. The respondents were asked to indicate whether they had experienced any of the above forms of GBV against women. Before formulating the index the responses from 8 statements were entered into factor analysis for data reduction. PCA yielded three factors which were used to select variables that were used to measure status of GBV against women (Table 2. 1). According to De Vaus (2002), factor loading of variables should be at least 0.3, hence variables with factor loadings below 0.3 were not selected for further analysis. On this basis, using the first factor loading, two variables were dropped included insulted by

abusive language and deprived right to inherit family resources. While six variables were selected for further analysis including marital rape, wife or partner beating, deprived right to own land resources, experienced FGM, deprived right to acquire basic needs and marriage before maturity.

Respondents who had experienced one or more of the selected forms of GBV against women were assigned 1 and 0 otherwise (i.e. not experience any form of violence). The respondents' responses were added up to form an index, which was used for further analysis. The points scored on the GBV against women index were categorized into free from GBV against women (0), low GBV against women (1-2.9), medium GBV against women (3) and high GBV against women (3.1-6). Sikira (2010) used a similar method in determining GBV index by categorizing GBV into three levels. Conversely, the current study classified GBV against women into four levels because some women had not yet experienced GBV against them.

In this chapter, action taken against perpetrators of GBV against women was examined by developing a list of 11 variables, which victims of violence could act upon by reporting the issues to police stations, ward tribunals, ten cell leaders, village leaders, Community Based Legal Aid Services (CBLAS), health centres, religious leaders, traditional leaders, neighbours, in laws and biological parents. The variables were then grouped into three categories: formal justice system⁴ (Police station and ward tribunal), informal justice system⁵ (traditional leaders, religious leaders, ten cell leaders, village executive officers and CBLAS) and apart from formal and informal justice systems (neighbours, in-laws and biological parents). The respondents who had reported violence to formal justice systems

⁴ This study refer informal justice system as those using procedural or structural foundation that is not primarily based on statutory law (DIHR, 2011); they apply non-state methods of conflict resolution

⁵ Formal justice system using procedural based on statutory law

were assigned 3; those women reported to informal justice systems were assigned 2, while those women who sought assistance apart from formal and informal justice system were assigned 1 and 0 for those women who kept quiet. The respondents' responses were added up to form total scores, which were used for further analysis (i.e. analysis of actions against perpetrators of GBV against women).

Mann-Whitney *U* test was used to test the hypothesis that, there is no statistical significant difference on actions taken against perpetrators of GBV between beneficiaries and non-beneficiaries of LAS interventions ($p < 0.05$). Mann-Whitney *U* test is a non-parametric test, which actually compares medians of two independent groups. It converts the scores on the continuous variables to ranks across the two groups and then evaluates whether the ranks for the two groups differ significantly (Pallant, 2007).

2.5 Results and Discussion

2.5.1 Characteristics of respondents

Respondents' minimum and maximum ages ranged between 15 and 74 years, with the mean age of 36.8 years (Table 2.2). The findings indicate that the study cuts across all age groups from young up to old women. For example, the findings show that slightly less than one third (29.6%) of women's age group were in the range of 25-34 years; implying that a greater proportion of respondents were young in their active reproductive age, at this age group literatures indicated that GBV against women is expected to be high (Sikira *et al.*, 2010). While results show 28.3% of the women were at the age of 45-74 years, where women are more likely to have experienced violence. Education plays a very significant role in every one's life and is one of the essential aspects from freeing women from subordinate position. The findings in this chapter indicate that 45.4% of the women had completed primary education and 20% had not completed primary education (Table 2.2).

Table 2.2: Distribution of respondents by age, education and ethnic groups (n=240)

Variable	Frequency	%
Age (Yrs)		
15-24	39	16.2
25-34	71	29.6
35-44	62	25.8
45 +	68	28.3
Education level		
Completed Primary education	109	45.4
Not attended school	51	21.2
Not completed primary education	48	20.0
Completed secondary education	23	9.6
Not completed secondary education	7	2.9
Completed technical or diploma education	2	0.8
Ethnic groups		
Wakaguru**	88	36.7
Others (Wamaasai**, Wazigua*, Wahehe**, Wazaramo*, Wapogoro**, Wasukuma**)	58	24.1
Wakutu *	45	18.8
Waluguru *	35	14.6
Wagogo **	14	5.8

*= Represent for ethnic group who were belong to matrilineal system and ** = Represent for ethnic group who were belong to patrilineal system.

Cultural practices like “*Kumnema mwali*” meaning mentoring a girl on how to become a good wife and FGM was mentioned⁶ as the most important factors contributing to school drop out in the study areas. Similar findings have been reported in different studies in Tanzania that traditional rituals are the cause for girls to drop out from school since the rituals prepare them to become better wives and mothers (Hakielimu, 2010; Mteuele, 2012; Magesa *et al.*, 2014). Yet, a substantial percent (21.2%) of the women had never attended school. The same finding was reported by URT (2014) that a number of women in rural areas still had no formal education. This denotes that rural women’s rights of getting education were violated either due to patriarchal system or cultural practices. Lack of education can impede women to acquire information from various sources through brochures, newspapers, leaflets and posters. These are mostly used by LAS providers and different activists in advocating women legal rights issues relating to different forms of GBV against women, such as FGM and deprived rights of resource ownership.

⁶ Cultural practices mentioned during FGDs in study areas

More than one-third (36.7%) of the respondents were Wakaguru residing mainly in Kongwa District and who mostly practised patriarchy system. Findings also indicated that about 24.1% of respondents were women from other ethnic groups including Wamaasai, Wahehe, Wapogoro, Wasukuma (practised patriarchy system) and Wazigua, Wazaramo (practiced matrilineal system). While 18.8% were Wakutu and 14.6% were Waluguru, living in Morogoro Rural District who partly practiced matrilineal system (Table 2.2). This is because of migration which results in intermarriages hence changing them from a full matrilineal system to a mixture of a matrilineal and patrilineal system. This result was affirmed by one KI (VEO) in Mvuha Village that:

“...the migrants (particularly Wamaasai and Wasukuma) have altered the fundamental cultural practices (full matrilineal system) of Morogoro Rural District to some extent of a patrilineal system. This is because of inter-marriages practised in the area...” (KI Mvuha village).

2.5.2 Marital status of the respondents

According to study findings presented in Table 2.3, more than half (62.9%) of the women interviewed were married, living together or cohabitating. This could be contributed by traditional rituals practised in the study areas which prepare girls to become wives and good mothers. The findings also show that about 14.2% of the women were divorced, where 10% were divorced illegally⁷. During FGDs, participants revealed that illegal divorce was contributed by the tendency of men to write divorce without following legal procedures hence, women decide to quit their marriage thinking that were already divorced. This implies that a number of women in the study areas were ignorant of the Marriage Act of 1971 on matters relating to divorce.

⁷ Illegal divorce mean informal separation

Table 2.3: Distribution of respondents by marital status (n=240)

Variable	Frequency	Percent
Marital status		
Married or cohabitating	163	67.9
Divorced illegally	24	10.0
Single	23	9.6
Widowed	20	8.2
Divorced legally	10	4.2
Age (yrs) at first marriage		
12-17	72	30.0
18-23	119	49.6
24-29	18	7.5
30-35	7	2.9
42+	1	0.4
Type of marriage		
Monogamy	133	55.4
Polygamy	85	35.4
Age of husband		
Same age	8	3.3
Younger than	4	1.7
1-3 years older	54	22.5
4-6 years older	53	22.1
7-9 years older	29	12.1
More than 10 years older	69	28.8

From the study findings, almost a half (49.6%) of the women interviewed got married between 18-23 years of age. Also results indicate that 30% of women got married below the age of 18 years (Table 2.3). These results indicate that early marriage is practised in the study areas, which is against CEDAW which recommend that 18 years should be the minimum legal age for marriage for both males and females. Although, Tanzania ratified CEDAW in 1998 the Tanzania Law of Marriage Act (LMA) of 1971 indicates the legal marriage of 15 years for girls and 18 years for boys which perpetrate GBV against women. Also, the findings show that more than half (55.4%) of the women interviewed were married in a monogamous type of marriage, while 35.4% of women were in polygamous relationships (Table 2.3). Key informant interviewees reported that polygamous marriages resulted through the tendency of men seeing that marrying more than one wife was a way of getting cheap labour for farming activities. Similar findings were reported by

Scheinfeld and Tyndall (2009) that in polygamous marriages wives are treated as working tools and men use them for farming activities, which is violation of women dignity.

About 28.8% of women were married to men who were more than 10 years older than them (Table 2.3). Age differences between spouses are an indicator that the greater the age difference between women and men, the more likely they are to experience intimate partner violence. For example, Sikira *et al.* (2010) reported that bigger age differences might explain the differences in perceptions between men and women, which accounts for high rate of GBV. Likewise, USAID (2009) reported the age gap between partners can create power dynamics and social isolation, making girls more vulnerable to numerous forms of GBV against them.

2.5.3 Common forms of GBV against women practised in Morogoro Rural and Kongwa districts

The study findings indicate that 83% of all women in the study areas had experienced wife or partner battering (Table 2.4). Likewise, LAS providers in study areas highlighted that the most reported GBV against women cases were related to wife battering and abandonment of women and children without basic needs. Similar findings have been reported by NBS and ICF Macro (2011) which showed that 61% of women in central zone of Tanzania Mainland have experienced physical violence. Further, Sikira (2010) reported that 85.8% of the respondents in Serengeti District had experienced wife battering. Also, it was reported that between 2010 and 2011 about 27% of women in the reproductive age in Zimbabwe faced physical violence (Wekwete *et al.*, 2014). Likewise, WHO (2013) reported that globally, 35% of women in 2013 experienced physical violence. These results indicated a serious magnitude of physical violence against women globally, regionally and Tanzania in particular.

Also findings show that 79.5% of women interviewed pointed out they were deprived from right of acquiring basic needs like clothing, food, school fee and other necessities (Table 2.4). Discussants said deprivation of right of acquiring basic needs was the main form of GBV against women in the study areas. One of the participants in Iduo village highlighted that:

“...my husband grabbed all our family crops after harvesting and sold them at the local market place. After getting the money he spent it with a concubine in the neighbouring village. It is six months now since he left me with my two young daughters starving. Currently, my daughter is sick, but I do not have money to spend on her treatment. I decided to withdraw my eldest daughter from school and send her in town to be employed as a house girl doing domestic work for wage...” (Woman participant FGD Iduo Village).

A similar observation was reported by TAMWA (2013) that there is a massive problem of men abandoning their families. Such incidents are commonly practised during the harvesting seasons. The majority of the men sell all the harvested crop produce and use the proceeds to get drunk or marry new wives. In such a situation families lack care from a father or husband and as a result children drop out of school and even go without basic needs they deserve.

Marital rape⁸ was another form of GBV against women practised in Morogoro Rural and Kongwa districts; where 67.7% of the women reported to have experienced marital rape by either spouses or partners (Table 2.4). This is probably due to the fact that marital rape is not recognized as a crime in the laws of Tanzania as well as in traditions and patriarchy

⁸ Marital rape means any unwanted sexual acts by a spouse or ex-spouse that is committed without the other person's consent.

systems; culturally women are socialized to fulfil sexual pleasure of their husbands as one of wife contractual obligations. Likewise, the Sexual Offences Special Provisions Act (SOSPA) of 1998, legislation that governs rape offences in Tanzania does not fully acknowledge marital rape (URT, 1998). Only rape is measured between a legally separated husband and wife, hence propagating marital rape.

Study findings presented in Table 2.4 show that 46.3% of the women were deprived of the right to inherit family resources while 37.1% were deprived of right to resources ownership. This was not surprising because the Wakaguru ethnic group is dominant in Kongwa District and a small group of Masaai ethnic group were immigrating in to Morogoro Rural District, who is naturally patrilineal in which case women are generally not given the same rights of inheritance and ownership of productive resources as men. FEMNET (2001) indicated that in patrilineal system women have no right of land inheritance or ownership of production resources.

Early marriage was another form of GBV against women practised in Kongwa and Morogoro Rural districts. Early marriage for girls before the age of 18 years is a violation of a number of international human rights conventions (Otoo-Oyortey and Pobi, 2003). The findings indicate that 30% of the women were married before reaching their 18 years of age (Table 2.4). The similar finding was reported by HRW (2014) showing that in Tanzania 4 out of 10 girls are married before 18 years of age. In the four FGDs of women and two FGDs of men in Kongwa District, the discussants pointed out that dowry price payment highly contributed to early marriages. Most families exchange their daughters with cattle or goats as dowry price. In the three FGDs of women and two of men in Mvuha and Lukulunge villages (Morogoro Rural District), the discussants indicated that early marriages mostly result from traditional ceremonies, specifically ceremonies done

after initiation period of girls by women. This implies that other forms of GBV against women like early marriages were accelerated by women themselves as a consequence of culture and traditions; this is likely to inhibit efforts towards elimination of GBV against women. Related findings were reported by Nnadi (2014) that traditions ritual escalates the incidences of early marriages in Sub-Saharan Africa and Nigeria in particular.

Furthermore, the findings show that 23.9% of the women in Kongwa District had experienced FGM, compared to 7.9% of the women in Morogoro Rural District (Table 2.4).

Table 2.4: Forms of GBV against women practised in Morogoro Rural and Kongwa districts (n = 229)

Forms of GBV	Districts		
	Kongwa* (%)	MR *** (%)	All (%)
Wife or partner beating	41.9	41.0	83.0
Deprived right to acquiring basic needs	38.0	41.5	79.5
Marital rape	34.9	32.8	67.7
Deprived right to inherit or own family resource	28.4	17.9	46.3
Deprived right to own land resources	22.3	14.8	37.1
Marriage before physical maturity	16.2	17.9	30.0
Experience of FGM below 18 years	13.5	5.7	19.2
Experience of FGM above 18 years	10.4	2.2	12.6

Note: Figures in (%) represent multiple responses, MR = Morogoro Rural, * = Practiced patrilineal system; ** = Practiced matrilineal system

This finding indicates that FGM is still practised in Kongwa District regardless of the presence of AFNET which specifically advocates against FGM. During FGDs, it was revealed that the extent of FGM had changed due to the fact that FGM perpetrators fear of the criminal charges hence they have opted to mutilate children at infancy stage few days after birth.

Likewise, NBS and ICF Macro (2011) reported that the prevalence of FGM has gone down from 18% in 1996 to 15% in 2010. This could be due to interventions/campaigns by various actors/activists and also because of criminal charges taken against perpetrators of FGM using SOSPA Act of 1998. However, SOSPA protects victims of FGM only when they are below the age of 18 years. Not taking into consideration that because of their vulnerability women can also be subjected to FGM even when they are above 18 years of age. For example, findings presented in Table 2.4 revealed that 12.6% of women had experienced FGM beyond their 18 years of age.

2.5.4 Status of GBV against women

The study findings presented in Table 2.5 show the status of GBV against women in Morogoro Rural and Kongwa districts. The highest proportion (35.4%) of all women interviewed were classified at the medium level of GBV against women while 34.6% of women were classified at high level of GBV against women and 22.9% categorised at low level of GBV against women. This could be contributed by advocacy of women legal right education offered by LAS providers in opposition to GBV against women and legal action taken by the Government to perpetrators of GBV against women. However, Only few (7.1%) of the women were free from GBV against women (Table 2.5) this can be because of women ignorance regarding to their rights which cause them to be unconscious of different forms of violence perpetrated against them. It is anticipated that women beneficiaries in LAS intervention get opportunities of attending education sessions on women legal rights, which progressively awake them and open their minds to recognize different forms of GBV against them. Such awareness empowers women to speak out about different forms of violence practiced against them. The act of victims of violence to speak out about different forms of violence practised against them is considered as the most important starting point in eliminating of GBV against women.

Table 2.5: Distribution of respondents by GBV against women index and their classification (n = 240)

Score	n	%
0	17	7.1
1	26	10.8
2	29	12.1
3	85	35.4
4	45	18.8
5	27	11.2
6	11	4.6
Total	240	100.0
Mean Index 2.97		
Classification levels of GBV		
Free from GBV	17	7.1
Low Level	55	22.9
Medium Level	85	35.4
High Level	83	34.6

However, beneficiaries and non-beneficiaries of LAS in the study areas, reported to experience certain levels of violence regardless of their involvement in LAS interventions (Figure 2.1).

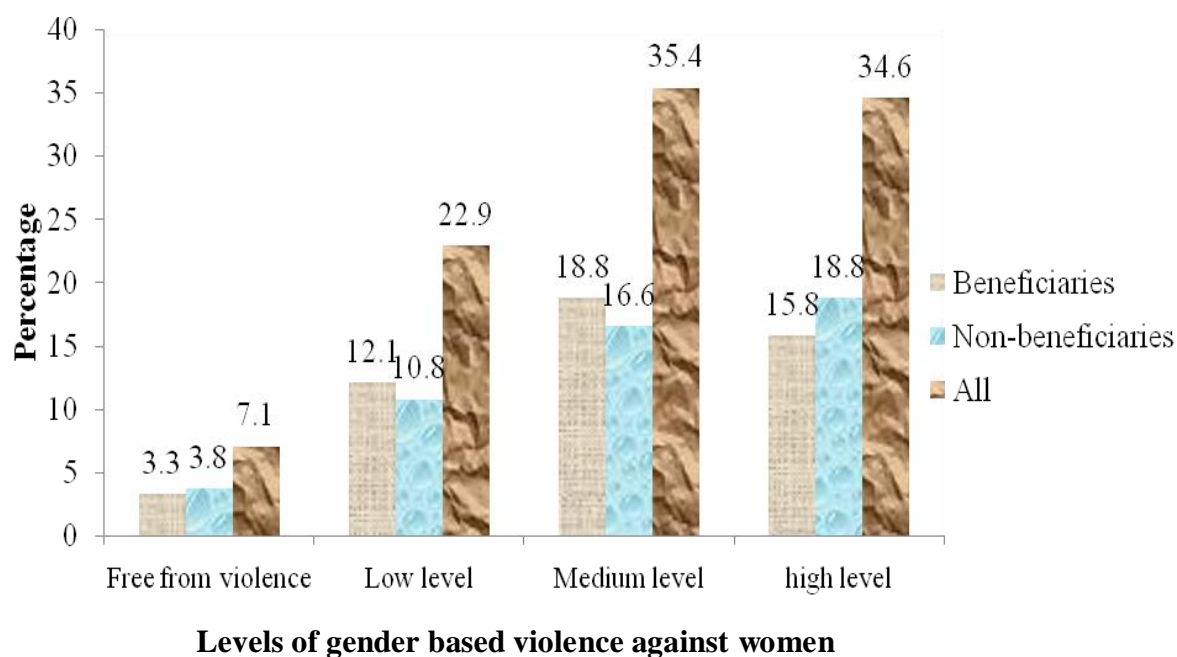


Figure 2.1: Levels of GBV against women between beneficiaries and non-beneficiaries

2.5.5 Measures taken by respondents against perpetrators of GBV against women

The study findings summarised in Table 2.6 indicating actions taken by women for reporting violence incidences. More than half (58.9%) and about half (44.8%) of the respondents victims of GBV against women rushed to ten cell leaders and village leaders respectively. Similar findings were reported by Abeya *et al.* (2012) that most victims of GBV against women, as a first measure, usually report to local village leaders for arbitration. Likewise, women FGD discussants in all eight villages confirmed that often women tend to rush to ten-cell leaders for assistance before going to higher reconciliation boards in case of violence. This implies that ten cell leaders play a significant role in provision of informal LASs to GBV against women victims at village level than other LAS providers.

Moreover, the findings revealed that 30.7% of the women reported GBV against women issues to their in-laws (Table 2.6). During in-depth discussions with KI it was revealed that according to Wakaguru and Wagogo in Kongwa District practised patriarchy system, it is a taboo for married women to disclose any type of violence to anybody apart from their in-laws (i.e. only allowed to expose their violence issues to their in-laws and not to their parents or other formal legal systems). This implies that traditions are still valued in the study areas, which hamper victims of GBV against women on reporting their violence issues to formal justice system. Hence, change of discriminative traditions is imperative which requires some concerted efforts by various sectors. Furthermore, the findings indicate that 29.2% of the women kept quiet after violence (Table 2.6). During FGDs it was reported that a number of women kept quiet after violence because of economic dependence on their spouse and therefore, they feared that if their spouses were criminalised the economic status of women and children would deteriorate. Similar findings have been reported by different scholars for example LHRC (2012); Mashiri and

Mawire (2013) reported that women victims of abusive relationship remain silent; they tolerate abusive relationships, especially where there was a lot of dependency on their abusive husbands or partners.

**Table 2.6: Measures taken by women in opposition to GBV against women
(n = 212)**

Measures	Beneficiaries (%)	Non-beneficiaries (%)	Total (%)
Report to ten cell leaders	37.0	21.9	58.9
Rushed to village leaders	29.7	15.1	44.8
Rushed to in- laws	16.7	14.1	30.7
Kept quiet	3.1	26.0	29.2
Rushed to biological parents	13.0	8.9	21.9
Called up on neighbours for help	9.9	6.8	16.7
Reported to CBLASF	12.0	2.1	14.1
Rushed to religious leaders	4.7	6.8	11.5
Rushed to health centres	9.4	3.1	12.5
Reported to nearest police station	7.3	1.6	8.9
Reported to traditional leaders	1.1	5.7	6.8
Reported to Ward tribunal	2.9	0.9	3.8

Note: Figures in (%) represent multiple responses

This implies that policy approach towards women empowerment is required, particularly the antipoverty policy approach. This could improve women economic status and bring them out of dependence.

Conversely, in all FGDs it was reported that also some men in the study areas faced certain forms of violence from their spouses such as physical violence and depriving food by their partners or wives, but they kept quiet because of cultural beliefs that men are strong, they never face violence and traditionally it is a shame for a real men to speak out about any violence perpetrated by their spouses. Hence it is high time for LAS providers to advocate that both men and women suffer from GBV against them and should be

regarded as human rights violation regardless of the victim's sex. Therefore, men should be educated that reporting GBV against them to formal or informal justice systems is their right before a law as the way of accessing their justice.

During FGDs other women, in particular non-beneficiaries of LAS declared that they did not know where to report GBV against them. This is denoted by the findings presented in Table 2.6 whereby (26.0%) of non-beneficiaries kept quiet when they faced violence, compared to (3.1%) of their counterparts. This is linked with Freire's (1973) ideas that education as the vehicle of breaking the culture of silence. Thus, lack of voice and calmness of non-beneficiaries towards reporting GBV against them could be contributed by unawareness regarding their rights.

Therefore, education on human and women legal rights is essential for women to voice different forms of violence practised against them. Since awareness of women rights can awake them to take action by reporting GBV against women issues hence break silence. Also, the findings indicate that 14.1% of the women reported GBV against women to Community Based Legal Aid Service Facilitator (CBLASF). During FGD, participants, mostly non-beneficiaries of LAS providers, said that they were not aware of women rights but they did not know if LASs were available and even services offered are not known to them.

Moreover, the findings indicate that about 12.5% of the women interviewed reported to health centres after experiencing GBV (Table 2.6). During FGDs, the discussants reported that PF3 form from police station or letter from ward office hampers injured women from seeking medical treatment in the health centres, since injured victims were required to get PF3 form from police station before seeking any medical procedure from health centres.

Similar findings were reported by Jullu *et al.* (2009) that PF3 form delays injured victims of violence from seeking medical attention from health centres as they are forced to by law to bring PF3 form from the police before treatment. In addition the findings show that few (8.9%) of the women reported violence issues to police stations. Dialogue in all FGDs participants pointed out that unavailability of police posts within their villages, long distances to police posts and bribery among police officers were the main factors hindering them from accessing justice from police. Ward tribunals were established under the Ward Tribunal Act of 1985 which provides for the creation of tribunal within local areas and have been established in all wards of Tanzania mainland.

The purpose of Ward tribunals is to hear complaints relating to social conflicts and some criminal acts including GBV issues (LSF, 2012). However, from the findings it was found that only few (3.8%) of the women victims of violence reported complains to ward tribunal. The finding pinpointed during FGDs shows related costs of LAS offered by ward tribunal was among the hindering factors for women victims of violence to report their cases at ward tribunal. This is in line with findings reported by LSF (2012) that requirement of paying for an associated service with LAS prohibits many villagers from registering their complaints at the ward tribunals. Further analysis was done using Mann-Whitney *U* test, to test the hypothesis that, there is no statistical significant difference on actions taken against perpetrators of GBV between beneficiaries and non-beneficiaries of LAS interventions. The results revealed that there was significant difference in the action taken between beneficiaries and non-beneficiaries in LAS providers (Table 2.7). The statistical results show significant ($P < 0.05$), difference in median scores of 5 and 2 for beneficiaries and non-beneficiaries respectively, *r* value was 0.3 which is considered as medium effect size according to Cohen (1988) criteria of 0.1 small effect, 0.3 medium effect and 0.5 large effect.

Table 2.7: Legal actions in opposition to GBV against women between beneficiaries and non-beneficiaries

Respondents'	n	Median	Mann-Whitney U	Z	P-Value
Beneficiaries	98	5.00	2837	- 4.730	0.000
Non beneficiaries	95	2.00			

R = 0.3

Thus, the hypothesis that those actions taken by beneficiaries and non-beneficiaries of LAS intervention to perpetrators of GBV against women are different is confirmed. The distinguished differences could be related to the acquired knowledge on women legal rights education offered by LAS providers. Hence, the knowledge inspires them to take legal action of reporting violence incidences. This is in line with Freire (1973) theory that sees education as important vehicle for breaking culture of silence. Legal actions taken against perpetrators of violence were reported as among the reasons behind decreasing GBV incidents (Sikira, 2010). Based on this, LAS interventions would be an important strategy on the elimination of GBV against women towards achieving gender equality.

2.6 Conclusions and Recommendations

Based on the findings and discussion, this chapter makes three conclusions: first, wife battering, deprivation of women from acquiring basic necessities, early marriages and marital rape were the most common forms of GBV against women practised in Morogoro Rural and Kongwa districts. Secondly, it is also concluded that forms of GBV against women vary across locality and cultural norms among different ethnic groups and that both beneficiaries and non-beneficiaries of LASs experienced certain levels of violence regardless of their involvement in LAS interventions.

Thirdly, victims of GBV against women in Morogoro Rural and Kongwa districts mostly reported their violence incidents to ten cell leaders and village leaders as measures

against perpetrators of GBV against women while others remained silent on violence practised against them. Women beneficiaries of LAS interventions were leading in reporting violence incidences against perpetrators of GBV against women than non-beneficiaries. The motivation of taking action against perpetrators of violence could be a result of consciousness of their legal rights gained through women legal rights education offered by LAS providers. This conclusion agrees with Freire's education theory that education is an important factor for increasing awareness and consciousness that enlightens people to take action against oppression.

Based on the conclusions, the chapter makes two recommendations: first, when the Government, NGOs and LAS providers address the issues of GBV against women, interventions should be culture sensitive and locality specific. These should distinctively consider addressing different forms of GBV against women based on ethnicity and transforming traditions which subordinate and hamper women from reporting violence issues to formal justice system. It is high time for policy makers to amend the existing marriage Act of 1971 on legal age of marriage to be 18 years for both girls and boys to reduce incidence of early marriage as one of the GBV forms commonly practiced in the study area. It is also, SOSPA should revise this provision in order to protect all women from FGM regardless of their age. Secondly, efforts to extend LASs interventions and make popular the availability and types of services offered by LAS providers at grassroots level, particularly to non-intervening villages is essential, because only few villages are covered by LAS providers. Also, education on human and women's legal rights is required to the whole community including men, women, girls and boys. Knowledge of human and women legal rights is important for women and men to break the culture of silence.

Finally, the chapter recommends two further studies: one study on determinants of GBV against women among beneficiaries and non-beneficiaries of LAS intervention in other areas, in order to broaden understanding of the phenomenon; and the second study on status of GBV against men in order to explore different forms of GBV faced by men.

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CHAPTER THREE

3.0 WOMEN'S ATTITUDE TOWARDS VIOLENCE AGAINST WOMEN IN RELATION TO LEGAL AID SERVICE INTERVENTIONS IN MOROGORO RURAL AND KONGWA DISTRICTS, TANZANIA

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3.1 Abstract

Understanding of women's attitude toward Gender Based Violence (GBV) against Women in the context of LAS is crucial for effective utilization of the service and prevention strategies. Thus this study examines women's attitude towards GBV against them with regards to their involvement in Legal Aid Services (LAS) interventions in Morogoro Rural and Kongwa districts. Quantitative data were collected using a structured questionnaire while qualitative data from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were collected using interview guides. Descriptive and inferential statistical analyses were done using SPSS. A Likert scale was used to measure

attitude of women towards GBV against women. Mann Whitney U test was used to determine differences in women's attitude towards GBV against women in relation to LASs beneficiaries and non-beneficiaries. Also, ordinal logistic regression was employed to determine the effects of LAS intervention on attitude of women towards GBV against women. Overall, 58.3% of the women had negative attitude towards GBV against women, while 32.9% of the women had positive attitude. Generally, the attitude towards GBV against women was statistically different ($p \leq 0.05$) between beneficiaries and non-beneficiaries of LAS interventions. Involvement of women in LAS interventions and ethnic background were found to be stronger predictors of attitude of women towards GBV against them. It is recommended that LAS providers should arrange more sensitisation campaigns and education sessions on human and women's legal rights. The campaigns should involve all communities focusing on raising awareness about existing myths fuelling GBV against women based on cultural background.

Key words: GBV against women, Legal Aid Services (LAS), Women's attitude, Tanzania

3.2 Introduction

Gender Based Violence (GBV) against women is described as the most prevalent human rights violation in the world (Arango *et al.*, 2014). Various theories explain the origin of GBV with different perspectives, for example socio-cultural theories of violence believe that GBV is a result of reflection of attitude shared by a group of people governing interpersonal interactions in patriarchy societies (Nayak *et al.*, 2003; Anderson, 2005). While, literature indicate that women are more affected by GBV in their intimate relationship compared to men (Arango *et al.*, 2014; FEMNET, 2001), a study conducted by Sikira *et al.* (2010) in Serengeti District in Tanzania reported that the majority of women had positive attitude towards GBV against them, which is likely to slow down the

process of eradicating GBV. In many societies, prevailing attitudes subordinate women to men and entitle men to use violence to control women. These attitudes serve to justify, tolerate or condone violence against women (WHO and PAHO, 2012); as a result this current chapter focuses on attitude towards GBV against women.

Violence against Women (VAW) as defined by the United Nations General Assembly (1993) is "any act of GBV that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." There are different forms of violence against women, either in the form of physical, sexual, psychological and economic (Nair, 2014).

Literature reveals that the most common forms of GBV against women practised in Tanzania take different forms throughout women's and children's lives, including: wife beating, sexual violence such as marital rape, deprivation of basic necessities, early marriage, abuse of the elderly, cultural practices like FGM, cleansing of widows/widowers and marriage between two women "*nyumba nthobhu*⁹" (LHRC, 2013; LHRC, 2012; NBS and ICF Macro, 2011; Sikira *et al.*, 2010); also Nyange *et al.* (2016) reported that, wife beating, deprivation of basic necessities and marital rape are the most common forms of GBV against women practised in Kongwa and Morogoro Rural districts, Tanzania. For the initiatives to eliminate GBV against women to be successful, it is crucial to change women's attitude, because positive attitude towards GBV is associated with actual occurrence of violence (Antai and Antai, 2008).

⁹ Nyumba nthobhu is a form of VAW which is commonly practiced in Serengeti and Tarime district in Mara region Tanzania.

The Government of Tanzania has made efforts in tackling GBV against women through ratification of legal instruments on the rights of women. These include: the Convention for the Elimination of All forms of Discrimination Against Women (CEDAW), the Sexual Offences Special Provision Act of 1998 (SOSPA) aiming at punishing the perpetrators of violence and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). Also various Legal Aid Services (LAS)¹⁰ providers were established with the aim of enhancing awareness of women on human legal rights including all forms of GBV against women such as FGM (LHRC, 2004).

This study assumed that intervention programmes undertaken by LAS providers and other development actors, through dissemination of information about women legal rights and harmful practices such as FGM would enhance knowledge on the effect of GBV against women among victims and perpetrators. Consequently, the knowledge contributes to one's attitude towards GBV against women. This assumption concurred with Ajzen (1991) who assumes that humans are essentially rational and can use information available to them to make reasonable behavioural decisions; such information induces one's attitude towards certain behaviour. In line with this background it is important to assess attitude of women towards GBV against them and factors determines it, in the context of LAS intervention.

Flood and Peace (2009) highlighted factors influencing attitude of women towards violence against women such as age, witness of violence, religion and education campaign. Several studies have been conducted on attitude of women towards GBV

¹⁰ Legal Aid Services (LAS) is a free or subsidized services to eligible individuals or groups, mainly poor and vulnerable people, provided as a means to strengthen their access to justice (DIHR, 2011).

against women in Tanzania. For example, a study by Abeid *et al.* (2015) determined knowledge of and attitude towards sexual rape and sexual abuse; while Sikira (2010) examined attitude of women towards GBV. However, all aforementioned studies did not focus on attitude of women towards GBV against them in the context of LAS interventions. The phenomenon may be necessarily something new towards elimination of GBV against women. This study therefore aimed at examining women's attitude towards GBV against women in relation to their involvement in LAS interventions in Kongwa and Morogoro Rural districts. Specifically, the study assessed attitude of women towards GBV against women among beneficiaries and non-beneficiaries of LAS interventions, analysed determinants influencing attitude of women towards GBV against women in relation to LAS interventions and tested the hypothesis that: There is no statistical significant difference of women's attitude towards GBV for beneficiaries and non-beneficiaries of LAS interventions.

Changing victims and perpetrators' attitude towards GBV is highlighted as a stepping-stone towards elimination of GBV (Sikira *et al.*, 2010). Likewise, Nayak *et al.* (2003) informed that an understanding of attitude toward GBV against women is crucial for effective prevention strategies. The study aimed at contributing to the implementation of Sustainable Development Goal (SDG) Number 5 (Osborn *et al.*, 2015) which focuses on fighting VAW as a way of achieving gender equality. Also, the study is aligned with Maputo Protocol Article 8 (a) and (b) which promotes women's rights in relation to LAS (LSF, 2012). It is anticipated that the findings of this study will provide insights to policy makers on the need to plan interventions for creating awareness on women's legal rights, which can change attitudes of women towards GBV against women. The findings enlighten gender activists, LAS providers and the government designing and execute LAS towards eliminating GBV against women.

3.3 Methodology

3.3.1 Study areas

The study was conducted in Morogoro Rural District located in Morogoro Region and Kongwa District located in Dodoma Region. The two regions are among top five (Dodoma, Mara, Ruvuma, Morogoro and Kagera) regions with high prevalence of physical violence in 2010 (NBS and ICF Macro, 2011).

Morogoro Rural and Kongwa districts were purposively selected due to presence of organisations/networks actively running LAS interventions at the time of the study. Some of the networks include: Anti- Female Genital Mutilation Network (AFNET), Tanzania Women Lawyers Association (TAWLA), Morogoro Paralegal Centre (MPC) and a group of legal aid services providers in Mvuhā “*Kikundi cha Wasaidizi wa Kisheria Mvuhā*” (KIWAKIM) which advocates on human and women's legal rights including issues related to GBV against women. Demographically, women comprise 51.9% out of the 309 973 people and 50.8% out of the 286 248 people in Morogoro Rural and Kongwa districts respectively (URT, 2013). The main ethnic groups in Kongwa are Wakaguru and Wagogo, while Wakutu, Waluguru and a small proportion of Maasai and Wasukuma migrants are found in Morogoro Rural District.

Likewise, the selected study areas differ in terms of their cultural backgrounds; Kongwa District mainly practises a patrilineal system while Morogoro Rural District mainly practices a matrilineal system. According to these characteristics, the districts are expected to be essential in studying attitude of women towards GBV against women, as perceptions from the different cultural backgrounds can be enlightening.

3.3.2 Research design and sampling technique

In order to collect multiple cases at a single point of time, the study employed a cross-sectional research design (Bailey, 1998). The design is considered to be appropriate in providing an image of a current situation in a specific time (Ellsberge and Heise, 2005). One division, one ward and four villages were purposely selected from each district based on the presence of organisations or networks actively running LAS interventions; also in the same division one ward and four villages were purposely selected from each District based with absence of LAS intervention.

The sampling unit for this study was an individual woman involved and those not involved in LAS intervention activities. Only women were involved in this study because women are the most affected group by different forms of violence and are the one's actively involved in LAS intervention activities. For the purpose of the current chapter, a woman involved in LAS interventions is regarded as a beneficiary of LAS interventions. This means that they are affiliated in an organization/group of LAS providers at village level or should have attended educational training on women legal rights and GBV issues organized by LAS providers. Women who are not involved in LAS intervention are regarded as non-beneficiaries.

In addition, women who accessed LAS interventions such as those who were counselled on any issues such as matrimonial cases, and land conflict offered by LAS providers are not regarded as beneficiaries of LAS interventions as they lack aspect of attending educational training on women rights and other related sessions. The population for this study were women aged from 15 years and above with different marital statuses (single, married, cohabitating, separated, divorced and widowed). Eight villages were purposively selected where four villages were composed of women who were beneficiaries of LASs,

while four villages were composed of women who were non-beneficiaries of LAS interventions. From each village, 30 women were selected. Selection of villages also based with the following consideration such as cultural context, spill over effect, village within the same district shared a common systems such as formal or informal justice systems and others alike. Sampling frame for LAS beneficiaries was obtained from a list of names registered in LAS intervention networks or groups with the assistance of LAS facilitators at village level. While for non-beneficiaries, the sampling frame was a list of names of all women in non-intervention villages obtained with assistance of village leaders. Simple random sampling using the lottery method was used to select sample from the list of names selected from each village. The sample size was of 240 respondents, whereby 120 respondents were beneficiaries of LAS interventions and 120 were non-beneficiaries. The sample size was determined by using Cochran (1977) (Appendix 4).

3.3.3 Data collection and analysis

Both primary and secondary data were collected. Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were used as the main sources of qualitative data. An interview guide was used to gather information from 24 key informants (four representatives from LAS providers, two police officers from nearest police stations working at the gender desk, two District Community Development Officers, four members from ward tribunals, four Ward Officers and eight Village Executive Officers. A focus group interview guide was used during data collection from 16 FGDs which involved 12 people in each discussion session (two FGDs of women and men separately from each village). This was because during pretesting pre-testing of instrument from one FGD in Mtamba village where men and women were combined in one group, women were not able to speak freely in the presence of men. FGDs, KIIs and in-depth discussions were used to provide additional and detailed information to explore attitude of women towards

GBV against women in the study areas. A structured questionnaire with close-ended questions was used to collect quantitative data about attitude towards GBV against women. Pre-testing of the instrument for reliability was done in Mtamba village near Mvuha village in Morogoro Rural District which involved twenty respondents.

Attitude of women towards GBV against women was measured by using a Likert scale. The scale has been found to be an effective technique for the measurement of attitudes (Likert, 1932). The study used a 5 points Likert scale (1 = strongly agree, 2 = agree, 3 = undecided, 4 = disagree and 5 = strongly disagree). Responses from all statements were combined to create a measurement of an Attitudinal Scale (AS). AS is a single variable used to represent cumulative perception of attitude (Likert, 1932).

Statements favourable to the construct were positively worded while unfavourable statements used negative connotation. Then numerical values for the response options were reversed when calculating the overall score. The higher values indicated positive attitude disposition of favourably attitude towards GBV against women, implying that the respondent was supporting violence practices against women, while low values indicated negative attitude (i.e. unfavourably response) towards GBV against women, implying that the respondents were not supporting violence practices against women. Field (2009) suggests that, it is useful to check the reliability of a scale and the most common measure of scale reliability is Cronbach's alpha. Reliability gives indication of an instrument whether it can be interpreted consistently across different situations. Cronbach's alpha value ranges from 0 to 1.0 (De Vaus, 2002). Scholars suggest that a value of 0.7 to 0.8 is an acceptable value for Cronbach's alpha (Pallant, 2007; Field, 2009). The Cronbach's alpha for attitude scale in this study was 0.74, which indicates that the research instrument was reliable (Appendix 5).

The overall scores on the Likert scale were categorized into positive, neutral and negative attitude towards GBV against women. The highest possible score was calculated by multiplying 8 statements by 5 points to get 40 points; while the middle point was calculated by multiplying 8 statements with 3 points to get 24 points, and the lowest possible score was calculated by multiplying 8 statements by 1 point to get 8 points. Therefore, 24 was the cut-off point and stood for neutral attitude. Hence, scores from 8 to 23 on the overall scores were considered as negative attitude; while 25 to 40 stood for positive attitude (Appendix 6).

A Mann Whitney U test was used to test the hypothesis that, there is no statistical significant difference of womens attitude towards GBV for beneficiaries and non-beneficiaries of LAS interventions ($p \leq 0.05$). The test was ideal because the technique is appropriate to test for differences between two independent groups (Pallant, 2007). Also the test is the alternative of the t-test for independent samples and also it analyses differences in the positions of ordinal dependent variables in two independent groups (Nachar, 2008).

The ordinal logistic regression was used to determine LASs related factors on attitude of women towards GBV. The reason for using ordinal regression model was due to the fact that the dependent variable was measured at the ordinal level in terms of ranked alternative responses (Negative attitude, neutral attitude and positive attitude). The independent variables included socio-demographic variables as indicated in the ordinal logistic regression model below. Interpretation of the output from the model focused on p-values ($P \leq 0.05$) considered to be statistically significant for testing the significance of the effect; Wald statistics for measuring the strength of the effect and coefficients for measuring the directions of the effect. The ordinal logistic regression model used in this

study is presented in Equation (i). The model was adopted from Agresti and Finlay (2009)

was:
$$P(Y) = \frac{e^{\alpha + \beta_1 X_1 + \dots + \beta_k X_k}}{1 + e^{\alpha + \beta_1 X_1 + \dots + \beta_k X_k}} \dots \dots \dots \text{Equation (i)}$$

Where:

$P(Y)$ = the probability of the success alternative occurring, e = the natural log, α = the intercept of the equation, β_1 to β_k = coefficients of the predictor variables, X_1 to X_k = predictor variables entered in the ordinal regression model. Specifically in this study: $P(Y)$ = the probability of women being grouped in the negative attitude towards GBV against women; α = the intercept of the equation; $b_1 \dots b_{10}$ = Regression coefficients; $X_1 \dots X_k$ predictor or independent variables entered in the model, which were: X_1 = age of respondent (measured in years), X_2 = education level of respondent measured in years of schooling, X_3 = experience of violence at adulthood (Victim of violence at adulthood 1, 0 otherwise), X_4 = witness of violence during childhood (witnessed violence during childhood 1, 0 otherwise), X_5 = ethnic background (matrilineal 1 and patrilineal 0), X_6 = access of LAS (received LAS 1 and 0 otherwise), X_7 = experience of violence at childhood (Victim of violence at childhood 1, 0 otherwise), X_8 = involvement into LAS interventions activities (Beneficiary of LAS 1, non-beneficiary of LAS 0), X_9 = awareness of women rights (total scores on women legal right index), X_{10} = religion (being affiliated in Christian or Muslim faith 1, 0 otherwise).

3.4 Results and Discussion

3.4.1 Characteristics of the respondents

The findings presented in Table 3.1 show that almost one third (29.6%) of women were in the age group between 25 and 34 years of age including 15% and 14.6% women from Morogoro Rural and Kongwa districts, respectively. The study findings show that 45.4% of the women completed primary education while 21.2% have no formal education, and

20% did not complete their primary education (Table 3.1). Since education is regarded as one of the major components in shaping one's attitude, the trend in the study areas can cause difficulties in extracting information from brochures and other reading materials, which are mostly used by LAS providers to disseminate information about women legal rights and other issues related to GBV against women. Therefore, lack of or low education might constitute one's attitude towards wrong perception.

Table 3.1: Distribution of women by age, education and ethnic background
(n = 240)

Variable	Kongwa		M R		All	
	n	%	n	%	n	%
Age						
15-24	28	11.7	11	4.6	39	16.2
25-34	35	14.6	36	15.0	71	29.6
35-44	35	14.6	27	11.2	62	25.8
45 +	22	9.2	46	19.2	68	28.3
Education level						
Completed Primary education	63	26.2	46	19.2	109	45.4
Not attended school	14	5.8	37	15.4	51	21.2
Not completed primary education	25	10.4	23	9.6	48	20.0
Completed secondary education	13	5.4	10	4.2	23	9.6
Not completed secondary education	4	1.7	3	1.2	7	2.9
Completed technical or diploma education	1	0.4	1	0.4	2	0.8
Ethnic groups						
Wakaguru**	88	36.7	0	0.0	88	36.7
Wakutu*	0	0.0	45	18.8	45	18.8
Waluguru*	1	0.4	34	14.2	35	14.6
Wamaasai**	0	0.0	21	8.8	21	8.8
Wagogo**	14	5.8	0	0.0	14	5.8
Others (Wazigua, Wahehe**, Wazaramo*, etc)	17	7.1	20	8.4	37	15.3

Note: MR = Morogoro Rural, All = Kongwa and Morogoro Rural districts, *= Practiced matrilineal system, ** = Practiced patrilineal system

With regard to ethnic background, the findings show that more than one-third (36.7%) of the women were Wakaguru and 5.8% were Wagogo, mainly from Kongwa District. The two ethnic groups essentially practise a patrilineal system. On the other hand 18.8% were Wakutu and 14.6% were Waluguru from Morogoro Rural District who practice a matrilineal system. While 15.3% of respondents were other ethnic groups including:

Wahehe, Wasukuma, (practice a patrilineal system) Wazaramo and Wazigua (practice a matrilineal). Small proportions (8.8%) of the respondents were the Masaai (practice a patrilineal system) who migrated from Arusha and Manyara regions to Morogoro Rural District.

The findings indicate a significant variation of ethnic groups with different cultural background, implying that capturing perception of different forms of VAW from diverse cultural backgrounds is likely to be enlightening, which is essential in studying attitude towards GBV against women.

3.4.2 Women's attitude towards GBV among beneficiaries and non-beneficiaries of LAS

The findings presented in Table 3.2 indicate the common myths which are believed to support and others are in opposition to GBV against women. Respondents were required to show their attitude towards GBV against women by indicating their degree of agreement with a set of statements which support GBV practices against women. The majority (82.9%) of the women (of these 45.4% were beneficiaries and 37.5% non-beneficiaries of LAS intervention) disagreed with the statement that "wife battering is a sign of love". However, one male FGD discussant from Nghumbi village in Kongwa District argued that:

"...wife beating could be a sign of love and not a sign of hatred..." (Male FGDs Nghumbi Village).

He added further that if a wife misbehaves she should be punished by her husband. This is because they believe that men are the protectors and controllers of women, as men were traditionally given the mandate to control women. This implies that perpetrators

maintaining violent practices through patriarchal system that give men power to control women under justification of women protection. Likewise, this is linked to the cultural based theory, which asserts that the power of tradition and norms within African culture is the source of GBV perpetuation (Merry, 2006). Since culture is a stable pattern of beliefs, traditions and values are passed from one generation to another through socialization. In African culture boys are socialized to control the family, specifically girls and women, while girls are raised to be dependent, submissive and obtain security from men (Anderson, 2005).

Table 3.2: Women attitudes towards GBV against women related to LASs (n = 240)

Statements	Agree (%)			Neutral (%)			Disagree (%)		
	B	N-B	T	B	N-B	T	B	N-B	T
GBV against women is a private issue	8.8	21.7	30.4	1.7	2.5	4.2	39.6	25.8	65.4
Wife battering is a sign of love	2.5	7.5	10.0	2.1	5.0	7.1	45.4	37.5	82.9
Women should tolerate GBV against them in order to maintain harmony in their marital relationship	15.0	33.8	48.8	3.3	10.0	13.3	31.7	6.2	37.9
Husband/partner has no rights to beat his wife in any situation	38.3	28.3	66.7	3.8	7.5	11.3	7.9	14.2	22.1
GBV against women should be reported for legal action	45.8	27.9	73.8	1.2	10.0	11.2	2.9	12.1	15.0
Bride price promote inequality in marriage	28.8	9.2	37.9	2.1	7.5	9.6	19.2	33.3	52.5
FGM is necessary for preparation of respectable marriage	0.8	9.6	10.4	3.8	4.2	7.9	45.4	36.2	81.7
FGM is violation of women rights should be eliminated	19.2	37.9	57.1	2.1	9.6	11.7	10.0	21.2	31.2

Note: Figures in (%) represent multiple responses, B=Beneficiary, N-B= Non-Beneficiary and T=All (B+NB)

The findings paper show that majority (81.7%) of the women disagreed that it is necessary to undergo FGM in order to prepare a girl before marriage (Table 3.2). Moreover, the findings indicate that 57.1% of the women interviewed supported the statement that FGM is violation of women's rights and hence should be abolished. This was a good indication that women were conscious on FGM as inhumane practice. Despite the good indication an in-depth interview with a woman in Nghumbi village denoted that FGM is important for a girl prior to marriage; she said:

“...FGM is essential for initial preparation of a girl before marriage, because she get a chance of being prepared to be a good wife...” (Woman In-depth interview, Nghumbi Village)

Also, she highlighted that the practice is an indication of a girl’s readiness for marriage, whereby girls get opportunities of being taught about ethnic laws, morality, good behaviours towards elders, obedience to their expected husbands and being good wives. This finding implies that, even though the majority of women in the study areas showed negative attitude towards FGM, still some of them uphold such a harmful traditional practice. This is done in order to please men as during FGM ceremonies, girls are taught to become good mothers.

Furthermore, the findings indicate that 73.8% of the women interviewed agreed that GBV against women should be reported for legal action including 45% beneficiaries and 27.9% non-beneficiaries of LAS interventions. Likewise, 65.4% of women disagreed that GBV against women is private issue and no one should intervene (Table 3.2). This is in line with findings by Sikira *et al.* (2010) who reported that 68.4% of women in Serengeti District disagreed with false statement that GBV is a private or family issue and hence that it should be reported for legal action. This implies that women are likely to report violence incidences to appropriate legal enforcement authorities which are crucial to the success of eradication campaigns against GBV. Although the findings from one of the key informant (LAS provider) in Kongwa District provide different depiction that:

“...rigid traditions in Kongwa District are dominated by the patriarchy systems whereby; married women are sanctioned to disclose any type of violence to their in-laws. This is unlikely for women to report their violence issues to formal or informal legal authorities...”

The findings in Table 3.2 show that 66.7% of the women agreed with the statement that husband/partner has no right to beat his spouse under any circumstances. The finding implies that denial of such practice reflects women's recognition of their rights and perception that no one can take action against others before the law. Furthermore, the findings show that 52.5% of the women indicated their acceptance of bride price being paid before marriage, by negating the statement that bride price promotes inequality in marriage (Table 3.2). This implies that women in the study areas supported the culturally embedded act of paying bride price before marriage. Participants during FGD contended that payment of bride price is a custom relating to dowry or exchanging of gifts before or after marriage, and added further that it is a proud for the family to get bride price of their daughter. The findings are in line with those by Sikira *et al.* (2010), which indicated that majority (84%) of the women in Serengeti District strongly, concurred with payment of bride price.

3.4.3 General respondent's attitude towards GBV against women

The findings paper indicate that the overall attitude of women towards GBV against them was 57.1% showing negative attitude towards GBV against women including 42.5% beneficiaries and 14.6% non-beneficiaries of LAS intervention. One-third (35.4%) of the respondents had positive attitude towards GBV against women, including 33.8% non-beneficiaries and 1.7% who were beneficiaries of LAS interventions (Figure 3.1). These findings indicate that majority of the non-beneficiaries of LAS uphold positive attitude towards GBV against women compared to their counterparts.

The differences in attitude among beneficiaries and non-beneficiaries of LAS intervention could be a result of interventions done by the government, LAS providers and other women activists through dissemination of information about women's legal

rights and different forms of GBV against women. On the other hand, positive attitude could be contributed by women's unawareness and lack of information on GBV against women issues. These findings have implications to LAS providers, specifically to information offered among beneficiaries about women legal rights and harmful practices, such as FGM, which consequently constitute to their attitude towards GBV against women. The finding concur with the Theory of Reasoned Action (TRA) which postulates that human beings are rational and can use the available information to make reasonable behavioural decisions (Ajzen, 1991).

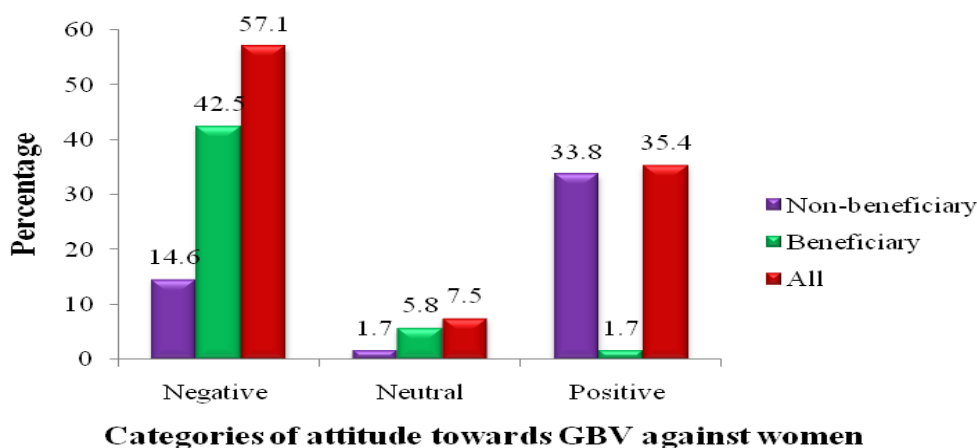


Figure 3.1: Attitude towards GBV against women among beneficiaries and non-beneficiaries of LAS

3.4.4 Differences of respondents attitude towards GBV against women among beneficiaries and non-beneficiaries of LAS interventions

Mann-Whitney U test was conducted to test the difference of women's attitude towards GBV against women between beneficiaries and non-beneficiaries of LAS interventions. The results indicate significant ($p \leq 0.05$) difference in median scores of 16 and 25 for beneficiaries and non-beneficiaries of LAS intervention respectively (Table 3.3).

The “r” value was 0.62, which represents huge effect as the effect was above the 0.5 threshold for a large effect (Field, 2009). Thus, the hypothesis that women beneficiaries and non-beneficiaries of LAS intervention are likely to differ in their attitude towards GBV against women is confirmed. Low scores of median among beneficiaries signify respondents’ negative attitude towards wrong myths that favour GBV against women practices (Table 3.3). This finding was also confirmed by respondents in two FGDs of women beneficiaries in Mvuha and Lukulunge villages pointed out that:

“Sensitisation about women’s right and different forms of VAW offered by LAS providers was empowering them to understand false myths that support GBV against women...”
(Women FGDs in Mvuha and Lukulunge Village).

Likewise, during the two FGDs of women beneficiaries of LAS interventions in Mlali-Iyegu and Iduo villages, participants explained that: when they attended maternity clinics, sometimes LAS providers conducted training about women legal rights on sexual and reproductive health rights and harmful traditional practices such as FGM. Women who attended the sessions appreciated that information helped them to understand the negative impact of GBV against them and influencing their behaviour against positive attitude towards violence. However, FGD discussants in men group in Mlali-iyegu village complained that training offered by LAS providers teaches their wives to be disobedient against them. One male focus group discussant from Mlali-iyegu argued that:

“...Before my wife started attending maternity clinic she was very obedient to me; she listened to me and followed my instructions. We lived in peace and harmony according to our traditions. We believed that men are born to control women and women should obey orders from their husbands. Since my wife started attending those stupid campaigns offered by LAS providers in clinic, she started challenging me and ignoring our traditions

by saying that men and women are equal. This is nonsense and lack of respect; it does not sound in my mind....” (Male FGD Mlali-iyegu Village).

This finding implies that men had negative attitude towards training offered by LAS providers, as they were trying to maintain their patriarchal perceptions that makes men superior to women under justification of traditions. The findings had negative implications to LAS providers and therefore, LAS providers should consider on changing men’s perception.

Table 3.3: Women Attitude towards GBV among beneficiaries and non-beneficiaries of LAS interventions (n=240)

Respondents'	n	Median	Mann-Whitney U	Z	P-Value
Beneficiaries	120	16.00	2019.000	- 9.656	0.000
Non beneficiaries	120	25.00			

r value = -0.62

3.4.5 Determinants of women attitude towards GBV

Section 3.4.3 indicates that a greater proportion of women in Morogoro Rural and Kongwa districts had negative attitude towards GBV against women. Using Ordinal Logistic Regression Model it is important to examine which variables played a great effect on altering the attitude of women towards GBV against women. The overall model fitting information showed statistical significant chi-square statistic ($p \leq 0.000$). This indicates that the model gave better predictions of the outcome categories. Goodness of Fit test ($p > 0.05$) indicates that data and the model predictions were similar, implying good model.

The Pseudo R-Square was 0.34 Cox and Snell and 0.409 Nagelkerke, implying that independent variables entered in the model explained 41% of the variance on women attitudes towards GBV against them. The test of parallel lines showed ($P > 0.05$) which led

to none rejection of the null hypothesis of parallelism. Most of the output from the model focused in this chapter were: p-values for testing the significance influence of the variables, positive or negative sign of coefficients indicating directions of women's attitude being grouped in high category (negative attitude) or low category (positive attitude) towards GBV against women; while Wald statistics determined the strength of the influence on women attitudes towards GBV against women.

The empirical findings of the Ordinal Logistic Regression (OLR) model show that three out of ten independent variables (Involvement of women in LAS interventions, ethnic background and witness of violence at childhood) were the most significant factors on influencing women's attitude towards GBV against them ($p \leq 0.05$) (Table 3.4). The findings show that involvement of women in LAS intervention had a significant and stronger (Wald = 26.269) influence on attitude of women towards GBV against women. The negative coefficient implied that women who were not involved in LAS interventions were less likely to have negative attitude than those involved in the interventions. This means that involvement of women in LAS interventions as empowerment strategy is essential in changing wrong myth against GBV against women. Results show that ethnic background had a strong (Wald=19.821) influence on attitude of women towards GBV against women. The negative coefficient of ethnic background indicates that women who belong to patrilineal ethnic background were less likely to have negative attitude relative to those with matrilineal ethnic background (Table 3.4). This was an expected finding in Morogoro Rural and Kongwa districts, as the selected study areas had significant variation in ethnic groups with different cultural background (patrilineal and matrilineal), which resulted into different perception. Literally, most patrilineal societies favour GBV practices against women in order to maintain their perpetration towards GBV against women as well as domination of women (Marry, 2006).

The results further indicate positive coefficient in witness of violence at childhood; implying that those who had not witnessed violence at childhood had higher possibilities of having negative attitude towards GBV. This means women that who witnessed violence incidences at their childhood become more likely to have positive attitude towards GBV against women. This finding is in line with other researchers elsewhere who reported that witnessing violence while growing up had direct impact on attitudes which in turn impacts on violence perpetration (Mac Kowitz, 2001; Flood and Piece, 2009).

Table 3.4: Determinants of attitude towards GBV against women (n = 240)

Variables	B	SE	Wald	Sig
Age	0.006	0.013	0.195	0.659
Education	-0.024	0.048	0.242	0.623
Experienced GBV at adulthood	-0.576	0.418	1.905	0.168
Witness GBV at childhood	0.772	0.331	5.443	0.020
Ethnic background	-1.623	0.364	19.821	0.000
Access of LAS	-0.871	0.605	2.071	0.150
Experience of GBV at childhood	0.194	0.325	0.359	0.549
Involvement to LAS interventions	-3.172	0.619	26.269	0.000
Awareness of women rights	-0.021	0.033	0.393	0.531
Religion	-0.264	0.329	0.643	0.423

Model fitting information final chi-square= (p<0.000); Goodness of fit Deviance Chi-Square=328.967 (P=1.000) and Pearson's Chi-square= 495.444 (0.167); Cox and Snell = 0.340, Nagelkerke = 0.409; Test of Parallel line = 0.363

3.5 Conclusions and Recommendations

This chapter concludes that the greater proportion of women in Kongwa and Morogoro Rural districts had negative attitude towards GBV against women. With regard to involvement of women in LAS interventions, a number of non-beneficiaries had positive attitude towards GBV against women relative to beneficiaries. It is also concluded that ethnic background and women involvement in LAS interventions had strong effect and negative implication on women's attitude towards GBV. It is further concluded that traditions dominated by a patriarchy system affirms men's attitude towards GBV against women, while some women also uphold harmful traditional practice such as FGM.

In view of the conclusions based on findings from this paper, it is recommended that the government should mainstream LAS to all communities. LAS providers should put more efforts on sensitising communities about the existing myths fuelling GBV against women; also more sensitisation required on the availability of CBLASs and services offered, it is crucial for successful uptake of LASs. When planning for sensitisation interventions, planners should consider ethnical backgrounds (specifically communities with patrilineal background) by increasing education sessions on different forms of violence practiced against women and myths fuelling GBV against women. In addition, more studies to examine attitudes of men towards LAS interventions are recommended. This will generate more indicators to enable the planners and LAS providers to design and implement appropriate intervention programmes.

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CHAPTER FOUR

4.0 LEGAL AID SERVICE INTERVENTIONS AND WOMEN EMPOWERMENT: A CASE OF MOROGORO RURAL AND KONGWA DISTRICTS, TANZANIA

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4.1 Abstract

Legal Aid Service (LAS) intervention is considered to have an influence on women empowerment through raising awareness of women towards their rights. Using Kongwa and Morogoro Rural districts as study areas, a study was conducted involving 240 women (120 beneficiaries and 120 non-beneficiaries of LAS). A cross-sectional research design was used, whereby random selection of respondents was done. Statistical Package for the Social Sciences (SPSS) was used to analyze the data. A Composite Empowerment Index (CEI) was used to measure the extent of women empowerment among beneficiaries and non-beneficiaries of LAS interventions. Women in the study areas were categorised at

medium level of empowerment. Beneficiaries of LAS interventions were found to be more empowered relative to their counterparts. Ordinal logistic regression analysis results showed that involvement of women in LAS interventions, awareness of women legal rights, marital status and age at first marriage were the most determinant factors that influenced women empowerment in Morogoro Rural and Kongwa district. Hence persistent sensitization of women about their rights is critical for reducing violence against them and ultimately achieving high levels of empowerment. Also, rigorous enforcement of existing laws and policies is required to discourage and ultimately eliminate the practice of early marriage.

Key words: Women empowerment, Legal Aid Services, Tanzania

4.2 Background Information

Women's empowerment is a vital component towards reducing violence against them and the realization of human rights that contributes to sustainable development. Several initiatives have been implemented to promote human and women rights at the global level. The initiatives such as the formation of the Universal Declaration on Human Rights of 1948, the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW) of 1979, the Declaration on the Elimination of Violence against women of 1993 and the Fourth World Conference on Women Action for Development Equality and Peace of 1995 (LHRC, 2012). Para 61 (a) of the Beijing Platform for Action requires that governments ensure free or low cost Legal Aid Services (LAS), including legal literacy, especially to women. In line with this, the Government of Tanzania ratified international conventions, human rights treaties and subscribes to principles of the soft law and international declarations. Such treaties include: the International Covenant on Civil and Political Rights (ICCPR) and the Universal Declaration on Human Rights (UDHR) of

1948. Under UDHR, articles 7 and 11 are related to justice and LAS. At the regional level, the Government ratified regional instruments which are related to LAS and rights of women known as “the Maputo Protocol” the Protocol to the African Charter on Human and Peoples Rights of Women in Africa (LSF, 2012).

Legal Aid Services (LASs), are defined as free or subsidized services to eligible individuals or groups, mainly poor and vulnerable people. LASs are provided to people as a means to strengthen their access to justice (DIHR, 2011) such as legal information and education, legal advice and assistance, alternative dispute resolution and legal representation. The importance of LAS has been recognised by the Tanzania government, by permitting establishment of NGOs and Paralegal Organizations to enhance awareness of human and women legal right issues; including land rights and different forms of GBV such as FGM (LHRC, 2004).

Despite the number of initiatives that have been taken by the Government such as ratification of legal instruments and allowing establishment of LAS organizations to advocate women rights, violations of women rights has continued to increase among women around the world. For example, WHO (2013) reported that about 35% of women worldwide in 2013 experienced physical and sexual intimate partner or non-partner sexual violence. In addition, more than 700 million of women today were married below 18 years of age and some 250 million were married before 15 years. Further, Female Genital Mutilation (FGM) is recognized as a human rights violation and is one of manifestations of gender inequality. UNICEF (2014) estimated that 133 million girls and women had experienced some forms of FGM in Africa and the Middle East. Besides, NBS and ICF Macro (2011) indicated that, in Tanzania, about 45% of the women aged between 15 and 49 years experienced either physical or sexual violence in 2010. Violation of women

rights is one of the most direct expressions of the power imbalance between men and women (Begum, 2014). Hence, empowerment of women in Tanzania and elsewhere is crucial as a strategy for tackling the existing forms of GBV against women.

Generally, empowerment and women's empowerment in particular is pointed out as multidimensional (occurs within sociological, psychological, economic and political dimensions). Also, empowerment is a complex concept which can be interpreted differently from diverse perspectives (Malhotra *et al.*, 2002; Mosedale, 2005). Most scholars from different disciplines such as political science, education and social studies conceive empowerment as a process of learning, mobilizing, transforming, conscientizing, inspiring, liberating, power within, power with and power to (Weissberge, 1999; Friedmann, 1992; Freire, 1973; Parpart *et al.*, 2003). Peterson *et al.* (2005) define empowerment as a social process as it takes place in relation to others and occurs at various levels such as individuals, group and community. While, Narayan (2005) viewed broadly empowerment as a process of increasing poor people's freedom of choice and action to shape their own lives; it is the process of enhancing an individual's or group's capacity to make effective choices.

According to Freire (1973), empowerment is perceived as a means of liberating the oppressed people and presented three progressive steps of empowerment: conscientizing, inspiring, and liberating. The oppressed or the disadvantaged people, such as women, can become empowered by learning social inequality “conscientizing”¹¹. Hossain and Jaim (2011) assert that a woman suffers from different types of powerlessness in social, political and economic spheres of life; while disempowerment of women reflects

¹¹Conscientizing referred as increasing awareness of how social and political structures affect individuals and groups to powerlessness (Freire, 1973).

inadequate awareness of laws, less control of property, low educational level and limited participation in decision making. CARE (2009) defined to empowerment as sum total of changes needed for a woman to realize her full human rights: the combined effect of changes in her own aspirations and capabilities, the environment that surrounds and conditions her choices, and the power relations through which she negotiates her path.

Based on perspectives from different literature sources, this study defined women empowerment as adopted from CARE (2009). The study anticipates that LAS interventions can influence women empowerment through raising awareness of human and women rights, towards knowing the existing social inequalities and structures; that contributed to violation of their rights. Empowerment will consequently, liberate them by challenging behaviours and attitude which contributes to their violent situation.

Empowering women is a way forward to create a stronger nation; it involves economic opportunities, social equality and personal rights (Chaudhary, 2012). Few studies have been carried out on women empowerment in relation to LAS. For examples, the study by Rodriguez (2000) attempted to review legal aid intervention on how it can influence women's empowerment in Ecuador. In Tanzania, several empirical studies have been conducted on women empowerment, just to mention a few (Sikira, 2010; Jeckoniah, 2012; Kato and Kratzer, 2013) analysed women empowerment and other aspects, but their analyses did not empirically focus on the context of LAS intervention. Thus, little is known on LASs intervention and women empowerment in Tanzania. Hence, information on whether LASs interventions have any influence on women empowerment in Tanzania is scantily discussed. Given that women are the majority of people involved in LAS interventions and who face high levels of violence, it is important to understand as to whether, LAS had any influence on women empowerment. Therefore, this study examined

women's empowerment in relation to their involvement in LAS interventions in Kongwa and Morogoro Rural districts. Particularly, the chapter (i) assessed the extent of women empowerment among beneficiaries and non-beneficiaries of LAS Interventions, (ii) analysed determinants that influence women empowerment in relation to LAS and tested the hypothesis that: There is no statistical significant influence of LAS related factors on women's empowerment.

The findings from this chapter contribute to the implementation of Sustainable Development Goal (SDG) Number 5, which specifically focuses on fighting violence against women as a way of achieving gender equality and empowering all women and girls (Osborn *et al.*, 2015). The findings also contribute to the implementation of UDHR, articles 7 and 11 which promote women's rights in relation to LAS (LSF, 2012). The information from this chapter provides insights during planning interventions for promoting women's legal rights to enhance women empowerment. In addition, the findings will enlighten policy makers, LAS providers, and the community at large on influence of LASs intervention and women empowerment in the Tanzania context.

4.3 Conceptual Framework

The conceptual framework of this study is adapted from the framework developed by CARE (2009); the framework mainly measured empowerment by focusing on three interrelated dimensions namely: agency, structure and relations¹². These dimensions also are structuring and influencing as one another to produce or undermine an empowerment process as well impact on women empowerment outcomes (Figure 4.1).

¹²The term 'agency' refers to the capacity of individuals to act independently and to make their own free choices. The term 'structure' covers the rules and social forces (such as social class, religion, gender, ethnicity, customs, etc.) that limit or influence the opportunities that determine the actions of individuals. Relations are the social relationships through which women negotiate their path and rights with other actors (CARE, 2009); both agency and structure are mediated through relationships between and among social actors.

Beside the framework the chapter is aligned with structuration theory developed by Giddens (1984) which assert that structures are both medium and outcome of practices which constitute social systems; structures shape peoples practices, but it is people practices that constitute social system can also shape structures (i.e. duality of the structural properties in a social system can serve as both enabling and constraining forces).

Based on these theoretical assumptions, this study assumes the interaction between independent variables in agency, structures and relation (access to LASs, awareness of women legal rights, involvement to LAS interventions, group networks apart from LASs) and background variables age, education attainment, marital status, age at first marriage and type of marriage; although background variables not indicated (Fig. 4.1) have an influence on empowerment outcomes.

In the context of this study, individual agency assumed to be enhanced through awareness rising on women legal rights, household domination, access to information, as well as involvement in LAS interventions; while social structure (ethnicity, access to justice and access to LAS) improved or changed an individual agency depending on relationships in group networks such as self-helps, farmers, credit and spiritual. Empowerment through LAS interventions as conceptualized in this study can be considered to happen when a woman changes and realizes her human rights that lead her towards: making household decisions, acquiring personal autonomy, having freedom of movement, and being free from violence.

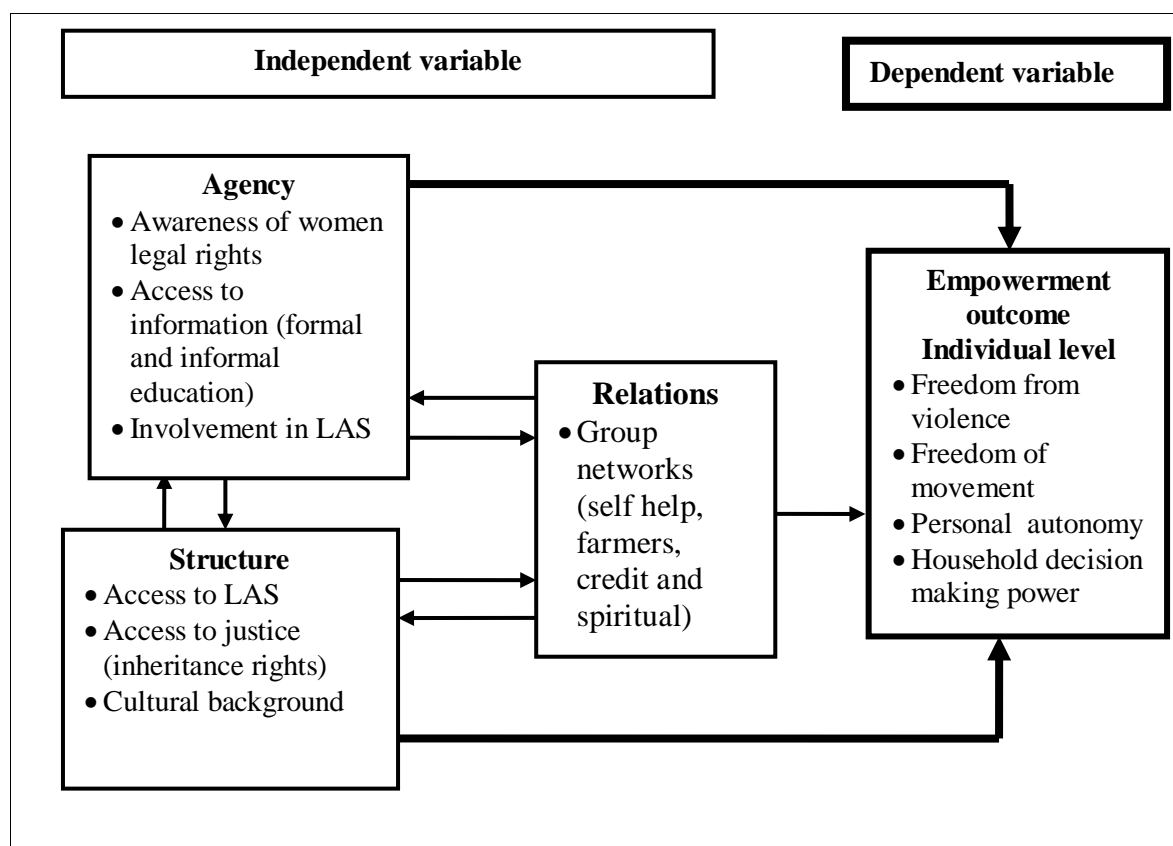


Figure 4.1: Conceptual frame work adapted from CARE (2009)

4.4 Methodology

4.4.1 Description of the study area

The study was carried out in Morogoro Rural and Kongwa districts found in Morogoro and Dodoma Regions respectively. The districts were selected for the study because they benefited from various LAS interventions programmes: such as education training on women's legal rights including, various forms of VAW such as FGM, land and inheritance rights issues. Moreover, the districts are within the top five regions¹³ in Tanzania with high prevalence of physical violence in 2010 (NBS and ICF Macro, 2011). Hence to be a good study area for the case being studied.

¹³The top five regions with high prevalence of physical violence in 2010 were Dodoma, Mara, Ruvuma, Morogoro, and Kagera (NBS and ICF Macro, 2011).

4.4.2 Research design

The study applied a cross sectional research design which allows data to be collected in multiple cases at a single point in time and it is useful for description purposes as well as for determination of relationship between variables (Babbie, 1990). Further, the design allows collection of both qualitative and quantitative data for two or more variables, which are then examined to detect patterns of associations (Bryman, 2004; Rwegoshora, 2006; Kitale, 2014). Four wards and eight villages were selected for the study. Two ward and four villages were selected purposively from each district based on the presence of LAS providers. On the other hand, two ward and four villages were also selected purposively from each district in regard to absence of LAS providers during time of the study (Table 4.1).

Table 4.1: Villages selected for the study

Districts	Divisions	LASW	LASIV	NWS	NLASIW	NLASIV	NWS
Kongwa	Mlali	Mlali	Mlali Iyegu	30	Iduo	Iduo	30
			Masinyeti	30		Nghumbi	30
Morogoro Rural	Mvuha	Mvuha	Mvuha	30	Kongwa	Kongwa	30
			Lukulunge	30		Tulo	30
				120			120

Note: LASIW=LAS Intervention Ward, LASIV= LAS Intervention Villages, NWS= Number of Women Selected, NLASIW=Non LAS Intervention Wards, NLASIV=Non LAS Intervention Villages

4.4.3 Sample size determination

The sampling unit for this study was an individual woman aged from 15 years and above with different marital status. Women were the respondents in this study because they are the ones actively involved in LAS interventions and mostly affected by violence. For the purpose of this paper, all female respondents were regarded as women regardless of their age and marital status. A woman involved in LAS interventions is regarded as a beneficiary of LAS interventions; this means that they are either affiliated to LAS

organization or group of LAS providers at village level and those who attended educational training on women legal rights and related issues on GBV against women organized by LAS providers. Women who were not involved in LAS intervention at time of study are regarded as non-beneficiaries. In addition, women who accessed LASs such as those who were counselled on any issues related to VAW, matrimonial cases and land conflict issues offered by LAS providers are not regarded as beneficiaries of LAS interventions as they lack aspects of membership and educational training package offered by LAS providers.

The sampling frame was a list of names of women registered in LAS intervention networks or groups and village register for non-beneficiaries. Simple random sampling technique using lottery method was used to obtain sample size of 240 respondents with equal proportion of both LAS beneficiaries and non-beneficiaries (Appendix 4).

Mixed methods of data collection were employed whereby both qualitative and quantitative data were collected. The combination was considered useful as it provides triangulation of information (Creswell, 2013). A structured questionnaire with close and open-ended questions was used to collect quantitative data. Pre-testing of the instrument for reliability was done in Mtamba village near Mvuha village in Morogoro Rural District, with twenty respondents.

Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were used to collect qualitative data. Key informants were people believed to have in-depth understanding and knowledge on women empowerment and LAS perspectives in the study areas. The interviews involved 20 key informants including four representatives from LAS providers, two police officers working at the gender desk at the district level, two

Divisions Community Development Officers, four ward and eight Village Executive Officers. One FGD was conducted per village, comprising twelve women as participants in eight groups. In addition FGDs of men only which involved twelve people per FGD were held in each village to explore more information on women empowerment matters.

4.4.4 Data analysis

Qualitative data were categorized into sets of meaningful themes using content analysis. Women empowerment was measured by using Women Empowerment Index (WEI). The most commonly indices used in different studies (Haque *et al.*, 2011; Jeckoniah, 2013; Kundu and Chakraborty, 2012) for measuring women empowerment are: Personal Autonomy Index (PAI), Household Decision Making Index (HDMI), Domestic Consultation Index (DCI) and Economic Decision Making Index (EDMI). For the purpose of this paper four indices are adapted which include PAI, HDMI, Freedom of Movement Index (FMI) and Free from Violence Index (FVI). The indices were used because they are appropriate to construct a Composite Empowerment Index (CEI). Each index was weighted equally based on the explained variables in an individual index, whereby the values ranged between zero and one.

For purpose of this paper PAI contained six variables, namely “whether a woman was able to visit her parental home, hospital or clinic, market”, whether a woman: “helps relatives with money, sets aside money for personal use or seeks financial help without asking permission from her husband”. This dimension was computed on 1/6 variables in three responses: never ‘0’, occasionally ‘0.0835’ and frequently ‘0.167’.

HDMI included 13 variables on who makes decisions over children’s education, family planning, day to day family expenditure, purchase of permanent assets, going outside

home, medical treatment, spending personal income, use of family income, marriages of sons or daughters, selection of crops to plant in the field, entertaining guests, purchasing food and clothes. The HDMI was calculated on 1/13 variables in three responses: husband alone '0', joint decision '0.0385' and wife alone 0.077.

FVI consisted of six variables which assessed, whether a woman has been a victim of the most common forms of violence: wife battering, deprivation of acquiring basic needs, experience of FGM, forced sexual intercourse, marriage before attaining physical maturity, and deprivation of rights to inherit family resources. FVI was computed on 1/6 variables in dummy '0' if not and '0.167' if yes.

FMI involved seven variables regarding women's freedom to visit market, medical facility, relatives' or friends' houses, attending meetings or workshops, social functions e.g. wedding ceremonies, organisation of cultural programmes and visiting financial institutions e.g. VICOBA. The index was calculated on 1/7 variables in five responses: never '0', occasionally '0.03575', frequently '0.0715' accompanied '0.10725' and ever gone alone '0.143'. Since women empowerment is multidimensional and measured in different aspects of empowerment. Thus, all four indices were combined into a single index (CEI) to measure women empowerment. CEI was obtained by averaging those indices as indicated in Equation (i). The use of CEI to measure women empowerment is well documented in a number of literatures sources such as Jeckoniah *et al.*, 2013; Alam *et al.*, 2015 and Sheikh *et al.*, 2016.

$$Y (CEI) = 1/4 \text{ indices (PAI+ HDMI + FVI+ FMI)Equation (i)}$$

The cut-off points for empowerment levels were based on human development achievements, as introduced by UNDP in the Human Development Report (2014).

The achievements were measured on an index ranging between the values of 0 to 1 and human achievements classified into four levels: low human development (0-0.549), medium human development (0.550- 0.699), high human development (0.7-0.799) and very high human development (0.8-1). The cut-off points based on classification of human development achievement as adapted from UNDP 2014, because empowerment is considered as important aspects of human development. Therefore, this study classified empowerment into four levels on an index ranging from values of 0-1. Women scores 0 on CEI were classified as ‘no empowerment’, women scores (0.1-0.549) ‘low empowerment’, women scores (0.550- 0.799) ‘medium empowerment’, and women scores (0.8-1) ‘high empowerment’. None of woman scored 0 on CEI for that reason, at the end levels of empowerment were classified into three levels.

Determinants that influence womens’ empowerment in relation to LAS interventions were determined by using ordinal logistic regression model. The model was relevant because the dependent variable (Y) was classified in terms of ordered empowerment levels (low, medium and high). Ordinal logistic regression is appropriate when the outcome is at ordinal level with more than two categories (Agresti and Finlay, 2009). The ordinal logistic regression equation according to Agresti and Finlay (2009) is expressed as:

$$P(Y) = \frac{e^{\alpha + \beta_1 X_1 + \dots + \beta_k X_k}}{1 + e^{\alpha + \beta_1 X_1 + \dots + \beta_k X_k}}$$

Where:

P(Y) = the probability of the success alternative occurring, Y = dependent variable, e = the natural log, α = the intercept of the equation, β_1 to β_k = coefficients of the predictor variables, X_1 to X_k = independent variables entered in the regression model. In this chapter:

$P(Y = 1)$ the probability of being grouped in the category of high level of empowerment, X_1 = age of respondent in years, X_2 = education level of respondent in years of schooling, X_3 = marital status (married 1 and 0 otherwise), X_4 = age at first marriage (married above 18 years 1 and 0 if married below 18 years), X_5 = types of marriage (monogamous 1 and 0 polygamous), X_6 = involvement in LAS interventions activities (beneficiary 1 and 0 non-beneficiary of LAS), X_7 = access to LAS (received LAS services 1 and 0 otherwise), X_8 = awareness of women rights (total scores on women legal right index) and X_9 = involvement in groups network (being member of any group network apart from LAS 1 and 0 otherwise). Explanation of the output from the model focused on p-values for testing the significance of the effect; coefficients for measuring the directions of women empowerment to higher or low category, as of influencing factors by observing negative or positive signs; Wald statistics for measuring the strength of the influence on women empowerment.

4.5 Results and Discussion

4.5.1 Characteristics of the respondents

The findings presented in Table 4.2 show that the mean age of respondents was 36.8 years. A quarter (25%) of the beneficiaries and 16% non-beneficiaries had age ranging from 30 to 44 years. This indicates that a greater proportion of the respondents in the study areas were at their active reproductive and productive age.

Access to basic education has been recognised as a fundamental human right (UN, 1949). Also education has been mentioned as an important key to empowering women to participate in decision making in society (UN, 1995). Besides, UNICEF (2005), Lewis and Lockheed (2008) indicated that education enhances women's well-being as it reduces violence, gives them more autonomy in shaping women's lives and gives them greater

voice in household decision making. Findings show 65.4% of the women attained primary education and 21.2% of the respondents have no formal education (Table 4.2). Since 21.2% the respondents have no formal education, it is possible that this proportion can slow down process of empowerment.

Findings in Table 4.2 show that majority (67.9%) of the women were married or cohabiting, and monogamy (61.3%) was the most common forms of marital engagements in Morogoro Rural and Kongwa districts. Furthermore, the findings show that 34.5% of LAS beneficiaries and 32.3% non-beneficiaries were married for the first time at the age above 18 years. About one third (33.2%) of the women respondents were first married below the age of 18 years. Early marriage is a fundamental violation of human rights. Women's rights in Tanzania is protected and promoted by various international and regional legal instruments such as: Convention on the Rights of the Child (CRC), UDHR of 1948, the African Charter on the Rights and Welfare of Child (Julu *et al.*, 2009); which define a child as a human being below the age of 18. In accordance with this definition, CRC and CEDAW recommended that the minimum age for marriage for boys and girls be set at 18 years. Conversely, Tanzania Law of Marriage Act of 1971, Section 13(2) allows marriage of a girl below 18 years of age but disallows a male below the age of 18 years from getting marriage (LHRC, 2013). This implies that the legal framework in Tanzania still encourages early marriage for girls, despite the fact that the Government ratified to the aforementioned international and regional legal instruments on the rights of the child.

Moreover, the findings, as indicated in Table 4.2, show that slightly more than one third (32.3%) of the respondents were married to husbands who were more than ten years older than themselves, implying that age difference between spouses was very high, which intensifies the inherent power imbalance between spouses. During FGDs it was revealed

that women married at younger age had less life experience which impedes them to have closer relationship with their spouses. Consequently, because of their immaturity, they are less likely to make household decisions and have less freedom of movement.

Table 4.2: Distribution of respondents by social-demographic characteristics (n = 240)

Variable	LAS Beneficiaries		Non-Beneficiaries		All	
	f	%	f	%	f	%
Age (Yrs)						
15-29	29	12.1	43	17.9	72	30.0
30-44	60	25.0	40	16.7	100	41.7
45+	31	12.9	37	15.4	68	28.3
Education level						
Not attended school	18	7.5	33	13.8	51	21.2
Primary education	88	36.7	69	28.8	157	65.4
Secondary education	13	5.4	17	7.1	30	12.5
Diploma education	1	0.4	1	0.4	2	0.8
Marital status						
Married or cohabitating	84	35.0	79	32.9	163	67.9
Divorced	18	7.5	16	6.7	34	14.2
Single	11	4.6	12	5.0	23	9.6
Widowed	7	2.9	13	5.4	20	8.2
Type of marriage						
Monogamy	64	29.5	69	31.8	133	61.3
Polygamy	45	20.4	39	18.3	84	38.7
Age at first marriage						
>18 years	75	34.5	70	32.3	145	66.8
<18 years	34	15.7	38	17.5	72	33.2
Age of husband						
Same age	3	1.4	5	2.3	8	3.7
Younger than	1	0.5	3	1.4	4	1.8
1-3 years older	27	12.4	26	12.0	53	24.4
4-6 years older	31	14.3	22	10.1	53	24.4
7-9 years older	14	6.5	15	6.9	29	13.4
More than 10 years older	33	15.2	37	17.1	70	32.3

Note: f = frequency, %= percent

4.5.2 Levels of women empowerment

The importance of increasing women's decision making power in the household is widely acknowledged as a key to women's empowerment as it also increases a woman's agency (Kabeer, 1999). However, the findings as presented in Table 4.3 show that one third (30%) of non-beneficiaries and 28.8% beneficiaries of LASs attained low level of

empowerment in household decision making. This indicates that women in the study areas are not well involved in household decision making. The findings are contrary to what was reported by two male FGDs in Mlali-Iyegu and Mvuha villages; who claimed to involve their wives in household decisions making in all matters relating to their families. However, one of the male FGD participants in Mvuha village was quoted as saying: “...*Not all decisions done by women are usually implemented*” (Male FGD, Mvuha Village).

Moreover, 28.3% of beneficiaries and 26.2% of non-beneficiaries of LASs intervention were at low level of empowerment in free from violence index (Table 3). The findings imply that women in Morogoro Rural and Kongwa districts experience different forms of violence in spite of their involvement in LAS intervention.

Table 4.3: Distribution of respondents by levels of empowerment in individual indices

LE	Empowerment Indices											
	FMI			PAI			HDMI			FVI		
	B	N-B	All	B	N-B	All	B	N-B	All	B	N-B	All
NE	-	-	-	-	-	-	0.8	2.9	3.8	2.1	2.5	4.6
LE	4.2	27.9	32.1	17.5	32.5	50.0	28.8	30.0	58.8	28.3	26.2	54.6
ME	18.3	3.8	22.1	23.3	12.9	36.2	6.2	2.9	9.2	15.0	17.1	32.1
HE	27.5	18.3	45.8	9.2	4.6	13.8	14.2	14.2	28.4	4.6	4.2	8.8

Note: LE=levels of empowerment, NE=No Empowerment, LE=Low Empowerment, ME=medium Empowerment, FM=Freedom of Movement Index, PAI=Personal Autonomy Index, HDMI=Household Decision Making Index, FV=Free of Violence Index, B=Beneficiaries, N-B=Non-Beneficiaries

More than one-third (32.5%) of non-beneficiaries and 17.5% of beneficiaries of LAS have attained low level of empowerment in Personal Autonomy Index (PAI), while 23.3% of beneficiaries and 12.9% beneficiaries of LAS have attained medium level of empowerment in personal autonomy. Less than one third (27.5%) of beneficiaries and

18.3% of non-beneficiaries have achieved high levels of empowerment in freedom of movement (Table 4.3).

4.5.3 Overall women empowerment levels

Based on CEI, the mean index was 0.588, which is within the medium level of women empowerment as described in Section 4.4.4 of this chapter. Thus, women in Morogoro Rural and Kongwa districts were classified in medium level of empowerment. About one third (32.5%) of the beneficiaries and 14.6% of the non-beneficiaries of LAS have attained medium level of empowerment, while 38.7% of the non-beneficiaries and only few (8.8%) of the women beneficiaries were categorized into low level of empowerment (Figure 4.2). Generally, the findings show that women involved in LAS intervention have acquired relatively higher level of empowerment than their counterparts (Figure 4.2).

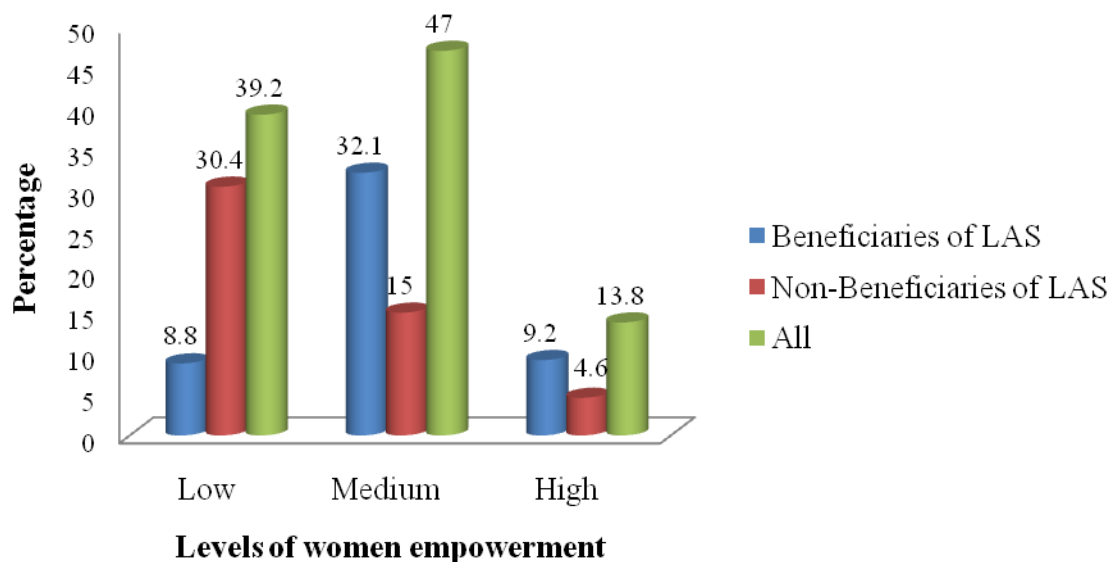


Figure 4.2: Extent of women empowerment among Beneficiaries and Non-Beneficiaries of LAS

This result was expected because LAS was considered to be an intervention which creates awareness among women on their rights, which is documented in literature that it can facilitate the process of empowerment. This finding is in line with what Chaudhary *et al.* (2012) who reported that consciousness of women about their rights had positive significant effect on their empowerment. Likewise, Freire (1973) highlighted that the oppressed or disadvantaged people such as women can become empowered by learning about social inequality.

4.5.4 Factors influencing women empowerment

Ordinal Logistic Model (OLM) is relevant in prediction of dependent variables with greater than two categories measured at ordinal level of measurement (Agresti and Finlay, 2009). In this paper, women empowerment was measured at low, medium and high levels of empowerment. Therefore, the OLM was appropriate model to determine influence of independent variables on women empowerment. Generally, model fitting information, showed statistically significant chi-square statistic ($p \leq 0.05$). This indicates the presence of association between the dependent variable (women empowerment) and a combination of independent variables. The Pseudo R-Square was 0.600 Cox and Snell while Nagelkerke was 0.701, implying that 70% of variation in women empowerment was explained by combination of the independent variables entered in the model.

The results on test of parallel lines observed ($p > 0.05$) signifying that the lines are parallel, which was adequate to non-rejection of the null hypothesis. Explanation of the overall output from the model focused on: p-values for testing the significance of the effect; coefficients for measuring the directions of women empowerment to higher or low category, the value for individual coefficient is indicated by a positive or negative sign. A positive sign associated with an indication of a coefficient variable increases the

probability of being grouped in the category of high level of empowerment and vice versa; Wald statistics allied with measuring the strength of the influence on women empowerment. The results presented in Table 4.4 indicate that the most significant ($p \leq 0.05$) variables on the influence of women empowerment were: Marital status, age at first marriage, involvement of women to LAS interventions and awareness of women legal rights. Marital status had negative and strongest (Wald = 62.78) influence on women empowerment. This indicates that chances of single women being grouped in high level of empowerment decreased by -4.957 holding other factors constant (Table 4.4). This means that a single woman becomes less likely to be in higher level of empowerment. This may be due to the fact that a married woman, can gain empowerment because of getting an opportunity of joint decision making (with husbands) and access to family resources, while most single women still depend on their parents and other family members on different matters relating to them. Hence, they had limited or low decision making, lack of access to or ownership of material resources because of their dependency.

Table 4.4: Factors influencing women empowerment (n=240)

Variables	Coefficient	SE	Wald	Sig.
Age	0.025	0.016	2.525	0.112
Education	0.041	0.054	0.572	0.449
Marital status	-4.957	0.626	62.781	0.000
Age at first marriage	-1.748	0.419	17.411	0.000
Type of marriage	-0.235	0.384	0.373	0.541
Involvement to LAS interventions	-3.579	0.710	25.426	0.000
Access to Legal aid services	0.595	0.655	0.825	0.364
Awareness of women legal rights	0.078	0.037	4.455	0.035
Group networks	0.106	0.063	2.869	0.090

$p = 0.000$, Goodness of Fit = 1, Cox and Snell = 0.600, Nagelkerke = 0.701, Test of Parallel line = 0.207

Involvement of women in LAS interventions had negative and stronger (Wald = 25.43) influence on women empowerment. The results also show that chances of non-

beneficiaries of LASs interventions to attain high level of empowerment decreased by 3.579 holding other factors constant. This implies that women who were involved in LAS interventions in Morogoro Rural and Kongwa districts were more likely to be in higher level of empowerment than non-beneficiaries. This may be due to the fact that women involvement in LASs interventions had an opportunity of acquiring legal information and educational training on: women legal rights, legal advice, different forms of GBV against women and matrimonial issues which enhance their level of empowerment.

Furthermore, results in Table 4.4 also show age at first marriage had negative and strong (Wald=17.411) influence on women empowerment. This indicates that chances for women married before attaining the age of 18 years being grouped in high level of empowerment is decreased by -1.748 holding other factors constant. The result implies that women married below 18 years of age, were less likely to attain higher level of empowerment. This means that women who married from 18 years of age and above were more likely to attain high level of empowerment than those who were married at their younger age. The result is in agreement with a finding by Mostofa *et al.* (2008) who reported that women who are married at relatively older ages are expected to be empowered than those married at their adolescent ages; this could be because of better understanding and experience of marital relationships including fulfilment of certain social obligations. The experience acquired may also be transformed into self-confidence which resulted from marrying at an older age, consequently making older-married women more autonomous than those married at their adolescence. Awareness of women's legal rights had a positive influence, meaning that the chances of women who were aware of their legal rights being in a higher level of empowerment increased by 0.078. This implies that the more women understand their rights, the more they are likely to increase odds of attaining higher level of empowerment than those who are unaware of their rights. Similar results were reported

by Chaudhary *et al.* (2012) that consciousness of women about their rights had positive significant effect on women empowerment.

On the contrary, during FGDs by men group in Mvuha Village, revealed that women's recognition of their rights sometimes leads to more violence, when trying to defend their rights against their spouses. However, findings from key informant interviews (KIIs) depicted that recognition of women about their rights is like a ladder towards women empowerment. One of the key informant interviewees at Mvuha emphasized: *“...awareness of women about their rights has no doubt that women are better informed on their rights and how to exercise them. Thus, they become active in contesting for leadership positions and can participate confidently in social and decision making processes....”* (KI, Mvuha Village).

4.5 Conclusions and Recommendations

Based on the findings and discussion from this chapter it is concluded that majority of the women had attained medium level of empowerment. Generally, beneficiaries of LAS interventions are more empowered than non-beneficiaries. However, women in Morogoro Rural and Kongwa districts are still at low level of empowerment in household decision making, their autonomy and free from violence. The most factors influencing women empowerment in the context to LASs in this study are involvement of women to LAS interventions and awareness of women legal rights. However, in this study also some other social demographic factors which are marital status and age at first marriage are found to have an influence on women empowerment.

Therefore, based on conclusions presented in this chapter it is recommended that LAS providers, women organizations and community based organizations should continue to

raise awareness on women legal rights as it is essential towards achieving the goal of women empowerment. Besides, policy makers should ensure rigorous enforcement of existing laws and policies to discourage early marriage.

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CHAPTER FIVE

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of Major Findings and Conclusions

The current study aimed at examining the influence of LAS interventions on women empowerment using Kongwa and Morogoro Rural districts as a case study. The research issue for this study was violation of women rights through various forms of GBV against women which had been reported to escalate among women. The general objective for this study was to examine how women involvement in LASs interventions impact to their empowerment outcomes and whether the outcome brings effect on attitude of women's towards GBV against them and actions taken by victims against perpetrators of violence. Hence, the major findings of this study which are used as the basis for recommendations are highlighted in the following subsections.

5.1.1 GBV against women and LAS interventions

Chapter two of this study discussed the status of GBV against women in Morogoro Rural and Kongwa districts, in order to address the first and second specific objectives. The objective assessed common forms of GBV against women practised in the study areas, and examined actions taken by women victims of violence against perpetrators of GBV against them. This objective was guided by Freire's theory of conscientization whereby education on women legal rights is viewed as a vehicle for breaking the shackles of oppression and culture of silence. The findings show that wife battering, deprivation of basic necessities; and marital rape were the most common forms of GBV against women practised in Morogoro Rural and Kongwa districts. Though, it was also found that other forms of GBV against women like deprived rights of resource ownership, early marriage and female genital mutilation are still being practised. The study established that forms of

GBV against women differed by locations, depending on cultural norms between ethnic groups. The findings show that women in Morogoro Rural and Kongwa districts experience medium level of GBV against them. It was further observed that regardless of women involvement in LAS interventions they still experience certain forms of GBV against women, although slight differences were observed among women involved in LAS intervention relative to their counterparts who were not involved in such interventions.

Furthermore, women victims of GBV against women in Morogoro Rural and Kongwa districts reported their incidents of violence mostly to ten cell leaders and village leaders. However, some women victims of GBV against women remained silent on the incidents of GBV practised against them. Economic dependence of women on their spouses and unawareness of where to report GBV issues were reported to be among the reasons for keeping quiet. Besides, it is reported that some men in the study areas experienced some forms of GBV from their spouses, but kept quiet because of cultural beliefs of feeling shame around them to report their status. The findings demonstrated significant ($p \leq 0.05$) difference in actions taken against perpetrators of GBV against women for the beneficiaries and non-beneficiaries of LAS interventions. This implies that advocacy and sensitisation campaigns through LAS interventions and other stakeholders on women legal rights could be the reason for this difference. Hence, based on these LAS interventions would be an important strategy towards elimination of GBV against women and achieving gender equality.

5.1.2 Attitude towards GBV against women in relation to legal aid services

Women's attitude towards GBV against them in relation to LAS interventions is discussed to address the third specific objective of this study. This objective aimed to assess women's attitude towards GBV against them in relation to LAS interventions; and then

determine LAS related factors on women's attitudes towards GBV against them. The study found that a greater proportion of women in Kongwa and Morogoro Rural districts had negative attitude towards GBV against women. However, the results show that a number of non-beneficiaries had positive attitude towards GBV against women relative to their counterparts. This links very well with results of Mann-Whitney U test, which shows significant ($p \leq 0.05$) difference in attitude towards GBV against women between beneficiaries and non-beneficiaries of LAS interventions.

Furthermore, the results from ordinal logistic regression analysis showed involvement of women in LAS interventions; ethnical background and witnessing GBV at childhood were the most significant factors in influencing women's attitude towards GBV against women ($p \leq 0.05$). Involvement of women in LAS intervention shows negative and stronger influence ($\beta = -3.172$, Wald = 26.269, $p \leq 0.000$). This means that women involvement in LAS interventions is among the most important determinant factors on influencing attitude of respondent towards GBV against women. Likewise, ethnic background shows negative with strong influence (Wald=19.821) on attitude of respondents towards GBV against women. This implies that ethnic background is an important determinant factor on influencing attitude towards GBV against women. Therefore, in order to address attitudes towards GBV against women interventions there is a need to be culturally sensitive for meaningful outcome.

5.1.3 LAS interventions and women empowerment

Women empowerment was discussed in Chapter four to address the fourth specific objective which aimed to determine LASs related factors influencing women's empowerment. The Chapter was guided by structuration theory which assumes on three interrelated dimensions, namely agency, structure and relations which influence one

another to produce or undermine an empowerment process. Women in Morogoro Rural and Kongwa districts have attained medium level of empowerment. Though, it was found that beneficiaries of LAS interventions were likely to be more empowered than non-beneficiaries. This implies that involvement of women in LAS interventions have potential for women to attain high level of empowerment. However, it was found that substantial proportions of women were still at low level of empowerment in household decision making, their autonomy and freedom from violence. This indicates that women in the study areas are not fully involved in decisions making relating to household family issues, also women experience different forms of violence regardless of their involvement in LAS interventions.

Ordinal logistic regression analysis showed: marital status, age at first marriage and involvement of women to LAS interventions to have negative influence on women empowerment, while awareness of women legal rights has positive influence. Although other factors (e.g. access to LAS, group relations, education and age) which were entered in the regression model showed no significant influence on women empowerment; yet they showed positive influence on empowerment outcomes. This means that empowerment outcome is importantly tied to impact on structural underpinnings; it may positively improve or negatively constrain an individual agency.

5.2 Recommendations

Based on the study findings and conclusions, the following recommendations are proposed.

5.2.1 Community level

- i. Community members including men, women, boys, and girls should join LAS networks or groups. Through LAS networks or groups they would gain knowledge on: human and women's legal rights, different forms of GBV against women; also discuss issues related to eliminate GBV facing them.
- ii. Community members should challenge some of the outdated ritual in order to reduce GBV against women incidences.

5.2.2 LASs providers and Local government authorities

- i. LAS providers in collaboration with the Government should expand the services and mainstream LASs to all LGAs. This can help to facilitate women access to justice.
- ii. LAS providers should publicize their presence and services offered in their networks, groups or organization. The advocacy can be done through mass media, religious institutions, village meetings, schools and the like to create more awareness on accessibility of the service.
- iii. LAS providers, Local government authorities and NGOs in Morogoro Rural and Kongwa districts should address issues related to GBV against women and women empowerment with cultural perspective, since forms and attitude towards GBV against women are culture dependent and context specific.
- iv. LAS providers and NGOs should create more awareness to sensitize community on the existing myths which are among the source of increased GBV against women.

- v. The need for multi-sectoral efforts and full educational training package on human and women legal rights; for the women to acquire full empowerment.

5.2.3 Policy makers

- i. The Government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children in collaboration with Ministry of Constitutional Affairs and Justice and policy makers; should amend the Law of Marriage Act, Section 13 (2) that allows marriage of girls below the age of 18 years. This will increase chances of women to attain high level of empowerment.
- ii. The Sexual Offences Special Provisions Act (SOSPA) of 1998, legislation that governs rape offences in Tanzania should be revised and acknowledge rape within marriage and criminalize marital rape when the spouses are still legally married.

5.2.4 Areas for further research

The study recommends the following areas for further research, which were not focus of this study:

- i. Determinants of GBV against women among beneficiaries and non-beneficiaries of LAS intervention in other study areas.
- ii. Men's attitudes towards LAS interventions. This will generate more indicators to enable planners and LAS providers to improve and implement appropriate interventions programmes.
- iii. Determine status of GBV among men. This will help to identify different forms of GBV experienced by men.

5.2.5 Contribution of study to body of knowledge

- i. This study contributes in the existing literature that most common forms of GBV against women practised in Kongwa and Morogoro Rural Districts are wife battering, early marriage, deprivation of basic necessities and marital rape; while forms of GBV against women vary across locality and cultural norms in different ethnic groups.
- ii. The study attempted to contribute towards the knowledge gap that involvement of women to LAS interventions is empirically proved to have an influence on attitude towards GBV against women and women empowerment.
- iii. This study contributes to the existing literature that awareness of women rights and involvement of women in LAS interventions proved to have an influence on women empowerment.

5.2.6 Publication and disseminations

- i. Nyange, T. M., Sikira, A. N. and Lyimo-Macha, J. G. (2016). Gender based violence and legal aid services interventions among rural women in Morogoro Rural and Kongwa Districts, Tanzania. *International Journal of Asian Social Science* 6(8): 446-461.
- ii. Nyange, T. M., Sikira, A. N. and Lyimo-Macha, J. G. (2017). Women's attitude towards violence against women in relation to legal aid service interventions in Morogoro Rural and Kongwa Districts, Tanzania. *International Journal of Asian Social Science* 7(7): 557-569.

- iii. Nyange, T. M., Lyimo-Macha, J. G. and Sikira, A. N. (2017). Legal aid service interventions and womens empowerment: A case of Morogoro Rural and Kongwa Districts, Tanzania. *International Journal of Asian Social Science* 7(7): 570- 583.

APPENDICES

Appendix 1: A copy of questionnaire used for the research

Dear Respondent,

My name is, I am currently doing a study on the influence of legal aid services intervention to women empowerment. Overall goal is to have data or information for developing a PhD study. The information will be treated with confidentiality and will only be used for the purpose of the study and not otherwise. You have been chosen by chance to participate in this study and there is no correct or wrong answer. Your participation is voluntary, but your experience could be very helpful to other women in Tanzania.

Section A : Questionnaire identification

Date of interview
 Questionnaire No.....
 RegionDistrictDivision
 Ward.....Village.....
 Name of enumerator

SECTION B: Background information

In this section, I would like to know your background; therefore, I am requesting you to respond to the following questions about yourself.

1. What is your age?
2. What is your marital status? **(circle the correct answer)**
 1. Single
 2. Married
 3. Divorced
 4. Cohabiting
 5. Widow
 6. Separated
 7. Other (*Please specify*).....
3. Age at first marriage (If married)
4. Age of your husband compared to yours: **(circle the correct answer)**
 1. Same age
 2. Younger than
 3. 1–3 yrs. older
 4. 4–6 yrs. older
 5. 7–9 yrs. older
 6. More than 9 years older
5. Kindly indicate the type of your marriage **(circle the correct answer)**
 1. Monogamy
 2. Polygamy (If polygamy marriage please Indicate number of wives.....)
 3. Other (*please specify*).....

6. What is your level of education? (**circle the correct answer**)

1. No formal education
2. Primary education
3. Secondary education
4. Technical education / Diploma
5. University education
6. Other (*please specify*).....

7. What is your religion? (**circle the correct answer**)

1. Christian
2. Moslem
3. Other (*Please specify*).....

8. What is your main activity? (**circle the correct answer**)

1. Crop producer / farmer
2. Livestock keeper
3. Farming and livestock keeping
4. Pet trader
5. Wage labour
6. Self employed
7. Housewife

9. Kindly indicate your tribe.....

10. Are you aware of legal aid service? (**Circle the correct answer**)

1. Yes
2. No (*Go to Question 12*)

11. Do you involved in any Legal aid service interventions?(**Circle the correct answer**)

1. Yes
2. No

Section B: Information about Gender Based Violence (GBV) against women

When two marry or live together, they usually share both good and bad moments. I would like to ask you some question about your current and past relationships and how your husband/partner treats (treated) you. I would like again to assure you that your answers will be kept secret. I am now going to ask you about some situation that is true for many women.

12. How is GBV against women defined here? (**Circle the answer that you think can fit the definition of GBV against women**)

1. Any sexual act without the consent of the victim
2. Any form of the violence that happen to women, girls, men and boys because of the unequal gender relations between men and women
3. Any cultural practices that deprive women from inheriting family resources after the death of the husband/farther
4. I don't know

13. Have you experienced any form of GBV during childhood? (**Circle the correct answer**)

1. Yes
2. No [*Go to Question 15*]

14. If the answer in question 13 is yes, what type of GBV against women did you encounter? **(Put a tick to indicate types of violence you experienced during childhood)**

Type of GBV against women	Occurrence
Female genital mutilation (FGM)	
Wife battering	
Forced sexual intercourse by in-law	
Marital rape	
Deprived of acquiring basic needs	
Deprived right to inherit family resources	
Marriage before maturity	
Other specify	

15. Did you witness GBV against women when you were young? **(Circle the correct answer)**

1. Yes
2. No [*Go to Question 17*]

16. If the answer in question 15 is yes, who was the victims and who was the perpetrator? **(Circle the option that you think is appropriate.)**

1. Perpetrated by mother against father
2. Perpetrated by father against mother
3. Perpetrated by father to brother (boys)
4. Perpetrated by father to sister (Girls)
5. Perpetrated by mother against sister in- law
6. Other (*please specify*).....

17. Have you ever been a victim of GBV against women after maturity? **(Circle the correct answer)**

1. Yes
2. No [*Go to Question19*]

18. If the answer in question 17 is Yes, what form of GBV against women did you encounter and how frequent?

Form of GBV against women	Last week	Last month	Last 6 months	Last year

Women response to GBV against women

19. Recall our discussion on question 17 where you said you have been a victim of GBV against women, after violated what measures did you take? **(Circle the correct answer)**

1. I tried to fight him back
2. Called up on my neighbours
3. Called up on my children for help
4. I rushed to the nearest police station
5. I rushed to Paralegal office
6. I rushed to nearest health centre
7. Other (*Please specify*).....

20. Who else know about this problem? **(Circle the correct answer)**

1. My parents
2. Religious leaders
3. His friends
4. Nobody know apart from family members
5. Other (*Please specify*).....

21. Who or Whom would like to report to about GBV issues against you? **(Circle the correct answer)**
1. My close friends
 2. My mother / Farther
 3. My In-laws
 4. Police
 5. Doctor
 6. Paralegal office
 7. Other *(Please specify)*.....
22. Would you please indicate common types of GBV against women practiced in your area? **(Circle the option that you think is appropriate multiple responses is allowed)**
1. Female genital mutilation (FGM)
 2. Wife beating
 3. Forced sexual intercourse
 4. Marriage before maturity
 5. Forced sexual intercourse by in-law
 6. Deprived of basic necessities like food, clothes, school fees
 7. Deprived the right for inheritance of resources after the death of the husband/farther

23. Out of the above-mentioned types of GBV against women, which one occurs frequently? Indicate the most frequent types of GBV against women starting from the most frequent to the least from 1-7

Type of GBV against women	Frequency of occurrence
Female genital mutilation (FGM)	
Wife battering	
Forced sexual intercourse by in-law	
Marital rape	
Deprived of acquiring basic needs	
Deprived right to inherit family resources	
Marriage before maturity	

Sexual violence

24. since the age of 15 has your current partner/ husband ever:

Has your current husband/partner or any other partner ever	Has this happened last week		Past six (6) months		Past one (1) year	
	Yes	No	Yes	No	Yes	No
Physically forced you to have sexual intercourse when you did not want to						

25. Did you ever have sexual intercourse you did not want to, because you were afraid of your husband or other partner might do violence to you? **(Circle the correct answer)**
1. Yes
 2. No
26. Before the age of 15, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you did not want to? **(Circle the correct answer)**
1. Yes (If yes who did so?.....)
 2. No

27. In your opinion, what type of GBV against women increasing or decreasing for the past five years in your village? **(Indicate the right answers by tick) Multiple responses allowed**

Form of GBV against women	Still existing	Sparingly practiced	Not practiced at all
Wife beating			
Women deprived from acquiring basic needs			
Women deprived from inheriting resources			
Marital rape			
FGM			
Marriage before maturity			
Other specify			

28. Referring to the question 27 do you think what is the reason for increasing of GBV against Women in your village?.....

29. What is the reason for decreasing of GBV against women in your village?.....

Attitude towards GBV against women

30. Let us now discuss about your attitude towards GBV against women. Say whether you Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D) or Strongly Disagree (SD) on each of the following statements

Statement	SA	A	UD	D	SD
GBV against women is a private issue no one should interfere					
Wife beating is a sign of love					
Women should tolerate GBV against them in order to maintain harmony in their marital relationship					
Husband or partner has no right to beat his wife in any situation					
GBV against women should be reported for legal action					
Bride price promote inequality in marriage					
FGM is necessary for preparation of respectable marriage					
FGM is the violation of women human rights should be eliminated					

Key 1=strongly agree 2=agree 3=undecided 4=disagree 5= strongly disagree

Section D: Resources ownership

In this section, let us discuss about resource and land ownership

31. Does your family/ household own any land plot? **(Circle the correct answer)**

1= Yes

2= No [*Go to question 34*]

32. If the answer in question 31 is yes, how many land plots does your family/ household own? ...

33. Land plots owned (acres) Plot 1....Plot 2... Plot 3Plot 4..... Total.....

34. Are there any restrictions that deny women rights to own land apart from household in your area? **(Circle the correct answer)**

1. Yes

2. No [*Go to question 36*]

35. If not allowed to own land what are the factors that restricts/ deny women rights to own land in your area?

1.
2.

36. Do you have your own land (apart from household land)? **(Circle the correct answer)**

1. Yes
2. No **[Go to question 40]**

37. What is the total size of your land that you own? (acres)

38. How did you acquire that piece of land? **(Circle the correct answer)**

1. Inherited
2. Purchased
3. Allocated by village government
4. Rent
5. Other **(Please specify)**.....

39. What kind of land ownership do you have?**(Circle the correct answer)**

1. Certificate of Customary Rights of Occupancy
2. Traditions ownership
3. Statutory rights of occupancy
4. Other **(Please specify)**.....

40. Who traditionally allowed inheriting land/property or other assets? **(Circle the correct answer)**

1. All family members
2. Male family members only
3. Female family members only
4. Other **[Specify and add code: _____]**

41. Have you ever personally inherited any land/property or any other items? **(Circle the correct answer)**

1. Yes
2. No

Section E : Organizational assets

42. Are you a member of any organization or group? **(Circle the correct answer)**

1. Yes
2. No **[Go to question 44]**

43. Which of the following groups are you a member of? **(Circle the correct answer; multiple answers acceptable)**

1. Farmer/producer group
2. Livestock keeping/production group
3. Marketing groups
4. Religious or spiritual group (e.g. church, mosque, temple, informal religious group)
5. Political group or movement
6. Cultural group or association (e.g. arts, music, theatre, film)
7. Finance, credit or savings group e.g. VICOBA
8. NGO or civic group (e.g. Rotary Club, Red Cross, legal aid service providers)
9. Ethnic-based community groups
10. Other groups (specify)

44. To what degree do you feel you can make your own personal decisions regarding the following issues if you want to? [Use codes below]

- 1. Household expenditure ()
- 2. Education and health ()
- 3. Political decisions ()
- 4. Marriage choices ()
- 5. Religious beliefs ()

- 1. *To a very high degree*
- 2. *To a fairly high degree*
- 3. *To a small degree*
- 4. *Not at all*

Section F: Women Empowerment

I am going to ask you specific questions about women empowerment as perceived by you.

45. Have you ever heard of the concept women empowerment? (Circle the correct answer)

- 1. Yes
- 2. No [Go to question 48]

46. Where did you get information about women empowerment? (Circle the correct answer)

- 1. from school
- 2. from neighbours
- 3. from group members
- 4. from political leaders
- 5. through radio/Television
- 6. from government leaders
- 7. Other (Please specify).....

47. How can you define a concept of women empowerment? (Circle the option that you think can fit the definition of women empowerment)

- 1. Mobilizing women to disobey their husbands
- 2. Mobilizing women in urban/ rural area to be cruel
- 3. The process of reducing chances of gender based violence among women
- 4. Mobilizing women to improve their economic status
- 5. Concertizing women about their legal rights
- 6. Others (Please specify).....

48. In your village are there any CBOs/ NGOs/ Government projects creating awareness among women on women legal rights as an empowerment process? (Circle the correct answer)

- 1. Yes
- 2. No [Go to question 50]

49. If the answer in question 82 is yes do you work/ participate with any of the above-mentioned development actors (Circle the correct answer)

- 1. Yes
- 2. No

50. What is the major source of income for your family? (Circle the correct answer)

- 1. Sell of agricultural products
- 2. Sell of livestock products
- 3. Doing Business
- 4. Doing official work
- 5. Other (Please specify).....

51. How do you spend income obtained from your major family sources (**Circle the answers that you think to be appropriate?**)

1. Purchasing food for the family
2. Purchasing school uniform for children
3. Purchasing clothes for yourself and for your children
4. Keep on in your own account
5. Keep them in the family account
6. Sent money to biological parents
7. Other (*Please specify*).....

52. Are you involved in decision making on family matters? (**Circle the correct answer**)

1. Yes
2. No [*Go to question 54*]

53. If the answer in **52** is yes can you specify issues that you have been involved in? (**Circle options which you think you are involved**)

1. Decision on family resources allocation (land, livestock etc.)
2. Decision regarding types of crops to grow
3. Decision regarding types of livestock to keep
4. Decision regarding number of children to bear
5. Decision regarding how to use family income
6. Decision regarding whom to marry your daughter/son

Section G: Empowerment indices

In this sub section, we will discuss the extent of your freedom and participation in different issues of importance in your life. Kindly respond to this question honestly reflecting your true experience and practise.

54. Personal Autonomy Index (PAI)

SN	Can you do the following without seeking permission from your husband or partner?	1	2	3
1	Visit respondent's parental home			
2	Visit a hospital or clinic			
3	Visit the village market			
4	Help a relative with money			
5	Set money aside for personal use			
6	Seeking. financial help e.g borrowing from other, or financial institution			

Key: Never =1, Occasionally =2, Generally =3

55. Household Decision Making Index (HDMI)

SN	Statement: Who makes decision on the following issues in your household?	0	1	2
1	Children's education in school			
2	Family planning			
3	Family day-to-day expenditures			
4	Purchase of major or permanent items e.g. land, bicycles, inputs farming			
5	Going outside of home e.g. visiting parents and other relatives			
6	Medical treatment			
7	Spending personal income e.g. send money to parents and relatives			
8	Use of family income			
9	Whom to marry your daughter/son			
10	Selection of crops to plant in the field			
11	Purchasing of food for the family			
12	Purchasing clothes for yourself and children			
13	Entertaining guests			

Key: Husband Alone = 0, joint decision=1, Wife Alone = 2

56. Freedom from Violence Index (FVI)

SN	Whether a woman has been a victim of the most common forms of violence against women		
	Type of GBV	Yes	No
1	Female genital mutilation (FGM)		
2	Wife beating		
3	Forced sexual intercourse or marital rape		
4	Deprived of acquiring basic needs		
5	Deprived right to inherit family resources		
6	Marriage before attaining physical maturity(i.e. 18 years)		

Yes=1 and No=0

57. Women perception on gender awareness and Freedom from Family domination

In the following question, I would like to understand your perception and awareness on:

SN	Statement/issue	1	2	3	4	5
1	Men are justified to have final say over use of money in the household					
2	Husbands/other family members are justified to prevent women/wives from visiting their parents or friends					
3	Women should not be involved in politics, because men can vote for them					
4	Men are justified to beat their wives if they disobey them					
5	Men/husband should receive the best share of the meal and should be saved first					
6	Men only should inherit property rights					
7	Women have the right to decide on their reproductive choice					
8	Women have the right to decide whether and when to engage in marriage					
9	Women have the right to decide over their divorce rights					
10	Women should be given equal chance to participate in economic opportunities e.g. involvement in crops/livestock production					
11	Girls and boys should be given equal chances to get better education					
12	Women have the right to work outside the home and earn personal income					

Key 1=strongly agree 2=agree 3=undecided 4=disagree 5= strongly disagree

58. Freedom of Movement Index (FMI)

SN	Reasons for mobility: Can you do the following without seeking permission from your husband or male relative or female relative?	Degree of mobility				
		0	1	2	3	4
1	Visiting the markets (to sell or purchase consumables) local or weekly or nearby village [mnada]					
2	Visiting medical facility e.g. hospital/clinic/doctor					
3	Visiting relatives / friends' house					
4	Attending meetings/ workshop/group meeting					
5	Participation in social functions local e.g. marriage/wedding or burial ceremonies					
6	Participation and organisation of cultural programmes					
7	Visiting financial institutions e.g. VICOBA for loan application or paying instalments					

Key: Never=0, occasionally=1, frequently=2, Accompanied=3, Ever gone alone=4

59. Awareness on women legal rights index

SN	Statement	1	2	3	4	5
1	Women have the same legal rights as men to access, control and own land					
2	Husband/ partner is justified in beating his wife/partner under certain circumstances					
3	Women have no right to speak in public discussion					
4	Women have right to divorce husbands					
5	Women have equal legal rights and administer properties other than land as men					
6	Customary and Islamic laws limit women's equal inheritance on basis of gender					
7	Sexual harassment is legal right for married couples					
8	FGM is against human women rights should be reported for legal actions					

Key 1=strongly agree 2=agree3=undecided4=disagree5= strongly disagree

Thank you very much for your cooperation

Appendix 2: A copy of the checklist of items used for focus group discussion

Women empowerment

1. How is women empowerment defined in your area?
2. What factors/issues/behavior denotes improvement in women empowerment in your area (e.g. in decision making, increase in income, access to and control of income and resources)
3. What are the factors that promote women empowerment in your area?
4. What are the sources of information regarding women empowerment process in this area?
5. Does women empowerment increased woman's mobility, development of networks and interactions with other members of your group and community?
6. Are there any possibility of women to access and control over resources?

Gender based violence

1. How is GBV against women defined?
2. What are the forms of GBV against women existing in the area?
3. Who are the most perpetrators and who are the victims?
4. What are the main causes of GBV against women in this area?
4. What is the frequency of occurrence of GBV against women in the area?
5. What are reactions of women after GBV against them like wife battery?
6. To whom women report about any violence?
7. Are there any strategies to overcome GBV against women in your area?

Legal aid services

1. Are there any LAS interventions available in your area?
3. How do you rate their services? (Get details on accessibility, coverage, efficiency)
4. Who needs LASs mostly in your area?
5. Are there any challenges in accessing these services?
6. Does women participation in legal aid service advocacy increase the woman's influence over resources ownership, participation in decision making at household and community level?
7. Does involvement of women in LAS interventions influence their free from violence status?

Appendix 3: A copy of checklist of items used for key informant interview

1. Do you provide any legal aid services?
2. What are your key roles and responsibilities with regard to LASs provision?
3. Do you encounter any challenges to effectively perform your responsibilities
4. Whether in the district / village there is any other LASs provider?
5. Who is mostly working with LASs issues at village level? I.e. study area? (e.g Lawyer paralegal, Village leaders, ten cell leaders etc)
6. Do community members require legal aid services?
7. Are there any costs in accessing legal aid services?
8. How do you perceive the work of existing LASs providers (specify their names
9. Whether there any differences in terms of involvement of women to LAS interventions among beneficiaries and non-beneficiaries of LASs?
10. How do understand about women empowerment?
11. Whether women and other disadvantaged groups have equal opportunities in participating in activities that promote/result into women empowerment
12. Whether women and other disadvantaged groups in the district / village are allowed to own land
13. Whether there are any forms of GBV against women in the village?
14. What is the main common form of GBV against in the area?

Appendix 4: Sample size determination

The sample size by Cochran's (1977) formula based on the level of precision, degree of confidence and variability of the population as expressed in the following formula

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = Sample size

N = the population size

e = the level of precision or sampling error, estimated in percentages (0.05)

According to population size of Morogoro Rural and Kongwa District the number of women was 129 285 and 129 662 respectively (URT, 2013) .Therefore, sample size

calculated as follows: $n = \frac{N}{1 + N(e)^2}$

$$n = \frac{258,947}{1 + 258,947(0.05)^2}$$

$$n = \frac{258,947}{1 + 647.3675}$$

$$n = \frac{258,947}{648.3675} = 399.38$$

$$n = 399$$

However, sample was reduced to 240 based on the arguments given by Bailey (1994), that a sample of 30 respondents is bare minimum for studies in which statistical data analysis is to be done regardless of the population size. Therefore, 30 respondents were selected from each of the 8 villages and this make a total of 240 cases.

Appendix 5: Descriptive Statistics and Reliability Analysis for attitudinal scale

Variable	Mean ^a	SD	Item-total correlation	Cronbach's Alpha if Item Deleted
GBV is private issue no one should interfere	17.35	26.756	0.486	0.706
Wife battering is sign of love	17.95	28.738	0.472	0.713
Women accept violence to maintain harmony in their marital relationship	16.79	24.944	0.532	0.696
FGM is necessary for respectable marriages	18.04	30.312	0.295	0.740
GBV should be reported for legal actions	17.69	28.482	0.469	0.712
Bride price promote inequality in marriage	16.85	25.523	0.542	0.694
Husband / partner has no right to beat his wife	17.50	28.828	0.382	0.726
FGM is violation of women rights	17.35	27.184	0.350	0.738

^a Calculated from scores on a five point scale: 1= strongly agreed; 2= agreed; 3= undecided; 4 = disagreed; 5= strongly disagreed

Appendix 6: Attitudinal scores among beneficiaries and non-beneficiaries (n= 240)

Scores	Beneficiaries		Non-Beneficiaries		All	
	Frequency	%	Frequency	%	Frequency	%
8	6	2.5	2	0.8	8	3.3
9	1	0.4	1	0.4	2	0.8
10	5	2.1	2	0.8	7	2.9
11	5	2.1	0	0	5	2.1
12	5	2.1	0	0	5	2.1
13	8	3.3	0	0	8	3.3
14	13	5.4	1	0.4	14	5.8
15	14	5.8	2	0.8	16	6.7
16	14	1.7	4	5.8	18	7.5
17	9	3.8	5	2.1	14	5.8
18	5	2.1	7	2.9	12	5.0
19	6	2.5	2	0.8	8	3.3
20	2	0.8	3	1.2	5	2.1
21	4	1.7	3	1.2	7	2.9
22	3	1.2	1	0.4	4	1.7
23	2	0.8	2	0.8	4	1.7
24	14	5.8	4	1.7	18	7.5
25	1	0.4	24	10.0	25	10.4
26	3	1.2	23	9.6	26	10.8
27	0	0	21	8.8	21	8.8
28	0	0	11	4.6	11	4.6
29	0	0	1	0.4	1	0.4
30	0	0	1	0.4	1	0.4
Mean Index Score 24.73						
Categories of Attitude						
Positive	4	1.7	81	33.8	85	35.4
Neutral	14	5.8	4	1.7	18	7.5
Negative	102	12.5	35	14.6	137	58.3

Note: All = (Beneficiary + Non-Beneficiary)

Appendix 7: Definition of variables used in ordinal regression model

Variables	Operation definition	Level of measurement
Dependent variable		
Attitude towards GBV against women	Whether respondent is ranked in positive, neutral or negative attitude category towards GBV against women	Ordinal in terms of ranked categories (negative, neutral and Positive attitude)
Women empowerment	Whether women attained low, medium or high level empowerment category	Ordinal Classified in terms of ordered empowerment levels (low, medium and high level of empowerment)
Independent variables		
Age	Age of the respondent	Continuous Measured in years
Education (years of schooling)	Number of years respondent spent in the school	Continuous Measured in years
Religion	Being affiliated in Christian, Muslim faith or otherwise	Categorical Christian=1 Otherwise = 0
Marital status of women	If a woman is married, cohabitate, single, widowed or divorced. The responses were then coded into dummy variable (Single or otherwise)	Categorical Married =1 Otherwise =0
Types of marriage	Kind of women engagement in marital relationship	Categorical Monogamous =1 Polygamous = 0
Experience of violence at adulthood	Women experience violence at adulthood	Nominal Yes = 1, No = 0
Experience of violence at childhood	Women experience any form of violence at childhood	Nominal Yes = 1, No = 0
Witness of violence during childhood	Respondent witnessed GBV against women during childhood	Nominal Yes = 1, No = 0
Cultural background	Cultural background of respondent (belong in matrilineal or matrilineal ethnic group)	Categorical Matrilineal=1 Patrilineal = 0
Access of LASs	Being counselled or reported GBV issues to LAS provider, without membership or affiliated to any CBLAS providers, and lack of education training package of women legal right education	Nominal Yes = 1, No = 0
Involvement to LAS interventions	Being beneficiaries of LASs intervention (i.e. Respondent who have membership in LAS network or group and attending education training on women rights)	Categorical Beneficiary = 1, Non-beneficiary = 0
Awareness of women rights	Woman awareness on women legal rights issues (Obtained from total scores on women legal right index)	Continuous Total scores
Group membership or network	Being a member of any groups or network apart from LAS group	Nominal Yes = 1, No = 0
Perception on freedom from family domination	Respondent awareness on gender and free from family domination (Obtained from total scores on women perception on freedom from family domination scale)	Continuous Total scores

