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Master's Degree of International Cooperation

**Disparity of Violence Against Women
Across Regions in Tanzania:
A Comparative Study of Mara and
Kilimanjaro Regions**

탄자니아 지역 간 여성에 대한 폭력의 격차: 마라와
킬리만자로 지역의 비교 연구

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**Graduate School of International Studies
Seoul National University**

**Disparity of Violence Against Women
Across Regions in Tanzania:
A Comparative Study of Mara and
Kilimanjaro Regions**

A Master's Degree thesis presented

By

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2021-22383

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Dedication

To my beloved family who gave me lessons in spiritual things:

To my beloved late sister Paulina Joseph Dominic:

To the hundreds of women who are in community going through daily
violence against them

And most especially to our Almighty Lord our God.

This Thesis is dedicated to you.

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Abstract

The Tanzania Demographic and Households Survey of 2015 reveal the level of prevalence violence against women (VAW). The survey established several cases that cause VAW with evidence that Kilimanjaro region recorded lower incidences of VAW relative to other areas. It is against this backdrop that this study investigated a comparative analysis of the level of VAW in Mara and Kilimanjaro in order to ascertain possible causes of differential rate of VAW in these regions. Among other things, the study identified the level of awareness and possible reasons for high prevalence of VAW in Mara region and low prevalence in Kilimanjaro region. Applying the methodology of descriptive statistical analysis to the data obtained through the use of a questionnaire, the study reveals that the prevalence of VAW in Mara region outpaced other regions including Kilimanjaro. The Kilimanjaro region is an urban type while Mara is characteristically rural with poor or lower level of some socio-economic indicators such as educational status and workplace affiliations and roles in the society. Among other findings, the issues of Partner's refusal for the woman to work and be economically independence and disobedience of women to their spouses (husbands) that are major cause of VAW with Mara region. The level of disparity in Income, which was more prevalence in Mara significantly, contributes to increasing level of VAW in Mara than Kilimanjaro. Also, attitudinal issues in terms of carelessness about children, and infidelities results are major causes of VAW in both Mara and Kilimanjaro regions of Tanzania. The study however found that the level of legalistic institutional framework expected to address the issues of VAW in the study areas is poor. Thus, there is need for government and community leaders' efforts to curb the plague of VAW in Tanzania.

Keywords: *Violence, Women, Violence Against Women (VAW), Kilimanjaro and Mara.*

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List of Acronyms

DHS = Demographic and Household Survey

DV = Domestic violence

EAs = Enumeration Areas

FGM = Female genital mutilation

GBV = Gender-based violence

GDHS = Ghana Demographic and Household Survey

IPV = Intimate-partner violence

MDGs = Millennium Development Goals

MHA = Ministry of Home Affairs (2000).

NCRB = National Crime Record Bureau

NPA-VAWC = National Plan of Action to End Violence Against Women and
Children

SDGs = Sustainable Development Goals

TBS = Tanzanian Bureau of Statistics

TDHS = Tanzanian Demographic and Household Survey

TWRF = Tanzanian Women Research Foundation

UN = United Nations

UNFPA = United Nations Fund for Population Activities

UNICEF = United Nations International Children Emergency Fund

VAW = Violence Against Women

WHO= World Health Organization

CHAPTER ONE

Introduction

1.1 Background of the Study

Violence against women (VAW hereafter) remains one of the topical issues that have attracted several forms of debate both in developed and developing nations. The subject of VAW has become a multifaceted globally as it touches different aspects of women's lives (Ibtisam, 2018). The world Health Organization (WHO, 2013) recognizes the fact that VAW is a violation of human all over the world. The victims of these ugly incidences often subjected to diverse short to long term physical, mental, and even psychological problems. Women are exposed to different forms of violence including physical and psychological abuse such as arbitrary deprivation of liberty, sexual abuse, female genital mutilation, suicide by self-burning, marrying older for younger and fear from family revenge (Ibtisam, 2018).

In an attempt to eliminate VAW, the UN (1993) defines VAW as any act of gender-based violence (GBV) that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. VAW is also considered as the fundamental violation of the basic rights of women including the right to life and the right to bodily integrity and it is a barrier to women's full participation in all spheres of life. According to the report of WHO (2013), VAW is a means of social control that maintains unequal power relations between women and men and reinforces women's subordinate status. It is used to enforce gender roles and norms which assume that women are inferior to men, and that men have the right to control women.

Global evidence have shown that 35% of women have, in one period or the other experienced VAW in their lifetime (WHO, 2013). Studies conducted by women's empowerment groups, citizens of societies, non-governmental organizations among others concluded on numerous cases and estimations relating to VAW within the social, political, administration and economic perspectives. On the issue of VAW, many

International development think-tanks have discussed possible causative factors for global surge in VAW and how to address them (Bawa and Sanyare, 2013).

In Tanzania, it was identified that almost 50% of married women have experienced VAW (TDHS, 2016). This has led to the launching of SASA! programme in the regions of Mwanza in the year 2015 by the Kivulini Women's Rights Organization and Women's Promotion Centre in partnership with the Norwegian NGO FOKUS – Forum for Women and Development which intended to reach to a population of more than 65,000 people with the need to address VAW. There was also a rigorous baseline study in Tanzania in the year 2014 which was conducted by the Tanzanian Women Research Foundation (TWRF) on violence and discrimination against women. The conclusion drawn from the study led to the launching of programmes to reduce prevalence of physical and/or sexual violence against women, increase knowledge and reduce acceptance of VAW as a norm, increased capacity to respond to VAW, and to increase work togetherness of men and women.

Indeed, VAW results in physical, mental, sexual, reproductive health and other health problems. VAW can have fatal results like homicide or suicide. It leads to injuries of which almost 42% of women that have experienced violence from intimate partner report an injury as a consequence of violence. Both biological and socio-cultural factors play roles in promoting VAW. The biological factors of VAW are identified by sex differences in brain structure, evolution, genetics, hormones, or neurotransmitter, while socio-cultural factors are those related to culture or upbringing. Some Women suffer isolation, inability to work, loss of wages, and lack of participation among others as a result of violence.

This has attracted stakeholder's concern of which world leaders, policy makers, women activist groups and researchers are actively involved to address the issue of VAW against women. Towards working on how to achieve violence-free world for women, the commission in 1998 set to implement participatory educational programmes on human rights, conflict resolution and gender equality for women and men of

all ages, beginning with girls and boys (Agreed Conclusions CSW 42, 1998) to reduce barrier to women's full participation in all spheres of life.

In its 1993 declaration on ending VAW, the UN reckons that VAW is a manifestation of historically unequal power relations between men and women. To address this concern among other global issues, heads of state and governments from 189 nations met in the year 2000 at the Millennium Summit in New York to adopt the Millennium Development Goals (MDGs), which has now been transformed to sustainable development goals (SDGs). The main objective of this summit is to ensure that nations are focused on human development problems with gender equality as part of the goal. This is necessary to empower women potential which will result into global development (Tsikata, 2009).

This research project considers women as having unique potentials that can contribute to human development in any nation of the world. The increased in the population of women require that there should be policies that will rather engage women into leadership positions and encourage them contribute their potentials towards national growth and development rather than being vulnerable to frequent tortures and other forms of VAW. In order to address VAW and many other concerns, the study comparatively examines the disparity of VAW across Mara and Kilimanjaro regions of Tanzania.

1.2 Problem Statement

The consequences of everyday violence, a violence that is not necessarily perpetrated in wartime and by combatants both in developed and developing nations has a noticeable effect on the physical and psychosocial health of those who are violated especially women and their abilities to carry out their livelihoods independently (Koester et al., 2016). It has been asserted that in ten mainly developing countries, among women aged 15–49, among 15% of women in Japan and 71% of women in Ethiopia reported physical and/or sexual violence by an intimate partner in their lifetime, and that between 0.3% and 11.5% of women reported experiencing sexual violence by a non-partner since the age of 15 years (WHO, 2005).

Furthermore, WHO (2005) reports that 17%, 24%, and 30% of women in rural areas of Tanzania, Peru, and Bangladesh had their first sexual experience as a forced sex. Again, in another related studies by WHO with the London School of Hygiene and Tropical Medicine and the Medical Research Council, based on existing data from over 80 countries, found that globally 35% of women have experienced either physical, social or sexual violence of which the commonest among them is sexual abuse. Most of this violence is caused by intimate partners. Worldwide, almost one third (30%) of all women who have been exposed to sexual violence.

In a study on the global health of women, WHO (2005) found that one-half of women suffered physical injuries as a result of domestic violence, and at least 20% of those that acknowledged abuse never reported to anyone or agency. The preponderance of high degree of GBV has prompted lawmakers in many countries to propose legislation focusing on addressing GBV in the world arena. Compounded with these physical health issues are the mental health issues that often occur simultaneously with physical pain. Increased feelings of fearfulness, depression, anxiety, posttraumatic stress disorder (PTSD), suicidal ideation, loss of self-efficacy, and substance abuse are all mental health issues that compound and correspond to the pervasiveness and insidiousness of the physical health issues (Bogat et al., 2005; Campbell, 2002; Jordan, et al., 2004; Plichta, 2004; Walton-Moss, et al., 2005).

There has been discriminatory treatment and lack of culturally competent that aggravates the rate of VAW. Cultural competence has been defined as “an ongoing process in which one continuously strives to achieve the ability to work effectively within the cultural context of the individual or community” (Campbell & Campbell, 1996). It is critical to examine cultural and societal influences within individual, institutional, and systemic domains (Moracco, et al. & Dulli, 2003; Pyles & Kim, 2006).

It cannot be overemphasized that Intimate-partner violence (IPV) is a major public health issue that disproportionately affects women, especially in Tanzania where 40% of women report experiencing IPV. This makes the percentage of women who have ever experienced IPV in Tanzania is higher than the global

average at 40% (Tanzania Bureau of Statistics, TBS, 2016). According to the TDHS (2016), 56%, 42%, and 14% of most women who have ever experienced physical or sexual violence in Tanzania reported to their families, in-laws, and friend/neighbors or people outside the formal government structure. Only a handful of 12% reported to formal government structures, such as medical personnel, police, or lawyers (TBS, 2016). It is therefore worthy to examine the factors that are responsible for the prevalence of VAW in some selected areas (Mara and Kilimanjaro) of Tanzania.

Objectives of the Study

The general objective of the study is to assess the disparity of violence against women (VAW) in Tanzania regions by comparing Mara and Kilimanjaro Regions. Specifically, the study seeks to:

- i. Asses main causes of violence against women across the two regions
- ii. Examine the reasons for high prevalence of VAW in Mara region and low prevalence in Kilimanjaro region.
- iii. Identify relevance policies that will help reduce the incidences of VAW in Mara and Kilimanjaro.

Research Questions

- i. What are the main causes of VAW in Kilimanjaro and Mara Regions?
- ii. What are the reasons for high prevalence of VAW in Mara region and low prevalence in Kilimanjaro region?
- iii. What are ways forward to close up the gap of variation across the two regions?

1.5 Scope of the Study

The study is limited to Mara region and Kilimanjaro regions of Tanzania. According to TDHS (2016), Mara region accounts for the highest prevalence rate of 61.2%, making a total of 375 women of age 15-49. Similarly, Kilimanjaro region accounts for the lowest prevalence rate of 23.8% which is also equivalent to 255 women aged 15-49. To further assess these disparities across these regions, the study will make use of

research publications and survey to obtain relevance information and data to quantify the extent of VAW in the selected regions.

1.6 Significance of the Study

The study will support policy framework on VAW. Article 13 of the Constitution of the United Republic of Tanzania of 1977 prohibits discrimination on the basis of gender among other things. Articles 12 to 29 incorporate the Bill of Rights and Duties, which set out the basic rights and duties of citizens which are broad enough to assert and protect rights holders against GBV or any form of VAW. Every citizen has a duty to respect women's rights. In 2016, Tanzania developed the five (5) years National Plan of Action to End Violence Against Women and Children (NPA-VAWC 2017/18 – 2021/22), with a target to Eliminate VAW by 50% in 2021/22 fiscal year. The study will therefore serve as a reference point in the academia on VAW. The power of awareness is strongly an antidote for ignorance of rights by female folks. Thus, this study is hoped to assist policy makers to formulate policies that will eliminate VAW and make women more productive in the society.

1.7 Limitation of the Study

The study is limited to the surveyed respondents from Mara and Kilimanjaro regions of Tanzania. The need for primary data through the administration of questionnaires to the respondents especially in the current Covid-19 pandemic will be associated with some challenges due to restrictions, thus, an online form of surveyed is used. This method is considered efficient than the traditional method of direct data collection through physical distribution or administration of the survey. However, the total sample size surveyed were 153, out of targeted sample of 171, a total number of 18 respondents missed due to several reasons such as absentee during the survey time. There is also a constraint with time and finance to meet the deadline since it is an academic thesis and it has to meet a given duration. Despite the limitation, the researcher was able to generate the data necessary to meet the objectives of the study.

1.8 Organization of the Study

This study is divided into five main chapters. The first chapter covers the study's introduction, problem statement, research objectives, and research questions, as well as the scope, significance of the study, the limitation of the study, and the organization of the study. The literature review is covered in chapter two. This chapter discusses some conceptual review, theoretical framework, empirical review, as well as conceptual framework. The research methodology is chapter three and it focuses on research design, population and sampling strategies, and the analytical process of the empirical data obtained from the surveyed respondents. While the findings of the study and their discussion are detailed in chapter four, the fifth chapter contains the summary of the findings as well as conclusions and recommendations. This also includes recommendations for future research.

CHAPTER TWO LITERATURE REVIEW

2.0 Introduction

This chapter covers review of existing literature touching the conceptual issues in VAW, theoretical explanations of the process of violence, and some empirical evidences of VAW in different countries of the world including Tanzania.

2.1. Conceptual reviews

2.1.1 The concept and forms of Violence against Women (VAW)

VAW is a concept that is central in global health maintenance by the World Health Organization. VAW is defines violence against women as "any act of gender-based violence 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" (WHO, 2012).

The UN Women details the process and different forms of VAW. In fact, Violence against women and girls (VAWG) is described as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN Women, 1993, 2020).

VAWG involves any form of violence melted for any female in any given society or community. The victims often feel the emotional or psychological effects of such violence. The UN Women (2020) further details the forms of violence. These include:

Domestic violence

Domestic violence (DV) refers to any form of subjugation of intimate partner through domination mostly at home. Here, any form of behavioral pattern displayed with the aim of maintaining dominion on the intimate partner within the family system or home environment.

Economic violence

This type of violence involves all form of attempts that does not allow financial independency of the intimate partners. In this type of violence, the perpetrator usually exhibit several behavioral dispositions

that exhibit financial control or prevent of access of the partner to viable economic assets. This could also be inform of preventing the partner from acquiring any form of social status (education inclusive) that will warrants equality of the victim with the perpetrator.

Psychological violence

This type of violence could involve any form of action that induces fear in the life of the partner using though an act of intimidation. The physical action of the perpetrator including threatening of physical battering or harm, and destruction of properties among others could cause psychological instability in the life of the victim.

Emotional violence

Any level of actions of a partner of an intimate partner that negatively affects the emotion of the other partner is an act of emotional violence. In this case, several actions like destructive criticism, verbal abuses and prevention of one's partner from seeing the children.

Physical violence

Actions of partners such as hitting, kicking, burning, grabbing, pinching, shoving, slapping, hair-pulling, biting, and denying medical care among others are examples of physical violence.

Sexual violence

Any act of forceful sexual engagement with a partner without consent. This usually exist in terms of physical actions of domination and application of force to engage in sexual act with a partner that does not give consent or where consent cannot be given in case of a partner being a child or when the partner is under the influence of alcohol. This could involve all acts of sexual harassments.

Rape

Rape is any non-consensual vaginal, anal or oral penetration of another person with any bodily part or object. This can be by any person known or unknown to the survivor, within marriage and relationships, and during armed conflict.

Femicide

This is another form of VAW that involves intentional or unintentional murder of women and girl child because they are women, but may be defined more broadly to include any killings of women or girls.

Abuses in homes by partners or ex-partners can severely cause this type of VAW.

Female genital mutilation

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. In some place, it is considered as a social norm that necessarily prepares girl child transitions to adulthood. FGM is classified as violence (WHO, 1997; UNICEF, 1997 and UNFPA, 1997).

Child marriage

Any child below age 18 that is given or forced into marriage is an act of violence against the child. It is a violation of the Universal Declaration of Human Rights, which states that “marriage shall be entered into only with the free and full consent of the intending spouses.” Girls are more likely to be child brides, and consequently drop out of school and experience other forms of violence.

Online or digital violence

This is a current type of violence that is perpetrated through the internet or any electronic gadgets. This type of violence can be committed or melted by both male and female against each other's. Here, a digital violence against women or men could be any electronic aided devices or medium (mobile phones, the Internet, social media, computer games, text messaging, and email) applied in harassing opposite sex such as Cyberbullying (sending of intimidating or threatening messages to women or girl) and Non-consensual sexting (sending of explicit messages or photos without the recipient's consent).

2.1.2 Determinants of Violence against Women (VAW) in Mara and Kilimanjaro regions**Education**

The level of education determines the conducts of individuals and their compliance to regulatory requirements. Education brings illumination and it enables individuals to apply their knowledge on issues of social and economic status. As a result, governments of nations seek to create enabling environment as it will support education of the greater percentage of their citizens. Educational level of husband or wife

remains a factor that contributes to their engagement in violence. According to Abramsky, et al., (2011), societies that have higher percentage of educated men and women are societies with lower record of violence. This happens as the educated ones rather contribute in fighting against violence rather than engaging into violence.

Educated elites rather seek to contribute to societal development with their resources rather than engaging in conducts which can affect their career or social status. Specifically, an educated woman can help reduce the rate of partners' violence because the level of violence against such woman can be minimal if not total eradication. Again, education builds the capacity of women.

In relation to the study areas, VAW is more in Mara region than Kilimanjaro because of higher number of educated elites in the Kilimanjaro region. According to Ogbonna (2014), violence is more in communities with low education. Also, the level of awareness of VAW in rural areas would be low as most women in rural communities could think that violence against them is justified. Urban women in Kilimanjaro are more aware of the issues and consequences of violence because of their education (Deyessa, et al., 2010). Accordingly, Marium (2014) posits that educated male could be more tolerant and understandable, hence will desist from violence.

Heteronormative gender division of labour

In many societies, gender role specification enhances the dominant roles of men over the women. Based on such roles specifications and variation, some people cherish women that are getting more educated than the male folks while other cultures encourage patriarchal gender norms that enhanced the domineering roles of men in the family and society. Such rigidity of gender roles, according to Niaz and Johnason (2003) enhances the perpetration of VAW. This author stressed further that some men use VAW to prevent their partners from social emancipations by exploiting their weaknesses. Supporting the claim by the authors, VAW is seen as a common issue where males are subjected to toughness or dominance and their role is

based on rigidity (Deyessa et al., 2010). More often than not, men are the progenitors of VAW at the course of struggling to maintain dominance over the female folks.

On the part of Mariun (2014), using DV by male to regain masculinity is the men's stereotypical idea while men who continuously seen women being made for house chores without respect to them are inducing the pace of VAW (Shastri, 2014). Indeed, inability of some men to rather use their powers to bring up societies result of continuous record of low or no violence is desirable. This is less in Kilimanjaro region as compared with Mara region as most men in the former region prefer to use their power to yield much positive result.

Income

Income is another factor that contributes to violence against women. In societies of high cost of living and high dependency rate, issues of violence become prevalence. Low income earning women are most often vulnerable to violence (Terry, 2004). Lack of income leads to economic self-insufficiency and this becomes one of the major root causes of violence. This requires the need for women to have paid jobs to overcome poverty and violence (Ogrodnik and Borzutzky, 2011). Comparing the Mara and Kilimanjaro, there are higher level of men and women who are civil servants with many others working as self-employed people in Kilimanjaro region, in Mara region, the percent households below the income (basic needs) poverty line was estimated at 46% in 2001, with Bunda, Musoma Rural and Serengeti districts recording the highest rates of 68%, 64% and 61% respectively (URT 2005). The region's per capita income is Tanzania shillings 946,107 (USD 597.7) in 2012, this is below the average GDP per capita in Tanzania Mainland (NBS, 2014). The region's annual GDP contribution to the national GDP was 3.5% in 2012 placing the region in the middle at 12th among 25 Tanzania Mainland regions. However, Kilimanjaro per capital income is 3,393,600 Tanzania shillings (USD 1,455.9) this is above the average GDP per capita in Tanzania mainland approximated to be around 2.7 million TZS (1,163 USD) in 2012 (NBS, 2014). This makes it possible for women to earn income to feed on and to cater for other needs. Their daily activities make them to always find themselves in crowding areas and that limits violence in Kilimanjaro as compared with Mara region.

Personality influence and Acceptance of violence

Personality most often attracts women but a person who seeks to attract greater population for the purpose of contributing to societies rather fights against violence. Acceptance of violence means the ability to admit that there is such violence and to engage other individuals to fight against it. The Kilimanjaro is a region with many personalities who admit the prevalence of violence but rather contribute to mitigate it. Even as the Mara region can be said of such personalities but the influence is higher in Kilimanjaro as compared with Mara region.

TDHS (2016) reviews some trends of physical and spousal VAW in Tanzania. As seen in the figures below, it has been seen that VAW is prevalence in Tanzania with Mara region having 61.2% as the highest rate of women that had experienced physical violence. This is followed by Shinyanga region with 59.8% of women been exposure to VAW. The percentage in Kilimanjaro is 23.8%.

In terms of spousal violence, evidence in the second figure substantiate that of the first figure that about 78% of spousal violence was recorded in Mara and Shinyang regions. As can be seen further from the third figure, for the attitude of women in relation to violence against them, majority of Women (59.6%) in Tanzania within age 45-49 opined that several factors ranging from burning of food, arguments with husbands and negligence of children among other factors are responsible for VAW.

Table 17.1 Experience of physical violence

Percentage of women age 15-49 who have experienced physical violence since age 15 and percentage who have experienced physical violence during the 12 months preceding the survey, by background characteristics, Tanzania 2015-16

Background characteristic	Percentage who have experienced physical violence since age 15 ¹	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes ²	
Age					
15-19	21.9	2.7	10.0	12.7	1,911
15-17	19.5	1.9	10.8	12.7	1,111
18-19	25.2	3.9	8.8	12.6	800
20-24	38.0	5.8	18.2	24.1	1,753
25-29	46.0	7.2	21.5	29.0	1,511
30-39	44.6	6.9	18.5	25.6	2,428
40-49	47.7	6.0	14.7	20.7	1,719
Residence					
Urban	35.5	5.1	14.5	19.6	3,354
Rural	41.8	6.1	17.6	23.8	5,968
Tanzania Mainland/ Zanzibar					
Mainland	40.3	5.9	16.9	22.9	9,036
Urban	36.0	5.2	14.9	20.1	3,260
Rural	42.7	6.3	18.1	24.5	5,776
Zanzibar	14.4	1.4	2.4	3.9	286
Unguja	17.2	1.2	3.1	4.3	207
Pemba	7.1	2.0	0.8	2.7	79
Zone					
Western	49.3	7.3	22.5	29.8	893
Northern	28.7	3.6	12.4	16.0	1,108
Central	37.9	6.6	13.7	20.3	941
Southern Highlands	35.7	4.8	14.0	19.0	566
Southern	33.8	3.0	13.4	16.4	493
South West Highlands	40.2	8.9	20.4	29.5	887
Lake	52.3	7.5	23.1	30.7	2,457
Eastern	30.5	3.5	10.0	13.5	1,691
Zanzibar	14.4	1.4	2.4	3.9	286
Region					
Dodoma	42.7	8.9	13.0	21.9	402
Arusha	34.1	5.7	20.3	26.0	351
Kilimanjaro	23.8	1.8	11.7	13.5	255
Tanga	27.4	3.0	7.2	10.2	502
Morogoro	27.5	5.0	9.0	14.3	429
Pwani	31.5	2.2	7.7	9.9	197
Dar es Salaam	31.6	3.1	10.8	13.9	1,065
Lindi	32.5	3.4	15.7	19.2	203
Mtwara	34.7	2.7	11.8	14.5	290
Ruvuma	38.6	1.5	13.8	15.4	255
Iringa	29.5	9.8	13.6	24.0	173
Mbeya	38.8	9.7	20.6	30.6	587
Singida	31.2	4.9	14.0	18.9	264
Tabora	54.3	8.3	24.7	33.0	512
Rukwa	42.0	8.5	19.1	27.6	207
Kigoma	42.6	6.0	19.6	25.6	381
Shinyanga	59.8	8.8	25.4	34.2	358
Kagera	56.5	8.3	19.8	28.1	434
Mwanza	45.9	8.6	19.8	28.7	602
Mara	61.2	6.2	36.1	42.6	373
Manyara	37.3	4.8	14.6	19.4	275
Njombe	38.2	4.5	14.9	19.4	138
Katavi	45.1	4.8	22.1	27.0	93
Simiyu	41.6	3.8	20.7	24.5	342
Geita	51.2	8.3	18.9	27.5	348
Kaskazini Unguja	11.8	0.8	3.0	3.8	39
Kusini Unguja	20.2	2.9	2.2	5.3	26
Mjini Magharibi	18.2	1.0	3.2	4.2	142
Kaskazini Pemba	7.9	2.2	0.9	3.1	40
Kusini Pemba	6.3	1.7	0.6	2.3	39

Source: TDHS, 2015/16

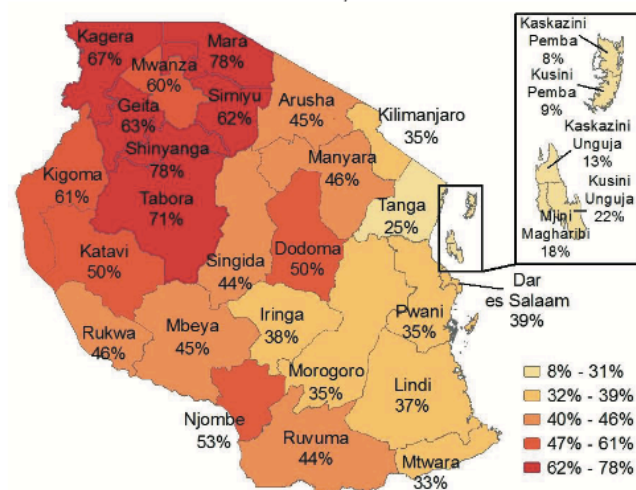
Patterns by background characteristics

- Experience of spousal violence varies from 78% in both Mara and Shinyanga regions to 8% in Kaskazini Pemba and 9% in Kusini Pemba and is lower in urban areas (45%) than in rural areas (52%) (Table 17.11). Compared to Zanzibar (15%), spousal violence is much higher in Tanzania Mainland (50%). (Figure 17.4)

- Spousal violence is substantially higher among women who are divorced, separated, or widowed (67%) than among currently married women (46%). It does not vary substantially by age but increases with number of living children, from 35% among women with no children to 56% among women with five or more children.

Figure 17.4 Spousal violence by region

Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, or emotional violence committed by their husband/partner



Source: TDHS, 2015/16

Table 15.10.1 Attitude toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Tanzania DHS-MIS 2015-16

Background characteristic	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of women
Age							
15-19	20.2	42.0	39.9	47.0	26.0	59.1	2,904
20-24	18.2	42.2	40.9	49.5	28.0	59.8	2,483
25-29	19.8	40.1	40.7	46.8	30.4	56.2	2,125
30-34	19.8	41.2	39.9	47.0	32.3	55.6	1,752
35-39	19.8	41.8	41.1	47.8	32.7	57.8	1,641
40-44	24.0	44.0	42.9	47.9	34.9	57.8	1,364
45-49	21.7	44.3	43.1	50.4	36.8	59.6	997
Employment (last 12 months)							
Not employed	16.4	38.3	37.1	44.1	25.2	54.0	3,028
Employed for cash	16.9	37.2	36.2	44.4	26.6	53.3	6,197
Employed not for cash	27.9	51.9	50.9	56.0	40.3	68.3	4,036
Number of living children							
0	17.2	37.4	35.7	43.5	23.4	54.7	3,519
1-2	18.0	41.1	38.9	46.8	28.0	57.0	4,253
3-4	22.0	42.9	43.2	49.3	33.6	58.3	2,909
5+	25.7	48.7	48.6	54.1	40.7	64.0	2,585
Marital status							
Never married	16.2	35.5	33.9	41.8	21.0	52.9	3,353
Married or living together	21.6	44.7	44.0	50.1	33.8	60.2	8,210
Divorced/separated/widowed	21.3	41.8	39.9	49.1	32.9	57.8	1,703
Residence							
Urban	12.8	34.1	32.2	41.2	21.2	50.8	4,811
Rural	24.3	46.5	45.8	51.7	35.7	62.1	8,455
Tanzania Mainland/Zanzibar							
Mainland	20.6	42.6	41.4	48.6	30.9	58.7	12,862
Urban	13.1	34.5	32.5	41.8	21.4	51.4	4,675
Rural	25.0	47.2	46.4	52.4	36.3	62.9	8,187
Zanzibar	5.0	22.2	25.7	25.7	17.2	36.0	404
Unguja	5.3	24.4	28.4	28.7	19.2	40.8	293
Pemba	4.2	16.5	18.5	18.0	11.9	23.5	111
Zone							
Western	22.7	51.6	48.8	58.7	43.2	70.4	1,278
Northern	18.0	42.5	38.0	48.9	28.6	57.1	1,575
Central	31.4	51.7	52.0	58.4	43.9	64.5	1,336
Southern Highlands	14.3	32.8	28.2	34.4	21.8	43.3	807
Southern	20.9	43.0	41.4	44.1	33.0	58.5	700
South West Highlands	19.0	34.6	29.2	33.1	25.2	43.8	1,246
Lake	25.3	49.0	50.2	55.5	32.8	67.6	3,463
Eastern	11.8	31.2	32.0	41.8	21.4	50.9	2,457
Zanzibar	5.0	22.2	25.7	25.7	17.2	36.0	404
Region							
Dodoma	34.7	53.0	50.8	58.9	43.7	65.4	572
Arusha	14.5	52.3	43.8	56.7	29.3	68.8	508
Kilimanjaro	10.2	28.5	20.8	33.0	15.9	39.1	361
Tanga	24.4	42.6	42.6	51.4	34.5	57.9	706
Morogoro	18.0	35.6	39.2	46.3	28.5	54.3	636
Pwani	19.8	42.8	44.3	51.6	35.7	62.5	285
Dar es Salaam	7.7	27.2	26.7	38.1	15.9	47.3	1,536
Lindi	26.8	49.6	48.2	51.4	37.4	64.5	288
Mtwara	16.7	38.4	36.7	39.0	29.9	54.3	412
Ruvuma	16.9	41.7	38.2	45.3	28.4	53.8	360
Iringa	9.3	21.2	16.8	17.2	10.7	26.0	245
Mbeya	15.0	27.2	22.5	24.0	18.0	33.7	828
Singida	41.4	54.5	50.2	58.9	49.0	63.6	370
Tabora	20.3	51.8	48.5	58.1	39.5	66.5	737
Rukwa	25.0	47.1	38.7	49.0	37.6	63.2	288
Kigoma	25.9	51.3	49.1	59.5	48.3	75.7	542
Shinyanga	16.3	48.2	41.3	51.2	36.7	64.1	504
Kagera	29.2	44.8	46.7	52.0	31.1	68.2	612
Mwanza	19.0	42.4	41.5	43.7	23.4	53.2	859
Mara	41.2	66.6	70.2	80.1	52.0	88.7	523
Manyara	17.3	47.4	55.3	57.0	39.4	64.0	394
Njombe	15.8	31.1	24.3	35.8	23.6	45.4	203
Katavi	31.0	53.8	50.8	56.2	43.6	64.4	130
Simiyu	24.9	48.7	63.7	66.7	28.2	78.9	479
Geita	23.8	48.0	44.2	47.7	31.4	62.0	485
Kaskazini Unguja	7.7	32.4	38.0	34.9	28.1	52.1	56
Kusini Unguja	5.4	25.6	32.5	30.0	20.0	43.8	35
Mjini Magharibi	4.6	22.0	25.0	26.7	16.6	37.1	201
Kaskazini Pemba	4.5	18.3	21.0	21.5	13.3	26.2	56
Kusini Pemba	3.8	14.6	15.9	14.4	10.4	20.8	55

Source: TDHS, 2015/16

2.2 Empirical review on determinants of Violence against Women (VAW)

In various countries of the world, there are accounts of empirical findings on the determinants of VAW.

For instance, in Ghana, Owusu-Adjah and Agbemaflle (2016) investigated the rate of VAW in Ghana using the 2008 Ghana Demographic and Health Survey (GDHS) with a logistic model and found that out of 1524 ever married women surveyed, 33.6% had experienced domestic violence and 41% of women had a high risk of domestic violence exposure to their husbands based on the experience of their fathers battering their mothers. Other factors such as drinking habit or drunkenness of husbands were found as causative factor that propel VAW.

It has been asserted that men are the major cause of VAW (Bhatta, 204) and about 10–69% of women are globally exposure to physical assaults (Coker-Appiah and Cusack, 1999) and within the academic or educational settings in schools, between 14 and 52% of girls have been victims of sexual abuses and GBV (Lithur, 2013).

It has been categorized empirically that there are mirage of factors responsible for VAW. According to Krug, et al., (2002), Bhatta (2014), and Koenig, et al., (2006), these factors include individual factors (young age, heavy drinking, depression, personality disorders, low academic achievement, low income, witnessing or experiencing violence as a child), relationship factors (marital conflict, marital instability, male dominance in the family, economic stress, poor family functioning), community factors (weak community sanctions against domestic violence, poverty, low social capital) and societal factors such as traditional gender norms, social norms supportive of violence.

Motivated by the lack of adequate policies to eradicate domestic violence (DV) in rural areas, unlike urban areas, Ajah, et al. (2014) compared the burden and perception of DV among women living in rural and urban Igbo communities of southeast Nigeria using a descriptive survey method and found that the

prevalence of DV among rural women was significantly higher than that among urban women. Among the different forms of this violence, physical battering was significantly higher among rural women than among urban women.

Utilizing the 2015 Tanzania Demographic and Health Survey with a multivariate regression analysis, Vyas (2019) examine the level of health care utilizations by victims of violence against women in Tanzania. By analyzing both inpatient and outpatients health expenditures for a sampled of 9,304 women with inferential statistical test of t-tests, the author found that women who had ever experienced physical or sexual violence (partner or non-partner) were significantly more likely to utilize health services, and in particular outpatient services, than never abused women.

In India, for instance, Sharma (2015) posits that cases of VAW would be more than the actual number as majority of the cases of VAW go unreported. In this case, the author reckoned, based on the data of National Crime Record Bureau, India, that an act of sexual harassment occurred every 59 min, one rape every 34 min, one act of torture every 12 min and almost one in every three married women experienced domestic violence (NCRB, 1997 and MHA, 2000). It is also reveals that in Uttar Pradesh, 30% of men reported beating wives. Similarly, 34% of those physically assaulted required medical attention that majority of the poor could not assessed (Rao, 1997).

CHAPTER THREE

THE METHODOLOGY OF THE STUDY

3.1 The study design and the data issues

This study is carried out using a survey research design and a mixed method of both quantitative and qualitative methods. Primary data set was collected through the administration of a research instrument (questionnaire) using a probability sampling method to select various agencies in the community of Mara and Kilimanjaro regions that work in different sectors with full awareness of the prevalence of VAW in the study area. The questionnaire was designed through Google survey form after taking cognizance of the objectives of the study. The secondary data for this study, which has been shown in the trend profile in chapter two, were drawn from the 2016 Demographic and Health Surveys (DHS) of Tanzania. This dataset is the most comprehensive of all the demographic and health surveys conducted in Tanzania. The primary sampling unit in the DHS is a cluster and is defined on the basis of Enumeration Areas (EAs). The sampling of clusters and households was based on probability sampling defined as one in which the units are selected with known and unknown probabilities.

3.2 Target Population, sample size and the sampling techniques.

The target population for this study was not directly focused on women that have experienced VAW; rather, community leaders and all other workers in difference spheres of life with full awareness on the incidences of VAW were selected randomly, though purposive sampling method was also applied to be able to sample the targeted respondents.

The target population was 600. However, using a multi-stage sampling procedure, 50% of the population was selected to form the sample closure from which the sample size of the study will be drawn. Therefore, 50% of 600 participants (intended population) are 300 respondents from which the final sample size of the study was drawn. The selection process of this target population of 300 using the Slovincs' Sampling

formula is shown as :
$$n = \frac{N}{(1 + Ne^2)} .$$

Where n = sample size to be drawn, N = population, e = margin error, and 1 is a constant term. By substituting $N = 300$, $e = 0.05$ into the formula, we get an approximate sample size of 171 respondents under 95% confident interval. However, the total sample size surveyed were 153, a total number of 18 respondents missed due to several reasons such as absentee during the survey time.

3.3 Data Collection Instrument and its validation

A google form designed questionnaire was administered online to the sampled respondents. This instrument was divided into bio-demographic and socio-economic characteristics of the respondent as well as questions on the level of awareness, cause of VAW and the legal or institutional framework for assessing the policy solution kits to address the issue of VAW in Mara and Kilimanjaro. The designed question was validated for content validity by the thesis' supervisor to ensure that the content meets the need and the standard for assessing the level of disparities in VAW in Mara and Kilimanjaro.

3.4 Data Entry, Cleaning and Analysis

All questions from the questionnaires were entered into a database in IBM-Statistical Packages for Social Scientists (SPSS.20) software in a variable view. The data were sorted out and cleaned after being retrieved from the respondents and prepared for analysis using SPSS and Excel package. Frequency distribution of descriptive statistics and cross-tabulations were used employed to examine the level of disparities in responses on VAW between Mara and Kilimanjaro.

CHAPTER FOUR

EMPIRICAL RESULTS AND DISCUSSIONS OF THE FINDINGS

4.0 Introduction

This report is a summary of the responses to the administered survey questionnaire on VAW across Mara and Kilimanjaro Regions of Tanzania. In this case, the basic research questions of the study are reiterated and addressed. The report begins by characterizing responses on each of the sections of the survey and then emphasized on how each of the objectives and their corresponding research questions are addressed.

4.1 Bio-demographic and socio-economic profiles of the Respondents

4.1.1 Gender, marital status, age, and educational qualification of the respondents

The bio-demographic and some socio-economic characteristics of the respondents in terms of gender, marital status, age of the respondents, and the level of education are shown in Table 1. In terms of gender, a total number of 94 respondents (61.4%) were female while 59 (38.6%) were male. Also, majority of the sampled respondents, 91 (59.5%) were married. While 59 respondents (38.6%) were singled as at the time of the survey, 2 (1.3%) were widowed, and 1 (0.7%) divorced their partners. Similarly, the majority of the respondents, 111 (72.5%) were within the age bracket of 30-39 years, and in terms of educational achievements of the respondents, majority, 97(63.4%) had bachelor degree as their highest educational qualification.

Judging from these results, it is understood that married women experienced VAW than the unmarried female. Coincidentally, the categories of the victims are usually within the active labor with bachelor degree as the highest level of their qualifications. Here, it is also fall expected that the level of education would have transform the people and prevent incessant occurrences of VAW in the study found that the level of education. Majority of the sampled respondents are also within the age bracket of active labour force (age 30-39). Undoubtedly, the level of prevalence of VAW will integrally reduce labour productivity in the study area.

Table 1: Socio-economic status of the respondents

Gender	Frequency	Per cent
Female	94	61.4
Male	59	38.6
Total	153	100.0
Marital Status of the respondents		
Single	59	38.6
Married	91	59.5
Divorced	1	.7
Widow	2	1.3
Total	153	100.0
How old are you (Age bracket of the respondents)		
20-29	25	16.3
30-39	111	72.5
40-49	17	11.1
Total	153	100.0
What is your highest level of Education/Qualification(s)		
Informal education	1	.7
Vocational education	2	1.3
Diploma	9	5.9
Bachelor degree	97	63.4
Postgraduate	44	28.8
Total	153	100.0

Source: Author's computation, 2022.

4.1.2 Types of residential location and geographical features of the respondents' locations

In terms of the residential locations of the surveyed respondents, the results in Table 2a reveals that majority of the respondents (84) which approximately represents 55% were residence of Mara region of Tanzania while the remaining 69 respondents (45%) were from Kilimanjaro region of Tanzania. Also, majority of the respondents, 27 (17.8%) opined that their residential areas is specifically characterized by homogenous language, culture, and customs.

To further categorize these regions in terms of urban and rural areas, the cross tabulated results in Table 2b indicate that Mara region could be a rural or semi-urban areas than Kilimanjaro. This is based on the fact that 16 respondents indicated that their area has a feature of homogenous language, culture, and customs. This is a direct opposite of urban areas where heterogeneous cultural features persist. Again, while 14 respondents from Mara revealed that their area is characterized by low cost of living, wages, and poverty,

only 2 respondents from Kilimanjaro agreed to this assertion. These finding shows that VAW may be common among the rural dwellers than the urban dwellers.

Table 2a: Geographical distribution of the respondents

Residential Locations	Frequency	Per cent
Mara	84	54.9
Kilimanjaro	69	45.1
Total	153	100.0

Characteristics of Respondents' location

My area of my residence is a community that is sparsely populated	21	13.7
We virtually have homogenous language, culture, and customs in my area of residence.	27	17.6
The main occupation of the people in my place of residence is agriculture	15	9.8
There are many natural habitats where people live in close contact with nature in my area	7	4.6
Almost all the residents in my area have limited choices regarding career, shopping and medical services	4	2.6
Lower cost of living, wages and poverty is common in my areas of residence.	16	10.5
All of the above	63	41.2
Total	153	100.0

Source: Author's computation, 2022.

Table 2b: Characteristic of the residential areas of the respondents

Indicate if any of the following descriptions is common in the area of your residence?	What is your residential region		Total
	Mara	Kilimanjaro	
My area of my residence is a community that is sparsely populated	11 (52.4%)	10 (47.6%)	21 (100%)
We virtually have homogenous language, culture, and customs in my area of residence.	16 (59.4%)	11 (40.7%)	27 (100%)
The main occupation of the people in my place of residence is agriculture	8 (53.3%)	7 (46.7%)	15 (100%)
There are many natural habitats where people live in close contact with nature in my area	5 (71.4%)	2 (28.6%)	7 (100%)
Almost all the residents in my area have limited choices regarding career, shopping and medical services	3 (70%)	1 (25%)	4 (100%)
Lower cost of living, wages and poverty is common in my areas of residence.	14 (87.5%)	2 (12.5%)	16 (100%)
All of the above	27 (42.9%)	36 (57.1%)	63 (100%)
Total	84 (54.9%)	69 (45.1%)	153 (100%)

Source: Author's computation, 2022.

In terms of the residential locations of the surveyed respondents, the results in Table 2a reveals that majority of the respondents (84) which approximately represents 55% were residence of Mara region of Tanzania, while the remaining 69 respondents (45%) were from Kilimanjaro region of Tanzania. Also, majority of the respondents, 27 (17.8%) opined that their residential areas is specifically characterized by homogenous language, culture, and customs. To further categorize these regions in terms of urban and rural areas, the cross tabulated results in Table 2b indicate that Mara region could be a rural or semi-urban areas than Kilimanjaro. This is based on the fact that 16 respondents indicated that their area has a feature of homogenous language, culture, and customs. This is a direct opposite of urban areas where heterogeneous

cultural features persist. Again, while 14 respondents from Mara revealed that their area is characterized by low cost of living, wages, and poverty, only 2 respondents from Kilimanjaro agreed to this assertion. The level of civilizations is expectedly higher in Kilimanjaro than Mara. Consequently, Mara is characterized by high frequency of cases of VAW. By implication, the level of prevalence of VAW is functionally dependent on the extent on the extent of exposures of exposures of the community. From the results, Mara is less expose than Kilimanjaro municipalities. Thus, awareness is needed to be created in Mara and other rural communities to forestall repeated cases of VAW.

4.1.3 Career categories of the respondents and working experiences

The surveyed respondents were majorly Community Development workers/officers, 41(26.8%). This followed by 21 respondents (13.7%) that were police/lawyers and Counselors, 33 respondents (21.6%) worked in various unclassified career paths. Regarding In terms of the types of organization that these respondents worked or are working for, the result in Table 3 espouses further that majority of these respondents, 115 (75.2%) were public servant as at the time of survey. For sectoral distribution of the career paths of the respondents, 35 respondents (22.9%) agreed that they work in the education sector. This is followed by 26 respondents (17%) who worked in the Health and community service sector and those in the social protection sector were 22 respondents (14.4%). Majority of these respondents, 79 (51.6%) have worked with their various between 5 and 10 years. This is followed by those which had worked less than 5 years (45) (29.4%). By implication, these respondents must have had good experiences or awareness of incidences of VAW in their various locations.

Table 3: Categories of Careers and working experiences of the Respondents

Which category of worker do you belong?	Frequency	Per cent
Police/lawyer	21	13.7
Community Development Officer	41	26.8
Community leader	12	7.8
Religion leaders	1	.7
Social Welfare Officers	13	8.5
Medical personnel	7	4.6
Counselor	21	13.7
NGO/Women leaders	4	2.6
Others	33	21.6
Total	153	100.0
What type of organization are you working for?	Frequency	Per cent
International Organization (UN, UNHCR etc)	2	1.3
International Non-governmental Organization	6	3.9
National Non-governmental Organization	6	3.9
Public Servant	115	75.2
Faith-based Organization	1	.7
Community-based Organization	11	7.2
Private sector	12	7.8
Total	153	100.0
Which of the following section(s) did/are you worked/working for?	Frequency	Per cent
Coordination	15	9.8
Monitoring and Evaluation	9	5.9
Social protection unit	22	14.4
Human Resources	11	7.2
Water and Sanitation	1	.7
Food, security and nutrition	4	2.6
Health and community services	26	17.0
Education	35	22.9
Information and communication technology	6	3.9
Others	24	15.7
Total	153	100.0

How long have you been working (Work Experience)

Less than 5 years	45	29.4
5-10 years	79	51.6
11-20 years	27	17.6
21-30 years	1	.7
Over 30 years	1	.7
Total	153	100.0

Source: Author's computation, 2022.

4.2 Awareness of VAW in Mara and Kilimanjaro Regions of Tanzania

4.2.1 Awareness and Reported cases of VAW across Mara and Kilimanjaro regions of Tanzania

It can be seen from the cross-tabulated frequency distribution in Table 4a that majority of the respondents (65) from Mara opined that there are aware of cases of VAW in their region. However, only 47 respondents from Kilimanjaro agreed to that. While 44 respondents from Kilimanjaro region attest that they usually recorded below 5 cases of VAW within the last 12 months, 40 respondents from Mara region claimed same. Again, in Mara region, 31 respondents agreed that they recorded between 6 and 10 cases of VAW but in Kilimanjaro, only 18 respondents conceded to that. Lastly, while 5 respondents expressed that they witnessed above 20 cases of VAW in Mara in the last 1 year, only 2 respondents from Kilimanjaro region reported same. Evidences in Table 4a therefore reveal that the sampled respondents were aware of the occurrences of VAW in both Mara and Kilimanjaro regions and that incidence of VAW were higher in Mara than Kilimanjaro region.

Table4a: Awareness level and cases of VAW across Mara and Kilimanjaro region

Residential region		Has any victim of any form of violence against women ever reported to you within the last 12 months?				Total	
		Yes	No	I can't remember			
What is your residential region	Mara	65 (42.5%)	17 (11.1%)	2 (1.3%)		84 (54.9%)	
	Kilimanjaro	47 (30.7%)	17 (11.1%)	5 (3.3%)		69 (45.1%)	
Total		112 (73.2%)	34 (22.2%)	7 (4.6%)		153 (100%)	
Residential region		If yes, what is the range of monthly estimates of such reported cases?					Total
		Below 5 cases	6-10 cases	11-15 cases	16-20 cases	Above 20 cases	
What is your residential region	Mara	40 (26.1%)	31 (20.3%)	6 (3.9%)	2 (1.3%)	5 (3.3%)	84 (54.9%)
	Kilimanjaro	44 (28.8%)	18 (11.8%)	4 (2.6%)	1(0.7%)	2 (1.3%)	69 (45.1%)
Total		84 (54.9%)	49 (32%)	10 (6.5%)	3(2.0%)	7 (4.6%)	153 (100%)

Source: Author's computation, 2022.

4.2.2 The types of VAW and their Perpetrators across Mara and Kilimanjaro regions of Tanzania

The results from Table 4b indicate that in both Mara and Kilimanjaro, physical battering (beating) is the common type of VAW. This is based on the majority of the respondents (54 from Mara and 35 from Kilimanjaro) who attested to that. While cases of economic violence involving deprivation are common in Kilimanjaro, Female Genital Mutilation (FGM), which is a general type of gender-based violence (GBV), is common in Mara than Kilimanjaro. This finding is intriguing because Mara is more or less a rural region than Kilimanjaro; hence, it is not surprising to note that FGM, a common cultural practice persists in Mara. While 62 and 42 respondents from Mara and Kilimanjaro respectively opined that current partner (s) or husbands of the victim (s) are the most perpetrators of VAW, 11 respondents from both regions expressed that former partner(s) or spouse(s) of the victim(s) are the usual cause of VAW. This could be connected to the fact that if current partners persistently cause VAW, the victim(s) may separate or divorce. From Kilimanjaro region, 8 respondents however indicated that most cases of VAW were not being perpetrated

by partner(s) or spouse (s) of the victim(s). Thus, casual fiends and other acquaintances could be responsible for VAW based on different degrees of disputes among them (victim(s) and the perpetrator(s)).

Table 4b: Types of VAW and their perpetrators in the study areas

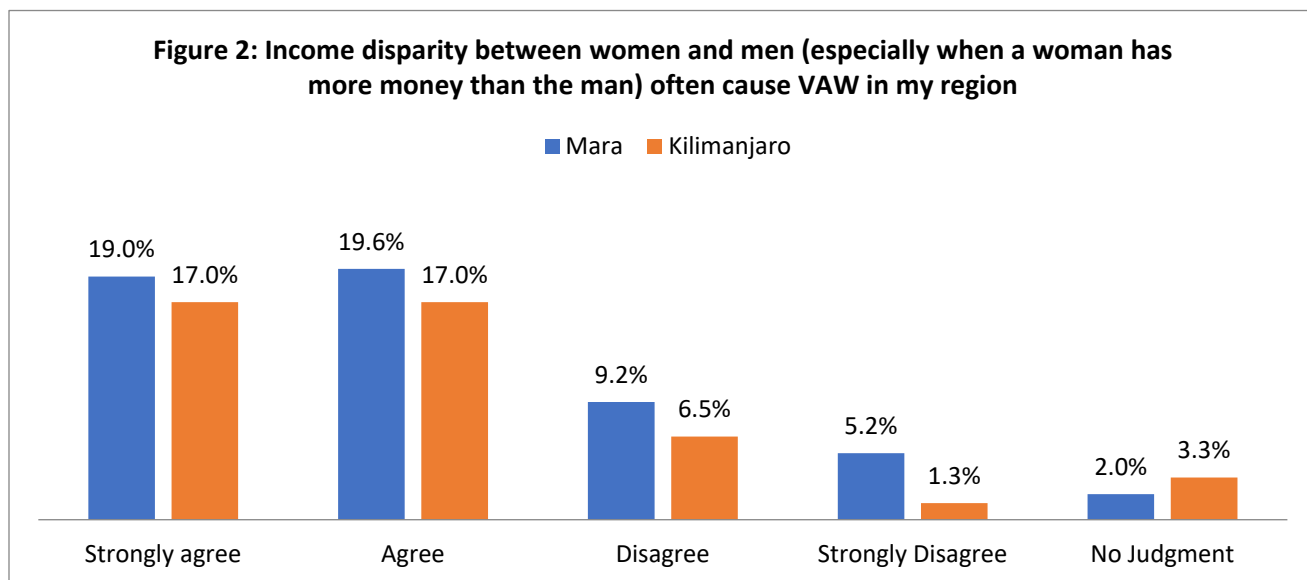
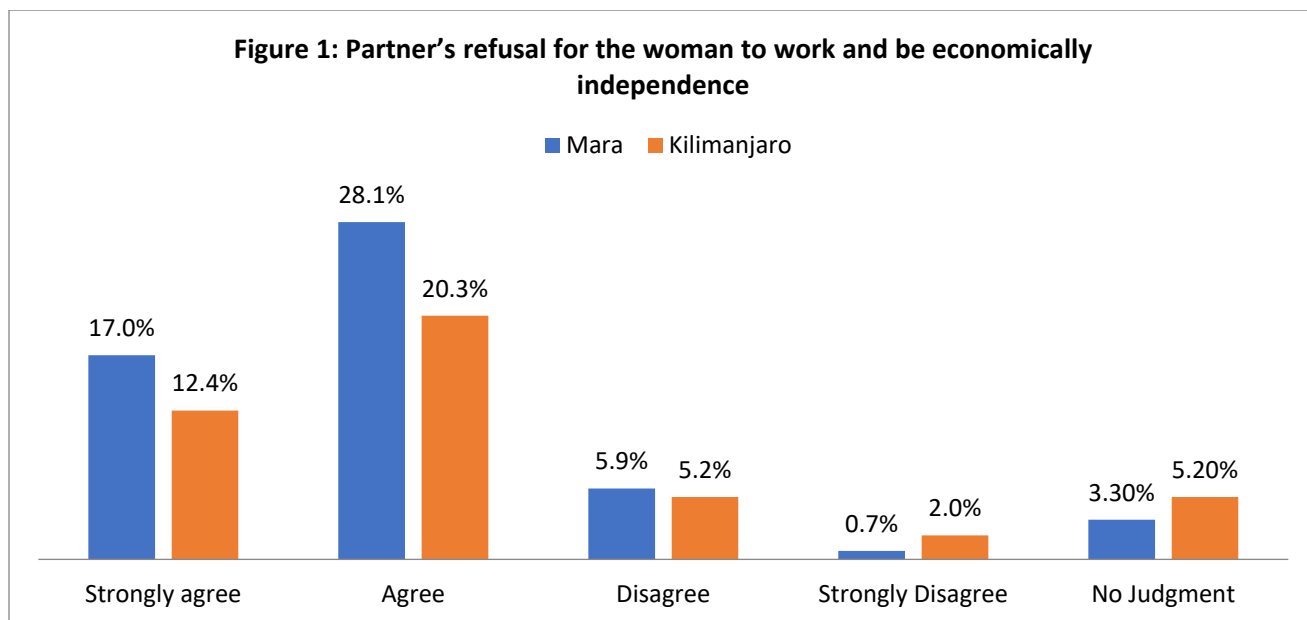
Residential region		What type of VAW is most common among the reported cases						Total
		Physical beating (battering)	Sexual violence (forceful sex)	Female Genital Mutilation (FGM)	Economic violence (deprivation-not feeding the victim or the family)	All of the above	Others	
What is your residential region	Mara	54 (35.3%)	4 (2.6%)	12 (7.8%)	11 (7.2%)	2 (1.3%)	1 (0.7%)	84 (54.9%)
	Kilimanjaro	35 (22.9%)	11 (7.2%)	4 (2.6%)	19 (12.4%)	0 (0.0%)	0 (0.0%)	69 (45.1%)
Total		89 (58.2%)	15 (9.8%)	16 (10.5%)	30 (19.6%)	2 (1.3%)	1 (0.7%)	153 (100%)
Residential region		Who are the most often reported perpetrator of such VAW?					Total	
		Current partner (s) or spouse (s) of the victim(s)	Former partner (s) or spouse (s) of the victim(s)	Not partner(s) or spouse (s) of the victim(s)	Acquaintance(s) of the victim(s)	I don't know/want to say		
What is your residential region	Mara	62 (40.5%)	11 (7.2%)	6 (3.9%)	3 (2.0%)	2 (1.3%)	84 (54.9%)	
	Kilimanjaro	42 (27.5%)	11 (7.2%)	8 (5.2%)	1 (0.7%)	7 (4.6%)	69 (45.1%)	
Total		104 (68%)	22 (14.4%)	14 (9.2%)	4 (2.6%)	9 (5.9%)	153 (100%)	

Source: Author's computation, 2022.

4.3 Possible causes of VAW in Mara and Kilimanjaro Regions of Tanzania

There are various factors that have been asserted as causes of violence against women across Mara and Kilimanjaro regions of Tanzania. Based on the cross-tabulated results in Figure 1, 28.1% and 20% of the respondents respectively from the Mara and Kilimanjaro regions respectively agreed that Partner's refusal for the woman to work and be economically independence triggers cases of VAW. In this case, when the partners, especially the male spouse reject opportunity for the wife or female spouse to work, it usually causes VAW. Similarly, in relation to economic independence of women, the results further show in Figure 2 that majority of the respondents (19.6%) from Mara and 17% from Kilimanjaro agreed that income disparity

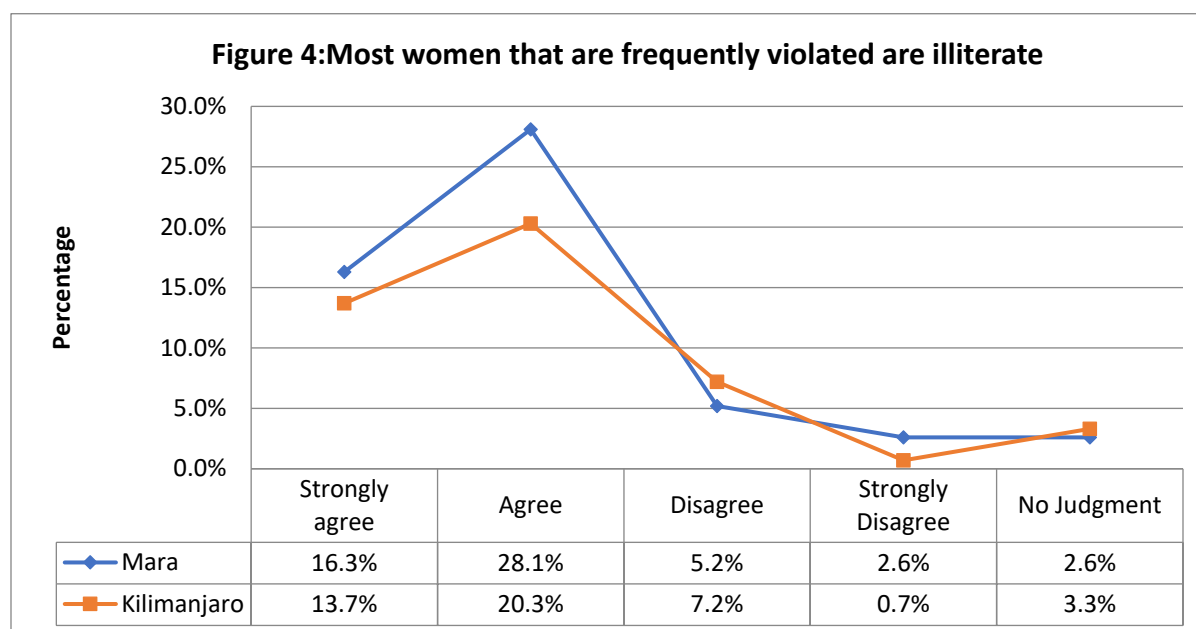
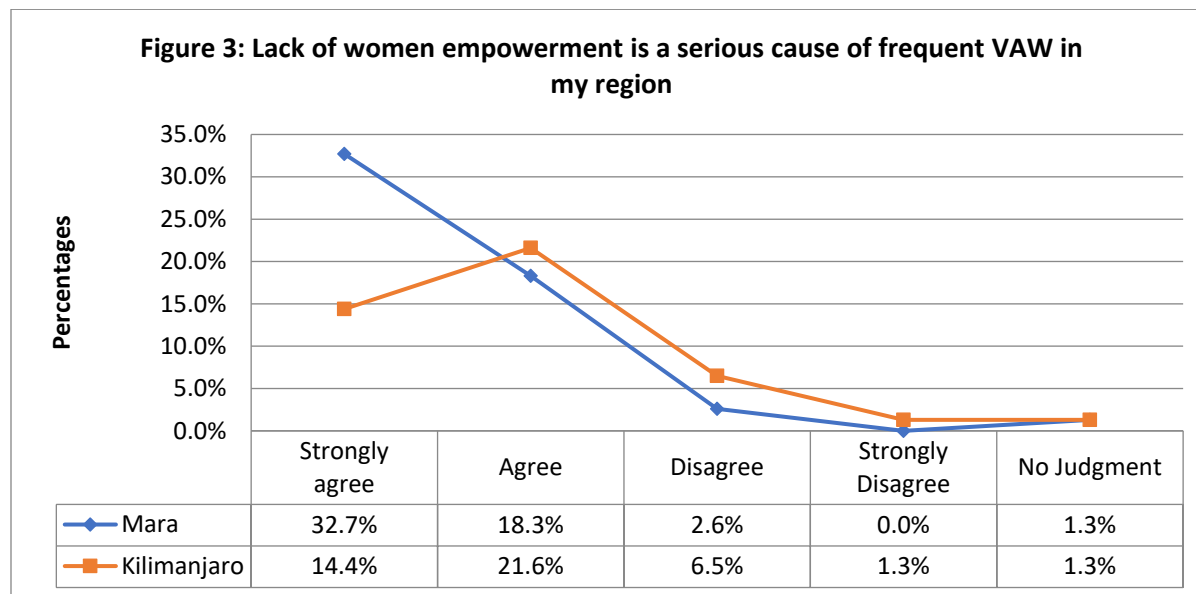
between women and men (especially when a woman has more money than the man) often cause VAW. This depicts the possibility that the male spouse could be jealous of the fact that the women have more money than them. It is rather important for couples to complement each other instead of allowing increasing cases of VAW because of income disparity.



Source: Author's computation, 2022

In another dimension, when women are not empowered, there is bound to be issues and disputes among couples. This is shown by 32.7% and 14.4% of respondents from Mara and Kilimanjaro who strongly agreed

that lack of women empowerment is a serious cause of frequent VAW in their regions (see Figure 3). When women are not empowered, high level of illiteracy will not be uncommon. Also in Figure 4, While 22.9% of the respondents from Mara strongly agreed that most of the women that are vulnerable to frequent violation were illiterate, only and 11.1% respondents from Kilimanjaro agreed to that. This shows that majority of the respondents who were social workers and community development officers have the perception that low level of education of women could contribute to their vulnerability and exposure to VAW.



Source: Author's computation, 2022

As initially expressed, Mara; a rural-like region in Tanzania has persistence cultural practices that may aid incidences of VAW. This is substantiated from the results in Table 5A where as 58 respondents from Mara representing 37.9% and 36 respondents (23.5%) from Kilimanjaro strongly agreed that cultural male dominant factor in their region significantly contribute to VAW. Also, from Table 5A, the researcher claimed that harassment at workplace does not contribute to VAW. In response to that, majority of the respondents (Mara: 30 (19.6%) and Kilimanjaro: 32 (20.9%)) disagreed. These invariably show that workplace harassment is a possible contributor to VAW in the study areas. Further evidence from the results in Table 5A reveals that majority of the respondents Mara, 32 (20.9%) and Kilimanjaro, 24 (15.7%) agreed that when women raise their voices against their spouses/partners, they could be prone to violation. In other word, men or spouses/partners abhor lack of respects from their wives or partners. Lastly, while 47 respondents (30.7%) from Mara agreed that Divorce or Separation of partners does not precludes women from been violated, 28 respondents (18.3%) from Kilimanjaro region disagreed with that and by implication, Divorce or separation of partners could be a temporary solution to frequent occurrences of VAW.

Table 5a: Some causes of VAW in Mara and Kilimanjaro regions of Tanzania

		Cultural male dominant factor in my region significantly contribute to VAW				Total	
		Strongly agree	Agree	Disagree	No Judgment		
What is your residential region	Mara	58 (37.9%)	26 (17.0%)	0 (0.05)	0 (0.0%)	84 (54.9%)	
	Kilimanjaro	36 (23.5%)	28 (81.3%)	3 (2.0%)	2 (1.3%)	69 (45.1%)	
Total		94 (61.4%)	54 (35.3%)	3 (2.0%)	2 (1.3%)	153 (100%)	
		Harassment at workplace does not contribute to VAW in my region					
		Strongly agree	Agree	Disagree	Strongly Disagree	No Judgment	Total
What is your residential region	Mara	8 (5.2%)	23 (15.0%)	30 (19.6%)	14 (9.2%)	9 (5.9%))	84 (54.9%)
	Kilimanjaro	7 (4.6%)	16 (10.5%)	32 (20.9%)	11 (7.2%)	3 (2.0%)	69 (45.1%)

Total		15 (9.8%)	39 (25.5%)	62 (40.5%)	25 (16.3%)	12 (7.8%)	153 (100%)
		Most women often raise voices against their spouse/partners					
		Strongly agree	Agree	Disagree	Strongly Disagree	No Judgment	Total
What is your residential region	Mara	12 (7.8%)	32 (20.9%)	26 (17.0%)	8 (5.2%)	6 (3.9%)	84 (54.9%)
	Kilimanjaro	9 (5.9%)	24 (15.7%)	22 (14.4%)	5 (3.3%)	9 (5.9%)	69 (45.1%)
Total		21 (13.7%)	56 (36.6%)	48 (31.4%)	13 (8.5%)	15 (9.8%)	153 (100%)
		Divorced or separated partners are less prone to violence					
		Strongly agree	Agree	Disagree	Strongly Disagree	No Judgment	Total
What is your residential region	Mara	7 (4.6%)	47 (30.7%)	21 (13.7%)	7 (4.6%)	2 (1.3%)	84 (54.9%)
	Kilimanjaro	5 (3.3%)	25 (16.3%)	28 (18.3%)	4 (2.6%)	7 (4.6%)	69 (45.1%)
Total		12 (7.8%)	72 (47.1%)	49 (32%)	11 (7.2%)	9 (5.9%)	153 (100%)

Source: Author's computation, 2022.

Going further on possible causes of VAW in the two regions, the respondents further expressed their perceptions as shown in Table 5B. Majority of the respondents (Mara: 39 (25.5%) and Kilimanjaro: 32 (20.9%) agreed that carelessness on the part of the women triggers violence against them. Other issues like burning of food in the kitchen/improper sanitation could significantly cause VAW. This is attested to by 43 respondents (28.1%) from Mara and 30 respondents (19.6%) from Kilimanjaro who agreed that **burning of food in the kitchen and improper sanitation could significantly cause VAW**. Also, 44 and 38 respondents from Mara and Kilimanjaro which represent 28.8% and 24.8% respectively agreed that unnecessary argument with spouse/partner could influence VAW. Another factor is that rude attitude of women like going out without telling their spouse/partner could trigger VAW. Here, 37 (24.2%) and 31 (20.3%) of respondents from Mara and Kilimanjaro agreed that such attitude is one of the factors causing VAW in the two regions.

Table 5b: Other causes of VAW in Mara and Kilimanjaro regions of Tanzania

		Careless on the part of the women triggers VAW					Total
		Strongly agree	Agree	Disagree	Strongly Disagree	No Judgment	
What is your residential region	Mara	16 (10.5%)	39 (25.5%)	15 (9.8%)	9 (5.9%)	5 (3.3%)	84 (54.9%)
	Kilimanjaro	6 (3.9%)	32 (20.9%)	20 (13.1%)	3 (20.0%)	8 (5.2%)	69 (45.1%)
Total		22 (14.4%)	71 (46.4%)	35 (22.9%)	12 (7.8%)	13 (8.5%)	153 (1001%)
		Burning of food in the kitchen/improper sanitation could significantly cause VAW					Total
		Strongly agree	Agree	Disagree	Strongly Disagree	No Judgment	
What is your residential region	Mara	7 (4.6%)	43 (28.1%)	16 (10.5%)	10 (6.5%)	8 (5.2%)	84 (54.9%)
	Kilimanjaro	6 (3.9%)	30 (19.6%)	20 (13.1%)	6 (3.9%)	7 (4.6%)	69 (45.1%)
Total		13 (8.5%)	73 (47.7%)	36 (23.5%)	16 (10.5%)	15 (9.8%)	153 (1001%)
		Unnecessary argument with spouse/partner could influence VAW					Total
		Strongly agree	Agree	Disagree	Strongly Disagree	No Judgment	
What is your residential region	Mara	35 (22.9%)	44 (28.8%)	3 (2.0%)	2 (1.3%)	0 (0.0%)	84 (54.9%)
	Kilimanjaro	21 (13.7%)	38 (24.8%)	6 (3.9%)	1 (0.7%)	3 (2.0%)	69 (45.1%)
Total		56 (36.6%)	82 (53.6%)	9 (5.9%)	3 (2.0%)	3 (2.0%)	153 (1001%)
		Rudy attitude of women like going out without telling their spouse/partner often cause VAW					Total
		Strongly agree	Agree	Disagree	Strongly Disagree	No Judgment	
What is your residential region	Mara	34 (22.2%)	37 (24.2%)	5 (3.3%)	5 (3.3%)	3 (2.0%)	84 (54.9%)
	Kilimanjaro	28 (18.3%)	31 (20.3%)	4 (2.6%)	1 (0.7%)	5 (3.3%)	69 (45.1%)
Total		62 (40.5%)	68 (44.4%)	9 (5.9%)	6 (3.9%)	8 (5.2%)	153 (1001%)

Source: Author's computation, 2022.

Further evidences on the causative factors of VAW are shown in Figure 5-8. For instance, women, on a general note will not keep quiet on the issue of the men keeping side chick/engagement with multiple sex partners. When arguments occur, such can cause VAW. This is however contested by the respondents as reveals in Figure 5 where majority of the respondents, 19% from Kilimanjaro region and 17.6% of

respondents from Mara region disagreed with the assertion. It is also reveals in Figure 6 that 28.1% and 20.3% of respondents from the Mara and Kilimanjaro regions respectively agreed that negligence of the children by the women could cause VAW. The issue of careless dressing on the part of women and Refusal to have regular sex among others could cause VAW in the regions as depicted my majority of the respondents in Figure 7 and 8.

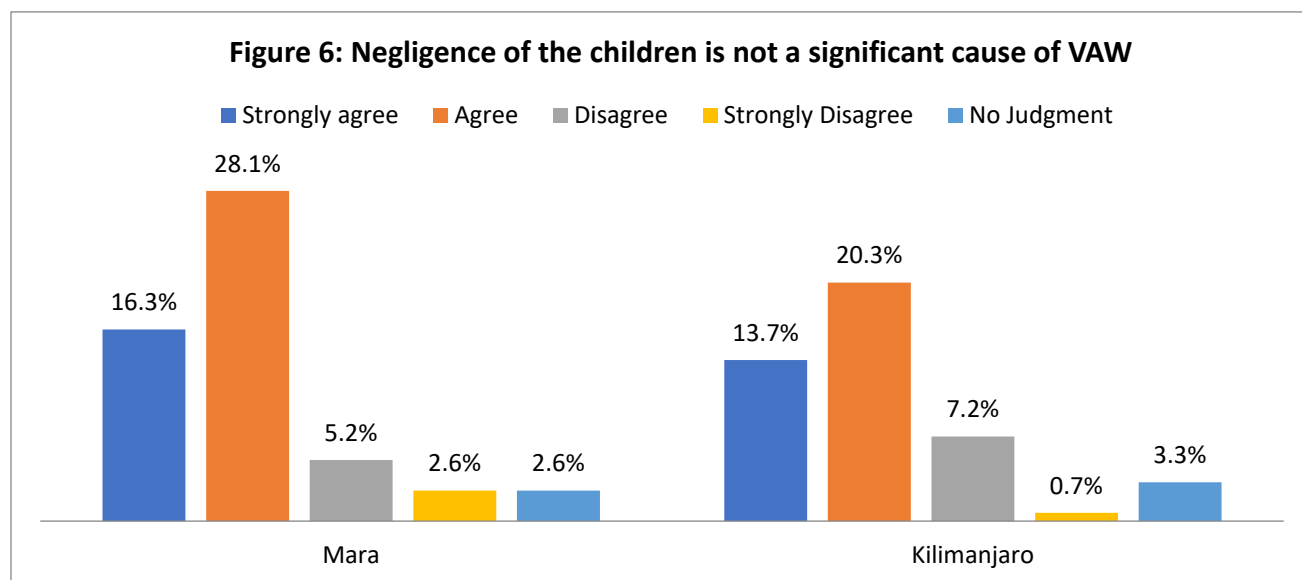
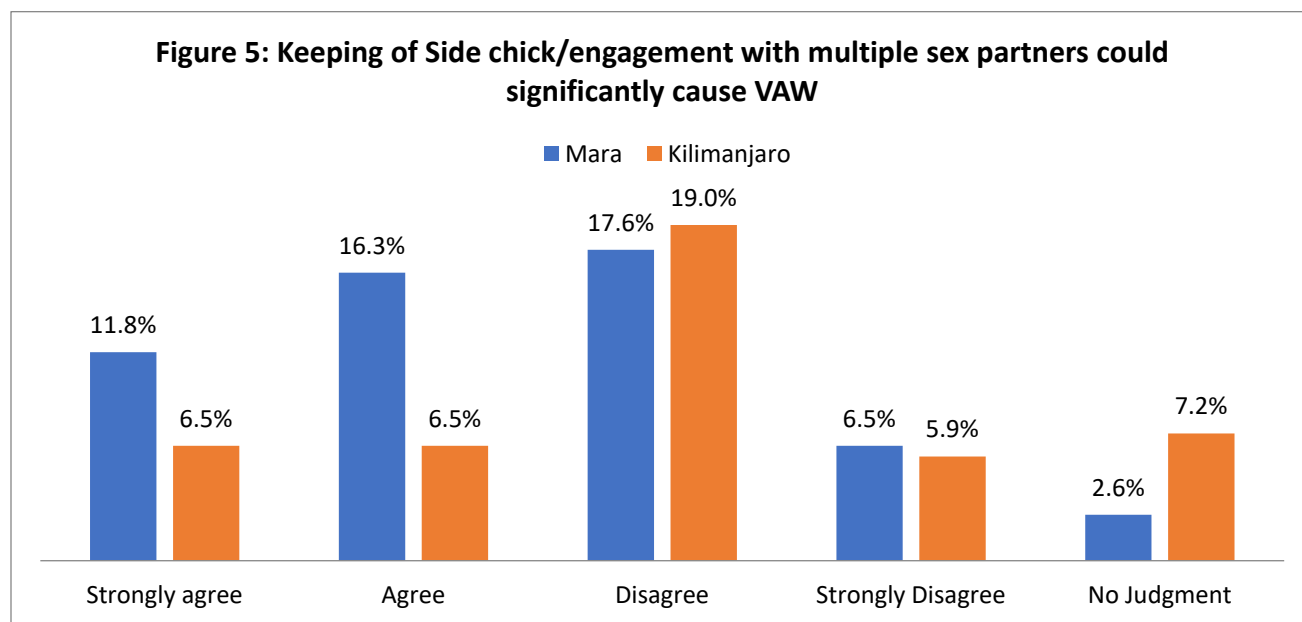


Figure 7: Careless dressing on the part of women may not cause sexual VAW

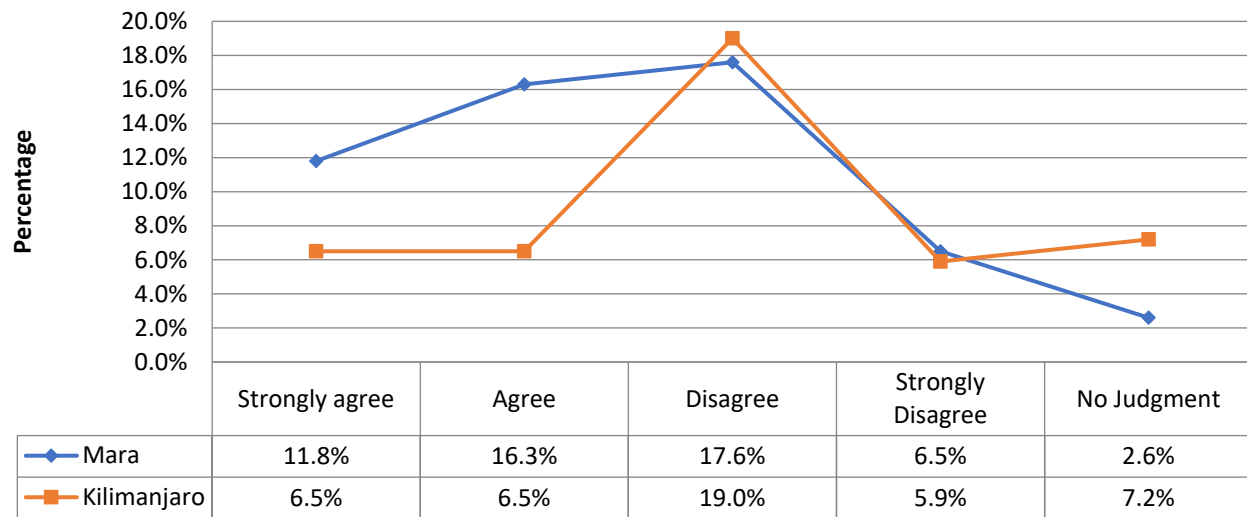
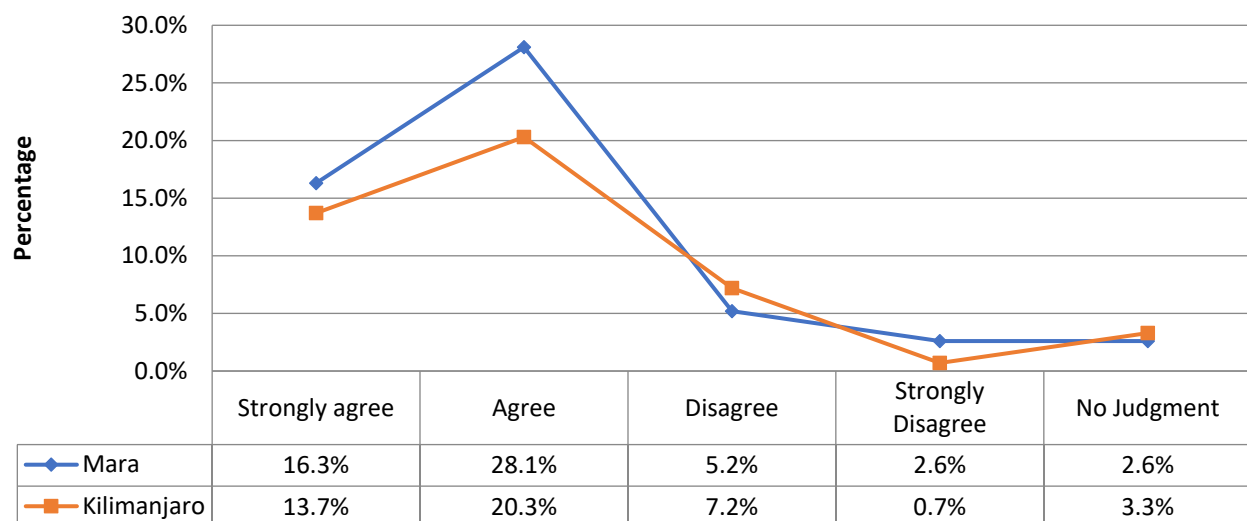


Figure 8: Refusal of regular sex usually trigger VAW



4.4 The Rate of VAW in Mara and Kilimanjaro regions of Tanzania

The level of perceptions of the respondents regarding the rate of prevalence of VAW cross the selected regions as indicated in Figure 9 shows that majority of the respondents (47.1% and 37.3% from Mara and Kilimanjaro opined that they were aware of the rate of VAW in their areas in Tanzania. They noted also that VAW is a crime because it is human right violation as 50.3% and 42.5% of the respondents from Mara and Kilimanjaro out of a total of 84 and 69 participants respectively agreed to that. Similarly,

Since 47.1% and 35.9% of the participants from Mara and Kilimanjaro confirm that the rate of VAW in Mara was higher than that in Kilimanjaro, majority of the respondents (Mara: 45.1% and 35.9%) therefore agreed conclusively that the rate of VAW is high generally in Tanzania.

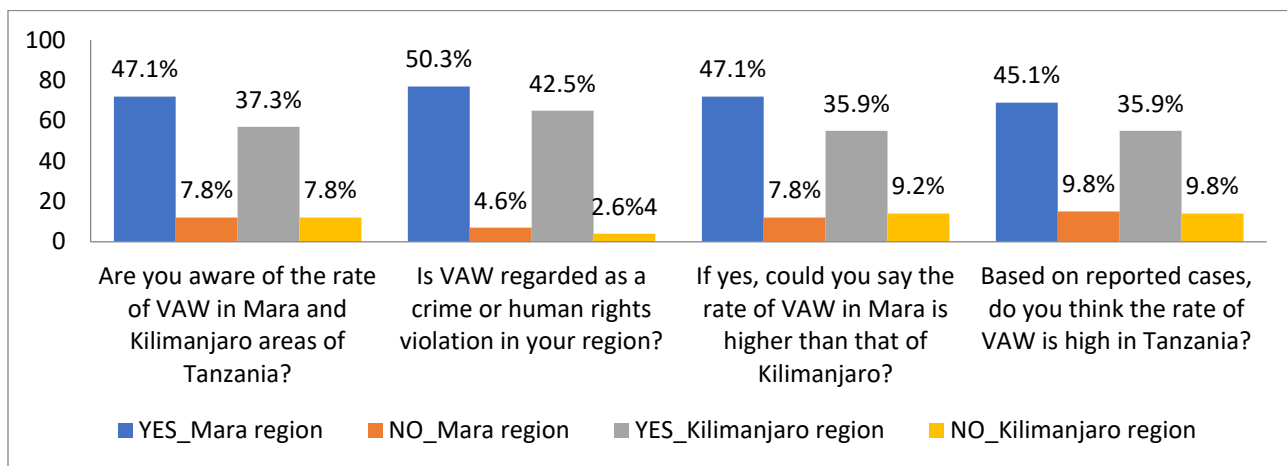
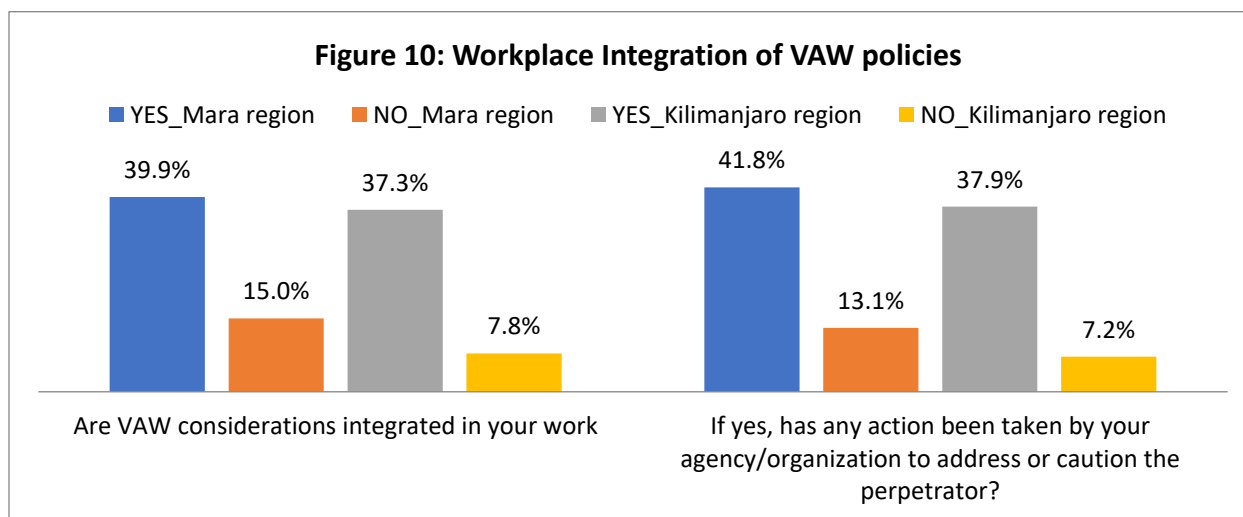


Figure 9: Prevalence of VAW across Mara and Kilimanjaro regions of Tanzania.
Author's computation, 2022

4.5 Institutional Framework for the control of VAW across Mara and Kilimanjaro regions

In order to investigate the nature of institutional policy frameworks for addressing VAW in Mara and Kilimanjaro regions of Tanzania, Figure 10 reveals that 39.9% of respondents from Mara region agreed that some policies on VAW have been integrated in their workplace. Also, 37.3% of respondents from Kilimanjaro region agreed to the same fact that VAW has been integrated in this workplace. Consequently, while 41.8% of the respondents from Mara region agreed that some steps have been taken to caution or punish perpetrators of VAW by their organizations, while 37.9% from Kilimanjaro conceded that some solution steps have been taken by their organizations to address cases of VAW.



Source: Author's computation, 2022.

In terms of specific solution steps taken in these regions to address incidences of VAW, Figure 3 shows the comparison of the solution kits or steps at addressing VAW across Mara and Kilimanjaro. Panel A and B respectively shows that 18% and 12% of the respondents from Mara and Kilimanjaro conceded that no step was taken to address VAW in their regions. Community leader(s) efforts or actions towards addressing VAW was predominant in both Mara and Kilimanjaro as 31% and 28% of the respondents correspondingly agreed that their community leadership efforts were remarkable. Aside 23% and 33% of respondents from Mara and Kilimanjaro that respectively agreed that all the steps were taken in their regions to curb incessant cases of VAW, the pie charts results showcase that Police (legal or judicial effort) is low, hence judiciary or the government may not be the last hope of victims of VAW in Tanzania. It can also be seen from the results that education, which is supposed to educate and re-orientate the populace and women in particular on issues of GBV is disappointingly low as only 10% and 6% of the total respondents from Mara and Kilimanjaro respectively attested to the use of education media as a formidable avenue for addressing VAW in Tanzania.

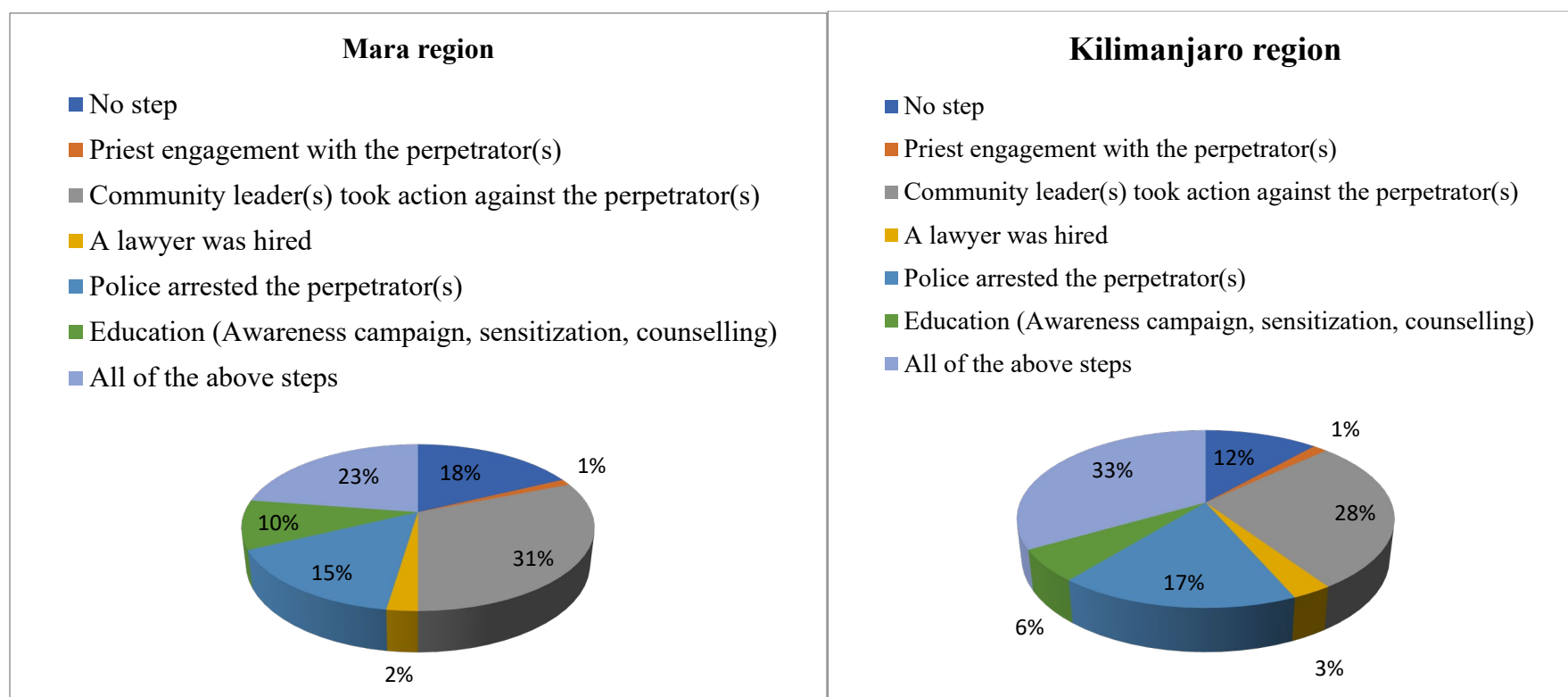


Figure 11: Institutional solutions to end VAW in Mara and Kilimanjaro regions of Tanzania

Source: Author's computation, 2022.

4.6 Discussion of Key Findings.

This study is a comparative analysis of the level of disparity in VAW across Mara and Kilimanjaro regions of Tanzania. With the administration of questionnaires as the main research instrument, the data were collected and the analyses were done using descriptive statistical tools. This subsection discusses the implication of the key findings of the study. First, based on gender distribution of the respondents, the results reveal that the number of female is more than the male. Among the female however, it is understood that married women experienced VAW than the unmarried female. The implication of labor productivity slowdown of the supposed victims of VAW is enormous. This is corroborated by the finding that the categories of the victims are usually within the active labor force of age 30-39 with majority having bachelor degree as the highest level of their educational qualifications. This finding is in line with the empirical evidences obtained by Amnesty International (2005), Gberevbie, et al., 2014 and Oni-Ojo, et al. (2014) that VAW and Gender-based violence is the fate of millions of women in the world over with dire effects on their labor productivity at the family, community and workplace environments. In fact, this is a social evil that further denies the victims the fundamental human right of freedom from violence. It further contributes to loss of the sense of self-worth and esteems. The mental, physical and psychological welfare of the victims are undermined.

In terms of the disparity in the rate and location of prevailing cases of VAW, the findings show that majority of the respondents that are more or less victims

of VAW were residents of Mara region that is more or less of rural region than the Kilimanjaro region. This finding reflects the earlier report of the Tanzanian Demographic and Household Survey (TDHS, 2016) that the Mara region has 61.2% of women that ever experienced physical battering unlike the Kilimanjaro region with only 23.8%. Indeed, the level of civilizations is expectedly higher in Kilimanjaro than Mara and consequently, Mara is characterized by high frequency of cases of VAW. This finding also supports earlier findings of the prevalence of VAW or DV among rural women than urban women. For instance, in Nigeria, Ajah, et al. (2014) found that physical violence was significantly pronounced among rural women than among urban women.

The level of awareness of cases of VAW in the sampled regions for the study (Mara and Kilimanjaro) is not poor. In fact, majority of the respondents (65) from Mara opined that there are aware of cases of VAW in their region while only 47 respondents from Kilimanjaro agreed to that. Here, more victims were recorded in Mara with higher level of awareness than Kilimanjaro. In corroborating this finding about the awareness and dominance of VAW among rural women, Abebe and Jepakieny (2016) and IFAD (2020) emphasizes that violence affects all women, but women belonging to rural and indigenous communities are particularly vulnerable. The continual energy poverty in terms of the issues of daily activities such as fetching water and firewood, or walking home from the market after dark, among other expose the women to risk of

violence. It is therefore necessary to device policy that will address this ugly menace.

Among the different types of VAW, the findings of the study showed that physical battering of women through spousal violence is prevalence in both in Mara and Kilimanjaro. From the surveyed region, Kilimanjaro is urban in residentially urban than Mara. However, economic typology of VAW in terms of deprivations of spouse by the male partners is more pronounced in Kilimanjaro than Mara. For Female Genital Mutilation (FGM), a general form of gender based violence (GBV) is observed to be more prevalence in Mara than in Kilimanjaro. This finding is an indication that a cultural practice of FGM is a form of violence against women and girl child and it is common in rural areas like Mara region of Tanzania than urban area. In corroboration with these findings, Vyas (2019) utilized the 2015 Tanzania Demographic and Health Survey with a multivariate regression analysis to examine the level of health care utilizations by victims of violence against women in Tanzania. By analyzing both inpatient and outpatients heath expenditures for a sampled of 9,304 women with inferential statistical test of t-tests, the author found that women who had ever experienced physical or sexual violence (partner or non-partner) were significantly more likely to utilize health services, and in particular outpatient services, than never abused women.

Chief among the factors promoting VAW across the sampled regions is the issue of Partner's refusal for the woman to work and be economically independence. Lack of independency creates burden on spouses and any

woman that wants to seek for financial independent without the approval and supports of the husbands usually end up being violated. This is in relation with the issue of women empowerment. Women that are not empowered economically by their husbands are usually subjected or vulnerable to spousal violence in the selected regions. Lack of respect for the husbands is another viable factor responsible for VAW among the sampled respondents. When women raise unnecessary voices on their husbands, even children, some spouse get angry and violate the women. There is catalogue of other factors such as carelessness on the part of the women can instigate violence against them.

As part of the solution kits to address cases of VAW, the main finding here is that there are identifiable institutional frameworks that could address the challenge of VAW in Mara and Kilimanjaro regions. Among these are the institutions of community, religion leaders and the educational sectors (teachers) are the veritable toolkits to address the issues of the prevalence of VAW. These solution frameworks are in line with the submission of Sharma (2015) who showed in an entitled work “Violence against women: Where are the solutions? In an *Indian journal of psychiatry* that VAW occurs throughout the life cycle from prebirth, infancy, childhood, adolescence, adulthood to senescence as reported by Kapoor (2000).

CHAPTER FIVE

SUMMARY OF THE STUDY, CONCLUSION AND RECOMMENDATION

5.1 Summary of the study

The level of violence against women (VAW) globally is a concerned social problem. That demands global actions to address in order to safeguard the lives of women. The national demographic and household survey of Tanzania reported the prevalence of VAW in Mara region outpaced other regions. The problems inflicted on the victims of VAW in ranges from psychological to maternal and neonatal mortality and morbidity outcomes especially in pregnant women (Owusu-Adjah and Agbemaflle (2016). It is against this background that this study examined the disparity of VAW across regions of Tanzania in a comparative analysis of Mara and Kilimanjaro regions.

The study began with the preambles in the introductory chapter where background issues on VAW were espoused. Various literatures touching the conceptual and empirical issues in VAW were reviewed. Using a survey designed with 153 questionnaires retrieved from the respondents, the study shows that the level of VAW in Mara region outweighed that of Kilimanjaro region. Kilimanjaro region is an urban type while Mara is characteristically rural with poor or lower level of some socio-economic indicators such as educational status and workplace affiliations and roles in the society.

In terms of possible causes of VAW across Mara and Kilimanjaro, the study found that various factors such as Partner's refusal for the woman to work and be economically independence spur cases of VAW with Mara region having

higher prevalence of income disparity between women and men than Kilimanjaro region. Substantially too, the study found that wide empowerment level of women accounted for the existence of VAW across the two regions in Tanzania. Regarding institutional framework to curb or reduce VAW in the sampled areas, majority of the respondents from Mara region agreed that some policies on VAW have been integrated in their workplace.

5.2 Conclusion

The study concludes that the preponderance rate of VAW in Mara region of Tanzania is higher than that of Kilimanjaro region. Struggle for economic independency of women to be able to live their desired life styles conflicts men's or partners' domineering spirit and hence results in VAW. The highly educated the women are, the less prone to VAW they become. However, attitudinal issues in terms of carelessness about children, and infidelities results in cases of VAW in both Mara and Kilimanjaro regions of Tanzania. The study however found that the level of legalistic institutional framework expected to address the issues of VAW in the study areas is poor. Thus, there is need for government and community leaders' efforts to curb the plague of VAW in Tanzania.

5.3 Recommendation

Having found that VAW still persist with its attendance effects on the victims, there is need for consolidated efforts by all the stakeholder including religions and community leaders in such as a way that the rate of prevalence of VAW can be reduced. Enforcement of strict legal actions and punishment against penetrators of VAW is necessary. With a multi-stakeholder' approach and mechanism to address VAW in Tanzania, the level of social and economic development is expected to be high once the women are enlighten about their rights and privileges.

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Korean Abstract

2015 년 탄자니아 인구 통계 및 가구 조사는 여성에 대한 폭력 의 확산 수준을 보여줍니다. 이 조사는 킬리만자로 지역이 다른 지역에 비해 폭력 반대 여성 발병률이 낮았다는 증거와 함께 폭력 반대 여성 를 유발하는 여러 사례를 확립했습니다. 이러한 배경에서 본 연구에서는 마라와 킬리만자로 지역의 폭력 반대 여성 수치 차이의 원인을 규명하기 위해 이들 지역의 폭력 반대 여성 수치를 비교 분석하였다. 무엇보다도 이 연구는 마라 지역에서 폭력 반대 여성의 높은 유병률과 킬리만자로 지역에서 낮은 유병률에 대한 인식 수준과 가능한 이유를 확인했습니다. 설문지를 통해 얻은 데이터에 기술통계분석 방법론을 적용한 결과, 마라 지역의 폭력 반대 여성 유병률이 킬리만자로를 비롯한 다른 지역을 능가하는 것으로 나타났다. 킬리만자로 지역은 도시형인 반면 마라는 교육 상태, 직장 소속 및 사회에서의 역할과 같은 일부 사회경제적 지표가 열악하거나 낮은 수준의 농촌이 특징입니다. 그 중에서도 파트너의 여성 노동 거부와 경제적 자립, 여성의 배우자(남편)에 대한 불복종 문제가 마라 지역 폭력 반대 여성의 주요 원인이다. 마라 에서 더 유병률이 높았던 소득의 불균형 수준은 킬리만자로 보다 마라 에서 폭력 반대 여성 수준을 높이는 데 기여합니다. 또한 탄자니아의 마라와 킬리만자로 지역에서 아동에 대한 부주의와 불륜의 결과에 대한 태도 문제가 폭력 반대 여성 의 주요 원인입니다. 그러나 연구는 연구 분야에서 폭력 반대 여성 문제를 다룰 것으로 기대되는 법적 제도적 틀의 수준이 낮다는 것을 발견했습니다. 따라서 탄자니아에서 폭력 반대 여성 의 역병을 억제하기 위한 정부와 지역사회 지도자들의 노력이 필요합니다.

키워드: 폭력, 여자들, 여성에 대한 폭력

도미닉 조셉 도미닉

학생 수: 2021-22383

주요한: 국제협력

Appendix I

**Graduate School of International Studies,
Seoul National University,
South Korea.**

Questionnaire on Violence against Women (VAW)

Dear Respondents,

In line with the National Plan of Action to End Violence against Women and Children in Tanzania by 50% in 2021/22, this study aims at accessing the determinants of VAW in Mara and Kilimanjaro regions of Tanzania. It is purely an academic exercise as a contribution to knowledge for ensuring safe homes, communities, environments for women, and sustainable development at large. The questionnaire does not contain any item that will reveal your identity. Therefore, I seek your consent to objectively respond to the items in this questionnaire with high sense of sincerity. The confidentiality of your privacy is highly assured.

Thank you.

Dominic, Dominic Joseph

Section A: Bio-demographic and socio-economic profiles of the Respondents

1. Gender

- a) Male ()
- b) Female ()

2. Marital status

- a) Single ()
- b) Married ()
- c) Divorce ()
- d) Widow ()

3. How old are you (Age bracket)

- a) Below 20 ()
- b) 20-29 ()
- c) 30-39 ()
- d) 40-49 ()
- e) 50-59 ()
- f) 60-69 ()
- g) Above 70 ()

4. Indicate if any of the following descriptions is common in the area of your residence?

Residence description	Yes	No
My area of my residence is a community that is sparsely populated		
We virtually have homogenous language, culture, and customs in my area of residence.		

The main occupation of the people in my place of residence is agriculture.		
There are many natural habitats where people live in close contact with nature in my area		
We usually have slower means of communication in my area of residence		
Almost all the residents in my area have limited choices regarding career, shopping, medical services, and education among others.		
Lower cost of living, wages and poverty is common in my areas of residence.		

5. What is your residential region

a) Mara ()

b) Kilimanjaro ()

6. What is your highest level of Education/Qualification(s)

a) Informal education

b) Vocational education

c) Diploma ()

d) Bachelor degree ()

e) Postgraduate ()

OR

What is your highest level of Education (please indicate) _____

7. Which category of worker do you belong?

a) Police/lawyer ()

b) Community Development Officer ()

c) Community leader ()

d) Religion leaders ()

e) Social Welfare Officers ()

f) Medical personnel ()

g) Counselor ()

h) NGO/Women leaders ()

i) Others (please specify)

8. What type of organization are you working for?

a) International Organization ()

b) International Non-governmental organization ()

c) National Non-governmental organization ()

d) Public Servant ()

e) Faith-based organization ()

f) Community-based organization ()

g) Others (Please specify)

9. How long have you been working (Work Experience)

a) Less than 5 years ()

b) 5-10 years ()

- c) 11-20years ()
- d) 21-30years ()
- e) Over30years ()

10. Which of the following sector(s) did/are you worked/working for?

- a) Coordination ()
 - b) Monitoring and Evaluation ()
 - c) Social Protection unit ()
 - d) Human Resources ()
 - e) Water and Sanitation ()
 - f) Food security and nutrition ()
 - g) Health and Community services ()
 - h) Education ()
 - i) Information and communication technology ()
 - j) Others (please specify) ()
-

Section B: Thematic questions on AWARENESS of VAW n the selected Regions

11. Has any victim of any form of violence against women ever reported to you within the last 12 months?

- a) Yes ()
- b) No ()
- c) I can't remember ()

12. If yes, what is the range of monthly estimates of such reported cases?

- a) Below 5 ()
- b) 6-10 ()
- c) 11-15 ()
- d) 16-20 ()
- e) Above 20 ()

13. What type of VAW is most common among the reported cases?

- a) Battering (physical beating) ()
 - b) Sexual violence (forceful sex) ()
 - c) female genital mutilation ()
 - d) economic violence (deprivation-not feeding the victim or the family) ()
 - e) Other forms (please mention) _____
-

14. Who are the most often reported perpetrator of such VAW?

- a) Current partner (s) or spouse (s) of the victim(s) ()
- b) Former partner (s) or spouse (s) of the victim(s) ()
- c) Not partner(s) or spouse (s) of the victim(s) ()
- d) Acquaintance(s) of the victim(s) ()
- e) I don't know/want to say ()

Section C: Thematic questions on possible CAUSES of VAW in Mara and Kilimanjaro

Note: SA = Strongly agree; A: Agree; D: Disagree; SD: Strongly disagree; U: Undecided

S/N	To what extent would you agree to the following possible causes of VAW in Tanzania?	SA	A	D	SD	U
15	Partner's refusal for the woman to work and be economically independence					
16	Income disparity between women and men (especially when a woman has more money than the man) often cause VAW in my region					
17	Lack of women empowerment is a serious cause of frequent VAW in my region					
18	Most women that are frequently violated are illiterate					
19	Cultural male dominant factor in my region significantly contribute to VAW					
20	Harassment at workplace does not contribute to VAW in my region					
21	Most women often raise voices again their spouse/partners					
22	Divorced or separated partners are less prone to violence					
23	Careless on the part of the women triggers VAW					
24	Burning of food in the kitchen/improper sanitation could significantly cause VAW					

25	Unnecessary argument with spouse/partner could influence VAW					
26	Rudy attitude of women like going out without telling their spouse/partner often cause VAW					
27	Keeping of Side chick/engagement with multiple sex partners could significantly cause VAW					
28	Negligence of the children is not a significant cause of VAW					
29	Careless dressing on the part of women may not cause sexual VAW					
30	Refusal of regular sex usually trigger VAW					

Section D: Thematic questions on INSTITUTIONAL FRAMEWORK for the control of VAW

31. Are VAW considerations integrated in your work?

- a. Yes ()
- b. No ()

32. If yes, has any action been taken by your agency/organization to address or caution the perpetrator?

- a. Yes ()
- b. No ()

33. If yes, what was/were the step(s) taken so far to address this concern in your region? (Note: mark many steps as applicable)

- a. No step ()
- b. Priest engagement with the perpetrator(s) ()
- c. Community leader(s) took action against the perpetrator(s) ()
- d. A lawyer was hired ()
- e. Police arrested the perpetrator(s) ()
- f. Other forms of action taken (Please mention)

Section E: Thematic questions on the Rate of VAW in Tanzania

34. Is VAW regarded as a crime or human rights violation in your region?

- a. Yes ()

b. No ()

35. Based on reported cases, do you think the rate of VAW is high in Tanzania?

a. Yes ()

b. No ()

36. Are you aware of the rate of VAW in Mara and Kilimanjaro areas of Tanzania?

a. Yes ()

b. No ()

37. If yes, could you say the rate of VAW in Mara is higher than that of Kilimanjaro?

a. Yes ()

b. No ()

38. Besides the aforementioned possible causes of VAW, can you mention any other three major cultural factors (e.g. belief of Man's superiority above women) in your region that is aiding increase cases of VAW?

1. _____

2. _____

3. _____

39. In your own opinion, what are the three major factors for higher rate of VAW in Mara than Kilimanjaro?

1. _____

2. _____

3. _____

40. In your own opinion, what are the three major factors to focus on in order to prevent VAW generally?

1. _____

2. _____

—
41. In your own opinion, what three major factors can we focus on to reduce the prevalence of VAW in Mara region of Tanzania?

1. _____

_____ 2. _____

_____ 3. _____

—