

CARE INTERNATIONAL IN TANZANIA



Baseline Survey for Women and Girls Empowerment (WAGE) II & Supporting Adolescent Girls Empowerment (SAGE)



FINAL REPORT



EXECUTIVE SUMMARY	1
CHAPTER 1: INTRODUCTION	4
1.1 BACKGROUND	4
1.1.1. About WAGE	4
1.1.2. About SAGE	5
1.2 OBJECTIVE OF THE STUDY	7
1.3 PERIOD OF THE STUDY	7
1.4 LIMITATIONS OF THE STUDY	8
1.5 STRUCTURE OF THE REPORT	10
CHAPTER 2: SURVEY METHODOLOGY	11
2.1 SAMPLE DESIGN	11
2.2 EXPECTED SAMPLE SIZE AND ACTUAL SAMPLE SIZE, INCLUDING NON RESPONSE RATE:	12
2.3 HOW RESPONDENTS WERE SELECTED	14
2.4 PREPARATION FOR DATA COLLECTION:	15
2.5 DATA COLLECTION TECHNIQUES	18
2.6 PERIOD OF DATA COLLECTION	19
2.7 DIFFICULTIES DURING DATA COLLECTION	20
2.8 ETHICAL CONSIDERATIONS	21
CHAPTER 3: RESULTS	24
3.1: GENERAL INFORMATION ON THE SURVEY DISTRICTS	24
3.2: DESCRIPTION OF THE POPULATION UNDER STUDY:	27
3.3: SOCIO-DEMOGRAPHIC CHARACTERISTICS AND PROFILE:	31
3.4: RESULTS ON COMMON AND CO OUTCOME INDICATORS:	43
3.4.1 Common Indicators	43
3.4.2 CO Specific Indicators: WAGE II	79
3.4.3 CO Specific Indicators: SAGE	88
CHAPTER 4: DISCUSSION ON THE RESULTS	97
CHAPTER 5: CONCLUSION AND RECOMMENDATIONS	109
5.1 CONCLUSION	109
5.2 RECOMMENDATIONS	116
5.2.1 On Domain Indicators:	116
5.2.2 On Specific Indicators:	120
CHAPTER 6: VALUE OF THE INDICATORS AND TARGETS	125
APPENDICES	131
APPENDIX I: LIST OF SELECTED WARDS AND ENUMERATION AREAS (EAs)	132
APPENDIX II: LIST OF SIMPLE FREQUENCY TABLES FOR ANALYSIS	134
APPENDIX III: FOCUS GROUP DISCUSSIONS	259
Reporting Template for Kinondoni District	259
Reporting Template for Kigoma Rural District	268
Reporting Template for Missungwi District	281
Reporting Template for Magu District	295
Reporting Template for Kahama District (RUGARAMA/LINGUYA) - WAGE II	310
Reporting Template for Kahama District (SEGESE/NTOBO) - SAGE	319

APPENDIX IV: PERSONAL INTERVIEWS.....	327
APPENDIX V: ARTICLE ON WOMEN	351

EXECUTIVE SUMMARY

CARE Tanzania's Women and Girls Empowerment (WAGE) and Supporting Adolescent Girls Empowerment (SAGE) Program goals is social and economic empowerment of marginalized women and girls. The primary target group is those women and girls who are especially poor and/or excluded more often than other groups. The program design is deliberately linked to CARE Tanzania's strategic focus on governance as a key impediment to equitable and effective development. The program uses a proven community based group savings and loans methodology (MMD) as an entry point to mobilize group members to address a wide range of constraints to the social and economic empowerment of marginalized women and girls.

Kobe Konsult Ltd was given the task of conducting a baseline study to CARE Tanzania for WAGE II and SAGE. The general objective of the baseline study is to measure the value of each indicator on the log frame before project intervention take place. This will allow, during the final survey (using the very same methodology) to assess project effect on participant communities. Specifically the study aimed at acquiring specific information concerning Knowledge, Attitudes and Practices (KAP) on women and girls' socio economic, civic, reproductive rights among community members; conducting training to a CORE baseline team on Baseline survey using the Guidelines for the implementation of Baseline study for women's empowerment programmes developed by CARE Norway in collaboration with the Country Offices. Thus, ensure competence building in data collection, data management, analysis (description and interpretation) and reporting; and developing consistent baseline tools for specific indicators as spelled in the program document log frame.

The sample for this baseline survey covers Kahama, Missungwi, Magu, Kigoma, Kinondoni and Micheweni in Pemba. Apart from district estimates, all other social economic groupings such as urban/rural, ward male/female and other household socio-economic status are also covered in the sample. The target population is all households/residents residing in CARE operated Districts/Wards/Villages and to keep the survey cost and data collection manageable, a cluster sampling approach was used with probability proportional to the number of Households within a cluster. The population counts were obtained by projecting 2002 Population and Housing Census Data to mid 2009. Selection of Enumeration Areas (EAs)/Blocks as primary sampling units (PSU) from CARE Frame of Wards/Villages were done using systematic sampling with probability/population proportion to size (PPS sampling). Each survey district was assigned 10 enumeration areas/blocks and from each selected PSU, a fixed number of

15 households were selected for interview, bringing the proposed sample size of households to 1,050 – Kahama was regarded as 2 districts in one hence 30 households (WAGE 15 + SAGE 15).

The overall mechanism that was adopted to collect data from the selected clusters involved the use of survey questionnaires and secondary sources. Fieldwork involved identification of clusters boundaries by data collectors for developing a list of all heads households in each cluster and actual interviews for the selected households. Data collection exercise was planned for five days preceded by two days for listing of all the households in the enumeration areas.

Family/household composition is an important attribute regarding the empowerment of women and girls. It is a determining factor of how family/household matters are managed or decided among kin members. Its impact transcend beyond families and households (affecting communities as well as societies). It is therefore important to understand the nature of family/household composition within the program's communities as a foundation for determining where and how impacts might appear.

Some decisions are made jointly by husband and wife (or other combination of adults managing the family/household); others are made separately. How resources flow into the family/household and who controls them are affected by gender, age, and status; such issues can generate cooperation or conflict affecting, in turn, both the outcomes and beneficiaries.

The survey discovered that the percent of women who can cope with economic shocks is still minimal and there are mixed situations on ownership and decision making rights to women in the surveyed area. There are men who still believe that women have no say in family assets and inheritance rights to women has remained a big challenge. Information obtained from the baseline survey revealed that still there are women who are deprived their right of inheritance when husbands die and share of properties in cases of divorce. On women participation in decision making, the study finds out that there are positive changes in communities surveyed on women participation in decision-making. Women participation level in decision making bodies has increased but men are still powerful. The society believes that women are capable of expressing themselves and can have fruitful contributions in community decision-making bodies. Results obtained from the survey show that both men and women regardless of education background agree totally that couples should sit and decide the number of children to have. They also agreed that couple should decide together the type of contraceptive method they would like to use. Cases of gender based violence in the community are

declining with both men and women becoming more aware that women have equal rights as men and need to be treated like human beings.

Responses received from three wards of Kahama district; Lunguya, Segese and Ntobo on SAGE project revealed that the community is satisfied with project's performance as it has positive outcome to them.

There is a diverse difference on issues and observations emanating from the survey districts. For instance, animator's skills and leadership capacities need to be enhanced in Kinondoni, Kigoma rural and Micheweni in Pemba. CARE intervention need to be sorted to establish the actual causes of higher level of dissatisfaction in some districts of projects intervention. CARE also needs to work closely/ together with community leadership to instill ownership and accountability of its empowerment programs.

CHAPTER 1: INTRODUCTION

1.1 Background

Tanzania is one of the poorest countries in the world, with 57 percent of the population living on less than one dollar a day. The UNDP ranked Tanzania 159th out of 177 countries on the Human Development Index (HDI). Only about 50 percent of the rural population has access to clean water; and high levels of infant, child, and maternal mortality contribute to an overall high mortality rate in the country. In 2006, the infant mortality rate was 74 out of 1,000 live births and the adjusted maternal mortality ratio¹ was 950 out of 100,000 live births. While primary school gross enrollment ratios² for boys and girls are 112 and 109 percent respectively, those numbers plummet to 7 and 5 percent for secondary school.

Overall, these statistics show that women and girls in Tanzania are the most vulnerable to extreme poverty and inequality. Customs and traditions associated with the patriarchal system lead to male bias in decision-making at the family, household and community levels. Tanzania has made great strides in creating an enabling environment for gender equity; however the main beneficiaries tend to be educated and powerful women in urban areas. Vulnerability and gender inequity affect women at each stage of their lives; it hinders their ability to complete education, make decisions to safeguard their health, and earn an adequate income.

Since 1994, CARE has been working in Tanzania to address to underlying causes of poverty through cross-cutting programs in education, microfinance, health, social protection, women's empowerment and natural resource conservation. Among CARE Tanzania Programs advocating empowerment includes Women and Girls' Empowerment program (WAGE) and Supporting Adolescent Girls Empowerment program (SAGE) of which this baseline study is based.

1.1.1. About WAGE

The Women and Girls' Empowerment (WAGE) Phase II program is the outcome of a participatory review of WAGE I and design process over a four month period (April –

¹ UNICEF defines adjusted maternal mortality ratio as the annual number of deaths of women from pregnancy-related causes per 100,000 live births adjusted for underreporting and misclassification.

² UNICEF defines gross enrollment ratio as the number of children enrolled in a level (primary or secondary), regardless of age, divided by the population of the age group that officially corresponds to the same level.

August, 2008), involving CARE Tanzania staff, partners and development experts in Tanzania.

The WAGE II design is aligned to CARE Norway's Gender and Equality policy focused on promoting gender equality and empowerment in its programs. The program will be funded under the auspices of the 2009 – 2013 framework agreement between CARE Norway and NORAD, with guaranteed funding for five years. This allows for the design of long term initiatives under WAGE II and supports CARE Tanzania's transition from implementation of short term projects to longer term programs with potential for achieving deeper and longer lasting change.

The WAGE II design comes at an opportune time as CARE Tanzania is embarking on the new Long Range Strategic Plan (LRSP): 2009 – 2014. Emerging issues concerning CARE's program focus, approach and strategies from the WAGE II design provided input to the LRSP review and design process. The WAGE II program will also have the opportunity to fine tune its strategies to align with the strategic directions of the new LRSP.

The WAGE II Program is led by its program goal which states, '*Poor and marginalized women and girls in 6 districts of Tanzania experience improved social, economic and political status by 2013*'. It has four Intermediate Objectives as stated below:

- (i) Poor and marginalized women and girls, organized, acting and advocating for enhanced gender equality.
- (ii) Informal social community network systems supporting gender equality at household and community level.
- (iii) Local decision makers and institutions using participatory, gender sensitive approaches to development planning and budgeting,
- (iv) WAGE contributes to learning and action on women's empowerment and gender equality at local and national levels.

1.1.2. About SAGE

The *Supporting Adolescent Girls Empowerment* (SAGE) program integrates three signature programs: Power Within (PW), Mothers Matter (MM), and Access Africa (AA) and builds on CARE's experience in promoting the rights of women and girls in Tanzania. Adolescent girls have been targeted as the focus of SAGE because it is where the biggest gaps in funding lie, and where natural reinforcing goals can be leveraged. Specifically, the project is expected to directly reach 1,500 adolescent and young women (ages 10-17) in 20 villages in three wards – Lunguya, Segese and Ntobo – of

Kahama district. Indirect beneficiaries will include school facilitators and teachers, WAGE and Ongeza Akiba VSLA members, community leaders, parents and health workers.

Nearly 90 percent of Kahama District population is based in rural areas, and the majority of families rely on subsistence agriculture for food and income. The quality of life is low as a consequence of poverty, low levels of education³ and poor health systems. Other social and economic barriers in the area include strong cultural values that undermine women's empowerment, drought and epidemics such as HIV and malaria. Girls face discriminatory social practices and lack opportunities for participating in decision making, voicing their concerns, the freedom to make choices in their lives and the ability to access quality public services.

It is also important to note that the Bulyanhulu Gold Mine (BGM), a subsidiary of Barrick Gold Corporation, a Canadian firm, operates an underground gold mine in the Bugarama ward of Kahama district. These mines are an important source of employment, attracting migrant workers from all over the region, as well as small local businesses established to serve the company and its employees. While the company supports interventions designed to improve conditions in the surrounding villages, the presence of many single men or men without their families inevitably creates risks and temptations to poor young girls in terms of potential sexual encounters and arrangements.

Goals and Objectives of SAGE

The goal of the proposed project is to **improve the quality of life among 1,500 marginalized adolescent girls and women in 20 villages in Kahama district.**

In line with this goal, the project's central objectives are to:

1. Increase access to equitable and quality education and sexual and reproductive health services for adolescent girls.
2. Build girls' leadership skills.
3. Engage institutions and local leaders in protecting and upholding the rights of adolescent girls.
4. Improve access to financial services to support adolescent girls.

³ Shinyanga region has consistently maintained lowest position in the national Primary Leaving Examination among Mainland regions. In 2006, 48 percent of the girls failed the examination (*Basic Education Statistics in Tanzania, Regional Data 2007*).

1.2 Objective of the Study

1.2.1 General Objective

The general objective of the baseline study is to measure the value of each indicator on the log frame before project intervention takes place. This will allow, during the final survey (using the very same methodology) to assess project effect on participant communities.

1.2.2 Specific Objectives

These are as follows:

- (i) Acquire specific information concerning Knowledge, Attitudes and Practices (KAP) on women and girls' socio economic, civic, reproductive rights among community members
- (ii) Conduct training to a CORE baseline team on Baseline survey using the Guidelines for the implementation of Baseline study for women's empowerment programmes developed by CARE Norway in collaboration with the Country Offices. Thus, ensure competence building in data collection, data management, analysis (description and interpretation) and reporting
- (iii) Develop consistent baseline tools for specific indicators as spelled in the program document log frame.

1.3 Period of the Study

The minimum expected household sample size is 750 households distributed across the 6 study areas of WAGE project intervention; Kahama, Kigoma Rural, Kinondoni, Magu, Missungwi, and Micheweni in Pemba; 150 households for SAGE in Kahama. The originally estimated period of the study was 70.5 days and this included data collection and processing. However, this period was extended to 85 days due to time estimated for data collection didn't include days embedded during listing of Enumeration Areas.

Further delay resulted from the fact that TORs required data entry to be conducted in survey districts as it would make it easier to cross check missing information. A need for central data entry centre for backup support from the software developers was required as well – finally it was agreed that data entry and processing be done in one central point. At this point data entry was very crucial for the study. Furthermore, there was also need to have adequate time for the data entry personnel to review the questionnaires once again before traveling to data processing centre. Two days were used for training and system familiarization before proceeding to actual data capture that took almost seven days.

1.4 Limitations of the Study

In implementing this study, a number of problems were encountered. The following are limitations that were observed in the course of conducting the study:-

Inadequate Preparations:

Preparation for the study was not adequate especially for SAGE program. There was a lot of indecision in the process and this led to some unnecessary delays in implementation. For example, hands-on involvement was minimal and delayed decisions on pertinent issues to mention a few.

Geographical Coverage:

Some districts had a large geographical area in Mwanza and Kigoma regions. Enumerators had to travel a long distance between households, due to the fact that CARE couldn't provide transport to all the enumerators – they had to shuttle to and fro. This impeded the supervisors' ability to move smoothly to verify data collection exercise.

The distance aspect forced enumerators to start early and finish late thus upsetting the earlier planned daily reflection meetings between enumerators and supervisors.

Poor Weather Conditions:

The survey was conducted during rainy season in some areas; this made accessibility more challenging bearing the fact that enumerators had to walk long way between households to complete the questionnaires.

CARE Mwanza Office is highly commended for providing umbrellas and plastic clear bags to enumerators to secure the documents as well as ease their movements during the study.

Communication Barrier:

However, widely Swahili language is spoken in the country, there still areas where local languages have been preferred in daily communication and this has caused limited usage and understanding of Kiswahili. Enumerators were selected among those who can speak local languages, though during pilot language problems were experienced especially in Magu and Missungwi

Districts. The language barriers were also encountered in Kigoma rural district.

In Micheweni – Pemba, the language barriers were mitigated by using Zanzibaris rather than mainlanders due to diverse cultures, norms and different understanding of issues.

 **Limited Time:**

There was no clear demarcation of time allocation between the study and other official duties for the supervisors. As much as supervisors had been assigned to oversee the study, time allocated for the study was minimal as a result reviewing of questionnaires after field was not very effective. Lesser time was allocated on the study compared to other official duties.

 **Coding of Wards and Enumeration Areas:**

National Census office coding for the selected wards and enumeration areas had to be renamed during data cleaning to ease identification of areas due to confusion arising from identical numbers given to the wards and EAs. The re-coding gave each ward and EA her distinct identification number to be used during data analysis and synthesis.

 **Other limiting Issues:**

- Two-in-one type of surveys are time-consuming and requires a lot of concentration during compilation and reporting i.e. WAGE and SAGE studies
- Inadequate Funding due to unrealistic and improper planning
- interviewer could bias responses if not well supervised
- Interviewer probing skills limited among few enumerators resulting to unrealistic responses, e.g. father and son with an age difference of 5 years!
- Data not well comparable due to geographical, cultural and economic situations
- Some constructs were tested in places where the practice is non- existent. E.g. FGC/FGM
- The survey guideline was too general in some cases where specifics were needed, e.g. availability, quality and use of SRHR services, performance of Female Headed Households (FHH) was not considered, none inclusion of assumptions and risks in the survey.

1.5 Structure of the Report

This report is organized into 6 chapters preceded by an executive summary.

The first chapter presents introductory remarks regarding the project, followed by Chapter 2 on Methodology used. Chapter 3 presents conclusions by recalling the objectives of the study and the key findings arising from common indicators and CO specific outcome indicators of the survey. Chapter 4 discusses on the results by synthesizing them across the 4 components under study and CO specific outcome indicators. The indicators include the following:

- Women economic security and vulnerability to shocks
- Women's role and real say in decision making
- Women's right to control fertility and body
- Gender based violence

In this Chapter, discussions analyze the results by looking at the key trends on women's rights, how both women and men perceive about women's rights and their perceptions on how they influence the outcomes. Chapter 5, presents recommendations which center on how the project should focus its interventions in addressing pertinent issues, identification of areas for further research and listing the lessons learnt from the baseline study especially on issues regarding research techniques as well as global and country specific outcome indicators. Chapter 6, which is the final chapter, incorporates the proposed indicators and targets for both WAGE and SAGE programs.

CHAPTER 2: SURVEY METHODOLOGY

2.1 Sample Design

Introduction

The Baseline Survey on Women and Girls' Empowerment (WAGE) II and SAGE Programs Survey design is supposed to yield estimates at district level in all CARE Districts Project Areas. The sample covers the Districts of Kahama, Missungwi, Magu, Kigoma, Kinondoni and Micheweni in Pemba. Apart from District estimates, all other social economic groupings such as urban/rural, male/female and other household socio-economic status are also covered in the sample.

2.1.1 Target Population

The target population is all households/residents residing in CARE operated Districts/Wards/Villages. There are 354,889 estimated persons who live in 69,565 households. To keep the survey cost and data collection manageable, a cluster sampling approach was used with probability proportional to the number of Households within a cluster. This sample is self-weighting and point estimates can be obtained easily. When calculating the precision of estimates, a cluster design was used.

2.1.2 Sampling Frame

The design utilized the frame of CARE Project Wards and Villages. The population counts were obtained from the 2002 Population and Housing Census Data. Population data recorded in 2002 were projected to mid 2009 in order to reflect population changes over time.

2.1.3 First Stage Cluster Sampling

In the first stage, selection of Enumeration Areas (EAs)/Blocks as primary sampling units (PSU) from CARE Frame of Wards/Villages were done using systematic sampling with probability proportion to size (PPS sampling).

2.1.4 Second Stage Household Selection

The reporting unit is the household. For each selected PSU, a fixed number of households was selected. From each selected PSU, a fixed number of 15 households was selected for interview. This suggested a minimum sample size of 118 households from each survey District making a total of 706 minimum sample sizes of households for all six targeted Districts (the Target Population). Since it was assumed that only 80 percent of the respondents would complete the survey, the sample was adjusted to

take into account of non-response and non-contacts. The final proposed sample size of households was 900. Basically, each survey district was assigned 10 enumeration areas/blocks and 150 households to allow for District estimates and comparison. Households were selected systematically within each selected EA/Block.

2.2 Expected sample size and actual sample size, including non response rate:

2.2.1 Sample Size Determination

Since the reporting unit is the household, a sufficient number of households were needed to be considered so as to yield estimates of good precision. The desire was to have a sample of households which would ensure a relative error margin (r) of at most 4 percent at the 95 percent confidence level.

Using precision criteria on sample size determination as proposed by **Cochran (1977)**, **Kish (1965)**, **Kalton (1983)** and **Särndal (1937)**, the dominant characteristics of the study were assumed to occur in about 50 percent of the households and the relative error margin on estimating the parameters were set at 4 percent, then at 95 percent confidence level, the smallest number of households to be sampled was obtained from the following expression:-

$$n = \frac{Z^2 PQ}{r^2} = 600 \text{ People}$$

Where

Z = 1.96 is the standard normal variant such that the level of confidence is 95 percent,
p = 0.5 is the proportion of cases having a certain characteristics,
r = 0.04 is the relative error margin which can be tolerated and
n is the minimum required sample size.

Substituting the values of Z, P, Q and r in the expression above, the smallest value of n (sample size of persons to be interviewed per district) was 600. This means that any value of n, which is greater than 600 will be within the 4 percent error limit of 95 percent confidence level. The household size for Tanzania population is 5.1 (2002 Population and Housing Census). Therefore, a minimum sample size of at least 118 households is needed to be drawn from each selected district (Domain). The response rate of most household surveys is relatively 80 percent in Tanzania. Now adjusting our proposed minimum sample size to account for non-response and non-contacts, a

sample size of about 900 households for all six districts was designed (see Table 1 below).

Experience from other household surveys design shows that some surveys assigned 25 households per selected PSU; some had 24 households, others 20 households or 15 households per selected PSU/EA for each domain. To come up with good precision, it was suggested a fixed sample size of 15 households from each selected EA/PSU and thus making 10 EAs/PSUs sampled from each survey District. Box 1 presents the distribution the sample population, households and PSUs/EAs by District.

Box 1: Distribution of Sample Population, Households, and PSUs/EAs by District

District Name	Estimated Population to Interview	Household Size (2002 Population)	Estimated Households to Interview	Sampled PSU/EAs per District	Number of Households to Interview
Kinondoni	750	5.1	150	10	15
Kigoma	750	5.1	150	10	15
Kahama -WAGE	750	5.1	150	10	15
Kahama - SAGE	750	5.1	150	10	15
Magu	750	5.1	150	10	15
Missungwi	750	5.1	150	10	15
Micheweni	750	5.1	150	10	15
TOTAL	4,590		1050	70	

2.2.2 Selection of Clusters/EAs/Blocks

For each district, the probability of selecting a cluster was done using population proportion to size measure (PPS) as follows;

Probability of selecting an EA/ PSU / Block

$$f_i = \frac{n \times MoS_i}{\sum_{i=1}^A MoS_i}$$

Where :

n–is the sample size

A–total number of Cluster

MoS – is the cluster measure of size (Number of Households)

The list of the selected Clusters/EAs/Blocks is presented in Appendix 1

2.3 How Respondents were selected

2.3.1 Selection of Households

Before actual survey, initial preparation was done (updating of the 2002 Tanzania Population and Housing Census) through listing of all households in the selected Enumeration Area (EA). A total number of listed households was used by CARE Program Managers where an excel sheet pre-programmed sample of households was already set to select 15 households for each selected EA/PSU using the updated number of households from listing exercise. This minimized error which might be caused by Research Assistants/enumerators when selection is done in the field (to avoid bias). The selection of 150 households was a second stage selection or "within unit selection" and this was done using Systematic Sampling.

For each selected EA a fixed number of 15 households were allocated systematically. Sample interval is calculated for each EA and a random number table together with the central limit theorem was used to determine the random number start.

Households Inclusion Probability

$$f_2 = \frac{15}{HH}$$

2.3.2 Estimation

Within each district a separate estimate was calculated. The overall estimates would be provided by combining all EAs/Blocks. Weight was calculated for each EA and Household to compensate for an unequal probabilities selection for the EAs/PSUs and Households using the following formula:

$$f_a = \frac{n_a}{N_a} \quad \text{and} \quad f_b = \frac{n_b}{N_b}$$

Where:

f_b = Household inclusion probability

n_b = number of selected households

N_a = Total number of household in the selected EA

f_a = PSU / EA inclusion probability

n_a = number of selected EAs / PSUs

N_a = Total number of EAs / PSUs in the District

$$w = f^{-1}$$

$$f^{-1} = \frac{1}{f} = w_a \times w_b = \frac{1}{f_a} \times \frac{1}{f_b}$$

Where;

w is the overall District survey design weight

w_a is the household weight

w_b is the EA/PSU weight

Calculation of variance estimations and the Standard Errors (SEs) estimates was done using Taylor Series linearization using WesVar software package or any other statistical software designed for variance estimation.

2.4 Preparation for Data Collection:

2.4.1 Review and Adaptation of Questionnaire

The overall mechanism that was adopted to collect data from the selected clusters involved the use of survey questionnaires and secondary sources. The questionnaire which was used in this survey was adapted from the generic set that was designed and supplied by CARE Norway. This set was later adopted to meet local conditions without omitting the essential components of the designed instrument.

To secure Tanzania specific sharpening of the draft instrument, care was taken to absolve all the common nine outcome indicators which focus on four thematic areas: economic empowerment, participation in decision making, sexual and reproductive health and rights, and gender based violence. This version of the questionnaire was later translated into Kiswahili and subjected to a pilot test. Inputs from the pilot test were used to fine – tune the swahili questionnaire by the project management team and later by CARE Tanzania Office. The final sets of both the English and Kiswahili versions of the survey instrument as well as the field instructions manual were developed and used to collect quantitative information from household members.

The Questionnaire was administered to selected households in all selected clusters within the seven project sites of Kahama (2), Kigoma Rural, Kinondoni, Magu, Micheweni and Missungwi. This tool collected the following information:

- Identification – where the household is located
- Introduction: Age, sex, ability to read and write, highest level of education attained, whether a member of a credit and savings society/group;

- Domain: Women's economic security (Property rights, inheritance, involvement in paid work etc.);
- Domain: Protection of women's sexual and reproductive health and rights (SRHRs) and maternal health;
- Domain: Economic security – Indicator 1 (Proportion of women with control over assets in the household);
- Domain: Economic Security – Indicator 2 (Proportion of women with capacity to cope with economic shocks);
- Domain: Participation in decision making – Indicator 1 (Proportion of women that report meaningful participation in decision making bodies at community level);
- Domain: Participation in decision making – Indicator 2 (Proportion of women's perception of social inclusion in the community);
- Domain: Sexual and Reproductive Health and Rights – Indicator 1 (Proportion of women reporting satisfaction with the availability and quality of SRHR related services);
- Domain: Sexual and Reproductive Health and Rights – Indicator 2 (Proportion of women making informed choices/decisions with regard to SRHR);
- Domain: Gender Based Violence – BGV (Attitudes of men and women regarding BGV: domestic violence, harassment, harmful traditions including FGC, early marriages, etc.)
- Domain: Girls aged between 10 – 14 yrs in Kahama district for SAGE

WAGE Indicators:

- Attitudes of women and men on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality
- Attitudes of women and men on Informal social community network systems are supporting gender equality at household and community level
- Attitudes of women and men on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting
- Attitudes of women and men on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

SAGE Indicators

- Attitudes of women and men on Improving access to and the quality of education for older girls
- Attitudes of women and men on improved access to SRH information and services

- Attitudes of women and men on Recognition of Transition from Childhood to Adulthood

2.4.2 Recruitment and Training of Field Teams

Recruitment of highly qualified field personnel is a prerequisite to collecting high quality data. Therefore, care was taken to ensure that not only the study instruments were prepared carefully, but also ensured that the survey handling teams had the required minimum capacity. In order to collect highly reliable and quality data, highly capable and dedicated persons were recruited and trained to handle such instruments.



In this situation, CARE Tanzania decided to engage its own staff stationed at the district project offices to act as supervisors. The district offices were directed to recruit capable data collectors for the baseline survey in their respective districts. Two different training centers (Bagamoyo and Mwanza) were set up whereby supervisors and data collectors were trained. The training took five days including a day that was used to acclimatize the field staff on how to handle the instruments as well as to have a feel about interview techniques before they left to their respective areas. Lessons and experiences that were gathered during the one day field test were used to iron out any misconceptions and misunderstanding of some of the items included in the questionnaire.

In all, each district had two supervisors and ten data collectors who were trained for the survey. Three training sessions were held for different groups. The first training session was held in Bagamoyo where Kinondoni and Micheweni (Pemba) teams were trained while the second training was

Box 2: Participants Expectations:

1. to understand what is baseline survey
2. how to conduct a survey
3. tools used in data collection
4. types of data needed in baseline survey
5. how to collect baseline data
6. to understand what is CARE and WAGE
7. to be an expert in data collection and survey when the training ends
8. understand more about data collection tools
9. understand when baseline is conducted
10. how to select households to be interviewed
11. how to locate survey areas
12. how to ask questions to get the right answers
13. to increase my general knowledge
14. to be an expert in conducting surveys
15. to understand how to fill the questionnaires and interview clients
16. how to write and present baseline reports
17. acquire effective techniques of data collection

held in Mwanza for Kigoma Rural, Magu and Missungwi teams. The third training was done for the Kahama team in which both WAGE and SAGE - Kahama field teams were involved.

2.5 Data Collection Techniques

2.5.1 Field Work

The fieldwork involved two components: the first activity concerned developing a list of all heads of households in each cluster while the second activity was the actual interviews for the selected households.

Listing of heads of households was done after data collectors had identified the boundaries of their respective clusters. This was necessitated by the fact that it was not permissible to include households that lie outside the clusters and also not miss out any household that was within the selected cluster. The listing exercise took about two to three days before supervisors made the selection of households by adopting the sampling procedure that had been provided to them.

The actual interviews started in the following week. Each data collector was assigned to a cluster where he/she was required to cover the selected 15 households. The interviews took between five and seven days.

2.5.2 Data Processing

Data processing, including office editing, data entry and validation, was initially planned to be done at each project district, while the data entry templates would be prepared by the systems analyst in Dar es Salaam using CPro4.0. When the data entry templates were tested, it was discovered that the initial arrangement would not work given the intricate nature of the template. Hence, it was decided to bring the supervisors to CARE Tanzania



Offices in Dar es Salaam where data entry work was done. Data entry work took about five days before the systems analyst began to check for inconsistencies and any other pertinent errors such as omissions of items or even questionnaires.

After the completion of the validation process, two data sets were produced whereby one contained the raw data and the other had the cleaned data. The cleaned data set was later used to produce tables for analysis.

After production of analysis tables, in-depth personal interviews and focus group discussions were conducted in all survey districts. Subjects were selected based on the quality and depth of information that they can provide. For sensitive issues, individual interviews were conducted instead of focus groups. The focus groups had 8 – 12 people at a time. It was made sure that all focus groups participants were part of selected households where the survey was conducted; this was done to validate the responses from quantitative survey.

Below is one among several interviews with two women committee members from Missungwi district.



2.6 Period of Data Collection

Initially data was to be collected from 1050 households in seven sites; an average of 150 households per District. Each site had 10 trained data collectors working under two supervisors and a Manager.

Data collection exercise was planned for five days preceded by two days for listing of all the households in the enumeration areas. Through these lists, selection of households was done.

Data collector/enumerator was allocated 15 households that is an average of three households per day – taking into consideration the distance between households and villages, time to review questionnaires before submission and farming season (a big possibility you may not find all members during the day).

2.7 Difficulties during Data Collection

Survey on Selected Areas

Enumerators were selected to cover one cluster with 15 households each. The survey was conducted putting much emphasis to enumerators to avoid unnecessary non-response cases. The period earmarked for this study coincided with seasonal rains whereby household members were engaged in farming activities, leaving their homesteads very early in the morning and return late in the evening. This caused some delays and difficulties in meeting them for interviews –with the exception of few, their questionnaires were never completed.

Allocation of Supervisors

Two supervisors were allocated to one district responsible for overseeing the activities of each team in the district. The consultant also engaged 3 roving supervisors to oversee the whole process in general and report directly to him, summary report of these supervisors was prepared and observations included in the report limitations.

In some survey areas like Kinondoni district, supervisors were overloaded with other official activities and this affected the overall time allocated for the study. The questionnaires were never checked on time and corrected – this resulted into sending enumerators back to the field after the exercise was actually completed.

Transport during the Field

Most villages are sparsely distributed in the districts - depending on the survey area and official demarcations. It was agreed that data collectors be provided with transportation when conducting survey in the field operations and supervisors would be allocated official transportation where and when required.

Distance between villages and selected households, number of enumerators involved in the survey, under- developed infrastructure, seasonal rains and inadequate number of

vehicles and resources allocated for the study restricted several survey related movements by vehicles.

Communication

Communications between data collectors, supervisors, managers and coordinator/consultants during field operations was established and agreed upon before embarking on field trips.

Daily progress review of the field work were required to bring all members of survey team up to speed on various issues that happened previous days – this could not take place in almost all districts due to expansive coverage area. It was very costly and time consuming to assemble the teams working in different clusters to come together for debriefing every other day. This idea was dropped by most districts though it was a good field experience sharing meeting; common mistakes and repetitive mistakes that were discovered during data collection.

2.8 Ethical Considerations

During the survey, some basic points on ethics were considered as they may have implications on how one carries out the study:

- Informed consent
- Confidentiality of responses
- Privacy (interviewing respondents individually)
- Neutrality throughout the interview
- Avoidance of harm

1) Informed Consent

The enumerators were required to obtain the respondent's informed consent to participate in the study. For respondents to give informed consent, the enumerators we required to do the following in each household selected: to give (1) a clear explanation of what they are about to participate in (what the survey is all about) and how we plan to use the information they give you; (2) an assurance that the information they provide will be treated in confidence, and not revealed or discussed with anyone who is not on the research or project team; (3) the option to stop the interview at any time and not finish it; and (4) the option to decline participating in the study altogether. Below is sample wording used in the introductory part of the questionnaires to obtain informed consent. This caption was politely read to every respondent prior to beginning of the survey. In this survey all enumerators managed to

obtain informed consent, with the exception of few cases where respondents were very old or mentally incapable of responding to the questions.

INTRODUCTION and INFORMED CONSENT

Hello, My name is _____ I am working with CARE Tanzania.

We are conducting a survey about Women and Girls' Empowerment (WAGE) II Program Baseline Survey to six Districts of Tanzania. The information we collect will help the government to plan health services.

Your household was selected for the survey. The survey usually takes about 30 to 45 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.

You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED RESPONDENT DOES NOT AGREE TO BE INTERVIEWED



Proceed to the survey.



End the interview

2) Confidentiality

Information collected from households and the individual members of the household was kept strictly confidential as required by law. Data collectors/supervisors were frequently reminded not to mention interviews, discuss answers they have received, or show completed questionnaires to anyone except their supervisor on the survey team. Information from individual households was combined and processed at CARE offices and Data entry done at CARE conference room in Dar es Salaam - to adhere to confidentiality of collected information.

3) Privacy (interviewing respondents individually)

Individual interviews were conducted in private and this was done essentially to get frank and honest answers from the respondent. The presence of a third person during the interview, when you are supposed to interview a respondent individually, may affect your ability to right answers. However, a presence of a third person during personal interviews was allowed if there was a language barrier. Generally, this was well handled by the enumerators as very few cases we reported where a translator was required.

4) Neutrality throughout the Interview

Most people are polite and tend to give the answer they think you want to hear. Therefore, it was very important the enumerators stay absolutely neutral while asking the questions. Avoidance of facial expressions, tone of voice, and impressions that the person being interviewed gave a “right” or “wrong” answer was emphasized during training. Uncalled impressions of approval or disapproval of the responses that the person is giving was dejected. Some respondents asked enumerators questions during the interview, very politely they were made to understand that we are interested in his/her opinion and that you cannot answer all his/her questions because that will slow down the survey.

In cases whereby respondents didn’t not understand the question asked, enumerators were allowed to repeat it, or reread the response categories as necessary- though further elaborations and explanations were very much discouraged to avoid distortions. Respondents were given time to think when they felt like doing so, they were not rushed to next questions (but within reason, not prolonging the interviews unnecessarily). Most importantly, enumerators were trained to stay neutral and not influence what has been said.

5) Avoidance of Harm

During training sessions enumerators were informed about the possibility of distress that may be caused by this exercise. Some previous studies pointed that gender based violence topics have caused unintended negative effect on those who participated in the past. To prevent this from happening, supportive and non-judgmental care was taken to ensure that the language cannot be interpreted as being judgmental, blaming or stigmatizing. Generally, after taking this into consideration all interviews ended in a positive manner.

CHAPTER 3: RESULTS

3.1: General Information on the Survey Districts

1. Kahama

Kahama District is one of the eight districts of Shinyanga Region of Tanzania. The area of the district is 850 square kilometers covering 34 wards. According to the 2002 Population and Housing Census, the population of Kahama district was 596,456. Whereas according to Tanzania National Bureau of Statistic Regional and Districts projections volume XII of 2006 the population of Kahama by 2010 is estimated to be 815,177 people who include 406,939 males and 424,501 females. Majority of inhabitants of Kahama district are Sukuma, Nyamwezi and Sumbwa. However, due to its urbanized nature and mining activities, Kahama is also occupied by other minority ethnics from other parts of Tanzania.



The predominant economic activities for the natives are shifting cultivation and rearing of cattle. Subsistence crops include maize, paddy, millets, potatoes, groundnuts. However, the force of urbanization has taken its toll in the district due to its nearness to mining activities hence emerging of towns like Kakola, Isaka, Segese and Kahama. Two big mining sites have the catalysts of district economy; Bulyanhulu site at Kakola, and Buzwagi site near Kahama town along Isaka road. The district is a transit route to Rwanda and Uganda hence being exposed by international trade through Isaka inland Customs clearance point. Some residents of the district are now enjoying water from Lake Victoria.

2. Kigoma

Kigoma Rural District is one of the four districts of Kigoma Region of Tanzania. The area of the district is 19,574 square kilometers covering both land and water areas in 34 wards. According to the 2002 Population and Housing Census, the population of Kigoma Rural district was 381,028. Whereas according to Tanzania National Bureau of Statistic Regional and Districts projections volume XII of 2006, the population of

Kigoma Rural by 2010 is estimated to be 486,890 people who include 237,515 males and 249,375 females. Inhabitants of Kigoma Rural district are Waha, Weremeni, Wabwali and Watongwe, the dominant group is Waha. But due to its closeness to Lake Tanganyika, the inhabitants of this district are involved in fishing and agriculture. Subsistence crops include maize, millet, potatoes, bananas, and beans.

In 2002, Kigoma Rural district's Sex Ratio was 93. That is, there were 93 males per every 100 women in the district population that year.

DISTRIBUTION OF HEALTH FACILITIES FOR SELECTED YEARS

Dispensaries						Health Centres						Hospitals					
1999		2004		2006		1999		2004		2006		1999		2004		2006	
Pu	Pr	Pu	Pr	Pu	Pr	Pu	Pr	Pu	Pr	Pu	Pr	Pu	Pr	Pu	Pr	Pu	Pr
46	7	61	2	58	6	3	1	4	1	4	1	0	0	0	0	0	0

Pu-Public

Pr-Private

Source: Regional Commissioner's Office, Kigoma, 2006

3. Kinondoni

Kinondoni District is the northernmost of three districts in Dar es Salaam, Tanzania, the others being Temeke (to the far Southeast) and Ilala (downtown Dar es Salaam). To the east is the Indian Ocean, to the north and west the Pwani Region of Tanzania. The 2002 Tanzanian National Census showed that the population of Kinondoni was 1,083,913. The area of Kinondoni is 531 km² of land that includes offshore islands.

The original inhabitants of Kinondoni were the Zaramo and Ndengereko, but due to urbanization the district has become multi-ethnic. Kinondoni is characterized by both urban and rural physical developments.

Administratively, Kinondoni District is broken into 4 divisions, 27 different wards, and 127 sub-wards. Kinondoni Municipal has four (4) divisions namely: Magomeni, Kinondoni, Kibamba and Kawe.

The population in the municipality varies from settlement to settlement. High population areas are found in unplanned settlements while low population densities are in peripheral localities

The Current and Projected Population

	2002	2003	2005	2007
Male	547,081	570,605	620,732	675,263
Female	536,832	559,915	609,103	662,612
Total	1,083,913	1,130,520	1,229,835	1,337,875

Source: 2002 Population and Housing census/Dar es Salaam City Council

Employment and Economic Activities

It is estimated that 360,000 residents of Kinondoni Municipality are employed in both private and public sectors. Out of these, 95% are employed in the private sector while the rest 5% are employed in the public sector.

The majority of the residents are involved in petty business, fisheries, livestock keeping and agriculture including horticulture. Only 3% of the working force is engaged in subsistence agriculture in the peri-urban areas.

There are no big farms but small plots ranging from 2.5 acre to 6 acres. Others make small gardens around their houses in which various vegetables and root crops like cassava and sweet potatoes are grown for family food and the surplus for generating income.

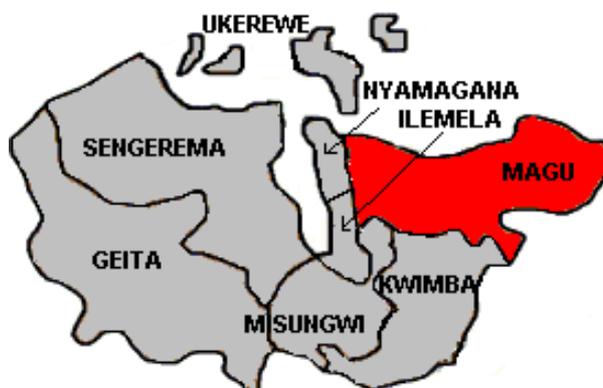
Employment In: -

- Business Operations 46%
- Office Work 18%
- Agriculture 14%
- Elementary Occupations 14%
- Plant Operations Assemblers 5%

Source: 2002 Census Results in Brief - Kinondoni District

4. Magu District

Magu District is one of the eight districts of Mwanza Region of Tanzania. The area of the district is 4,800 (3,075 dry land and 1,725 water) square kilometers covering 27 wards. According to the 2002 Population and Housing Census, the population of Magu district was 401,348. Whereas according to Tanzania National Bureau of



Statistic Regional and Districts projections volume XII of 2006 the population of Magu by 2010 is estimated to be 503,286 people who include 243,723 males and 259,563 females. Majority inhabitants of Magu district are Sukuma. The main economic activities are shifting cultivation, cattle rearing, and fishing. Subsistence crops include maize, millet, potatoes, cassava, and paddy.

5. Misungwi District

Missungwi District is one of the eight districts of Mwanza Region of Tanzania. The area of the district is 2,553 (2,378 dryland and 175 water) square kilometers covering 20 wards. According to the 2002 Population and Housing Census, the population of Kahama district was 252,927. Whereas according to Tanzania National Bureau of Statistic Regional and Districts projections volume XII of 2006 the population of Missungwi by 2010 is estimated to 308,137 people who include 150,575 males and 157,562 females. Majority inhabitants of Missungwi district are Sukuma. The main economic activities are shifting cultivation, cattle rearing. Subsistence crops include maize, millet, potatoes, cassava, and paddy.

6. Micheweni - Pemba

Michweni District is one of the two districts of North Pemba Region of Tanzania. The area of the district is about 260 square kilometers covering 13 shehias (wards). According to the 2002 Population and Housing Census, the population of Micheweni district was 83,531. Whereas according to Tanzania National Bureau of Statistic Regional and Districts projections volume XII of 2006 the population of Micheweni by 2010 is estimated to be 115,581 people who include 56,986 males and 58,595 females. The main economic activities are sedentary cultivation and fishing.

3.2: Description of the population under study:

3.2.1 Introduction

This section gives a brief description of the households and the population that were covered in the baseline study. The basic socio-demographic information which was collected includes sex, age and education level reached by household members. Other characteristics asked were on place of usual residence and marital status of those aged five years or older. Survival of parents was specific for the population below 18 years.

3.2.2 Household Characteristics

The survey interviewed a total of 1,049 households in the six districts representing a reasonable response rate of 99.9 percent. Out of 1,049 households, 72.9 percent were headed by males and only 27.1 percent of the surveyed households were headed by females.

3.2.3 Population Characteristics

A total of 6,093 people were recorded among whom 2,990 were males and 3,103 were females. This implies that 49.1 percent of the survey population was males while females constituted 50.9 percent of the total population. When a close analysis is made regarding their age distribution, the age structure is not very different from populations observed in previous population censuses. The population is predominantly young as 52.6 percent of the survey population is comprised of the population under age 15 years and that of the working population (age between 15 and 64 years) is 44.1 percent of the total population. The old age population (age 65 years and above) is only 3.3 percent of the survey population. This implies that the dependency ratio is 127

Box 3.1: Distribution of the Survey Population by Five-Year Age Groups and Sex

Age Group	Population			Percent		
	Total	Male	Female	Total	Male	Female
Total	6093	2990	3103	100.0	100.0	100.0
00 - 04	1097	559	538	18.0	18.7	17.3
05 - 09	1039	532	507	17.1	17.8	16.3
10 - 14	1067	549	518	17.5	18.4	16.7
15 - 19	523	248	275	8.6	8.3	8.9
20 - 24	422	182	240	6.9	6.1	7.7
25 - 29	361	148	213	5.9	4.9	6.9
30 - 34	320	137	183	5.3	4.6	5.9
35 - 39	348	158	190	5.7	5.3	6.1
40 - 44	214	121	93	3.5	4.0	3.0
45 - 49	215	120	95	3.5	4.0	3.1
50 - 54	122	53	69	2.0	1.8	2.2
55 - 59	77	37	40	1.3	1.2	1.3
60 - 64	85	43	42	1.4	1.4	1.4
65 - 69	45	18	27	0.7	0.6	0.9
70 - 74	72	39	33	1.2	1.3	1.1
75+	86	46	40	1.4	1.5	1.3

which mean that for every 100 working population, there are 127 dependents they have to support. Box 3.1 presents the age and sex distribution of the survey population.

3.2.4 Marital Status

Box 3.2 presents the percentage distribution of the survey population by marital status. As expected, the majority of males and females were found to be in marriage or living together (64.9 and 60.8 percent respectively), 31.8 of males and 20.6 percent of females have never been married. Overall, about seven percent of the population are separated indicating that there is high marriage stability among the survey population.

Box 3.2: Percentage Distribution of Population (5 Years and Above) by Marital Status

	Total	Male	Female
Married/Living Together	62.7	64.9	60.8
Separated	6.6	2.1	10.6
Widowed/Widower	4.8	1.2	8.1
Never Married	25.8	31.8	20.6
Total	100	100	100
Population	2889	1350	1539

3.2.5 Survival of Parents

During the interviews, respondents were asked to indicate whether biological parents of children aged below 18 years were still alive and the whereabouts of the parents. As Box 3.3 shows, 95.7 percent of children aged below 18 years were reported to have their mothers still alive but only 4.3 percent reported that their mothers are not alive. Regarding the survival of their biological fathers, 91.3 percent reported that their fathers are still alive, 8.4 percent have their fathers' dead and 0.3 percent did not know the survival status of their biological fathers.

Box 3.3: Percentage Distribution of the Population below age 18 years by Survival of their Parents

Survival of Mother					
Age Group	Total	Yes	No	Don't know	Number
Total	100	95.7	4.3	0.0	3489
0 - 4	100	98.5	1.5	0.0	1096
5 - 9	100	96.2	3.8	0.0	1039
10 - 14	100	93.8	6.2	0.0	1066
15 - 19	100	90.3	9.7	0.0	288
Survival of Father					
Age Group	Total	Yes	No	Don't know	Number
Total	100	91.3	8.4	0.3	3491
0 - 4	100	95.4	4.2	0.5	1097
5 - 9	100	93.2	6.4	0.4	1039
10 - 14	100	87.0	12.9	0.1	1067
15 - 19	100	85.8	14.2	0.0	288

On whether children under 18 years old were staying with their biological parents, 84.2 percent were reported to be living with their biological mothers while 15.8 percent had their mothers either living away or

have died. Regarding the whereabouts of the children’s fathers, 72 percent reported to be living with their biological fathers and 28 percent had their fathers living away or have died.

3.2.6 Birth Registration

In order to determine whether children less than five years of age were formally registered in a civil registration office, respondents were asked to indicate the legal process that has been implemented on the birth of a child. Overall, as Box 3.4 shows, 38.5 percent of all children under the age of five years have birth certificate issued by an authorized civil registration office, 11.8 percent were registered but do not have birth certificates, 48.9 percent of the children are not registered and less than one percent do not know whether the child was registered or not.

Box 3.4: Percentage Distribution of Children under Age 5 Years by Whether Registered in Civil Registration Authority						
Age	Has certificate	Registered	No Certificate/ Not registered	Don't know	Total	Number
BOTH SEXES						
Total	38.5	11.8	48.9	0.8	100	1096
0	30.9	15.4	52.7	1.1	100	188
1	34.4	14.8	50.7	0.0	100	209
2	42.3	11.5	45.4	0.9	100	227
3	40.9	9.1	49.1	0.9	100	230
4	42.1	9.1	47.5	1.2	100	242
MALES						
Total	37.7	12.7	48.7	0.9	100	559
0	29.0	17.2	51.6	2.2	100	93
1	35.5	15.9	48.6	0.0	100	107
2	43.0	11.4	44.7	0.9	100	114
3	43.8	8.3	47.1	0.8	100	121
4	35.5	12.1	51.6	0.8	100	124
FEMALES						
Total	39.3	10.8	49.2	0.7	100	537
0	32.6	13.7	53.7	0.0	100	95
1	33.3	13.7	52.9	0.0	100	102
2	41.6	11.5	46.0	0.9	100	113
3	37.6	10.1	51.4	0.9	100	109
4	49.2	5.9	43.2	1.7	100	118

Among male children, 37.7 percent of male children had certificates, 12.7 percent were registered but no certificates were issued or have not yet been issued and 48.7 percent of male children have not been registered. As for female children, 39.3 percent have birth certificates, 10.8 percent have been registered and 49.2 percent have never been registered.

3.3: Socio-Demographic Characteristics and Profile:

3.3.1 Level of Education

In this study, respondents were asked to indicate whether their household members aged five years and above have ever attended formal education. Box 3.5 shows that 73.6 percent of the household members have ever attended school. One would have expected that all children aged between 10 and 14 years would have ever been to school, however about eight percent of them have never gone to school. There are slight differences between sexes as more males have ever attended school (77.3 percent) than females (70 percent)

Box 3.5: Percentage Distribution of Population Five Years and Above by Age and Whether Ever Attended School

	BOTH SEXES				MALES				FEMALES			
	YES	NO	Total	Number	YES	NO	Total	Number	YES	NO	Total	Number
Total	73.6	26.4	100	4994	77.3	22.7	100	2430	70.0	30.0	100	2564
5 - 9	54.2	45.8	100	1039	51.1	48.9	100	532	57.4	42.6	100	507
10 - 14	91.7	8.3	100	1065	92.0	8.0	100	548	91.5	8.5	100	517
15 - 19	93.5	6.5	100	523	95.2	4.8	100	248	92.0	8.0	100	275
20 - 34	78.6	21.4	100	1103	83.3	16.7	100	467	75.2	24.8	100	636
35 - 49	75.0	25.0	100	777	84.7	15.3	100	399	64.8	35.2	100	378
50 - 64	47.5	52.5	100	284	69.2	30.8	100	133	28.5	71.5	100	151
65+	30.0	70.0	100	203	46.6	53.4	100	103	13.0	87.0	100	100

In order to determine the level of education that has been attained by those who reported to have ever attended school, respondents were asked to state the level of education they have reached. Results (Box 3.6) show that 80 percent of the population aged five years and above have attained primary education, about one percent got training after primary school education, 12.9 percent reached secondary education, less than one percent had training after secondary education and less than one percent managed to get tertiary education. A similar pattern is observed among male and female populations. These results indicate that most people have managed to attain the basic primary education.

Box 3.6: Percentage Distribution of Population by Age and Level of Education Attained

	Pre-Primary School Education	Primary School Education	Training After Primary School Education	Secondary School Education	Training After Secondary School Education	Tertiary Education	Don't know	Total	Number
BOTH SEXES									
Total	4.9	80.0	0.8	12.9	0.7	0.6	0.1	100	3684
5-9	19.6	80.0	0.0	0.2	0.2	0.0	0.0	100	565
10-14	3.5	92.7	0.5	3.2	0.1	0.0	0.0	100	979
15 - 19	0.6	60.1	2.0	37.0	0.2	0.0	0.0	100	489
20 - 24	0.6	67.5	0.3	29.8	0.9	0.9	0.0	100	342
25 - 29	1.8	78.0	1.8	15.6	1.8	1.1	0.0	100	282
30 - 34	1.2	82.9	0.8	12.2	1.2	1.6	0.0	100	245
35 - 39	1.5	84.7	0.4	10.2	2.6	0.7	0.0	100	274
40 - 44	0.6	80.9	1.3	12.1	1.3	3.2	0.6	100	157
45 - 49	2.0	83.6	0.0	11.2	1.3	1.3	0.7	100	152
50 - 54	7.0	73.7	3.5	14.0	1.8	0.0	0.0	100	57
55 - 59	0.0	65.0	5.0	27.5	0.0	2.5	0.0	100	40
60 - 64	5.1	87.2	2.6	5.1	0.0	0.0	0.0	100	39
65+	14.3	82.5	0.0	1.6	0.0	1.6	0.0	100	63
MALES									
Total	4.5	78.9	1.1	13.6	0.9	0.9	0.1	100	1881
5-9	17.3	82.4	0.0	0.4	0.0	0.0	0.0	100	272
10-14	4.2	91.9	0.6	3.4	0.0	0.0	0.0	100	505
15 - 19	0.4	58.9	3.0	37.7	0.0	0.0	0.0	100	236
20 - 24	0.6	63.9	0.6	32.9	1.3	0.6	0.0	100	158
25 - 29	0.8	74.0	1.6	20.3	1.6	1.6	0.0	100	123
30 - 34	2.8	76.9	1.9	12.0	2.8	3.7	0.0	100	108
35 - 39	1.5	80.5	0.0	13.5	4.5	0.0	0.0	100	133
40 - 44	0.0	79.6	1.9	12.6	1.0	4.9	0.0	100	103
45 - 49	1.0	84.3	0.0	9.8	2.0	2.0	1.0	100	102
50 - 54	7.7	66.7	2.6	20.5	2.6	0.0	0.0	100	39
55 - 59	0.0	59.3	7.4	29.6	0.0	3.7	0.0	100	27
60 - 64	3.8	88.5	3.8	3.8	0.0	0.0	0.0	100	26
65+	8.2	87.8	0.0	2.0	0.0	2.0	0.0	100	49

FEMALES									
Total	5.3	81.1	0.6	12.1	0.5	0.3	0.1	100	1803
5-9	21.8	77.8	0.0	0.0	0.3	0.0	0.0	100	293
10-14	2.7	93.7	0.4	3.0	0.2	0.0	0.0	100	474
15 - 19	0.8	61.3	1.2	36.4	0.4	0.0	0.0	100	253
20 - 24	0.5	70.7	0.0	27.2	0.5	1.1	0.0	100	184
25 - 29	2.5	81.1	1.9	11.9	1.9	0.6	0.0	100	159
30 - 34	0.0	87.6	0.0	12.4	0.0	0.0	0.0	100	137
35 - 39	1.4	88.7	0.7	7.1	0.7	1.4	0.0	100	141
40 - 44	1.9	83.3	0.0	11.1	1.9	0.0	1.9	100	54
45 - 49	4.0	82.0	0.0	14.0	0.0	0.0	0.0	100	50
50 - 54	5.6	88.9	5.6	0.0	0.0	0.0	0.0	100	18
55 - 59	0.0	76.9	0.0	23.1	0.0	0.0	0.0	100	13
60 - 64	7.7	84.6	0.0	7.7	0.0	0.0	0.0	100	13
65+	35.7	64.3	0.0	0.0	0.0	0.0	0.0	100	14

3.3.2 Housing Characteristics

The physical characteristics of the dwelling in which a household lives are important determinants of the health status of household members, especially children. They can also be used as indicators of the socio-economic status of households. The survey respondents in the households interviewed were asked a number of questions about their household environment, including questions on the source of drinking water: type of sanitation facility; type of flooring; walls; and roof; and number of rooms in the dwelling. Other questions included sources of energy for cooking fuel and lighting and the number of rooms used for sleeping.

Box 3.7 provides a number of indicators that are useful in monitoring household access to improved drinking water. It is important to know the source of drinking water that causes waterborne related diseases, including diarrhoea and dysentery which are prevalent in the country. The source of drinking water is an indicator of whether it is suitable for drinking. Sources which are likely to provide water suitable for drinking are identified as improved sources. They include a piped source within the dwelling or plot, public tap, borehole, protected well or spring, and rainwater. Households were also asked the provider of the water, whether public or private agency.

Results show that 40.8 percent of the survey households have access to piped water whether within a compound or in the neighbourhood, 32.8 percent are getting water from open wells, 20.9 percent are drawing water from covered wells or boreholes and

about five percent of the households get surface water. Availability of safe water means lesser water-borne diseases and therefore women can spend more time on productive work instead of attending to the sick.

Box 3.7: Percentage Distribution of Households by Housing Characteristics

PIPED WATER		Sanitation Facility	
Piped Water into Dwelling	1.8	Flush Toilet to Piped Sewer System	2.6
Piped Water into Yard/Plot	1.9	Flush/Pour Flush to Piped Septic tank	2.8
Public Tap	27.3	Flush/Pour Flush to Pit latrine	4.7
Neighbour's Tap	9.8	Flush/Pour Flush Elsewhere	0.2
WATER FROM OPEN WELL		Pit Latrine Ventilated Improved (VIP)	3.1
Open Well in Dwelling	0.5	Pit Latrine with Slab	11.8
Open well in Yard/Plot	2.2	Pit Latrine Open	55.2
Open Public Well	25.6	Composting Toilet	0.0
Neighbour's Open Well	4.5	Bucket	1.1
WATER FROM COVERED WELL/BOREHOLE		No Toilet Facility	18.1
Protected Well in Dwelling	0.3	Other	0.4
Protected Well in Yard/Plot	0.6	TOTAL	100.0
Protected Public Well	17.3	Number	1,049
Neighbour's Protected Well	2.7		
SURFACE WATER		Water Providing Authority	
Spring	0.1	Authority	56.7
River/Stream	4.6	CBO/NGO	19.7
Lake/Pond	0.3	Private Operator	10.7
Dam	0.1	Don't know	12.9
Rainwater	0.0	TOTAL	100.0
Tanker/Truck	0.1	Number	335
Water Vendors	0.1		
Bottled Water	0.1		
Other Source	0.3		
TOTAL	100.0		
Number	1,049		

Ensuring adequate sanitation facilities is one of the Millennium Development Goals which Tanzania intends to fulfil in line with other countries. A household is classified as having an improved toilet if the toilet is used only by members of one household, that is, it is not shared. Proper sanitation facilities lead to improved hygiene practices, low communicable disease infection and ultimately low infant mortality rates. Results of this survey show that majority of the households (55.2 percent) are using pit latrine without slab and is open (Box 3.7). About 12 percent of the households were using pit latrine

with slabs and only three percent have ventilated improved pit latrine (VIP). Households which were found to be using flush toilet facilities constituted 10.1 percent but 18.1 percent of the households have no toilet facilities implying that they are going to the bush to help themselves. Regarding sharing of toilet facilities with other households, results show that about 98 percent of such households are sharing their toilet facilities with their neighbouring households.

3.3.3 Energy for Cooking and Lighting

Box 3.8 presents information on a number of characteristics of the dwelling in which households within WAGEII live. The use of electricity as source of energy usually goes hand in hand with improved housing structures and a better standard of living. The use of electricity is still very low in many parts of Tanzania. Only 13 percent of the survey households reported to be connected to electricity in their residences.

The type of fuel used for cooking may have a direct effect on people's health status, and is also an indicator of a household's socioeconomic status. Firewood is the most common fuel for cooking (73.5 percent) followed by charcoal (21.2 percent). Both fuels have a negative impact on the environment, since both charcoal and firewood lead to cutting down trees. Less than one percent of the survey households are using electricity for cooking. Paraffin or kerosene is used by about four percent of households as energy for cooking.

At the district level, it is only in Kinondoni where six percent of households are using electricity as a source for cooking. Other districts rely mainly on firewood and charcoal. Almost all districts except Kinondoni are relying on firewood as their main energy source for cooking. Charcoal is mainly used by the urban district of Kinondoni (73.8 percent) and Kahama (25 percent).

Box 3.8: Percentage Distribution of Households by Energy Sources for Cooking

District	Electricity	Bottled Gas	Paraffin/ Kerosene	Charcoal	Firewood	Crop Residuals	Total	Number
Kinondoni	6.0	3.4	13.4	73.8	3.4	0.0	100	149
Kigoma rural	0.0	0.0	0.7	7.3	92.0	0.0	100	150
Kahama	0.0	0.0	1.7	25.0	73.0	0.3	100	300
Magu	0.0	0.0	2.7	8.0	88.7	0.7	100	150
Missungwi	0.0	0.0	2.0	6.0	92.0	0.0	100	150
Micheweni	0.0	0.0	4.7	3.3	92.0	0.0	100	150
Total %	0.9	0.5	3.8	21.2	73.5	0.2	100	1,049

Regarding source of energy for lighting, about 81 percent of households used paraffin as their major source of energy for lighting (51 percent – paraffin-wick lamp, 23.7 percent - paraffin - hurricane lamp and 6.5 percent – paraffin pressure lamp). About 51 percent of households rely on paraffin wick lamp as their major source of energy for lighting, and 23.7 percent rely on paraffin hurricane lamp. About 12 percent of the households are using electricity as their main source of energy for lighting.

However, a close examination at the district level reveals a different picture whereby 69.1 percent of households in Kinondoni enjoy electricity as their main source for lighting while very few households in other districts use electricity for lighting in their homes. In Kigoma Rural district and Micheweni district, 92.7 percent and 79.3 percent respectively rely on paraffin wick lamp as their main source of energy for lighting. Paraffin/Hurricane is another source of energy for lighting that is used by mainly Kahama (35 percent), Magu (26.7 percent) and Missungwi (28.7 percent).

Box 3.9: Percentage Distribution of Households by Source of Energy for Lighting

District	Electricity	Solar	Paraffin/ Hurricane	Paraffin Pressure	Paraffin Wick lamp	Firewood	Candles	Other	Total	House holds
Kinondoni	69.1	0.0	28.2	0.7	1.3	0.0	0.7	0.0	100	149
Kigoma Rural	0.7	0.0	4.0	1.3	92.7	1.3	0.0	0.0	100	150
Kahama	5.3	0.7	35.0	7.7	35.3	1.7	0.7	13.6	100	300
Magu	0.7	0.0	26.7	14.7	56.0	0.7	0.0	1.2	100	150
Missungwi	1.3	0.7	28.7	8.0	56.7	2.0	0.0	2.6	100	150
Micheweni	4.0	0.0	8.7	5.3	79.3	2.7	0.0	0.0	100	150
Total %	12.3	0.3	23.7	6.5	51.0	1.4	0.3	4.5	100	1,049

3.3.4 Quality of Buildings

The type of materials used for flooring is an indicator of socioeconomic status as well, and to some extent determines the household’s vulnerability to exposure to disease-causing agents. Likewise, good-quality walls ensure that household members are protected from harsh weather conditions, and therefore exposure to hazardous factors. About 70 percent of all households live in residences with floor made of earth, sand or dung, 29.3 percent have floors made of ceramic tiles and less than one percent of households have their floors pasted with cement (Box 3.10).

Box 3.10: Percentage Distribution of Households by Main Floor Materials

District	Earth/Sand Dung	Ceramic Tiles	Cement	Other	Total	Households
Kinondoni	6.0	5.4	88.6	0.0	100	149
Kigoma Rural	94.0	0.0	6.0	0.0	100	150
Kahama	73.7	0.0	26.0	0.3	100	300
Magu	80.0	0.0	20.0	0.0	100	150
Missungwi	87.3	0.0	12.7	0.0	100	150
Micheweni	74.0	0.0	26.0	0.0	100	150
Total %	69.9	0.8	29.2	0.1	100	1,049

On the main wall materials, as presented in Box 3.11, sun dried bricks are the most common type of wall material whereby 45.7 percent of the survey households have their walls are made of such building materials. Poles and mud are other common type of materials used in constructing walls (19.5 percent) followed by cement blocks (18.1 percent).

Box 3.11: Percentage Distribution of Households by Main Wall Materials

District	Grass	Poles/ Mud	Sun-dried Bricks	Baked Bricks	Wood Timber	Cement Blocks	Stones	Total	Households
Kinondoni	0.0	3.4	0.6	0.0	0.0	96.0	0.0	100	149
Kigoma Rural	4.7	11.3	26.7	57.3	0.0	0.0	0.0	100	150
Kahama	1.7	13.3	68.0	10.7	0.0	6.3	0.0	100	300
Magu	3.3	5.3	74.7	12.0	0.7	4.0	0.0	100	150
Missungwi	2.0	8.7	77.3	8.0	0.0	4.0	0.0	100	150
Micheweni	0.0	81.3	4.0	0.0	0.7	10.7	3.3	100	150
Total	1.9	19.5	45.7	14.1	0.2	18.1	0.5	100	1,049

The most common form of roofing among survey households (Box 3.12) is iron sheets (54 percent). Grass, thatch or mud is used by a substantial number of households (44.2 percent). Asbestos is rarely used in these areas (1.6 percent). Most dwellings in Kigoma Rural and Missungwi are covered with grass (67.3 percent and 64 percent respectively). However, there is no dwelling in Kinondoni which is covered by grass/thatch or mud as most of them have iron sheets (91.3 percent).

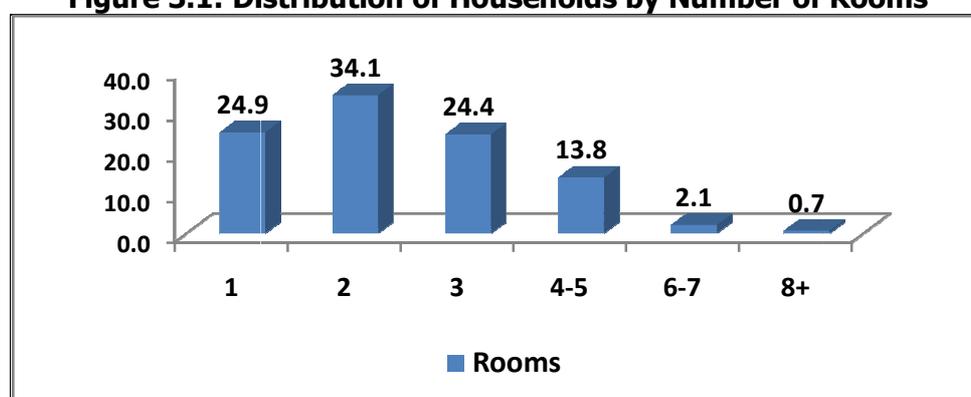
Box 3.12: Percentage Distribution of Households by Main Roof Materials

District	Grass/ Thatch/mud	Iron Sheets	Tiles	Concrete Cement	Asbestos	Total	Households
Kinondoni	0.0	91.3	0.6	0.0	8.1	100	149
Kigoma Rural	67.3	32.7	0.0	0.0	0.0	100	150
Kahama	37.7	60.7	0.0	0.3	1.3	100	300
Magu	43.3	56.7	0.0	0.0	0.0	100	150
Missungwi	64.0	36.0	0.0	0.0	0.0	100	150
Micheweni	59.3	40.0	0.0	0.0	0.7	100	150
Total	44.2	54.0	0.1	0.1	1.6	100	1,049

3.3.5 Number of Rooms

In this baseline study a room was defined as part of a dwelling unit enclosed by four walls, floor and roof used for sleeping. As Figure 3.1 shows, about a quarter of all surveyed households have one room for sleeping, 34.1 percent have two rooms for sleeping, 24.4 percent are using three rooms for sleeping and 13.8 percent have 4-5 rooms. Less than one percent have eight or more rooms for sleeping.

Figure 3.1: Distribution of Households by Number of Rooms



3.3.6 Ownership of Assets/Property

Another indication of the household’s socio-economic status is the durable assets that a household owns. In Tanzania, the poverty monitoring master plan has identified some indicators as non-income proxies of poverty. Some of these indicators concern the ownership of some selected household durable items that show a strong correlation with the poverty status of the household. Each particular item has specific benefits. For

instance, having access to a radio or a television exposes household members to innovative ideas; and a means of transport allows greater access to many services away from the local area.

Box 3.13 presents the proportion of households which own various types of assets. Electricity is widely available in urban areas whereby 69.1 percent of households in Kinondoni have electricity, 6 percent are in Kahama and about five percent are found in Micheweni. Other districts have less than five percent of the households which have electricity in their homes. Overall, 13 percent of the survey households have electricity.

While about 61 percent of the households have radios, possession of television sets is very limited (11.2 percent) probably because of lack of electricity in the study areas. The proportion of households with radios is quite high in almost all districts. Kinondoni has the highest proportion of households which possess radios (72.5 percent) followed by Kahama (65 percent). All in all, 60.8 percent of households own radios. As expected, television sets are owned by very few households except in Kinondoni where 55 percent of households in the district have television. Other districts have very low percentage of households with television sets in their dwellings.

Ownership of mobile telephone sets appears to be quite high in Kinondoni Municipality where 86.6 percent of households have mobile telephones followed by Micheweni (49.3 percent) while Kigoma Rural has the lowest proportion of households with mobile telephones.

Regarding means of transport, bicycle is the most preferred means of transport whereby 57.4 percent of the survey households do possess bicycles. With the exception of Kinondoni (11.4 percent) other districts rely on bicycles as their main means of transport. For example, in Missungwi, 81.3 percent of households have bicycles followed by Kahama (70.3 percent). Kigoma Rural has less than half of survey households which possess bicycles. Ownership of motor cycles or cars/trucks is very low (2.4 percent and 1.2 percent respectively). Among household members within the survey areas, 10.7 percent of households have at least one member who owns a bank account. Once again, Kinondoni has the highest proportion of households in which at

least one household member has a bank account (44.3 percent) while less than one percent of household members have bank account in Micheweni - Pemba.

Box 3.13: Percentage Distribution of Households by Ownership of Assets

District	Electricity	Paraffin Lamp	Radio	Television	Mobile Telephone	Bicycle	Motor Cycle/ Scooter	Car/ Truck	Bank Account	Number
Kinondoni	69.1	67.8	72.5	55.0	86.6	11.4	2	6	44.3	149
Kigoma Rural	1.3	66.0	56.7	2.7	28.0	48.7	2	0.7	4.7	150
Kahama	6.0	78.3	65.0	5.7	37.0	70.3	2	0.3	9.3	300
Magu	1.3	90.0	57.3	2.0	33.3	68	3.3	0.7	4	150
Missungwi	2.7	88.7	56.7	3.3	34.7	81.3	2	0.7	2.7	150
Micheweni	4.7	96.7	52.7	4.0	49.3	51.3	3.3	0	0.7	150
Percentage	13.0	80.8	60.8	11.2	43.7	57.4	2.4	1.2	10.7	1,049

3.3.7 Possession of Mosquito Nets

Malaria is still a major public health concern in Tanzania, especially among pregnant women and children under five years of age. It is a leading cause of morbidity and mortality in Tanzania. Malaria continues to pose a high burden in both societal and economic terms in Tanzania, ranging from school absenteeism to low productivity at workplaces. This affects agricultural production and outputs from other economic sectors. The use of insecticide-treated mosquito nets (ITNs) is a primary health intervention to reduce malaria transmission in Tanzania. It is anticipated that widespread use of ITNs would reduce adult mosquito life span and hence reduce malaria transmission.

In this baseline study, household respondents were asked whether their households have any mosquito nets that can be used while sleeping

and how many such nets the households have. However, respondents were asked about household members who were actually using them. Box 3.14 presents the

Box 3.14: Percentage Distribution of Households by Whether Have Mosquito Nets

	YES	NO	Total	No. of Households
Kinondoni	94.0	6.0	100	149
Kigoma rural	74.7	25.3	100	150
Kahama	85.7	14.3	100	300
Magu	90.0	10.0	100	150
Missungwi	92.7	7.3	100	150
Micheweni	89.3	10.7	100	150
Percentage- %	87.4	12.6	100	1,049

percent distribution of households which reported to have mosquito nets. Overall, 87.4 percent of survey households possessed mosquito nets. Kinondoni reported to have the highest proportion of households with mosquito nets (94 percent) while Kigoma Rural has the lowest proportion of households with mosquito nets (74.7 percent). It is encouraging to note that majority of households have mosquito nets; however it is not clear the household members who are using them.

3.3.8 Ownership of Land and Livestock

Out of all survey households, 62.4 percent of the households were possessing land and about two percent only had livestock. Among households which are using land for farming or grazing that they do not own, 21.2 percent were renting, 9.2 percent were using land that was given to them free, about one percent were on an open land owned by the community and about three percent were sharecropping. The rest (65.6 percent) did not have land to rent or for free.

Most households (94.3 percent) owned less than 10 acres of land for farming, showing no change in the proportion of households which owned land the previous year (94.0 percent). Regarding acres of land that households were using which they did not own, 67.6 percent of the households indicated that they had no land, 19.4 percent had to rent, and nine percent got it free.

Livestock keeping is not well practiced in the survey districts since about 24 percent of the survey households were keeping heads of cattle and other similar livestock. Out of households which have livestock, about three quarters of the households have not more than 10 heads of cattle, 13.8 percent have between 11 and 20 and 28 percent of households have 21 or more heads of cattle. On small type of livestock, 76.4 percent of households which are keeping sheep, goats and other medium size livestock have not more than ten, 15.8 percent have between 11 and 20 and about eight percent have 21 or more such livestock.

3.3.9 Food Security

Food security refers to the availability of food and one's access to it. A household is considered food secure when its occupants do not live in hunger or fear of starvation. In order to determine availability of adequate food for a household, respondents were

asked to indicate the number of meals that a household was getting each day. Box 3.15 reveals that there are households which go without a meal in a day. Kigoma Rural (3.3 percent) and Missungwi (2.7 percent) recorded some households which are going hungry as they cannot afford a simple meal per day. Again, more than five percent of households in Kigoma Rural and Micheweni are able to get one meal per day. On households

District	Number of Meals per Day						Households
	None	1	2	3	4	Total	
Kinondoni	0.0	2.0	15.4	82.6	0.0	100.0	149
Kigoma Rural	3.3	9.3	68.0	18.7	0.7	100.0	150
Kahama	0.7	2.3	41.7	54.3	1.0	100.0	300
Magu	1.3	1.3	72.7	24.7	0.0	100.0	150
Missungwi	2.7	1.3	49.3	46.7	0.0	100.0	150
Micheweni	0.7	6.0	68.0	25.3	0.0	100.0	150
Percentage	1.3	3.5	51.0	43.8	0.4	100.0	1,049

which are able to have three meals, Kinondoni has the highest proportion of households that get three meals a day (82.6 percent) followed by Kahama (54.3 percent). Kigoma Rural, Magu and Micheweni have the lowest proportion of households that get at least three meals a day; most of them are affording only two meals a day.

When respondents were asked to indicate whether in the previous 30 days before the survey their households ever had fewer meals than what they had initially reported, 39.5 said that they experienced fewer meals than those stated earlier on, while 60.5 percent continued to get the normal number of meals. Among the households which reported to have ever had fewer meals in the past 30 days, 23 percent of households failed to get normal meals for more than 24 days, 27.2 percent had fewer meals for between 15 and 24 days, about seven percent could not get their usual meals for a period between 10 and 14 days and 15 percent got fewer meals than usual for a period between five and nine days. About three percent got fewer meals for only one day.

3.3.10 Economic Performance in the Household

Household respondents were asked to compare the overall economic situation of their households with the past year. Furthermore, they were asked to compare their households with those of their neighbours and also the overall economic situation of their community. Box 3.16 presents the percentage distribution of households who reported about their overall economic situation as compared to the previous year before

the survey. Households which reported that their economic situation when compared with last year was worse now constituted 51 percent while 18 percent only thought their

Perception	Economic Situation		
	Of the Household a year ago	Of the Community a year ago	Of others in the Community
Much worse now	29.7	26.3	22.2
A little worse now	21.3	21.3	21.0
Same	26.2	30.5	25.9
A little better now	17.2	12.6	15.3
Much better now	0.8	1.5	1.1
Don't know	4.9	7.8	14.5
Households	1,049	1,049	1,049

economic situation is better compared to the previous year. Regarding the economic situation of the community in which these households live, 47.6 percent felt things are not as good as they were the previous year and about 14 percent felt to be better now. When households compare themselves with other households in the community, 43.2 percent felt that they are worse than other households but 16.4 percent acknowledged that they are better off than their neighbours.

3.4: Results on Common and CO outcome indicators:

3.4.1 Common Indicators

a) Women economic security and vulnerability to shocks: Indicator 1

⇒ **Existence and enforcement of law on Women's Economic Security Right (their property rights, inheritance rights, etc.)**

Property Rights:

The law in Tanzania recognizes the right of every person to own property. This right is guaranteed under Article 24 of the Constitution of the United Republic of Tanzania, 1977 (as amended). It should be noted from the outset that Article 24 provides for the right to property generally irrespective of gender. To give effect to the aforementioned provision, courts have had opportunity to interpret it to the effect that even customs which derogate women's right to own land have since been considered repugnant.⁴

⁴ Ephraim v. Pastory and Another, High Court of Tanzania at Mwanza (PC) Civil Appeal No. 70 of 1989(unreported)

However, due to lack of awareness there is a possibility that some of these customs still operate to prejudice women's right to inherit property.

Under the Land Act 1999⁵ and the Village land Act 1999⁶, women's right to own land has been given special attention. To begin with the Land Act, 1999, the right of a woman to acquire, hold, use and deal with land has been provided to be equal to that of a man.⁷ The Land Act, 1999, also presumes co occupancy of land by spouses. As such in the instance where a husband acquires land for co-occupation with his wife, the wife is presumed to have right over that land equal to that of the husband.⁸

It follows, therefore, that the husband cannot deal with the land which he co occupies with his wife (a matrimonial home for instance) without the consent of the latter. Under the provisions of section 114 (1) of the Land (Amendment) Act, 2004,⁹ a document mortgaging a matrimonial home is only valid if signed by the borrower and any spouse living in that matrimonial home. The duty to ensure that the spousal consent is obtained was initially casted on the lender. However, under the provisions of the Mortgage Financing (Special Provisions) Act, 2008¹⁰ the duty is now on the borrower. The effect of this new position is that as between the lender and the borrower, the mortgage will be considered valid and cannot be invalidated by only the absence of consent by the spouse of the borrower.

The Village Land Act, 1999 on the other hand also has provisions that specifically cater for the protection of the right of women to own property. Section 20 for instance, condemns all rules of customary law that discriminate against women, children and persons with disability in respect of access, occupation and use of land.

For purposes of comprehension Section 20 (2) of the Village Land Act, 1999 is reproduced as hereunder:

Any rule of customary law and any decision taken in respect of land held under customary tenure, whether in respect of land held individually or communally, shall have regard to the customs, traditions and practices of the community concerned to the extent that they are in accordance with fundamental principles of the National Land Policy and of any other written law and subject to the foregoing provisions of this subsection, that rule of customary law or any such

⁵ Cap. 113 R.E. 2002

⁶ Cap. 114 R.E. 2002

⁷ Section 3(2) of Cap. 113 R.E. 2002

⁸ Ibid. Section 161

⁹ Act No.2 of 2004

¹⁰ Act No.....of 2008

decision in respect of land held under customary tenure shall be void and inoperative and shall not be given effect to by any village council or village assembly of any person or body of persons exercising any authority over village land or in respect of any court or other body, to the extent to which it denies women, children or persons with disability lawful access to ownership, occupation or use of any such land.[emphasis ours]

The village Council when allocating land to villagers is required by the law to treat all applications by women as equivalent to the applications by men.¹¹

To ensure that the right of women to access and acquire land is not prejudiced the Village Land Act requires the composition of the village adjudicating committee to include women. According to Section 53(2) of the Village Land Act, 1999 the village adjudication committee should have at least 3 women members out of the minimum of 6 and the maximum of 9. In order to have a properly constituted adjudicating committee, at least 2 women members of the committee should be present.¹²

However, despite these and other statutory guarantees studies have shown that women are still unable to realize their rights due to lack of awareness.¹³ In addition, the right of women to property is still governed to a large extent by customs which marginalize women.

Inheritance Rights:

There is no uniform law governing inheritance in Tanzania. The legal regime governing inheritance comprises of three parallel systems of laws. These are Statutory, Islamic and Customary Laws. As a result women have been deprived of their rights to property when their partner's die.¹⁴

⇒ **Attitude of men and women towards women's economic security (property rights, inheritance, involvement in paid work, etc.)**

When measuring this indicator, men and women respondents were presented with seven statements (1.1 to 1.7) to place their own opinions. These statements define some socio-demographic characteristics.

¹¹ Section 23(2) of the Village Land Act, 1999

¹² Section 53(5) of the Village Land Act, 1999

¹³ Tanzania Human Rights Report (2008), p.85

¹⁴ Ibid. p. 86

1.1 A woman's only role is to take care of the house and prepare meals for her family

Respondents were asked to indicate whether they agree that the role of women is to look after the house and prepare meals for her family. Findings in **Table 1: 1.1** indicate the responses of men towards this statement, and findings in **Table 1: 2.1** present the responses of women respondents regarding the same statement.

Out of all six (6) districts, it is only responses of men from Kinondoni which disagree with the statement while responses from Kigoma, Kahama, Magu, Missungwi, and Micheweni agreed with the statement. Sixty five percent (65.3%) of respondents from Kinondoni disagreed while 53 percent of Kigoma respondents, 65% of Kahama respondents, 59% of Magu respondents, 69% of Missungwi respondents, and 69% of Micheweni respondents agreed with the statement

Responses of women towards the statement indicate that majority of Kinondoni female respondents (58.2%) disagreed with the statement while 62 percent of Kigoma female respondents, 73 percent of Kahama female responses, 60 percent of Magu female respondents, 78 percent of Missungwi female respondents and 78 percent of Micheweni female respondents agreed with statement that the role of women is to take care the house and prepare meals for the family.

Literacy levels, cultural orientation, religious background, participation in various economic activities, and exposure to gender awareness programs ran in media such as newspapers, radio and television could explain the variation in responses. Respondents from Kinondoni are more likely to be literate, highly exposed to gender interaction and socialization, and much influenced by gender awareness programs than their counterparts in other districts.

1.2 Women have the same rights as men to study and work outside the home

Majority of male respondents from all districts agreed with the statement that women have the same rights as men to study and work outside the home. Eighty five percent of Kinondoni respondents, 87 percent of Kigoma Rural, 86 percent of Kahama respondents, 86 percent of Magu respondents, 82 percent of Missungwi respondents, and 90 percent of Micheweni respondents favoured the statement as indicated in **Table 1: 1.2**.

Table 1: 2.2 presents the responses from women respondents in all six districts. Majority of female respondents favour the statement that women have rights as men to

study and work outside home. Ninety four percent (94%) of Kinondoni female respondents, eighty three (83%) of Kigoma rural respondents, eighty four percent (84%) of Kahama female respondents, eighty six percent (86%) of Magu female respondents, eighty percent (80%) of Missungwi female respondents and ninety three percent (93%) of Micheweni female respondents appears to agree with the statement.

Economic hardships among the local population, increasing gap between rich and poor, prevalence of poverty among the locals, persistent gap between rural and urban life, output decline (poor harvests) in most rural areas are among the reasons to explain the perspectives that women have the same rights as men to study and work. The local population believes that education to their offspring (boys and girls) is the only route out of poverty due to certainty in employment.

1.3 A married woman should be allowed to work outside the home if she wants to

Responses from both male and female respondents in all six districts disagreed with the statement. Seventy one percent of male respondents from Kinondoni, 64 percent of male respondents from Kigoma rural, 69 percent of Kahama male respondents, 64 percent of Magu male respondents, 60 percent of male respondents from Missungwi, and 74 percent of male respondents from Micheweni disagreed with the construct as shown in Table 1: 1.3.

Ninety percent of female respondents from Kinondoni, 88 percent of female respondents from Micheweni, 69 percent of female respondents from Magu, 67 percent of female respondents from Kahama, 65 percent of female respondents from Kigoma rural, and 64 percent of female respondents from Missungwi disagreed with the statement as shown in table 1: 2.3.

Cultural background and religious orientation are main factors that define matrimonial relationship among the local population in Tanzania. Results obtained in 1.3 are in contrary with results obtained in 1.2. The possible reason is misunderstanding of the statement among the respondents. It seems that respondents assumed that the phrase 'if she wants to' negate spousal consent hence reservations against the statement.

1.4 Women should be able to own and control the same assets as men

Majority of male respondents from all six districts agreed with the statement regarding the ownership and control of assets in the same way as men. Seventy eight percent of male respondents from Kinondoni, 67 percent of male respondents from Kigoma rural, 75 percent of male respondents from Kahama, 75 percent of male respondents from

Magu, 66 percent of male respondents from Missungwi, and 85 percent of male respondents from Micheweni favours the statement as indicated by Table 1: 1.4.

Likewise male respondents, majority of female respondents as indicated in Table 1: 2.4 preferred the women's ownership and control of assets. Ninety five percent of female respondents from Kinondoni, 74 percent of female respondents from Kigoma rural, 76 percent of female respondents from Kahama, 73 percent of female respondents from Magu, 74 percent of respondents from Missungwi, and 92 percent of female respondents from Micheweni.

The perception that posits men as the only bread earners is waning way among the local population. Economic hardships, loss of male spouse, single parenthood, and less involvement of relatives to support the bereaved members of family give impetus to the acknowledgment of the role of female in family matters.

1.5 Women should be able to own cash savings and decide how to use it

All male and female respondents agreed that women should be able to keep cash savings and have decision on how to use it. Eighty nine percent of all male respondents from Micheweni agreed that women should keep savings while male respondents from Kigoma rural, Magu, Kinondoni, Missungwi, and Kahama indicates their responses as 69 percent, 66 percent, and 54 percent respectively as indicated by Table 1: 1.5.

Ninety six percent of all female respondents from Micheweni favour the argument that women should keep the money and decide how to use it. Male respondents who favour the argument constitute 90 percent of male respondents from Kinondoni, 80 percent from Kigoma rural, 76 percent from Magu, 73 percent from Kahama, and 67 percent from Missungwi.

These findings posit that inhabitants of Micheweni, Kinondoni and Kigoma rural are the ones who favour mostly that women should keep cash savings and decide how to use it. Urbanized life in Micheweni, Kinondoni and Kigoma rural can probably explain this observation. Inhabitants of Kahama, Magu and Missungwi are much likely to sustain their subsistence needs from crops grown by households which in turn reduce the usage of cash contrary to their urban counterparts in Micheweni, Kigoma rural and Kinondoni who mostly rely in purchasing all items needed by households.

1.6 Women should be able to inherit and keep property or asset from their husbands, fathers, mothers, or other relatives

Majority of respondents agreed that women should inherit and keep property or assets from their husbands, mothers, or other relatives. Male respondents from Micheweni (96%), Kinondoni (89%), Kigoma rural (81%), Kahama (81%), Magu (80%) and Missungwi (76%) agreed with statement as indicated by Table 1: 1.6.

Ninety seven percent of female respondents from Micheweni, 92 percent from Kinondoni, 91 percent, 91 percent from Magu, 83 percent from Missungwi and 81 percent from Kahama indicated the responses from female respondents from each respective area as indicated by Table 1: 2.6

1.7 In the household, men should make the major decisions such as buying land, or other assets, or building a house

All male respondents support the statement that men should make major decision as buying land, assets or building a house. Micheweni and Missungwi leads by 83 percent and 81.5 percent, followed by Kigoma rural (67%), Kahama (62%), Magu (59%) and Kinondoni (57%).

With exception of Kinondoni, findings obtained from all female respondents affirm with reservation made by male respondents. Micheweni and Missungwi lead with 80 percent and 73 percent followed by Kahama (61%), Magu (55%) and Kigoma rural (53%). Female respondents from Kinondoni disagree with the statement that men should make the major decisions in the households.

⇒ **A: % of women with control over assets in household**

General finding indicates that out of 1, 150 women whose household owns at least one asset, 697 women indicated that they do not have control over assets or even power to make decision over such assets, while 453 women indicated that they have control over assets and can make decision over it without telling anyone. In terms of percentage, the presentation indicates that 60.6 percent of women respondents do not have control over assets and decision over assets, while only 39.4 percent of women respondents have control over at least one asset and can make decision over it. This finding shows that less women control assets and have no decision over it.

Background characteristics		% of women reporting control over at least one asset and can make decision over it without telling anyone			Women whose household owns at least one asset
		Yes	No	Total	
		%	%	%	
District	Kinondoni	43.3	56.7	100.0	142
	Kigoma rural	33.5	66.5	100.0	165
	Kahama	27.8	72.2	100.0	325
	Magu	43.0	57.0	100.0	165
	Missungwi	57.1	42.9	100.0	191
	Micheweni	39.3	60.7	100.0	162
	Total	39.4	60.6	100.0	1,150
Highest education level	Primary	42.0	58.0	100.0	608
	Secondary	30.8	69.2	100.0	103
	Tertiary	77.8	22.2	100.0	9
	Never Attended	43.8	56.2	100.0	430
	Total	41.3	58.7	100.0	1,150
Age Group	15-19	19.6	80.4	100.0	110
	20-24	30.8	69.2	100.0	168
	25-29	45.1	54.9	100.0	177
	30-34	43.5	56.5	100.0	160
	35-39	48.1	51.9	100.0	173
	40-44	57.1	42.9	100.0	80
	45-49	49.5	50.5	100.0	87
	50-54	55.4	44.6	100.0	55
	55-59	55.3	44.7	100.0	32
	60-64	40.5	59.5	100.0	36
	65-69	50.0	50.0	100.0	19
	70+	71.2	28.8	100.0	44
	Total	41.2	58.8	100.0	1,141

Based on the districts profile, Kahama leads by 72 percent with women who do not control assets and have no decision over it, followed by Kigoma rural (66.5%), Micheweni (60.7%), Magu (57%), Kinondoni (56%) and Missungwi (42.9%). In opposite presentation, 57.1 percent of women in Missungwi and 43.1 percent in Kinondoni have control and decision over at least one asset. These two districts are followed by Magu (43%), Micheweni (39%), Kigoma rural (33.5%) and Kahama (27.8%) by having women who control asset and can make decision over it.

Education profile of 1,150 women whose household owns at least one asset shows that 430 women never attended any school, 608 women attended primary school, 103 women attended secondary school, and only 9 women attended tertiary education. In terms of percentage presentation, the nominal findings indicate that 37.4 percent never attended any school; 52.9 percent had attended only primary school, about nine percent (8.9%) had attended secondary school, and less than one percent (0.8%) reached tertiary education. This is typical presentation of education profile based on gender in most parts of Tanzania, many women with primary school qualification, few women with secondary education qualification, and fewer women with tertiary qualification. This study also observed significant proportion of women who never attended even primary school.

Background characteristics		% of women reporting control over at least one asset and can make decision over it without telling anyone	Women whose household owns at least one asset
District	Kinondoni	43.3	142
	Kigoma rural	33.5	165
	Kahama	27.8	325
	Magu	43.0	165
	Missungwi	57.1	191
	Micheweni	39.3	162
	Total	39.4	1,150
Highest education level	Primary Education	42.0	608
	Secondary Education	30.8	103
	Tertiary Education	77.8	9
	Never Attended	43.8	430
	Total	41.3	1,150

⇒ **B: % of women with capacity to cope with economic shocks**

This study presents that 92 percent of all respondents did not have the capacity to cope with economic shocks while only eight percent of all respondents have the capacity to cope with economic shocks. Based on district findings, the percentage of women with no capacity to cope with economic shocks ranges between 85% and 95.4% which imply that the capacity of women to cope with economic shocks kept falling from 15% to 4.6%.

Out of 806 respondents whose households went through economic shocks in the last 12 months, 370 respondents were primary school leavers and failed to cope with economic shocks, 96 respondents were secondary school leavers and failed to cope with economic shocks; 266

Background characteristics		% of women with capacity to cope with economic shocks			Women whose household has gone through economic shock in last 12 months
		Yes	No	Total	
		%	%	%	
District	Kinondoni	4.6	95.4	100.0	120
	Kigoma rural	6.5	93.5	100.0	143
	Kahama	6.9	93.1	100.0	236
	Magu	8.5	91.5	100.0	63
	Missungwi	7.1	92.9	100.0	99
	Micheweni	14.8	85.2	100.0	145
	Total	8.0	92.0	100.0	806
Highest education level	Primary	7.7	92.3	100.0	401
	Secondary	7.6	92.4	100.0	104
	Tertiary	11.1	88.9	100.0	6
	Never Attended	9.7	90.3	100.0	295
	Total	8.4	91.6	100.0	806
Age Group	15-19	5.0	95.0	100.0	114
	20-24	8.9	91.1	100.0	114
	25-29	4.9	95.1	100.0	97
	30-34	9.6	90.4	100.0	116
	35-39	9.1	90.9	100.0	113
	40-44	9.9	90.1	100.0	54
	45-49	14.0	86.0	100.0	63
	50-54	9.2	90.8	100.0	39
	55-59	7.9	92.1	100.0	21
	60-64	11.9	88.1	100.0	24
	65-69	26.9	73.1	100.0	16
70+	5.8	94.2	100.0	28	
Total	8.4	91.6	100.0	799	

respondents had never attended school and failed to cope with economic shocks. Percentage wise, the findings depict that respondents who never attended any class and failed to cope with economic shocks were 33 percent of all respondents whose households went through economic shocks in the last 12 months, respondents who attended primary school and also failed to cope with economic shocks were 45.9% and respondents with attended secondary school and failed to cope with economic shocks were 11.9% of all respondents whose households experienced economic shocks. The findings show relationship between education level and capacity to cope with economic shocks. Majority of respondents who failed to cope with economic shocks are ones with primary education or who had never attended school.

Background characteristics		% of women with capacity to cope with economic shocks	Women whose household has gone through economic shock in last 12 months
Districts	Kinondoni	4.6	120
	Kigoma rural	6.5	143
	Kahama	6.9	236
	Magu	8.5	63
	Missungwi	7.1	99
	Micheweni	14.8	145
	Total	8.0	806
Highest education level	Primary Education	7.7	401
	Secondary Education	7.6	104
	Tertiary Education	11.1	6
	Never Attended	9.7	295
	Total	8.4	806

b) Women's role and real say in decision making: Indicator 2

⇒ Existence and effective enforcement of law on women's civic and political rights

Generally, civic and political rights may generally be considered to mean the right to participate in political affairs and may specifically exist in terms of freedom of association and freedom of assembly. Freedom of association and freedom to participate in public affairs are guaranteed by the Constitution of the United Republic of Tanzania, 1977 under Articles 20 and 21 respectively. Considering participation of women in the parliament as an aspect of civic and political rights, there have been efforts to increase the number women members of parliament. Following the 14th Amendment¹⁵ of the Constitution of the United Republic of Tanzania (1977), in 2005 the number of seats was increased from 20 to 30 percent.¹⁶ This is 20 percent lesser than the 50 percent requirement for female members of parliament as per the SADC's Protocol on Gender and Development, 2008.

It is observed that the 30 percent female seats in the parliament is only a response to affirmative action on policies than a result of competitive participation in their constituencies.¹⁷ It is also arguable that women can stand a chance to win if they take part in constituent election since they are the ones forming the voting majority. At least

¹⁵ Act No. 1 of 2005

¹⁶ The total number of female members of parliament in 1995 was 45 out of 275; equivalent to 16.4%

¹⁷ **Tanzania Human Rights Report**, 2008, p. 49

women in Tanzania have been enjoying universal suffrage for about 50 years now. In 1959 Tanzania became among the pioneers in Africa to introduce universal suffrage.¹⁸ Notwithstanding the foregoing fact, still very few women have access to elective posts.¹⁹ This information sourced from various literature reviews that we conducted to firm up what the law stands for in Tanzania.

⇒ **Attitude of men and women towards women's participation in the public sphere, decision making at community level**

When measuring this indicator, men and women respondents were presented with nine statements (2.1-2.9) to place their own opinions. These statements define some socio-demographic characteristics.

26.1 Women should be able to stand for election to all public bodies just like men

Respondents were asked to indicate whether they agree that women should be able stand for election to all public offices just like men. Findings in **Table 2: 1.1** indicates the responses of men towards this statement, and findings in **Table 2: 2.1** presents the responses of women respondents regarding the same statement.

Out of all six (6) districts, the trend shows that men generally agree with the statement. A total of 89% of the respondents agreed with the statement, Kinondoni District representing the highest percentage (94.4%). However, the percentage of those disagreeing is significantly higher in the districts of Missungwi (11.6%) and Micheweni (11.9) compared to the percentage of disagreements in other districts. The reason could be due to differences in literacy levels, cultural and religious back grounds.

Similarly, responses of women towards the statement indicate that majority of female respondents (89.8%) agreed with the statement. Again the districts of Missungwi and Micheweni represented a relatively higher number of disagreeing respondents compared to other districts the percentages being 8.3% and 8.9% respectively, as shown in Table 2. 2. 1.

These findings hypothesize that the majority of respondents are in favour of the statement that women should be able to stand for election to all public offices just like men. The slight variations noted could be explained by literacy levels, cultural

¹⁸ Beyond Inequalities: Women in Tanzania (1999), Dar es salaam, Tanzania Printers, p. 35

¹⁹ TGNP, Gender Profile of Tanzania, 2007, p. 1

orientation, religious background and exposure to gender awareness programs run in media such as newspapers, radio and television.

26.2 Women should be head of state just like men.

Majority of male respondents from all districts agreed with the statement that women should be head of state just like men. As indicated in **Table 2.1.2**, 94.1% of Kinondoni respondents, 86.7% of Kigoma Rural, 89.1% of Kahama respondents, 91.2% of Magu respondents, 83.3% of Missungwi respondents, and 66.5% of Micheweni respondents favoured the statement.

Table 2: 2.2 presents the responses from women respondents in all six districts. Majority of female respondents favoured the statement that women should be head of state just like men. Ninety four percent of Kinondoni female respondents, 88.3 percent of Kigoma rural respondents, 87.9 percent of Kahama female respondents, 92.9 percent of Magu female respondents, 86.4 percent of Missungwi female respondents and 73.8 percent of Micheweni female respondents appear to agree with the statement. It was noted the 20% of female respondents in Micheweni districts disagreed with the statement. The reasons used to explain the variation in 2.1 above could also apply here.

26.3 Women should decide on their own whom to vote for in election, without the influence of their husbands.

Responses from both male and female respondents in all six districts agreed with the statement. Ninety five percent of male respondents from Kinondoni, 87 percent of male respondents from Kigoma rural, 81 percent of Kahama male respondents, 82 percent of Magu male respondents, 76 percent of male respondents from Missungwi, and 91 percent of male respondents from Micheweni agreed with the proposition as shown in Table 2.1.3.

Ninety one percent of female respondents from Kinondoni, 79 percent of female respondents from Kigoma Rural, 77 percent of female respondents from Kahama, 82 percent of female respondents from Magu, 76 percent of female respondents from Missungwi, and 64 percent of female respondents from Micheweni agreed with the statement as shown in table 2.2.3.

When the percentages of responses for males and females are compared, there were more men who agreed to the statement than women. While the total percentage of men who agreed were 84%, that of women was 81%. This difference indicates a slight existence of male chauvinism which may yet again be due to cultural and religious

orientation. The information in Tables 2.1.3 and 2.2.3 indicate that on this particular statement Micheweni emerged second top in the percentage of respondents who agreed. Contrary to the explanation given for the statements 2.1 and 2.2 above the raise here could be due to the fact that either the respondents are particularly more aware with women's civic and political rights in that aspect alone or the statement was not understood.

26.4 A woman can disagree with the husband's political opinion.

Majority of male respondents from all six districts agreed with the statement regarding women's independence of political opinion (74%). However, there were a significant number of disagreeing respondents.

Eighty five percent of male respondents from Kinondoni, 79 percent of male respondents from Kigoma rural, 69 percent of male respondents from Kahama, 73 percent of male respondents from Magu, 62 percent of male respondents from Missungwi, and 74 percent of male respondents from Micheweni favours the statement as indicated by Table 2: 1.4.

Likewise male respondents, majority of female respondents as indicated in Table 2: 2.4 preferred the women's independence of political opinion from their husbands. Eighty six percent of female respondents from Kinondoni, 78 percent of female respondents from Kigoma rural, 67 percent of female respondents from Kahama, 67 percent of female respondents from Magu, 56 percent of respondents from Missungwi, and 84 percent of female respondents from Micheweni.

As noted earlier the percentage of both men (19%) and women (19%) who disagree is quite significant. Kahama, Missungwi and Magu featured among the districts representing higher percentages of disagreement. The percentages as shown in Table 2:1.4 are 23%, 20% and 31% respectively and in Table 2:2.4 are 22%, 22%, and 33% respectively.

Based on their geographical locality, the three districts are likely to be of more or less cultural and socio-political background which could explain the variation.

26.5 Women should have a say in important decisions in the community

The majority of both men and women agreed to the proposition that women should have a say in making important decisions in the community. The percentage of men agreeing to the statement was smaller than that of women whereas only 13% of women had agreed with the construct, men who disagreed were 20%.

Seventy three percent of male respondents from Kinondoni District, 66 percent from Kigoma Rural, 70 percent from Kahama, 81 percent from Magu, 70 percent from Missungwi and 77 percent from Micheweni agreed that women should have a say in making important decisions in the community as indicated by Table 2: 1.5.

Similarly, **Table 2:2.5** indicate that 87 percent from Kinondoni, 76% from Kigoma Rural, 68% from Kahama, 80% from Magu, seventy one percent from Missungwi and 80% from Micheweni favour the argument that women should have a say in making important decisions in the community.

As it may be noted from the tables **2:1.5** and **2:2.5**, 15% and 20% of male and female respondents respectively do not agree with the statement. The tables indicate that in all the districts at least a quarter of the respondents are in disagreement with the statement. Based on the foregoing premises, it may be stated that there is a significant proportion of people who still do not consider it appropriate for women to be involved in making important decisions in the community. As such, the findings posit that female respondents are the ones, for obvious reasons, who favour mostly that women should be involved in making important decisions in the community.

26.6 A married woman should obtain her husband's permission in order to vote.

Majority of respondents disagreed that women should obtain permission from their husbands in order to vote, though by a small margin. Male respondents from Kigoma Rural (65%), Kinondoni (64%), Magu (63%), Kahama (59%), Missungwi (43%) and Micheweni (30%) disagreed with the statement as indicated in Table 2: 1.6.

Seventy eight percent of female respondents from Kinondoni, 59% from Magu, 53% from Kigoma Rural and Kahama respectively, 45% from Missungwi and 14% from Micheweni indicated in disagreement with the statement from each respective area as indicated by Table 2: 2.6

The tables indicate that there is a total of at least 42% of respondents who favoured the statement. This indicates a substantial proportion of the population that still favour male chauvinism and the reason, like in some of the statements above, is due to cultural, religious and social orientation, lack of access information on gender issues. However, as it may be noted from **Table 2:1.6** while these reasons can explain the responses from Micheweni (64%) and Missungwi (50%), they can hardly explain the findings observed in Kinondoni (33%).

When compared to other districts, Kinondoni stands placed in a better position to have access to information on gender issues. Thus, 33% of respondents in disagreement with the statement are very significant. This may only lead to a suggestion that probably the statement was not understood.

26.7 Woman has no place in the decision making of the household

The majority of male respondents opposed the statement that a woman has no place in decision of the household. 76% of male respondents from Kinondoni, 71% from Kigoma Rural, 68% from Magu, 60% from Kahama, 55% from Missungwi and 53% from Micheweni disfavoured the statement as shown in **Table 2.1.7**.

As regards female respondents, 81% from Kinondoni, 70% from Kigoma Rural, 62% from Magu, 56% from Missungwi and 51% from Micheweni, as indicated in **Table 2.2.7**, were in disagreement with the statement.

Religious and cultural factors, inadequacy of education and campaigns to sensitize the communities on gender issues may yet again explain the variations as may be noted from the tables. In Micheweni for instance, 42% of female and 41% of male respondents agreed with the statement.

26.8 Women should not be allowed to go to school

The majority of male respondents in all six districts disagreed with the contention that women should not be allowed to go to school. Ninety five percent of male respondents from Kinondoni district, 92% from Micheweni, 91% from Kigoma Rural, 88% from Magu and Missungwi respectively, and 87% from Kahama as indicated in **Table 2.1.8** opposed the statement that women should not be allowed to go to school. Interestingly, Micheweni whose trend has been noted to be negative in most of the statements observed to have had 92% of male respondents (only second to Kinondoni) in favour of allowing women to go to school.

Similar to their male counterparts, the majority of female respondents in all the six districts dis-favoured the statement that women should not be allowed to go to school. The findings were 96% for Kinondoni, 91% for Micheweni, 91% for Kigoma Rural, 89% for Magu, 86% for Kahama and 85% for Missungwi as represented in Table 2:2.8

It may be argued from these findings that the majority of the respondents are aware of the women's right to education. Seemingly, right to education has been the most

advocated aspect of women rights in the interviewed districts compared to other aspects as represented in other statements forming part of this report.

26.9 When going to most public places, a woman should obtain the permission of her husband or the head of the household.

The majority of male respondents agreed with the statement. The findings are such that 73% of the male respondents from Kinondoni, 96% from Micheweni, 62% from Missungwi, 58% from Kigoma Rural, 48% from Kahama and 36% from Magu were in favour of the proposition as shown in **Table 2:1.9**.

Among the female respondents the findings as represented in Table 2:2.9 indicate that the majority were in favour of the proposition that when going to most public places women should obtain permission from their husbands or the head of the household. Thus, 91% of the respondents from Micheweni, 62% from Kinondoni, 57% from Kigoma Rural, 55% from Missungwi, 53% from Kahama and 34 from Magu were in favour of the statement.

As it may be noted from the tables, Kinondoni and Micheweni emerged leading in the percentage of respondents agreeing with the proposition. Much as the two districts are different in their socio-economic we being, it is likely to find in those districts a significant majority of people sharing similar religious background and cultural orientation.

⇒ Women's Decision- making, perception and social relations

In this indicator, we measured women respondents Attitude towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics. Generally, this targets to ensure that individuals and communities have rights, opportunities, and access to resources that are normally available to members of the society and which are key to social integration. Social inclusion has various areas or aspects to explore. The ones we have focused on here are those that are relevant on the community level and the study.

15.1 I have a good social network in the community.

Respondents were asked to respond if they have a good social network in the community, even though all selected members from the 6 survey districts agree to that – a very distinctive response was recorded by Kinondoni respondents whereby out of 93.5% of those agreed over 70% strongly agreed. 92.7% of respondents from Kigoma

rural and Kahama, 90.5% of Magu respondents, 90.5% of Missungwi and 82.2% of Micheweni agreed with the statement. This is well illustrated on Table 2: 3.1

Literacy levels, religious background, participation in various social and economic activities, can possibly explain the 13.3% of disagreement in Micheweni. Respondents from Micheweni are more likely to be affected by cultural orientations, less exposure to interaction and socialization, than their counterparts in other districts.

15.2 I am happy with my involvement in funeral associations, informal women's support groups, etc

Table 2:3.2 presents the responses from women respondents in all six districts. Majority of female respondents felt happy with their own involvements in funeral associations, informal women's support groups, etc. Over 75% of Kinondoni women respondents, 67% of Kigoma Rural respondents, 83% of Kahama respondents, 83% of Magu respondents, 85% of Missungwi respondents and 78% of Micheweni respondents appear to agree with the statement. In aggregate, 13.7% of the respondents in the 6 districts remained neutral on the same statement.

Economic hardships among local population, increasing gaps between rich and poor, prevalence of poverty among the locals, persistent gaps between rural and urban life, increasing number of HIV related deaths, malaria and other epidemics that claim people lives has resulted into family members to be involved in different associations to seek and provide support to one another. The number of respondents involved with such associations increases with age, indicating either lack of social security as one grows older.

15.3 I am frequently invited to attend community events.

Responses from women respondents in all six districts agreed with the statement. 85% of Kinondoni women respondents, 81% of Kigoma Rural respondents, 71% of Kahama respondents, 83% of Magu respondents, 86% of Missungwi respondents and 82% of Micheweni respondents appear to agree with the statement as indicated on table 2: 3.3

Cultural background, extended families, prevalence poverty and once introduced socialist principles in the society defines the relationships among the local population both in rural and urban areas in Tanzania. This has influenced the majority to invite neighbours, friends and relatives to attend community events whether they have contributed to make happen or not; this makes you appear polite and be part of the community.

15.4 The community members are ready to support me in case of shocks or crises

Responses of women towards the statement that community members are ready to support me in case of shocks or crises has been agreed upon by all respondents in six survey districts. Table 2: 3.4 represents the responses as follows: 97% of Kinondoni women respondents, 90% of Kigoma Rural respondents, 88% of Kahama respondents, 92% of Magu respondents, 97% of Missungwi respondents and 87% of Micheweni. Respondents from Kinondoni had strongly supported the statement by 62% followed by Kigoma respondents with 48%; Kinondoni had at least number of respondents 0.5% who disagreed compared to other districts.

Economic hardships, increasing poverty levels, persistent gaps between rural and urban life, unpredictable weather conditions, and natural disasters are among the reasons to explain why community members claim willingness to support one another in case of shocks or crises.

Even though the need and urge to support one another is there – in real life this rarely happens due to poverty. Qualitative responses indicate that community members may help you in weddings, burial ceremonies, and the like; quite often during sickness, hunger or need for school fees, etc. If it happens you get community members support, is not substantial.

15.5 The community leaders listen to my voice.

Table 2:3.5 represents the responses from women respondents in all six districts. Majority of female respondents acknowledged that community leaders listen to their voices. Over 61% of Kinondoni women respondents, 63% of Kigoma Rural respondents, 54% of Kahama respondents, 65% of Magu respondents, 83% of Missungwi respondents and 51% of Micheweni respondents appear to agree with the statement.

Cultural background, religious orientations and education is among main factors that have limited women participation in community social activities – thus affecting their social inclusion. It seems respondents assumed that the phrase 'listen to my voice' meant talk into public but rather their social participation is accepted amongst women and community leaders.

Qualitative responses contradict this statement in some areas of Magu and Missungwi, whereby women social inclusion is still frustrated by other women rather than men. Some women still don't accept women leadership and participation in development activities – this has mostly pointed to lack of education and sensitization on women empowerment. A need for more awareness and sensitization programs is needed.

15.6 I feel lonely, isolated in this community.

Majority of female respondents from all six survey districts disagree with the statement that they feel lonely and isolated in their community. 86% of Kinondoni women respondents, 81% of Kigoma Rural respondents, 82% of Kahama respondents, 82% of Magu respondents, 91% of Missungwi respondents and 80% of Micheweni respondents illustrated in Table 2: 3.6 appear to disagree with the statement.

Breaking of cultural barriers, literacy levels, participation in various economic activities, and exposure to gender awareness programs run by in media such as newspapers, radio and television could explain the positivity of the responses in all survey districts. On this statement overall response is 83% for those who disagree against 13% who agreed. 4% remained neutral on the statement

15.7 I feel that I have sufficient access to the market to buy and sell things

Responses of women towards the statement that they feel to have sufficient access to the market to buy and sell things been moderately agreed upon by all respondents in six survey districts. Table 2: 3.7 represents the responses as follows: 49% of Kinondoni women respondents, 50% of Kigoma Rural respondents, 52% of Kahama respondents, 54% of Magu respondents, 56% of Missungwi respondents and 43% of Micheweni. Generally, this suggests that the statement is supported by only 51% of all respondents, 26% of respondents disagree and 23% of respondents are undecided over the statement.

15.8 I feel that I am treated with respect and dignity when I visit the health centre/hospital/other health facility

Table 2: 3.8 represents responses of all six districts agreeing with the statement that women are treated with respect when they visit the health centre/hospital/other health facility. The survey recorded 75% of Kinondoni women respondents, 68% of Kigoma Rural respondents, 67% of Kahama respondents, 78% of Magu respondents, 91% of Missungwi respondents and 88% of Micheweni respondents appear to agree with the statement.

Unlike most urban medical facilities, rural settings have few medical facilities covering a very large area. Cultural orientations and free medical services to pregnant mothers and children attract women to seek medical attention where necessary. The welcome note people receive from these facilities may be due to the fact that they live within the same vicinity and they have social interactions even outside the hospitals.

Qualitative responses revealed that the medical facilities are insufficient; they provide poor treatment with little or no medication at all. Women are forced to buy like gloves,

registration cards and syringes which are supposed to be provided free by the medical facility. They are buying mosquito nets at a higher price than the one recommended to them.

Sometimes they wonder if the distance they cover when going to the hospitals deters some sick mothers from seeking medical services. Lack of trained medical personnel is among the major setbacks in the facilities.

⇒ **A: % of women that report meaningful participation in decision-making bodies at community level**

Out of 745 respondents who attended primary school and are aged 15 years and above, 540 respondents have not participated in decision-making bodies at community. Primary school leaver respondents who had not participated in decision-making bodies are 37% of all respondents aged 15 years and above. Out of 513 respondents who had never attended any school, 427 respondents indicated that they have not participated in decision-making bodies at community level, accounting 29% of all respondents aged 15 years and above. This study also involved 198 respondents who have completed secondary education, 169 respondents have not participated in decision-making bodies, and they are 11.5% of all respondents aged 15 years and above.

		% of women that report meaningful participation in decision making bodies at community level			
		Yes	No	Total	Women aged 15 years and above
Background characteristics		%	%	%	
District	Kinondoni	18.4	81.6	100.0	201
	Kigoma rural	22.3	77.7	100.0	206
	Kahama	23.7	76.3	100.0	396
	Magu	29.6	70.4	100.0	196
	Missungwi	28.2	71.8	100.0	241
	Micheweni	9.3	90.7	100.0	225
	Total	22.1	77.9	100.0	1,465
Highest education level	Primary	27.5	72.5	100.0	745
	Secondary	14.6	85.4	100.0	198
	Tertiary	44.4	55.6	100.0	9
	Never Attended	16.8	83.2	100.0	513
	Total	22.1	77.9	100.0	1,465
Age Group	15-19	8.5	91.5	100.0	258
	20-24	16.1	83.9	100.0	223
	25-29	24.1	75.9	100.0	203
	30-34	24.3	75.7	100.0	177
	35-39	33.2	66.8	100.0	187
	40-44	38.5	61.5	100.0	91
	45-49	35.5	64.5	100.0	93
	50-54	26.2	73.8	100.0	65
	55-59	23.7	76.3	100.0	38
	60-64	14.3	85.7	100.0	42
	65-69	19.2	80.8	100.0	26
	70+	13.5	86.5	100.0	52
	Total	22.3	77.7	100.0	1,455

The findings indicate that 205 respondents are primary school leavers and they have participated in decision-making bodies, they are 14% of all 1465 respondents who are aged 15 and above. Twenty nine respondents out of 1465 people have completed

secondary school and have participated in decision-making bodies; they are only 2% of total respondents aged 15 years and above. Data indicated that 86 respondents have never attended any class and have participated in decision-making bodies; they are 6% of all respondents aged 15 years and above. Findings describe that primary school leavers are participating in decision-making than their counterparts. This result is much influenced by the composition of primary school leavers in total sample size of people aged 15 years and above (745 people out 1465).

c) Women's right to control fertility and body: Indicator 3

⇒ Existence and effective enforcement of law on women's SRHR and maternal health

There are various legislations that have attempted to cater for women's SRHR and maternal health. These include the Labour laws; in particular the Employment and Labour Relations Act (ELRA),²⁰ the Penal Code and the HIV and AIDS Prevention and Control Act, 2008. ELRA has some provisions that attempts to reinforce the women's SRHR. For instance, ELRA prohibits employers from requiring pregnant women to work at night two months before their expected date of confinement or any time before that date upon production of medical proof.²¹ ELRA also prohibits employers from requiring mothers to work at night during the period of two months after giving birth.²²

Maternity leave is another important feature of women's SRHR under ELRA. It provides for at least 84 days of maternity leave to a woman giving birth to one child and 100 days to a woman giving birth to more than one child at the same time.²³ This leave is to be taken during the period of at least 4 weeks before the expected date of confinement and in any case the employer is prohibited from requiring the mother to work within the first two weeks after giving birth. In addition, ELRA prohibits employers from assigning hazardous work to nursing mothers or pregnant women. In case of mothers who happen to lose their newborn during the first year of birth, ELRA allows another period of 84 days paid maternity leave.

Furthermore, with respect to mothers who are breast-feeding, ELRA makes a mandatory requirement for employers to allow at least two hours during the working hours. It should be noted that ELRA only provides for minimum standards. Thus, employers are at liberty to provide for better privileges.

²⁰ Act No. 6 of 2004

²¹ Section 20 ELRA

²² *ibid*

²³ S. 33 ELRA

To compliment what is provided for by statutes there are safe motherhood programmes geared at providing free mother and child health care during pregnancy and for children up to 5 yrs. Nevertheless, these are not statutory so they are not enforceable.

Under the Penal Code abortion is illegal.²⁴ The only situation which justifies abortion is when the life of the mother is danger. In that regard, the Penal Code does not recognize the woman's right to plan birth. Considering the cases of women and girls who become pregnant as a result of rape, the law leaves no choice for them to terminate the pregnancy but to give birth. In essence, the law does not cover for provision of contraceptives, both emergency and planned

It is noted further that Part XV of the Pena Code was amended by the Sexual Offences Special Provisions Act, 1988 to provide for better provisions relating to sexual offences. However, the enforceability of these provisions is still an issue the reasons being, among others, lack of awareness and fear of stigmatization.

The HIV and AIDS Prevention and Control Act, 2008 though attempts criminalize transmission it creates yet another problem to women. Comparatively, women face situations that would require them to test for HIV than men, for instance; when they are pregnant. In that case they are the ones to be discovered first and therefore seen to be the cause of transmission which may not necessarily be the case.

⇒ **Attitude of men and women towards women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner, etc)**

In this baseline study, men and women aged 15 years and older were asked to express their opinions on women's ability to make decisions on their sexual and reproductive health rights. Five statements were presented to them where they were asked to express their views.

3.1 A couple should decide together how many children to have

As Tables 3.1.1 and 3.2.1 show, overall, 88.6 percent of men and 88.7 percent of women agree that a couple should decide freely together the number of children to have. In Kinondoni, 95.3 percent of men and 97.5 of women agree that a couple should decide together on the number of children they would like to have. Other districts also recorded high proportions of men and women who agree that couples should be given

²⁴ Under section 219 the term used is child destruction

a free hand to decide on the number of children to have in their lifetime. Micheweni recorded the lowest proportions of both men and women who agree that couples should decide together on the number of children to have.

When respondents are classified by education, results show that the higher the education of women the more they agree with the fact that couples should decide on their own on the number of children to have. Women with no education were about 82 percent of them who agreed with the statement. Among men, there is no specific pattern; however, 95.7 percent of those with secondary education felt that couples should be given freedom to decide on the number of children to have.

3.2 A husband and wife should decide together what kind of contraceptive to use

On whether husband and wife should decide together on the kind of contraceptive method they would like to use, 89.8 percent of men and 87.7 percent of women agree with the statement. Men and women of Kinondoni (96.5 percent and 95.5 percent respectively) were in agreement that couples should decide freely and together the kind of contraceptive method to use. Kigoma Rural also recorded quite high percentages of both men and women who agree on letting couples decide together the type of contraceptive methods to use. Other districts have also shown agreement on the idea; however, Micheweni recorded much lower percentages compared to other districts.

All women with tertiary level of education agree that couples should decide together to use any method of contraception. Again, with education, there is a general agreement with the statement, increasing with education. Lower proportions of both men and women with no education were recorded suggesting that education should be extended to all women with emphasis on men and women who have never attended formal education.

Previous studies have shown that while knowledge about at least one modern method of contraception among men and women is high (2004/05 TDHS), current use is still low (17.6 percent; TDHS 2004/05). Although couples are being encouraged to freely decide a contraceptive method, the Tanzanian community should be educated on the benefits of using contraceptive methods. Furthermore, couples, especially men, should be educated about the use of available methods.

3.3 When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STI's she may decide on her own to seek the help of trained health personnel

Respondents were further asked whether a woman has the right to freely seek help of trained health personnel whenever she has a health problem. Results show that 61.8 percent of men and 64.1 percent of women feel that when a woman has a health problem or issue related to pregnancy, childbirth, care after delivery or sexually transmitted infections, she may decide on her own to seek the help of a trained health personnel.

On this aspect, Men in Kinondoni differed with men and women in other districts whereby 59.4 percent of men in Kinondoni disagreed with the fact that a woman has the right to freely seek help of trained health personnel whenever she has a health problem. About 51 percent of women in Kinondoni agree with the statement. In other districts both men and women agree with this statement.

Half of men with tertiary level of education and about 56 percent of women of the same education are in agreement with the statement. Less than 30 percent of men and also the same proportion of women with no education disagree with the statement, those who agree are well above 60 percent of them.

3.4 If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex

Another issue that was asked to respondents related to the following statement: "if a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex". Responses that were collected indicate that 79.7 percent of men and 79 percent of women agree that if a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex.

Majority of male and female respondents in Kinondoni and Kahama agreed that the wife is justified in asking her husband to use condom if the husband happens to be infected with sexually transmitted infections. In Kinondoni, 86.4 percent of men and 92.6 percent of women were in agreement with the contention. Similarly in Kahama, 88.6 percent of men and 84.9 percent of women also agree with the statement. Although Micheweni recorded low percentages of men and women who agree, still majority of them tend to agree with the statement.

Looking at groupings by education level, overall, over 80 percent of men and also over 80 percent of women agree with the idea that if a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex. However, among men and women with no education, the proportion of those who agree lies well below 80 percent (65.3 percent for men and 74.5 percent for women).

3.5 Women should have the same opportunities to receive health care as men

In respect to equal opportunities for health care, 95.1 percent of men and 94.5 percent of women agree that women should have the same opportunities to receive health care as men.

All districts appear to have recorded proportions of men and women who agree with the statement that “women should have the same opportunities to receive health care as men”. Over 90 percent of men in each district agreed with the statement. Likewise, the proportion of women who agree with the idea is high in all districts which lie above 90 percent.

Analysis by level of education shows a slight deviation whereby a lower proportion of women with tertiary level of education is recorded, but is still high (88.9 percent). As for other groups, the proportions of men and women who agree with the statement are above 90 percent.

⇒ **A: % of women reporting satisfaction with the availability and quality of SRHR related services**

Study involved 927 respondents (women) who have used at least one SRHR service, majority of them (96.9%) indicated that they are satisfied with the ability and quality of SRHR related services while 3.1% indicated that they are not satisfied with the availability of SRHR related services. In all districts surveyed the percentage of satisfaction is above 94.5% which implies that SRHR services are most available in most parts (urban and rural). Findings also shows that majority of primary school leavers (97.3%) are satisfied with availability and quality of SRHR related services, majority of secondary school leavers (96.5%) indicated that they are satisfied with SRHR services, all respondents with tertiary education are satisfied with availability and quality of SRHR services, 96.1% of respondents who have never attended school also indicated they are satisfied with availability and quality of SRHR services.

Background characteristics		% of women reporting satisfaction with the availability and quality of SRHR related services			Number of women who have used at least one SRHR service
		Yes	No	Total	
District	Kinondoni	97.4	2.6	100.0	151
	Kigoma rural	98.5	1.5	100.0	134
	Kahama	95.8	4.2	100.0	263
	Magu	99.1	0.9	100.0	115
	Missungwi	96.8	3.2	100.0	155
	Micheweni	94.5	5.5	100.0	109
	Total	96.9	3.1	100.0	927
Highest education level	Primary	97.3	2.7	100.0	526
	Secondary	96.5	3.5	100.0	113
	Tertiary	100.0	0.0	100.0	7
	Never Attended	96.1	3.9	100.0	281
	Total	96.9	3.1	100.0	927
Age Group	15-19	95.4	4.6	100.0	109
	20-24	97.0	3.0	100.0	168
	25-29	97.6	2.4	100.0	164
	30-34	97.1	2.9	100.0	140
	35-39	97.8	2.2	100.0	137
	40-44	96.8	3.2	100.0	63
	45-49	98.2	1.8	100.0	57
	50-54	100.0	0.0	100.0	33
	55-59	86.7	13.3	100.0	15
	60-64	90.0	10.0	100.0	20
	65-69	85.7	14.3	100.0	7
	70+	100.0	0.0	100.0	13
	Total	96.9	3.1	100.0	926

Results show that both men and women regardless of education background agree totally that couples should sit and decide the number of children to have. They also agreed that couple should decide together the type of contraceptive method they would like to use.

In the study titled "Tanzania Demographic and Health Survey" (TDHS) in 2005, cultural factors was observed as factors that influence family planning. This study also found that usage of SRHR services to be low among rural population as comparing to urban population.

Background characteristics		% of women reporting satisfaction with the availability and quality of SRHR related services	Number of women who have used at least one SRHR service
District	Kinondoni	97.4	151
	Kigoma rural	98.5	134
	Kahama	95.8	263
	Magu	99.1	115
	Missungwi	96.8	155
	Micheweni	94.5	109
	Total	96.9	927
Highest education level	Primary Education	97.3	526
	Secondary Education	96.5	113
	Tertiary Education	100.0	7
	Never Attended	96.1	281
	Total	96.9	927

⇒ **B: % of women making informed choices/decisions with regards to their SRHR**

Study involved 1, 232 respondents whose age are 15 years and above, 62.5% reported to have making informed choices or decisions with regards to SRHR, and 37.5% did not make informed choices or decisions with regards to SRHR services. Based on education level, 66.7% of those who attended tertiary education made informed decision, followed by those with primary school qualification (66.2%), those who never attended (61.2%), and 51% with secondary education. Taking into consideration the percentage of those who never attended school yet made informed decisions, there are many factors beyond level of education.

Categories		% of women making informed choices/decisions with regard to SRHR		Total	All women in the survey aged 15 to 49
		Yes	No		
		%	%	%	
District	Kinondoni	73.3	26.7	100.0	180
	Kigoma rural	58.8	41.2	100.0	170
	Kahama	67.5	32.5	100.0	345
	Magu	57.9	42.1	100.0	164
	Missungwi	67.7	32.3	100.0	189
	Micheweni	44.6	55.4	100.0	184
	Total	62.5	37.5	100.0	1,232
Highest education level	Primary	66.2	33.8	100.0	704
	Secondary	51.0	49.0	100.0	194
	Tertiary	66.7	33.3	100.0	9
	Never Attended	61.2	38.8	100.0	325
	Total	62.5	37.5	100.0	1,232
Age Group	15-19	34.5	65.5	100.0	258
	20-24	69.1	30.9	100.0	223
	25-29	74.4	25.6	100.0	203
	30-34	74.6	25.4	100.0	177
	35-39	71.1	28.9	100.0	187
	40-44	63.7	36.3	100.0	91
	45-49	57.0	43.0	100.0	93
	Total	62.5	37.5	100.0	1,232

Categories		% of women making informed choices/decisions with regard to SRHR	All women in the survey aged 15 to 49
		%	
District	Kinondoni	73.3%	180
	Kigoma rural	58.8%	170
	Kahama	67.5%	345
	Magu	57.9%	164
	Missungwi	67.7%	189
	Micheweni	44.6%	184
	Total	62.5%	1,232
Highest education level	Primary Education	66.2%	704
	Secondary Education	51.0%	194
	Tertiary Education	66.7%	9
	Never Attended	61.2%	325
	Total	62.5%	1,232

d) Gender based violence: Indicator 4

⇒ Existence and effective enforcement of law addressing GBV

It is claimed that the laws, customs and traditional practices are inherently in favor of the perpetrators of GBV and as such acts of GBV are widespread in Tanzania.²⁵ It is also established that most of the GBV cases are not reported due to, among other reasons, social stigma, biased laws and cumbersome procedures.²⁶

There is no single legislation dealing with GBV. There are scattered rules in different legislation and customs aimed at dealing with GBV. Indeed some of these rules are out of date and do not cover some modern trends in the subject. For instance, while the current trend on GBV includes fighting against marital rape, the Penal code does not have any provision against it.

There exist a number of GBV acts in various forms. These include spousal and non spousal battery, sexual violence, human trafficking etc. According to the Tanzania Human Rights Report, 2008, 50% of women in Tanzania were beaten by their partners in 2007 on daily basis. Acts of sexual abuse are also a common phenomenon.²⁷

²⁵ Beyond Inequalities, 1999, p. 58

²⁶ Ibid.

²⁷ According to the Tanzania Human Rights Report, 2008 there were 196 rape cases reported in Arusha Region alone.

All these happen while the Penal Code²⁸ has a number of provisions on sexual offences and Tanzania is a part to a number of multilateral agreements and protocols against GBV.

Key trends on women's right

Among the key trends on women's rights include the following:

- (i) Commitments to attain 50% women-men representation in public affairs. With the current 30% special seats in the Parliament talks to go 50% in accordance with the SADACs Protocol demands are under way.
- (ii) Gender imbalance in the cabinet: the number of female ministers in the cabinet is still low though affirmative actions are being taken to increase
- (iii) Women in political parties do not hold senior positions
- (iv) Harmful traditions continue to exist as such there is no law to curb child marriages and forced marriages. The Law of Marriage Act (LMA)²⁹ has continued being challenged.
- (v) Although there are some laws attempting to provide for women's right their enforcement is still difficult due to reasons including out datedness of some of such laws, customs and religious traits conflicting with statutory laws, lack of awareness, etc.
- (vi) The HIV Act affects women more than it affects men as the former are subjected to tests e.g. when they are pregnant
- (vii) Family planning campaigns loses visibility with HIV/AIDS campaigns. '*Nyota ya kijani*' for instance, is not visible therefore there is need to integrate the two campaigns

⇒ **Attitude of men and women towards women's exposure to GBV (domestic violence, harassment, harmful traditions as FGM, early marriage, etc)**

Gender based violence, or violence against women is a major public health and human rights problem not only in Tanzania but in many parts of the world. Previous studies by World Health Organization (WHO) notes that one of the most common forms of violence against women is that performed by a husband or male partner." This type of

²⁸ Cap. 16 R.E. 2002

²⁹ Cap. 29 R.E. 2002

violence is frequently invisible since it happens behind closed doors. Moreover, legal systems and cultural norms often do not treat it as a crime, but rather as a "private" family matter or a normal part of life. This study shows that violence against women is widespread, with far-reaching health consequences.

In this Baseline study respondents were asked to give their views on ten different issues that pertain to the problem of gender based violence that is occurring in the Tanzanian communities.

4.1: A wife should tolerate being beaten by her husband/partner

Table 4.1 Shows that 89.4 percent of women and 67.6 percent of men disagree completely on the fact the, a woman should tolerate being beaten by her husband or partner. Women, in particular seem not to accept this form of violence against women, but the proportion of men who disagree is far lower than that observed among women for obvious reasons including male dominance on women. This pattern is observed in all the districts where women in Kinondoni (97.5 percent), Kahama (90.4 percent) and Micheweni (94.2 percent) were the most vocal ones in this regard where they disagree on this statement. As for men, less than 70 percent of them disagree on the matter having the lowest proportion of less than half of the men in Micheweni disapproving the issue of beating women.

Among the educated women, all women with tertiary level of education disagree about wives tolerating when they are being beaten by their partners. However, the proportion of men with tertiary level of education is much lower compared to that of their female counterparts. Women with no education also felt that this practice is not acceptable by any standards (89.4 percent). In Micheweni, 89.7 percent of women but only 41 percent of men were against wives tolerating being beaten by their spouses.

4.2: In places where FGC/FGM is practiced, there are important advantages for a circumcised girl

Female genital cutting (FGC) also known as female genital mutilation (FGM) or female circumcision is a common practice in some ethnics in Tanzania. The Special Provision Act, a 1998 amendment to the Penal Code, specifically prohibits FGC. However, while the practice has been outlawed, it is still occurring in many parts of the country. FGC is considered to be compulsory in some communities whereas in other communities, women may have options about being circumcised.

The 1996 and 2004/05 Tanzania Demographic and Health Surveys collected information on the extent of FGC in Tanzania. The 2004/05 reveals that 14.6 percent of women of

reproductive ages between 15 and 49 years were circumcised. The most affected regions were found to be Manyara (81 percent), Dodoma (67.8 percent), Arusha (54.5 percent), Singida (43.2 percent), Mara (38.1 percent), Kilimanjaro (25.4 percent), Tanga (23 percent) and Morogoro (18.1 percent). Other regions reported very small proportions of women who were circumcised (less than 4 percent).

In this study, men and women were asked to give their opinions on whether they feel that there are advantages for a girl to be circumcised. Table 4.2 reveals that while fewer men (57.7 percent) feel that a girl has advantages when she is circumcised, women were totally against the idea since 89.4 percent felt that there are no important advantages for a circumcised girl. This is a clear call from women that this practice has no value; it is the women who are experiencing the complications that they are facing especially at the time of delivery.

When one examines the pattern observed among the districts, it clearly shows that women are more against the idea than men. As expected, women with tertiary level of education are completely against the statement since all of them (100 percent) do not agree with the whole idea. However, women of different education background are in disagreement with the idea that girls have advantages if they are circumcised.

4.3 A girl is never too young to be married if a good husband is found

According to Marriage Act of 1971, a girl can get married after reaching the age of 15 years. This age, also recommended by the United Nations, was brought up so as to protect the health of girls and the health of their children. One of the effects of prescribing the minimum marriage age would be to prevent the parents from removing their young daughters from school, because they cannot be married until they reach the prescribed minimum age. However, the minimum age is far too low in comparison with other laws such as the Law of Contract or election law which stipulates that a person has to reach age 18 years before he or she is allowed to get into contract or participate in elections. Although the minimum age at marriage was set, it is rarely followed. This, therefore, prompted this study to ask men and women to give their views on whether a girl is never too young to be married if a good husband is found.

Table 4.3 Shows that overall about 82 percent of women and 82.7 percent of men disagree on this matter. Majority of both men and women in the districts are in disagreement with this fact. However, in Missungwi, the proportions of women and men who disagree with this issue are much lower compared to those observed in other districts whereby 63.6 percent of women and 67.5 percent of men disagree with the fact that a girl is never too young to be married if a good husband is found.

Among women and men with tertiary level of education, there is no single person who is in agreement with the idea, though about 12 percent are undecided. The proportion of respondents who disagreed increases with age.

4.4 A wife is justified in refusing to have sex with her husband/partner when she is tired or not in good mood

Sexual violence against women is usually reflective of pre-existing patterns in society. Furthermore, rape and violence against women is a good proxy indicator of rising tensions and incipient conflict. Sexual violence is usually in the form of sexual abuse and exploitation (such as eliciting sexual services in return for food or protection), rape, gang-rape or attempted rape, sexual slavery, forced pregnancy, abortion, pregnancy, sterilization or contraception, trafficking for the purpose of sexual exploitation or domestic violence.

In this study, respondents were asked whether they think a wife is justified in refusing to have sex with her husband or partner when she is tired or not in good mood. As Table 4.4 reveals, 80.8 percent of women and 79.7 percent of men agree that she has the liberty to have sex when she is ready for it. About 91 percent of women and 78.2 percent of men in Kinondoni are in agreement with the statement. About three quarters of women in Missungwi do agree with the fact that a wife is justified in refusing to have sex with her husband or partner when she is tired or not in good mood.

All women with tertiary level of education agree with this idea, 89.3 percent of their male counterparts are in agreement with the idea. Around 80 percent of women of different levels of education are in agreement with the statement.

4.5 If a wife goes out without telling her husband/partner, he is justified in hitting or beating her

Over the past two decades violence against women has been put on the map as a critical issue to be addressed in the international arena. While programmatic initiatives are or have taken place in Tanzania and other parts of Africa, a lack of rigorous evaluations has results in a lack of data to support recommendations for best practice in the field. Physical beating of women is another form of violence that is directed to women, a phenomenon that has been on the increase in the country. In this regard, respondents were asked to give their opinions on whether it is justified for a wife to be beaten if she goes out without telling her husband.

Table 4.5 shows that overall 45.7 percent of women and 51.8 percent of men disagree with the fact that a woman is justified to be beaten if she decides to go out without informing her husband or partner. It is surprising to note that more women (43.5

percent) than men (35.4 percent) agree that a wife deserves the beating if she leaves her home without notifying her husband.

A substantial proportion of women (61.7 percent) and men (59.4 percent) in Magu district do not agree with the idea that a woman deserves a beating if she leaves her home without informing her husband, but women in Micheweni (65.8 percent) and Kigoma Rural (55.3 percent) agree with the statement. On the other hand, more men in Micheweni do not agree with this fact.

Regarding respondents with their level of education, majority of women and men tend to disagree with the issue that a woman deserves a beating if she leaves her home without informing her husband except among those with no education where fewer women (38.9 percent) and men (41 percent) disagree with the statement.

4.6 In places where FGC/FGM is practiced, a girl should be circumcised in order to preserve her virginity before marriage

As it has been stated in the previous sections, FGC is another form of violence against women and girls. On this aspect, respondents were asked to indicate how they feel about the whole issue of circumcising girls and whether a girl should be circumcised in order to preserve her virginity before marriage. Results show that 88.3 percent of women and 88.7 percent of men disagree with the idea that in places where FGC/FGM is practiced, a girl should be circumcised in order to preserve her virginity before marriage (Table4.6). In Kinondoni, Micheweni and Kahama, over 90 percent of men and women do not agree with the statement

On level of education, all men and women with tertiary level of education do not agree the fact that in places where FGC/FGM is practiced, a girl should be circumcised in order to preserve her virginity before marriage. Women and men in other education levels also disagree with the statement.

4.7 Women should choose themselves whom they want to marry

History tells us that in the past marriages were arranged by parents of the bride and bridegroom without giving the would-be husband and wife. To some extent this prevailed for many years. However, with modernization, this practice is being discarded, but in few areas the old practice is still practiced. In order to determine whether this practice is favoured or not, respondents were asked to give their opinion on whether a woman should be given the chance to choose her own partner instead forcing her to marry a man not of her choice.

Table4.7 shows that overall 85.1 percent of women and another 85.1 percent of men agree that women should choose themselves men they would like to marry. About 15

percent of the respondents still feel that women should not be left to marry men of their choice.

In Kinondoni, 94 percent of women and about 91 percent of men feel that a woman should be left to choose herself whom she wants to marry. In other districts, over 80 percent of the respondents also agree with the statement. When one looks at women and men by different levels of education, over 80 percent of women and men do agree that a woman should be given a free hand to choose a husband of her own choice.

4.8 It is better to send a son to school than it is to send a daughter

“Education for all” was adopted by Tanzania in order to provide education to all children irrespective of the sex of the child. Since then, enrollment of boys and girls in primary schools has been even, but at higher levels, not many girls are managing to go through. This, however, is not the country’s policy. The *Musoma Resolution* was developed in order to assist girls get to higher education by easing some conditions. In order to ensure that all children of school-going age get education, parents who do not send their children to school and are identified are punished. However, there are still parents who are evading this exercise to the detriment of the children themselves.

In this study, respondents were asked whether they feel that to send a girl to school is waste of time and of no value. About 83 percent of women and another 83 percent of men do not agree with the statement that it is better to send a son to school than it is to send a daughter (Table 4.8). In Kinondoni, 99 percent of women and 91.2 percent of men felt that all children irrespective of their sexes deserve to get education. In other districts, substantial proportions of women and men also agree do not agree with the statement that it is better to send a son to school than it is to send a daughter. On respondents by education, they are also not in agreement with the statement.

4.9 If a wife burns the food, it is only proper that her husband/partner discipline her by hitting or beating her

In any setting, a human being is bound to make mistakes, but those who wronged have to assess the mistake committed on its merit. This study attempted to evaluate the thinking of respondents whether they think that if a wife burns food it is only proper that her husband/partner disciplines her by beating her. About 78 percent of women and 82.3 percent of men felt that it is not proper for a husband to beat his wife on the pretext that she has burnt food. Likewise, women and men classified by level of education disagree with the idea that if a wife burns food she deserves to be disciplined by beating her. About a quarter of women and also of men with no education felt that a wife deserves to be disciplined for spoiling food.

Surprisingly, in all districts, more men than women disagree with the statement that if a wife burns food she deserves to be disciplined by beating her except in Kinondoni where 93.5 percent of women and 85.3 percent of men disagree with the statement. Micheweni recorded the lowest proportion of women (69.8 percent) who disagree with the fact that a wife should be disciplined if she burns the food. See Table 4.9

4.10 If a woman was raped, in most cases that means she must have done something to provoke it

In many societies, women are obliged to wear decently in order not to attract men. In many cultures, women dress long clothes that cover the greater part of their bodies. Now, with modernization, women have tended to discard some of these dresses; instead they have resorted to putting seductive dresses which have raised cases whereby such women have been mishandled. This, however, has not been the cause of cases or rape and other sexual harassment.

A number of women have been raped but no concrete reasons have been brought up to determine the cause of this evil act. In this regard, respondents were asked to indicate whether a woman is raped because in most cases she must do something to provoke it. Table 4.10 reveals that about 69 percent of women and 62.7 percent of men do not agree that if a woman is raped it means that she must have done something to provoke it. About 17 percent of women and 20 percent of men believe that if a woman is raped then she must have done something to provoke it.

Missungwi reported the lowest proportion of women (59.1 percent) who disagree with the statement while Kinondoni has the highest proportion of women who disagreed with the statement. Among men, Missungwi again recorded the lowest proportion of those who disagree that a woman is raped because she must have done something to provoke it. On the other hand, Kahama has the highest proportion of men who disagree with the statement.

Among women with tertiary level of education, none agree with the statement. Women and men with no education recorded the lowest proportions of those who disagree with the issue that a woman is raped because she must have done something to provoke it. In all, there are more than 15 percent of respondents who felt that if a woman is raped in most cases she must have done something to provoke it.

3.4.2 CO Specific Indicators: WAGE II

Attitude of men and women on poor and marginalised women and girls organized, acting and advocating for enhanced gender equality

25.1.1 Number of women and girls' membership in savings and loan groups is increasing

Respondents were asked to indicate whether they agree that the number of girl's membership in savings and loan groups is increasing. Findings in Table 5.1.1 indicate the responses of men towards this statement and findings in Table 5.2.1 presents the responses of women respondents regarding the same statement.

Simple majority of men respondents from most of the six districts agree with the statement. 67% of Kinondoni respondents, 43% of Kigoma rural respondents, 43% of Kahama respondents, 75% of Magu respondents, 60% of Missungwi respondents and 63% of Micheweni respondents agreed with the construct as shown on Table 5.1.1.

Unlike other districts, 45% of Kigoma respondents and 41% of Kahama respondents were not very comfortable with the statement; so were Missungwi (32%) and Micheweni (33%). Overall responses are slightly above 56% for those who agreed and at least a third (33%) of all respondents remained neutral.

Table 5.2.1 illustrates women responses on the statement. Kigoma (38%) respondents recorded lowest response compared to 70% for Kinondoni, 43% for Kahama, 69% for Magu, 62% for Missungwi and 58% for Micheweni all in favour. An overall response indicates 37% of all respondents remained neutral on the statement.

Economic hardships among local population, increasing in gap between rural and urban life, opportunities, location and participation in various economic activities may explain the high responses for Kinondoni and Magu. On the other hand, women participation in activities such as savings and loan groups may be due to sensitizations, involvement and activeness of key players in the area.

25.1.2 Number of women and girls engaged in profitable income generating activities is increasing

Majority of male respondents from all survey districts agreed with the statement. Table 5.1.2 illustrates that Kinondoni and Magu district respondents are leading by 75% and 76% respectively followed by Kigoma (54%) and Kahama (53%) which recorded the lowest response rate compared to others within the six districts. Twenty seven percent of total respondents remained neutral.

Majority of women respondents agree with the statement though Kigoma and Kahama recorded highest (15%; 12%) and lowest (48%; 49%) number of respondents who disagree and agree respectively. Eighty three percent of Kinondoni, 70% of Magu, 69% of Missungwi and 64% of Micheweni respondents agreed. Kinondoni recorded the highest percentage of all.

Economic and social tremors hit some districts harder than others due to environmental and/or unpredictable weather conditions; however, ability to cope and prevail varies from one area to another and one individual to another. It appears that women in Kinondoni and Magu are more organised and aggressive by engaging themselves in profitable business. Exposure and women empowerment programmes by different partners in the areas explains that in a way.

25.1.3 Skills and leadership capacities of all animators has been strengthened

Overall, majority of men respondents are not satisfied with this statement that skills and leadership skills of all animators has been strengthened. Forty eight percent of all respondents are not sure, 44% of respondents agree, while 8% don't agree. Magu and Missungwi respondents recorded slightly positive response on the statement by 52% and 53% respectively as indicated on Table5.1.3.

Women's general responses on this is low by showing overall total of 42% agree and 51% who are not sure. All six districts recorded below 50% and Kigoma respondents went as low as 30% in favour and 12% disagree. Majority of respondents remained neutral by far on the statement i.e. 55% Kinondoni, 58% Kigoma, 46% Magu, 50% Missungwi and 52% Micheweni – Table5.2.3 refers.

The animation strategy is not sufficiently motivating the marginalized women and girls to take action for their own development against prevailing social & cultural barriers. The use of animators should be revisited by selection, training, follow-up and purpose. This clearly signifies that much more has to be done if we need to maintain the animators to reach our intermediate goals.

25.1.4 Men and boys role models identified and their capacity built to serve as agents of change in the communities

Out of six survey districts, male respondents of three districts namely Magu, Missungwi and Micheweni responded more positively on the statement compared to others by 59%, 56% and 64% respectively. Forty two percent of Kinondoni, 41% of Kigoma and 42% of Kahama respondents agree with almost equal number of respondents indicated neutrality by 49%, 41% and 35% respectively. Overall responses are 50% - agree, 37% - neutral and 13% disagree (see Table5.1.4)

Table 5.2.4 illustrates women responses on statement posed on question 25.1.4. The overall result shows that 47% of respondents agree, 12% disagree and 41% are indifferent. Respondents of Kinondoni (55%) and Micheweni (56%) recorded highest percentage of acceptance while Kigoma the lowest (37%). Kahama (21%) has a highest number of respondents who disagree followed by Kigoma (15%) and Missungwi (11%).

The goal of the following statements is meant to evaluate if informal social community network systems support gender equality at household and community levels.

25.2.1 Men and boys appreciate the importance of and supporting women and girls' empowerment

Table 5.2.1 presents responses of men that indicate that majority of them agree with the statement that men and boys appreciate the importance of and supporting women and girls empowerment. Sixty percent of Kinondoni male respondents, 62% of Kigoma rural respondents, 54% of Kahama respondents, 79% of Magu respondents, 71% of Missungwi respondents and 64% of Micheweni respondents agree with the statement. The responses also indicate that over 29% of Kinondoni, 25% of Kahama and 25% of Micheweni respondents remained undecided on the statement.

Responses of women respondents indicate that Kigoma rural and Kahama respondents agree with the statement by simple majority i.e. 49% and 25% respectively. The other districts responded as follows; 55% of Kinondoni respondents, 63% of Magu respondent, 53% of Missungwi and 56% of Micheweni respondents agree with the statement as indicated on Table 5.1.2.1 Women responses in all six districts indicate that they are not sure at all with the statement.

Mis-information, economic hardships, rigid mind-sets, ignorance and/or non participation of both women and men members in meetings may cause such attitudes. Women seem not to accept that men and boys are doing enough to support their empowerment as men responses strongly support the statement.

There is a need to improve social community network systems that support women and girl's empowerment by involving more of the targeted groups and changing their mind sets.

25.2.2 There is an increase of dialogue between men and women, boys and girls about gender issues.

Responses of men on this statement on increase of dialogue between men and women, boy's and girl's about gender issues was moderately agreed. Micheweni and Kahama respondents lowly agreed by simple majority of 44% and 48% respectively. Half of Kinondoni respondents, 51% of Kigoma rural respondents, 62% of Magu respondents and 56% of Missungwi respondents agree on the statement with a considerable number of respondents been undecided. Twenty two percent of Kahama respondents did not agree with the statement. This is illustrated in table 5.1.2.2.

Overall, women responses on the statement indicate that only 47% respondents agree on the statement with 39% of respondent remaining undecided. Only 57% of Kinondoni respondents, 47% of Kigoma Rural respondents, 38% of Kahama respondents, 54% of Magu respondents, 56% of Missungwi respondents and 38% of Micheweni respondents responded in favour of the statement while 52% of Micheweni women respondents remained neutral on this statement, see Table5.2.2.2

Cultural orientation, ignorance, religious aspects, lack of exposure and customary mind-set could be the main reason why some districts like Micheweni, Kinondoni and Kigoma rural negated the statement. Partners should work on how to increase the interactions in a participative manner to ensure both male and female network systems that support women empowerment are involved.

25.2.3 Increased community understanding and acceptance about women empowerment especially on getting their rights.

All male and female respondents agreed that there is an increased community understanding and acceptance about women empowerment especially on getting their rights. Seventy two percent of all male respondents from Micheweni agreed on the statement and so was male respondents from Kinondoni (62%), Kigoma rural (55%), Kahama (64%), Magu (69%) and Missungwi (68%) as shown on Table5.1.2.3 .

Table 5.2.2.3 indicates 62% of women respondents in all six survey districts agree on the statement of increased community understanding and acceptance of women empowerment, while 28% remained neutral as 10% of them disagreed. Sixty six percent of female Kinondoni respondents, 52% of Kigoma respondents, 61% of Kahama respondents, 65% of Magu respondents, 61% of Missungwi respondents and 66% of Micheweni respondents agreed to the statement.

Human rights activists, NGO's, media (includes newspapers, television and radio), involvement of women in loans and savings groups, social inclusion of women in decision making, provision of special seats and other privileges to women have increased community understanding and acceptance of women empowerment and getting their rights.

Attitude of men and women on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

25.3.1 There is equal representation of women and men in village planning, budgeting and monitoring process

Overall response on this statement that there is equal representation of women and men in village, budgeting and monitoring process is negative – meaning both men and women do not agree on this statement. Men respondents on Table 5.1.3.1 indicate 43% agree and 37% remained neutral on the statement.

Women overall performance on the statement indicates that 39% agreed, 43% were neutral and 18% rejected. Table 5.2.3.1 illustrates this observation.

Of all six districts only Magu alone had over a half of the male and female respondents agreed on the statement by 53%.

Generally, both male and females responses for all districts showed that a good number of respondents are either not aware of the kind of representation is referred to or frankly speaking they don't agree that the representation is equal – due to poor participation or selection process. Women representatives could not be representing women as it may appear on the village settings. Some women may end up representing spouses of men – hence the denial from both.

25.3.2 Village and ward plans and budgets that reflect priorities of marginalized women and girls

On Tables 5.1.3.2 and 5.2.3.2, all male and female respondents in six districts showed dissatisfaction to the statement, 28% of Kinondoni men respondents agreed lowly to the statement, 34% of Kigoma respondents, 38% of Kahama respondents, 49% of Magu respondent, 40% of Missungwi respondents and 40% of Micheweni men respondents agreed. This is an overall of 38% compared to 44% of all respondents who were not sure with the statement while 18% disagreed. Thirty four percent of all women respondents agreed as 48% were neutral and 18% disagreed. Lowest number of respondents was recorded by Kigoma rural respondents (27%) and highest (38%) was recorded by Magu. A considerable number of women and men respondents of Kinondoni and Kigoma rural remained neutral on this statement,

Cultural and religious background that has poisoned mind-sets denies women the ability to actively participate in planning and budget session that protect and empower marginalized women in the society. Exposure and urbanisation traits are among of other aspects that may deter women from participating in planning and budgeting in their localities – instead they are engaged in other income generating activities or decide to remain house-wives. There is a need to ensure that local decision makers and institutions use participatory approaches that involve both female and male in all development issues.

25.3.3 Increased community awareness and appreciation of the importance of supporting women and girls' rights in the target communities

Forty six percent of all survey men respondents agreed that there is increased awareness and appreciation of the importance of supporting women and girl's rights in the target communities, 40% were neutral and 14% did not agree to the statement.

Women respondents (38%) from the same districts agreed, though 48% were neutral and 18% did not agree to the statement, Table5.2.3.3.

The target group i.e. women, are more adamant that more has to be done on this area. Culture and infrastructure may prevent women from coming forward and becoming pioneers for supporting women and girls in the target communities.

25.3.4 Forums for enabling interaction and discussion between women and local leaders created

Table5.1.2.4 shows that 26% of Kinondoni, 38% of Micheweni and 30% of Kigoma rural male respondents agreed to the statement. Of all six districts, male respondents scored low overall of 37% on agreement, 44% as neutral and 19% rejected the statement.

Like their counterparts, women respondents for Kinondoni, Micheweni and Kigoma rural scored 30%, 37% and 28% respectively; these being the lowest. The overall responses were 19% did not agree; 44% are not sure while only 38% agreed to the statement (see Table5.2.3.4).

Cultural orientation and social infrastructure created within societies hinders this from happening. There is a need to cross cultural and social barriers for interactions and productive discussions to start happening.

25.3.5 Goals set to support women and girls empowerment are implemented

Majority of male respondents agree that goals set to support women and girls empowerment are implemented. Table5.1.3.5 shows that 58% of male respondents of Micheweni, 52% in Missungwi, 48% in Magu, 44% in Kahama, 35% in Kigoma rural

and 31% in Kinondoni district agreed to the statement. An overall observation indicated 45% of male respondents agree while 22% did not. The rest 33% were neutral about this statement.

Women responses in the survey district responded as shown in Table 5.2.3.5 whereby 43% of women respondents agreed, 21% disagreed and 37% reserved their observations from agreeing or disagreeing.

This depends who sets the goals and how they are implemented could be the main cause of these responses which are lowly ranked (below 50%). Effective participation and involvement of women and girls in empowerment programmes should be revisited and if possible increased to a larger extent – the survey indicates sort of dissatisfaction among both male and female respondents.

Attitude of men and women on WAGE contribution to learning and action on women and girls' empowerment and gender equality at national and international levels

25.4.1 WAGE staff actively participating in gender networks at the national level

Table 5.1.4.1 indicates that men respondents from Kinondoni, Kigoma and Missungwi have shown considerable neutrality by 62%, 50% and 56% respectively on the WAGE staff active participation in gender networks at national level. This implies that very few respondents from those districts agreed to the statement i.e. 29% of respondents from Kinondoni, 38% of Missungwi respondents and 35% of Kigoma respondents. Overall, only 45% agreed as 46% decided to remain neutral to the statement

Forty three percent of all women respondents agreed to the statement compared to 51% who were neutral. Only Magu women respondents agreed to the statement positively (59%) compared to Kinondoni (12%), Kigoma (15%) and Kahama (12%) respondents who totally disagreed and 58% (Kinondoni), 56% (Kigoma), 59% (Missungwi) and 51% (Micheweni) who were indifferent, see Table 5.2.4.1.

Involvement of WAGE staff in gender networks may not be visible enough to attract or arouse the learning part of the interventions. Information sharing with communities and partners is vital in creating awareness and act as a learning process.

25.4.2 Number of emerging women empowerment and equality issues from the target communities shared with relevant national stakeholders

Fifty three percent of Kinondoni respondents, 64% of Magu respondents, 54% of Missungwi respondents, and 60% of Micheweni positively agreed to the statement that empowerment and equality issues from the target communities are shared with

relevant national stakeholders. Kahama and Kigoma agreed by a smaller proportion of 45% each (Table5.1.4.2)

With the exception of Kigoma rural (28%) who rejected the statement, the rest of women respondents from the five districts agreed to it. The overall response indicates that 48% of women agreed, 36% remained neutral and 20% rejected. Table5.2.4.2 summarized the results.

It appears that program interventions in some districts need to be strengthened by identifying the gaps due to variations from respondents, especially women respondents. It is vital to share success stories and documents of women and girls empowerment with communities that need to be replicated among stakeholders and communities. Increased CARE and Partner staff interactions and participation in activities revolving around gender equality.

25.4.3 Stakeholders are sharing success stories about women and girls empowerment

Table5.2.4.3 shows women responses on sharing of success stories about women and girls empowerment by stakeholders. Generally, overall responses portray that only 39% of respondents agreed, 46% are neutral and 15% do not agree to the statement. Kigoma (29%) of respondents rejected against 21% who are in favour and 42% were neutral. The rest of the districts respondents (Kinondoni – 42%, Kahama – 41%, Magu – 46%, Missungwi – 22% and Micheweni – 54%) dominated the neutrality position against acceptance.

Though the percentage of respondents who agreed was low, men responses on the statement recorded the following; 30% for Kinondoni, 39% for Kigoma, 50% for Kahama, 43% for Magu, 47% for Missungwi and 40% for Micheweni. Overall response is not impressive and shows 20% of disagreement, 39% of neutrality and 41% of acceptance of the statement (see Table5.1.4.3)

Although it is vital to share success stories and documents of women and girls empowerment with communities that need to be replicated - this does not happen, and this could be the cause of dissatisfaction among communities. Increased CARE and Partner staff interactions and participation in activities revolving around gender equality is recommended.

25.4.4 Other stakeholders are engaged in women and girls' empowerment and gender equality from local and at national levels.

Forty five percent of Kinondoni male respondents, 43% of Kigoma, 45% of Kahama, 54% of Magu, 43% of Missungwi and 60% of Micheweni agree on the statement that other stakeholders are engaged in women and girls' empowerment and gender equality.

Kigoma (23%) and Missungwi (21%) recorded a highest number of dis-agreements. In total, only 48% of respondents agreed on the statement while 16% rejected it as shown in Table5.1.4.4.

Women responses onTable5.2.4.4 signify dis-satisfaction of Kigoma rural (29% - agree; 21% - Disagree; 49% - neutral) respondents on the statement compared to respondents of other survey districts. Fifty percent of women in Kinondoni, 43% in Kahama, 53% in Magu, 47% in Missungwi and 54% in Micheweni are in favour with the statement. Overall performance indicates 46% of respondents agree, 40% are not sure while 13% disagreed.

A need of putting more effort on stakeholders' engagement in women and girls should be emphasized and information on achievement at local and national be shared with communities.

3.4.3 CO Specific Indicators: SAGE

27.1 Attitude of Men and Women on improving access to and quality of education for older girls

When measuring this indicator, men and women respondents were presented with four statements (27.1.1 – 27.1.4) to place their own opinions. These statements define some socio-demographic characteristics.

27.1.1 Rehabilitating infrastructure at COBET centers in disrepair will increase percentage and equality in accessing education for young girls and women.

Respondents were asked to indicate whether Rehabilitating infrastructure at COBET centers in disrepair will increase percentage and equality in accessing education for young girls and women. Findings in **Table 6: 1.1** indicate the responses of men towards this statement, and findings in **Table 6: 2.1** present the responses of women respondents regarding the same statement.

In Kahama District, 93% agreed with the statement as indicated in **Table 6.1.1**. Looking at the level of education of majority of the respondents it is noted that of all 188 respondents 123 respondents are primary school leavers. This would lead to a suggestion that the rate of agreement with the statement is that high due to lack of critical understanding of the statement. However, it should be noted that there were some among them (2%) who disagreed and furthermore, there were 3 respondents with tertiary education and 100% of them agreed and there were 31 respondents who never attended school out of whom 90% agreed. On the premises, it may be concluded that the majority of male respondents in Kahama agreed with the proposition and that their responses were not influenced by their respective levels of education.

As for the female respondents, the majority favoured the statement. There were a total of 206 respondents out of whom 93% agreed with the proposition as shown in **Table 6.2.1**. Similar to the males, in this group the majority (118) were primary school leavers out of whom 93% agreed with the statement. Comparatively, there were 76 respondents whom had never attended school out of whom 92% favoured the statement.

These findings suggest that notwithstanding the low level of education for the majority of the respondents in Kahama District, the majority agree that Rehabilitating

infrastructure at COBET centres in disrepair will increase percentage and equality in accessing education for young girls and women.

27.1.2 Support by equipping centers with textbooks, library books and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunity

Majority(94%)of male respondents in Kahama District agreed with the statement that support by equipping centers with textbooks, library books and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunity as indicated in Table 6.1.2 . Looking at this finding against the respondents' level of education it is noted that the majority of the respondents were primary school leavers and that there were a significant number of respondents who never attended school. However, like in 6.1 above, as between those who went to school and those who did not the response was the same i.e. the majority agreed with the statement.

Table 6: 2.2 presents the responses from women respondents in Kahama Districts. Majority of female respondents favoured the statement that support by equipping centers with textbooks, library books and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunity. Out of 206 female respondents, 96% agreed with the statement. As regards the influence of the level of education to the responses given by female respondents in Kahama Districts, the trend seems similar to that shown in **6.1** and **6.2** above.

27.1.3 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program.

Responding to the above statement, 88% of the 188 male respondents in Kahama District agreed as indicated in **Table 6.1.3**. showing a slight increase on the rate of disagreement. Although there is no indication as to the influence of the level of education, the variation might be due to the change of the nature of the statement. The previous statement was focused on education generally while the statement above is specifically on sexual and reproductive health and business literacy, areas which are likely to have some of the respondents not conversant with the concepts.

Of the 206 female respondents 88% agreed with the statement as indicated in **Table 6.2.3**. The trend was similar to that of their male counterparts above and no significant variations were noted.

27.1.4 Parents are prohibiting young girls from going to school for the purpose of getting wealth out of dowry.

Majority of male respondents from Kahama District disagreed with the statement that parents are prohibiting young girls from going to school for the purpose of getting wealth out of dowry. As indicated in Table 6.1.4 61% of the respondents disagreed, 30% agreed while 8% were indifferent. The increased percentage of the respondents who agreed might be due to cultural experiences born by the respective respondents. Comparing the percentage of those agreeing with the statement against level of education it may be stated that even among those who went to school the attitude is more or less similar to those who did not. For instance, the table shows that there is an average of 30% of respondents agreeing with the statement across all levels of education, including those who never attended any formal education.

Likewise, male respondents, a slight majority of female respondents as indicated in Table 6: 2.4 disfavoured the statement. Fifty one percent of female respondents from Kahama disagreed, 37% agreed while 11% were undecided. Should the 11% be added to the 37% it may be argued that the attitude of female respondents from Kahama towards the statement was divided. This can be explained by the responses by those with secondary education whose percentage is 50:50

27.2 Attitude of men on improved access to SRH information and services

When measuring this indicator, men and women respondents were presented with six statements (27.2.1 – 27.2.6) to place their own opinions. These statements define some socio-demographic characteristics.

27.2.1 Reviewing and updating a reproductive health and life skills curriculum for adolescent girls are major factor to enhance SRH.

The majority of male respondents from Kahama agreed to the proposition that reviewing and updating a reproductive health and life skills curriculum for adolescent girls is major factor to enhance SRH.

Of the 188 male respondents 94% agreed, only 2% disagreed with the statement and the rest were not sure as indicated in **Table 6.1.2.1**. Women respondents (83%) on the other hand, as indicated in **Table 6.2.2.1**, agreed with the statement, 4% disagreed and the remaining were indifferent. Going by the level of education and the nature of the statement it may be suggested that the rate of agreement for those who never attended school is very high. According to the tables, the rates of agreement with the statement by those who have never attended school were 79% for females and 90% for males. This could be the reason that either the statement was not understood

or that the respondents have access to other means of information on SRH, the former being more probable.

27.2.2 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program.

Majority (91%) of male respondents agreed that enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program as per **Table 6.1.2.2**. Among female respondents, Table 6.2.2.2 indicates that the majority (83%) agree with the statement. Other explanations remain similar to those provided in 6.3 above.

27.2.3 Training female teachers/ facilitators to act as mentors to girls and adolescents will propel change of attitude and behavioural change.

Table 6.1.2.3 indicates that out of the 188 male respondents from Kahama District the majority (87%) agreed with the statement that training female teachers/ facilitators to act as mentors to girls and adolescents will propel change of attitude and behavioural change. Among female respondents, 83% favoured the statement as represented in **Table 6.2.2.3**. There was no indication of the influence of the differences in levels of education to the responses by both men and women

27.2.4 There should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women.

The majority of both men and women respondents in Kahama District favoured the proposition that there should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women. **Table 6.1.2.4** indicates that out of 188 male respondents, 89% favoured the statement with only 4% of male respondents disagreeing. It is noted that 33% of male respondents with tertiary education disagreed with the statement. However, it should also be noted that the sample was only 3 respondents which is considerably small to justify a conclusion that there is a significant number of respondents with tertiary education who disfavoured the proposition.

Eighty five percent (85%) of female respondents supported the proposition while only 3% disagreed as shown in **Table 6.2.2.4**. No significant indication of the effect of the differences in the levels of education to the responses given.

27.2.5 Parents should be close and help young girls and women to suppress contradictions about reproductive health and HIV/AIDS.

The majority of both men and women favoured the above statement. Amongst the male respondents, there were 84% in favour of the statement and there were 81% among female respondents in favour of the statement as indicated in **Tables 6.1.2.5 and 6.2.2.5** respectively. No significant indication as to the effect of the differences in the levels of education to the responses given.

27.2.6 Establishment of youth friendly support clinics and referral services, will build capacity among health service providers in assuming youth friendly attitudes.

Like the rest of the statements in this area (SRH), the majority of both male and female respondents agreed with the statement. Of the 188 male respondents, only 1% disagreed and 91% agreed as indicated in **Table 6.1.2.6**. Ninety percent of women respondents agreed while only 1% disagreed as indicated in **Table 6.2.2.6**. No significant indication of the effect of the differences in the levels of education to the responses given.

27.3 Attitude of men on Recognition of Transition from Childhood to Adulthood.

Five statements were posed to both men and women respondents from Kahama District (27.3.1 – 27.3.5).

27.3.1 During the process of formation (physical, emotional and cognitive changes), it is the most critical period when adolescents have a misconception about their own changes to adulthood.

In response to the above statement the majority (92%) of male respondents agreed with it., 1% disagreed and 7% were indifferent as indicated in **Table 6.1.3.1**. It is noted that 81% of respondents who never attended school agree with the statement, assuming that they understood the statement. It may be suggested that one may not necessarily require formal education to understand changes brought by transition from childhood to adulthood. There might be traditional ways of communicating that knowledge to the people which may be used to educate those out of school.

Women respondents on their part responded quite similarly to men with 86% agreeing with the statement while only 2%agreed and 12% were not sure as indicated in **Table 6.2.3.1**. Difference in levels of education among the respondents did not indicate anything significant.

27.3.2 Parents should responsibly help adolescents achieve independence by becoming informed about healthy adolescent development as well as by learning how to find supportive resources for assistance when necessary.

There were 89% of male respondents in support of the above statement and 87% of female respondents in favour of the statement as shown in **Tables 6.1.3.2 and 6.2.3.2**. This suggests that the majority of respondents from Kahama favoured the above statement. The tables do not suggest that the difference in levels of education among the respondents indicate anything significant.

27.3.3 Adolescents are regularly communicating with their parents/guardians and teachers on sexual and reproductive health issues.

It is noted that in response to the statement above there were 91% who favoured the statement while only 1% disagreed as indicated in **Table 6.1.3.3**. It is also noted that there were 7% of male respondents who were not sure of what to say. As for the women, there were 86% of the respondent in favour of the statement as shown in **Table 6.2.3.3**. These findings indicate that the majority of the respondents in Kahama District favour the statement.

27.3.4 Identified and documented little paid attention strong socio-cultural and religious barriers against young girls and women rights on SRHR/HIV/AIDS education taught at schools.

The majority of male respondents (81%) agreed with the statement, 7% disagreed and 11% were not sure. On the side of women, 80% favoured the proposition, 5% disagreed and 14% were not sure. This is as indicated in **Tables 6.1.3.4 and 6.2.3.4** respectively.

While these findings indicate that the majority of the respondents from Kahama favoured the statement, again there is no indication of the significance of the difference in the levels of education towards the responses given.

27.3.5 Promoting social networks for girls to help sort out their problems and express themselves in safe spaces is the key to enhance leadership skills.

Similar to the rest of the statements herein above, with reference to the statement that promoting social networks for girls to help sort out their problems and express themselves in safe spaces is the key to enhance leadership skills, the majority of the respondents in Kahama District favoured it.

Tables 6.1.3.5 and 6.2.3.5 respectively indicate that 89% of men favoured the statement, 5% disagreed and 6% were not sure; and that 85% of women favoured the statement, 45 disagreed and 11% were indifferent.

104: Have you ever been informed about the various health status of a girl?

Eighty two percent of the girl respondents answered in the negative while only 18% affirmed to have ever been informed about the various health status of a girl as indicated in Table 7.1. The table shows that only girls in class 5-7 were asked to respond to the question and out of whom 74% answered in the negative. It is also noted from the table that the girls in class 5-7 are those of 12-14 years of age. As such, the findings suggest that the majority of girls in classes 5-7 in Kahama have never been informed about various health statuses of girls.

107: Have you ever gone to a health facility for any health problem that concerned yourself?

About 58% of the girls affirmed to have ever approached a health facility on health problems of their own. A significant proportion of girls (42%) responded in the negative. The reason for such a high rate of girls who have never attended health facilities may include the use of alternative medicine such as traditional herbs as directed by their parents. It is worth noting that the majority (70%) of the girls who have never gone to health facilities on health problems of their own are those of 11 years of age. Ordinarily, this age group would comprise girls in class 4. Similarly, by way of class levels, the girls in class 1-4 form the majority (69%) of girls who responded in the negative. See Table 7.2

These findings may suggest that the girls in the particular categories are still under the care of their parents and therefore the decision of whether or not to go to a health facility remains with their parents and that instead of taking them to the health facilities the parents would use traditional herbs to treat their health problems.

109: In your opinion, do you think that the services that you got were satisfactory or not satisfactory?

Responding to this question, 93% of the girls answered in the affirmative, against only 7% who answered in the negative. Looking at it by class levels, 33% of the girls who finished secondary school showed dissatisfaction with the service as opposed to those who never attended school of whom 100% answered in the affirmative, those who leaved school between class 5-7 of whom 100% affirmed and those in class 1-4 of whom 90% agreed. For those in the primary school group as a whole, they might not necessarily be really satisfied but it may be that they lack a critical approach of

evaluating things like their sisters who reached/completed secondary school. Table 7.3 illustrates this.

110: In your opinion, how did you find the attitude of service providers, would you consider them to have been friendly?

The majority of the girls (80%) considered the service providers to have been friendly. Interestingly there were 33% of the girls of 10 years of age who were undecided. Ordinarily, this age group would comprise those in classes 1-4 whom according to the Table 7.4, 20 % were undecided. This indifference may be due to the reason that may be they did not understand the question or they are too young to be able to tell what is and what not friendliness is. It should be noted that, considering together the girls in 11-14 the rate of those who stood undecided decreases to only 10%. In addition, one would not expect a significant difference of understanding of issues between girls of 10 years and those of 11 years. In that regard, the only probable explanation to the level of indifference of the girls of ten years of age could be that the question was not understood.

111: During the last six months, have you ever talked to your parents/guardians on sexual and reproductive health issues?

Table 7.5 shows eighty five percent of the girls were in the negative as opposed to 15% who were in the positive side. It is noted that at least 33% of the girls who were in or completed secondary school had spoken to their parents/guardians on sexual and reproductive health issues during the period of six months prior to this survey, this was the highest among all class levels. The findings suggest that parents in Kahama prefer talking about sexual and reproductive health issue to girls who are much older. This may be due to cultural influences and attitudes widely held that younger girls may not understand or that it's a taboo to speak about sexual and reproductive issues to young children.

112: Do you think that it is necessary to have youth centres dealing in issues such as sexual and reproductive health, sexually transmitted infections including HIV/AIDS?

Responses to this question were equally divided as indicated on Table 7.6. That is, 50% each for those affirmed and those who answered in the negative. This may be so because of the understanding of some of the girls as to the importance and use of centres dealing in issues such as sexual and reproductive health, sexually transmitted infections including HIV/AIDS. It is noted that 100% of those who never attended school answered in the negative while 100% of those in secondary school answered in the positive. This suggests that while those in school might have some knowledge of

the importance and use of these centres, those who never attended school may be ignorant in that aspect. It suggests further, that there should be campaigns and other forms of communication to reach those who are not in schools.

113: Are you participating in these centres for the youth?

Fifty six percent of the girls said they do not participate, 20% participate and 23% said there are no centres. Participation would depend on both the existence of the centres and awareness of the intended participants. It seems that even in places where centres are present, participation of the girls is not fully. Therefore, much as more centres are required, it is still important to run awareness campaigns to attract the girls to fully participate in these centres. It is noted from the Table 7.7 that 75% of the girls who never attended school do not participate in the centres, while in average there are 49% those at different levels in school whom do not participate in the centres. On the premises, it is clear that there are more girls participating in the centres among those in schools than those who never attended school.

114: Have you ever heard of an illness called AIDS?

The majority (91%) admitted to have heard about the illness called AIDS. The trend was similar across the age groups and education levels with slight differences in percentages. Table 7.8 illustrates the admission.

118: Do you identify yourself as a girl?

Table 7.9 shows the majority (85%) affirmed. The trend was similar across the age groups and education levels with slight differences in percentages. However, it is interesting to note that 50% of those who never attended school were in the negative. This may suggest that the question was not understood. Arguably, one does not require going to school to know her sex. Furthermore, the table indicates that there were 18% and 20% of girls of 10 and 11 years respectively whom could not identify themselves as girls against only 13% percent of girls of 14 years of age. These differences may be explained by the fact that some girls develop the distinctive characteristics much earlier than others or that the question was not understood.

119: Have you ever asked your parents/guardians to tell you about physical changes/signs which you can easily identify?

The majority (86%) answered in the negative while only 14% were in the positive. With exception of those who never attended school whom 100% answered in the negative, the trend was more or less similar across all age groups and education levels. This suggests that generally in Kahama District parents/guardians do not speak to their children about physical changes/signs which they (girls) can easily identify. This may be due to cultural orientation of the society (see Table 7.10).

CHAPTER 4: DISCUSSION ON THE RESULTS

Percentage (%) of women with control over assets in households

Quantitative findings indicated that fewer women in the areas under the study have control and decision over assets in their households. Fewer women are having tertiary education qualification, few women are having secondary school education, and majority respondents are having primary education qualification. The study also noted presence of respondents with no education. Respondents with no control over assets are less educated than their counterparts. Urban respondents have leads in possessing, control and have decision over assets than counterparts in rural areas. Sixty percent (60%) of all respondents whose households own at least one asset aged thirty five (35) years old and above.

Urban life in Kinondoni and Missungwi gives opportunities for women to possess, control and have decision over certain assets. Wards of Kinondoni are all in urban while surveyed wards in Missungwi district are close to Mwanza town hence being influenced by urban life greatly. The dynamism of urban life necessitates women to have control of some assets. To make life easier, women in urban are participating in various economic activities like trading, animal husbandry, formal employment, et cetera. The yield obtained from economic activities enhanced the possibility of women to control certain assets.

Rural life in Tanzania deprives opportunities for women to possess, control, and have decision over assets. Women in rural areas are less educated, they only engage in agricultural related activities of which are family owned in most rural community. The monetary yields obtained from the farming activities are controlled by head of family which are men in most rural community. The percentage of women in rural areas who depicts to have control and decision over assets are more likely to be aged 35 years old and above. Their composition includes widows and divorced ones.

With the exception of Kinondoni which is solely urban town, remaining five districts are rural and semi-urban towns. Out of 1, 150 women interviewed only 142 women lives in Kinondoni district, the remaining 1, 008 women lives in the five districts (Kigoma rural, Kahama, Magu, Missungwi, and Micheweni), thus, likelihood of having significant number of women with no education was great because of rural population under study which experienced opportunities disadvantages (few schools), early marriages among the pastoralist community (Sukuma people) and Muslim community (Micheweni), male dominance due to cultural and religious orientation.

In this study, the idea was to know whether women have equal rights to property ownership. Responses from Kinondoni district shows existence and enforcement of law on women's economic security rights. Though there are men who still believe that women have no say in family assets, respondents have proved that in some households women are involved in ownership and decision making on matters concerning family assets. However, inheritance has remained a big challenge to women. Discussions conducted showed that a group of women respondents in Kinondoni district are still deprived their right of inheritance when husbands die and equal share of properties when divorced.

Kigoma results shows mixed situation on ownership and decision making right to women; in some households there is joint ownership and decision on buying or selling family assets while in others women have no say, they are just decision receivers. The same pattern was observed on right to inheritance by women. Some families give widows right to inherit family properties but others do not.

From Missungwi district we learnt that women are not involved in decision making on issues concerning family properties, they are just informed after men have decided. Men believe that women have no right in decision making in the family though they contribute in the family wealth. Inheritance to women has remained a challenge as conservative families still believe women have no right to inherit family properties when husband dies.

In Magu district situation observed is not different from that of Missungwi. Women have right neither to possess nor decide on family assets, they are just involved but not listened when they have different opinion from the husbands'. Men believe that since they pay dowry to get married, women are their properties just like cow or house and women have no say in family matters. However, respondents from Magu district revealed that in divorce cases, women are considered and family properties are divided among the couple. For couples blessed with no children, when the husband dies normally the woman is chased away from the house and takes nothing with her – maybe cooking pots only!. Nevertheless, to the couple blessed with children one person from the late husband's family will be chosen to look after property so that if the woman will re-marry again, the new husband will have no right to the inherited property.

Discussions conducted in Kahama revealed that most men are the ones with mandate on family properties though there are few cases where women are given chances in decision making. Respondents revealed that Kahama women have no right to own

property though there are cases of women allowed to own land and other assets. On inheritance, a girl child has no equal right as a boy child. In case of a divorce the Bugarama/Lunguya woman who was not blessed with child/ren in the marriage, she is entitled to nothing but with a child/ren she gets 20% of the assets. When husbands died, women are given opportunity to remain in the premises. However Segese/Ntobo villages have different story on how family assets are treated in divorce cases. Here any property in the household belongs to the children, if there are no children assets are then distributed equally among the couple when they divorce.

Percentage (%) of women with capacity to cope with economic shocks

General findings show that out of all respondents whose household went through economic shock in last 12 months, ninety two (92%) respondents indicated that they did not have capacity to cope with economic shocks in the last 12 months, while only eight percent (8%) mentioned to have the capacity to cope with economic shocks.

Total number of women whose households experienced economic shocks was 806 people. Majority of respondents had attended primary school (401 respondents), 104 respondents with secondary school qualification, 295 respondents with no education at all, 6 respondents with tertiary education. This can be presented as 49.75% attended primary school, 12.9% attended secondary school, 0.75% attended tertiary education, and 36.6% never attended school. This study reveals the relationship between education levels, age group profile, and the ability to cope with economic shocks. Respondents who had never attended any education and those with the qualification of primary education fail to cope with economic shocks greatly than those with either secondary school education or tertiary education.

Capacity to cope with economic shocks entails individual's ability beyond physical strength, it include skills, knowledge, monetary power, magnitude of 'socialization', control over certain 'liquid' assets. Individuals who are exposed to certain skills, and use the acquired skills to enhance their participation in the income generating activities and socialization in the community, are likely to be able to cope with economic shocks. For that matter education level is among the key factor in improving women's ability to cope with economic shocks.

Poverty is one among many factors that lead to inability of the household to cope with economic shocks. When the household is poor, the most vulnerable members are widows, elderly persons, ill persons and disabled persons. Poor families are unable to provide for themselves or contribute to productive capacity.

Attitude of men and women towards women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner, etc)

A couple should decide together how many children to have

As results show, both men and women of different education background agree totally that couples should sit and decide the number of children to have. However, there are studies which have tried to assess whether couples are now discussing about not only the number but also the timing of the next child.

Previous studies such as population censuses and Tanzania Demographic and Health surveys (TDHS) have revealed that one of the factors behind high fertility (big number of live births) is cultural whereby if a woman cannot bear children she is chased away from her home. There is always a push from other family members for a couple to have many children. In the past, the survival of a newly born child was uncertain; it was argued that even if a child dies there are others who would survive for old age patronage. Today, infant and under-five mortality rates have declined substantially as a result of extensive immunization coverage and improved environment.

A husband and wife should decide together what kind of contraceptive to use

This is another case where both men and women have agreed that a couple should decide together the type of contraceptive method they would like to use. Unfortunately, this study did not ask respondents whether they have ever used or are currently using any method of contraception. This, therefore, calls for a study to determine the extent of contraceptive use in the project districts.

In the previous TDHS, respondents were asked whether they have ever used and/or are currently using any method, be modern or traditional. While knowledge about different methods is high (well over 80 percent), use is still low. The 2004/05 TDHS, current use was found to be low (17.6 percent of all women age 15-49 and 20 percent of currently married women). Although couples are being encouraged to freely decide a contraceptive method, the Tanzanian community should be educated on the benefits of using contraceptive methods.

When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STI's she may decide on her own to seek the help of trained health personnel

In this aspect, men in Kinondoni appear to have differed with men in other project districts as 59.4 percent of men do not agree to the statement. There is feeling that husband and wife have to discuss about their health issues together and decide what to do when need arises. However, in other districts, less than 30 percent of men disagree

with the statement while the majority of them felt that women have the right to decide to go for medical advice from trained health personnel. Men of Kinondoni may probably have a reason for their stand, but one has to remember that Kinondoni is a predominantly urban district, so this may possibly be a stand of urban men. There is a feeling that due to unsafe conditions in urban areas, it may be risky to let a sick woman on her own without being escorted.

Among women, there is consistency since majority of women in all districts agree that a woman may decide on her own to seek the help of a trained health personnel when she has a health problem. When one looks at the responses by level of education, with an exception of men and women with the tertiary level of education that constitute almost half of them, majority of women in other levels of education agree that a woman can decide on her own to seek medical advice from a trained health worker.

If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex

Majority of respondents who constitute more than 70 percent of them agree that a wife has the right and is justified to ask her husband that they use condom when they are having sex. In the health sphere, if a man reports to health personnel that he has contracted STI, he is usually advised to bring his partner so that they both are treated. No studies have been made to assess the effectiveness of this arrangement.

Women should have the same opportunities to receive health care as men

This statement is accepted by majority of both men and women that women should have access to health care as men have. In Tanzania, women have access to health care probably more than men have. According to the Ministry of Health and Social Welfare; pregnant women are being treated freely, they are not demanded to make contributions as other patients are required to do. However, provision of health services particularly in rural areas is not satisfactory. Health personnel, in some cases, are not adequate or do not attend to the sick effectively and even supply of medicines is erratic. This calls for a close follow-up by the Government to ensure that medical supplies are available and do reach the target groups especially pregnant women and children under age five years.

The situation in some districts is so pathetic. Health centres are mostly ignored regardless on the amount of money used to put them up. One example is of a modern health centre put up by a Japanese government and foundation stone officially laid by **H.E. Dr. Ali Mohammed Shein, Vice President of The United Republic of Tanzania**. The health centre has no hospital beds, maternity ward has only 3 beds

shared among patients, no bed sheets, lab equipments, enough medical personnel and labour ward was in shambles as we visited the center to do personal interviews with medical staff.

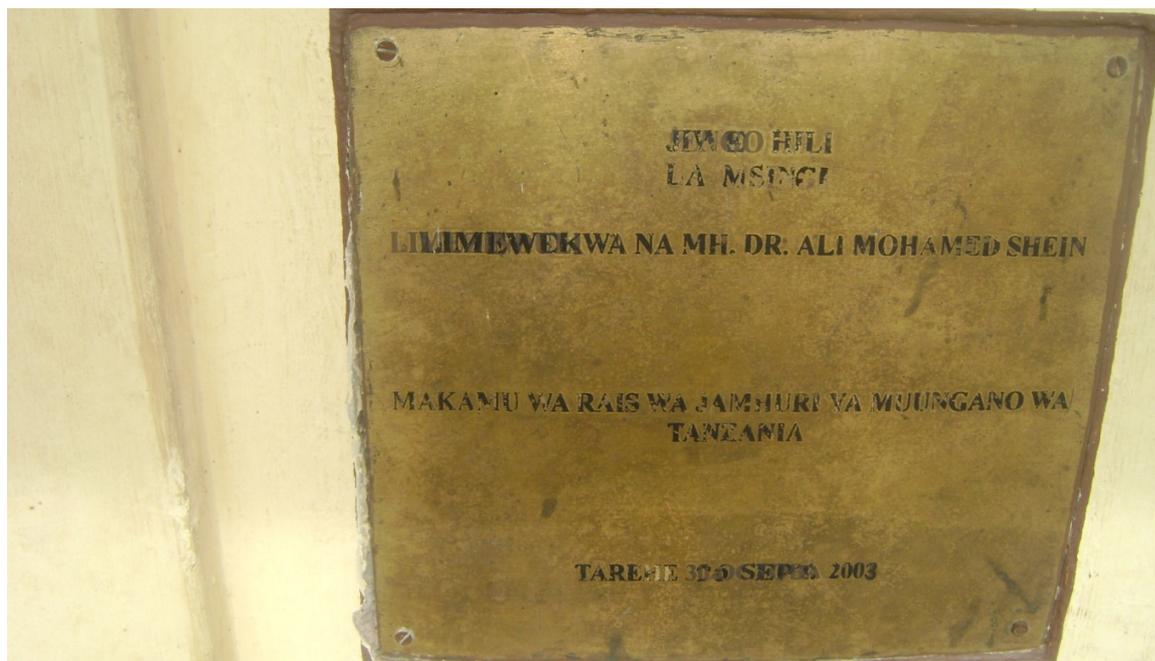
Find below are pictures of the, health centre, and one of the wards without beds where patients sleep on the floor.



These are modern health centre buildings that were built by funds from Japanese government but there are no facilities/services provided to date. No beds, lab equipments, personnel, medicaments, and even gloves! "We normally advice expecting mothers to bring their own pairs of gloves....." said one trained senior Nurse.



One of the maternity wards without beds and patients sleep on the floor



The above health centre had government blessings and this placard for the Foundation stone was laid by H.E. Dr. Ali Mohammed Shein, Vice President of the United Republic of Tanzania on 30th, September 2003

Attitude of men and women on elimination of gender based violence

A wife should tolerate being beaten by her husband/partner

As it has been explained in the previous sections of this report, Gender based violence, or violence against women is a major public health and human rights problem not only in Tanzania but in many parts of the world. Women are being victimized in many households and such incidents go unreported. In very few cases, such acts are reported and cases are brought before a court of law for arbitration.

Although majority of female respondents were not in agreement with the statement, lower proportions of men than those of women did not agree. This is expected from men who continue to exercise their dominating attitude over women. In the course of the discussions, some men said that they are doing this because it is a historical matter as they were witnessing what their parents were doing and, so, they have to follow.

In places where FGC/FGM is practiced, there are important advantages for a circumcised girl

Female Genital Cutting or Mutilation is prohibited in Tanzania but it is practiced in some parts of the country. Previous TDHS (2004/05) revealed regions in which there are women who have been victims of this culture. The 2004/05 reveals that 14.6 percent of

women of reproductive ages between 15 and 49 years were circumcised. The most affected regions were found to be Manyara (81 percent), Dodoma (67.8 percent), Arusha (54.5 percent), Singida (43.2 percent), Mara (38.1 percent), Kilimanjaro (25.4 percent), Tanga (23 percent) and Morogoro (18.1 percent). Other regions reported very small proportions of women who were circumcised (less than 4 percent). This study shows that prevalence of FGC/FGM in the regions in which the project districts are located is quite low ranging between one percent in Mwanza, 0.6 percent in Shinyanga, 0.6 percent in Kigoma and 0.2 percent in Pemba North.

In this study, it has been found out that while fewer men (57.7 percent) feel that a girl has advantages when she is circumcised, women were totally against the idea since 89.4 percent felt that there are no important advantages for a circumcised girl. Women of different education background are in disagreement with the idea that girls have advantages if they are circumcised. Since in these districts FGC/FGM is not widely practiced, this issue was least important to them since they are not aware about the side-effects of the exercise.

A girl is never too young to be married if a good husband is found

Although the 1971 Marriage Act specifies age 15 as the age that a girl may get married, medical experts argue that a 15 year girl is not mature yet to be able to deliver safely. Different activists have been urging the Government to review the law, not much has been done.

This study reveals that overall about 82 percent of women and 82.7 percent of men disagree on this matter. Majority of both men and women in the districts are in disagreement with this fact. The proportions of women and men who disagree with this issue are much lower compared to those observed in other districts.

There is need for the Government to look into the provisions of the marriage act by rising the age of marriage for girls in order to safeguard lives of these girls and their expected newborn babies. Furthermore, efforts should be made to educate people on the matter and impress upon them on putting more emphasis on education for their daughters.

A wife is justified in refusing to have sex with her husband/partner when she is tired or not in good mood

It is encouraging to note that 80.8 percent of women and 79.7 percent of men agree that a wife has the liberty to have sex when she is ready for it. About 91 percent of women and 78.2 percent of men in Kinondoni are in agreement with the statement. About three quarters of women in Missungwi do agree with the fact that a wife is

justified in refusing to have sex with her husband or partner when she is tired or not in good mood. All in all, one can say that majority of both men and women agree that a wife is justified to refuse to have sex when she is not in good mood. Majority of men and women of different levels of education are in agreement with the statement.

If a wife goes out without telling her husband/partner, he is justified in hitting or beating her

Respondents appear to be divided on the issue. About 46 percent of women and 51.8 percent of men disagree with the statement. This means that a substantial proportion of men and women agree that a woman deserves the beating if she leaves her home without informing her husband.

Although women (61.7 percent) and men (59.4 percent) in Magu district do not agree with the idea that a woman deserves a beating if she leaves her home without informing her husband, women in Micheweni (65.8 percent) and Kigoma Rural (55.3 percent) agree with the statement. On the other hand, more men in Micheweni do not agree with this statement. Women living in Micheweni and Kigoma rural are less exposed to initiatives against GBV – cemented by low levels of education. On the contrary, men are a bit more exposed in such issues. For Micheweni religious, cultural and tribal orientations may explain the kind of responses from women.

In places where FGC/FGM is practiced, a girl should be circumcised in order to preserve her virginity before marriage

It is a fact that FGC/FGM is prohibited in Tanzania and whoever is doing it is contravening the law. As it is stated earlier on, most women and men disagree with the idea that a girl should be circumcised in order to preserve her virginity. The public needs to be sensitized to change their thinking so that this culture is eradicated completely in Tanzania.

The survey areas do not practice FGM/FGC, not much could be collected on the qualitative data.

Women should choose themselves whom they want to marry

It is generally agreed that women should be given a free hand to marry men of their choice. Although in the past, parents had the obligation to choose a husband for their daughter. However, this practice is being discarded but nobody is certain whether the practice has been abandoned completely. There have been cases where there are big differences in age between the husband and wife, thus denying any chance of having a

meaningful dialogue between the two. Normally, the husband is much older than the wife; hence the wife is subdued and has no say on aspect of marriage life.

It is better to send a son to school than it is to send a daughter

“Education for All” is the policy that was adopted by Tanzania which encourages and urges parents to send their children irrespective the sex of children. About 83 percent of women and another 83 percent of men do not agree with the statement that it is better to send a son to school than it is to send a daughter. In Kinondoni, 99 percent of women and 91.2 percent of men felt that all children irrespective of their sexes deserve to get education. In other districts, substantial proportions of women and men also do not agree with the statement that it is better to send a son to school than it is to send a daughter. On respondents by education, they are also not in agreement with the statement.

Much is being said about education for both boys and girls, drop-outs of girls are much higher than that of boys. Most girls who drop out are taken out of school to be married or they get pregnant while still in school. There is need for the communities to value education for girls so that they are placed in a better position for political, economical and social development which includes aspiration for leadership positions.

If a wife burns the food, it is only proper that her husband/partner discipline her by hitting or beating her

Results show that about 78 percent of women and 82.3 percent of men felt that it is not proper for a husband to beat his wife on the pretext that she has burnt food. Likewise, women and men classified by level of education disagree with the idea. Surprisingly, in all districts, more men than women disagree with the statement.

If a woman was raped, in most cases that means she must have done something to provoke it

Sexual harassment is another form of sexual violence that is directed to women. This study reveals that a small proportion of men and women believe that a woman is raped means that she must have done something to provoke it. While one may agree with the contention, there are more pertinent reasons that women are being raped. What can we say when a child below age 10 years is raped. This matter requires to be investigated to determine whether it is being practiced in the project districts and assess the extent and factors behind it.

Most recent study: Kenyan women won't vote for women

This article appeared on Daily News – POLITIKA SURVEY, Monday, March 8, 2010 (refer to Appendix V)

Fifty three per cent of Kenyan would vote for a female presidential candidate, according to a poll released on Saturday ahead of international women's Day to be marked on Monday.

The study conducted by info-track however indicates that only nine percent of the female respondent trusts the political leadership of a female with majority preferring male leader.

“Do men play a role as an obstacle to women empowerment?”

Info track CEO Angela Ambitho said the study revealed that women trust Prime Minister Raila Odinga the most (30 per cent) followed by Martha Karua 11 per cent.

Only two women appear in the ranking Martha Karua and Charity Ngilu and I think that should be an eye opener: if we believe that there should be more political participation in the higher echelons by women then women themselves need to go through the paradigm shift “she said.

The survey also indicate that 45 per cent of men feel that gender inequality is still prevalent in Kenya and that four out of 10 men agree that men hinder women empowerment.

The question was “do men play a role as an obstacle to women empowerment?” and it is interesting that 40 percent of guys said yes. So men know that there are things that they are doing that work as obstacles to women's strides. In addition 47 per cent of men, almost 50 per cent, said there were things that they can do to elevate effort towards gender equality,” she said.

“.....women themselves need to go through the paradigm shift “

The poll also revealed that equal employment opportunities, education and training as well as violence against women were the top three areas Kenyans felt the government had failed to address to facilitate gender equality.

About 82 per cent of Kenyans indicate the government should take role in providing solution and feel that the government's overall performance in this area is currently only 50/50. Unfortunately with falling academic performance, it will e imperative for government and other stake-holder to seek various interventions for this problem.” said the CEO.

According to the survey 's finding , the civil society scored highest in its performance in areas of fighting violence against women and employment opportunities in areas of fighting violence against women and employment opportunities . 67 per cent of the respondents, expressed support of the role played b the civil society in addressing gender inequality

About 52 per cent of Kenyans felt that women did not have equal access to political participation as compared to men. The one area the respondent felt women were making inroad was in parliament. Of those who felt that women had equal access to politics participation as men, 64 per cent felt that women were taking an active role in politics.

"Parliamentary, ministerial and civic positions were the three main roles highlighted by respondents as those that were currently occupied by women in Kenyan political landscape," she said.

The poll which was based on 1,200 respondents in all provinces in Kenya also showed that slightly more than half of the respondents were aware of the International Women's Day while 46 per cent of them did not.

"They do not know about this day that is dedicating to women and 70 percent to those who know about its existence do not know when it is marked and what it all about, she said.

The survey was carried out between the February 24 and 28. Respondents who qualified for the survey had to be 18 years old and above.

CHAPTER5: CONCLUSION AND RECOMMENDATIONS

5.1 CONCLUSION

Attitude of men and women towards women's economic security (property rights, inheritance, involvement in paid work, etc)

Percentage of women with control over assets in households

Results of the study indicate that a small proportion of women have control and decision over assets in their households. Control of assets in the homes is closely associated with education whereby respondents with no control over assets are less educated than their counterparts, e.g. Nominal findings of those who have control & decision over assets – 37.5% (never attended), 52.9% (only primary), 8.9% (secondary) and 0.8% (tertiary) – a typical presentation of education profile based on gender. Urban respondents lead in possessing, control and have decision over assets than counterparts in rural areas.

Kinondoni and Missungwi districts are predominantly urban; hence, the dynamism of urban life necessitates women to have control of some assets. Women in urban settings are participating in various economic activities like trading, animal husbandry, formal employment, et cetera. The yield obtained from economic activities enhances the possibility of women to control certain assets.

Women in rural areas are less educated, engaging themselves in agricultural related activities of which are family owned in most rural community. The monetary yields obtained from the farming activities are controlled by head of family who happen to be men. The percentage of women in rural areas who depicts to have control and decision over assets are more likely to be aged 35 years old and above. Their composition includes widows and divorced ones.

Although there are men who still believe that women have no say in family assets, it has been proved that in some households women are involved in ownership and decision making on matters concerning family assets. However, women are not involved in decision making on issues concerning family properties, they are just informed after men have decided. This was observed in all project districts.

Inheritance has remained a big challenge to women. Women are still deprived their right of inheritance when husbands die and do not get equal share of properties when divorced.

Percentage of women with capacity to cope with economic shocks

Overall, 92 percent of respondents indicated that they did not have capacity to cope with economic shocks in the last 12 months, while only eight percent (8%) mentioned to have the capacity to cope with economic shocks. In this study, it was found out that there is relationship between education levels and the ability to cope with economic shocks.

It is a fact that capacity to cope with economic shocks entails individual's ability beyond physical strength, it include skills, knowledge, monetary power, magnitude of 'socialization' and control over certain 'liquid' assets. Individuals who are exposed to certain skills, and use the acquired skills to enhance their participation in the income generating activities and socialization in the community, are likely to be able to cope with economic shocks. Findings depict that respondents whom failed to cope with economic shocks – 33% (never attended), 45.9% (only primary), and 11.9% (secondary). For that matter education level is among the key factor in improving women's ability to cope with economic shocks. Majority of respondents who failed to cope with economic shocks are ones with primary education or who had never attended school.

Poverty is another factor that leads to inability of the household to cope with economic shocks. Poor families are unable to provide for themselves or contribute to productive capacity. Vulnerable members of the household such as the elderly, handicapped persons and children are the ones who suffer most.

Attitude of men and women towards women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner, etc)

A couple should decide together how many children to have

It is overwhelmingly accepted that couples should freely and together decide on the number of children to have. However, available studies have attempted to assess whether couples are discussing about not only the number but also the timing of the next child. Cultural tendencies have caused many couples from taking advantage of making their own decisions on the number and sex of their children. With an increase of child survival, couples are now in a position to make decisions on the number of children they would like to have in their lifetime.

A husband and wife should decide together what kind of contraceptive to use

There is agreement among women and men that couples should be left to decide the kind of contraceptive method they would like to use. One notable observation is that

lower proportions of both men and women with no education were recorded who agreed that couples should decide together the kind of contraceptive method to use. This suggests that such women are not well sensitized on the benefits of using contraceptive methods in order to plan one's family.

When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STI's she may decide on her own to seek the help of trained health personnel

Overall, results show that 61.8 percent of men and 64.1 percent of women feel that when a woman has a health problem or issue related to pregnancy, childbirth, care after delivery or sexually transmitted infections, she may decide on her own to seek the help of a trained health personnel. This indicates that there is a sizeable proportion of both men and women who disagree with this statement. Kinondoni presents a completely different view whereby men differed with men and women in other districts whereby 59.4 percent of men in Kinondoni disagreed with the fact that a woman has the right to freely seek help of trained health personnel whenever she has a health problem. Men in Kinondoni may have a valid reason for not accepting the idea because urban settings are not safe for a sick/pregnant woman going on her own to a health facility without the knowledge of her partner.

If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex

Majority of male and female respondents (79.7 percent of men and 79 percent of women) agree that if a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex. In Kinondoni and Kahama respondents agreed that the wife is justified in asking her husband to use condom if the husband happens to be infected with sexually transmitted infections. In Kinondoni, 86.4 percent of men and 92.6 percent of women were in agreement with the contention. Although Micheweni recorded low percentages of men and women who agree, still majority of them tend to agree with the statement. It is worth noting that in the health sphere, if a man reports to health personnel that he has contracted STI, he is usually advised to bring his partner so that they both are treated. No studies have been made to assess the effectiveness of this arrangement.

Women should have the same opportunities to receive health care as men

In respect to equal opportunities for health care, 95.1 percent of men and 94.5 percent of women agree that women should have the same opportunities to receive health care as men.

All districts appear to have recorded proportions of men and women who agree with the statement that “women should have the same opportunities to receive health care as men”. Over 90 percent of men in each district agreed with the statement. Likewise, the proportion of women who agree with the idea is high in all districts which lies above 90 percent.

Although pregnant women are supposed to get free treatment at a health facility, provision of health services particularly in rural areas is not satisfactory. Health personnel, in some cases, are not adequate or do not attend to the sick effectively and even supply of medicines is erratic.

Attitude of men and women on elimination of gender based violence

A wife should tolerate being beaten by her husband/partner

Majority of women (89.4 percent) and a sizeable proportion of men (67.6 percent) disagree with the statement. Women, in particular do not accept this form of violence against women, but the proportion of men who disagree is far lower than that observed among women for obvious reasons including male dominance on women. It is argued that this is historical, so men are just doing what their fore fathers were doing to their wives. It is an unfortunate situation which requires immediate action to reverse it. Women with different levels of education also felt that this practice is not acceptable. One notable observation relates to Micheweni where 89.7 percent of women and only 41 percent of men were against wives tolerating being beaten by their spouses.

In places where FGC/FGM is practiced, there are important advantages for a circumcised girl

Female genital cutting (FGC) also known as female genital mutilation (FGM) or female circumcision is a common practice in many societies in many parts of Tanzania. The Special Provision Act, a 1998 amendment to the Penal Code, specifically prohibits FGC. FGC is considered to be compulsory in some communities whereas in other communities, women may have options about being circumcised.

The 2004/05 TDHS reveals that prevalence of FGC/FGM in the regions in which the project districts are located is quite low ranging between one percent in Mwanza, 0.6 percent in Shinyanga, 0.6 percent in Kigoma and 0.2 percent in Pemba North. However, FGC/FGM is widely practiced in Manyara (81 percent), Dodoma (67.8 percent), Arusha (54.5 percent), Singida (43.2 percent), Mara (38.1 percent), Kilimanjaro (25.4 percent), Tanga (23 percent) and Morogoro (18.1 percent). Overall, 14.6 percent of women of reproductive ages between 15 and 49 years were found to be circumcised (2004/05 TDHS).

This study has revealed that fewer men (57.7 percent) feel that a girl has advantages when she is circumcised, while majority of women were totally against the idea (89.4 percent). Women of different education background are in disagreement with the statement. Since in these districts FGC/FGM is not widely practiced, this issue was least important to them, hence they are not aware about the side-effects of the exercise.

A girl is never too young to be married if a good husband is found

The Marriage Act of 1971, which stipulates that a girl can get married after reaching the age of 15 years, and recommendations of the United Nations, was brought up so as to protect the health of girls and the health of their children. One of the effects of prescribing the minimum marriage age would be to prevent the parents from removing their young daughters from school, because they cannot be married until they reach the prescribed minimum age.

Overall, over 80 percent of men and women disagree on this matter. Majority of both men and women in the districts are in disagreement with this fact. However, in Missungwi, the proportions of women and men who disagree with this issue are much lower compared to those observed in other districts.

A wife is justified in refusing to have sex with her husband/partner when she is tired or not in good mood

Sexual violence against women is usually reflective of pre-existing patterns in society. Rape and violence against women is a good proxy indicator of rising tensions and incipient conflict. Usually, sexual violence is in the form of sexual abuse and exploitation, rape, gang-rape or attempted rape, sexual slavery, forced pregnancy, abortion, pregnancy, sterilization or contraception, trafficking for the purpose of sexual exploitation or domestic violence.

This study, shows that majority of both men and women in all districts agree that a wife is justified to refuse to have sex when she is not in good mood. Majority of men and women of different levels of education are in agreement with the statement.

If a wife goes out without telling her husband/partner, he is justified in hitting or beating her

Physical beating of women is another form of violence that is directed to women. This is happening in many households where some such incidents are reported but many go unnoticed and reported to law enforcement organs.

In this baseline study, results show that respondents are divided on the issue. About 46 percent of women and 51.8 percent of men disagree with the statement. This means that a substantial proportion of men and women agree that a woman deserves the beating if she leaves her home without informing her husband. While about 62 percent of women and 59.4 percent of men in Magu district do not agree with the statement, 65.8 percent of women in Micheweni and 55.3 percent in Kigoma agree that such a woman deserves a beating. In Micheweni, more men than women do not agree with this statement. This is a healthy situation.

In places where FGC/FGM is practiced, a girl should be circumcised in order to preserve her virginity before marriage

Overall, most men and women do not agree to the statement, instead they believe that this practice puts such women in very dangerous health situation.

FGC/FGM is prohibited in Tanzania, but this practice appears to be continuing possibly because the Tanzanian community has not been educated on the side effects of the operation particularly those related to her reproductive health.

Women should choose themselves whom they want to marry

In the past and in many communities, parents had the responsibility of choosing a husband for their daughter. However, with time, this is being eased up and daughters are being given a free hand to choose a husband of their choice. Survey results show that more than 80 percent of women and men agree that women should be given a chance to choose for themselves whom they want to marry. Women and men of different education level have the same feeling about this statement.

It is better to send a son to school than it is to send a daughter

Tanzania adopted a policy which emphasized on education for all children irrespective of the sex of children. To a great extent, this has been successful at the primary education level. However, at higher levels, the disparity between male students and female students has widened not because of any policy directive, but rather, girls are not making through in their studies.

Most respondents (more than 80 percent) in this study do not agree with the statement that it is better to send a son to school than it is to send a daughter. Kinondoni has the highest proportion on men and women who disagree with the statement.

If a wife burns the food, it is only proper that her husband/partner discipline her by hitting or beating her

Majority of men and women disagree with the statement that if a wife burns food it is proper for the husband to discipline her by beating her. At the district level and even those by education background, most of men and women disagree with the statement. One notable surprise is that more men than women disagree with the statement that if a wife burns food she deserves to be disciplined by beating her. However, in Kinondoni 93.5 percent of women and 85.3 percent of men disagree with the statement. Micheweni recorded the lowest proportion of women (69.8 percent) who disagree with the fact that a wife should be disciplined if she burns the food.

If a woman was raped, in most cases that means she must have done something to provoke it

Sexual harassment is another form of sexual violence that is directed to women. Women and even children below 10 years have been raped for unknown reasons. However, it is sometimes argued that women who are raped must have done something to provoke the act. In this study, about 17 percent of women and 20 percent of men believe that if a woman is raped then she must have done something to provoke it. Those who disagree with the statement account for about 69 percent among women and 62.7 of men.

Missungwi reported the lowest proportion of women and men who disagree with the statement while Kinondoni has the highest proportion of women who disagreed with the statement. On the other hand, Kahama has the highest proportion of men who disagree with the statement.

Therefore we conclude by highlighting that;

The Millennium Development Goals (MDGs) are the international “roadmap” for the concerted and concrete global action to eliminate poverty by 2015. Goal 3 is “to promote gender equality and empower women”. While only this goal explicitly addresses gender equality and the empowerment of women, it is now widely recognized that achieving gender equality and women’s empowerment is central to fulfilling **all** the MDGs.

Poverty affects women and men, girls and boys, but the impacts are different based on other variables which include their age, race, ethnicity, literacy, education, skills and disabilities. While disparities vary country to country, region to region, district to district, no country or region is free of gender inequality. Disparities between or amongst women and men, boys and girls tend to be low-income countries, and among the poor,

especially in capabilities, access to resources and opportunities. Gender inequality intersects with other economic, social, cultural and political variables often to produce more intensified forms of poverty for women and girls than for men and boys.

Just as gender inequality exacerbates poverty, poverty contributes to increased gender disparity. Gender equality is not only a women's issue, but should concern and fully engage men and boys who can and do contribute to advancing gender equality, as individuals, within the family, community and in all spheres of society. Men and boys also face discriminatory barriers and practices themselves which may need to be addressed; linkage, composition and decision making play a vital role.

- i) *The composition of the family/household*, which will vary in different locations and cultures: Family/household composition is an important attribute regarding the empowerment of women and girls. It is a determining factor of how family/household matters are managed or decided among kin members. Its impact transcend beyond families and households (affecting communities as well as societies). It is therefore important to understand the nature of family/household composition within the program's communities as a foundation for determining where and how impacts might appear.
- ii) *Decision-making within the family/household* about investments and the selection of productive activities: Some decisions are made jointly by husband and wife (or other combination of adults managing the family/household); others are made separately. How resources flow into the family/household and who controls them are affected by gender, age, and status; such issues can generate cooperation or conflict affecting, in turn, both the outcomes and beneficiaries.
- iii) *How the family/household is linked externally to larger social networks* through which it gives and receives resources.

5.2 RECOMMENDATIONS

5.2.1 On Domain Indicators:

Existence and enforcement of law on Women's Economic Security Right (their property rights, inheritance rights, etc)

The law in Tanzania recognizes the right of every person to own property. This right is guaranteed under Article 24 of the Constitution of the United Republic of Tanzania, 1977 (as amended). It should be noted from the outset that Article 24 provides for the

right to property generally irrespective of gender. Apart from this law, other laws have been enacted which aim at providing avenue for equal distribution of assets. In the Land Act of 1999 and the Village Land Act of 1993, women's right to own land has been given special attention. However, it is evident that women are deprived the right to own assets and make any decisions on assets in the home. Most women are not aware of such laws, and no efforts have been made to avail these laws so that they are understood by the general public especially those living in rural areas.

In this respect, it is high time that every effort is made to distribute these laws translated into Kiswahili to the general public so that they are aware about these laws. The CARE Tanzania's Programs may take part in engaging law experts to undertake orientation workshops/seminars/meetings where people can be explained about the different sections of the laws. This will enhance their awareness about their rights especially those related to decision making in the homes, rights of women on assets and women's rights on inheritance.

CARE can assist by collaborating with other players in translation of some of these laws in Swahili language to enhance their awareness about their rights especially those related to decision making in the homes, rights of women on assets and women's rights on inheritance.

Attitude of men and women towards women's economic security (property rights, inheritance, involvement in paid work, etc)

It has been established that a small proportion of women have control and decision over assets in their households. Control of assets in the homes is closely associated with education whereby respondents with no control over assets are less educated than their counterparts. Urban respondents lead in possessing, control and have decision over assets than counterparts in rural areas.

Women in rural areas are less educated, engaging themselves in agricultural related activities of which are family owned in most rural community. The monetary yields obtained from the farming activities are controlled by head of family who happen to be men. Women are not involved in decision making on issues concerning family properties, they are just informed after men have decided. Inheritance has remained a big challenge to women. Women are still deprived their right of inheritance when husbands die and do not get equal share of properties when divorced.

This study acknowledges the presence of 'man superiority' towards women's economic security in surveyed districts. Thus, this study recommends the introduction of awareness sessions to educate men regarding equal opportunities for all.

Education is the main stumbling block that is denying women from demanding and getting their rights on property and inheritance. In order to achieve the goal of CARE Tanzania's Women and Girls Empowerment (WAGE) Program, the deprived women and girls should be involved on a large scale so that many benefit from the social and economic empowerment program. By empowering women and girls, many families will improve their economic status and, so, reduce poverty. In this respect, women will be able to manage their own activities. WEZA baseline analyzed that economic empowerment has to some extent positive effects on social empowerment (at individual level) but formal education seem to be much more important.

The CARE needs to expand its operations to cover a wide range of women and girls in the program districts.

Attitude of men and women towards women's participation in the public sphere, decision making at community level

There is a general agreement that women should be able to contest for elections in all public bodies just like men. Majority of men in the six districts agree that women should be encouraged to seek election in public offices. Although the Government has set a 30 percent share of women in public bodies, women should not only seek the set seats, rather, they should be encouraged to contest parliamentary seats and local government seats. Women should decide on their own whom to vote for in election, without the influence of their husbands.

Study recommends the introduction of awareness sessions to educate men and women regarding equal opportunities for all. CARE needs to expand its operations to cover a wide range of women and girls in the program districts by sensitizing on dimension of empowerment like: self confidence, expression of feelings, decision making, relationships with associations, access to material resources, and the likes.

Attitude of men and women towards women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner, etc)

A couple should decide together how many children to have

Results have shown that both men and women of different education background agree totally that couples should sit and decide the number of children to have. However, there are no specific studies which indicate whether couples are discussing about the number of children they would like to have. Social and cultural barriers have tended to inhibit many couples from making such decisions. With the prevailing economic hardship and demand for education for children, couples have no other choice except to

begin to talk about the welfare of their children. Sex preference has been one of the factors that have hindered couples from making any meaningful discussion on the matter. Age difference between spouses is another problem that restrains couples from sitting down to discuss about family issues including the number of children couples should have.

In order to assess the extent to which couples are making meaningful consultations about the number of children to have, there is an urgent need to undertake a study to determine whether couples are actually discussing about the matter; if not, the study should look for reasons. The project can take the lead on this issue.

In the same spirit, social and cultural norms which place couples in a situation whereby they are not able to discuss about the number of children to have should be looked into before they are eradicated. However, to achieve this, such norms should be removed; people are educated on the values for children and upbringing. It is difficult, but communities should be in the forefront to educate people on the need to value children welfare. The Project is advised to look into ways how it can help couples to understand the need for them to discuss about the number of children they would like to have.

A husband and wife should decide together what kind of contraceptive to use

Previous national studies have shown that while knowledge about different methods is high (well over 80 percent), use is still low. The 2004/05 TDHS, current use was found to be low (17.6 percent of all women age 15-49 and 20 percent of currently married women). Although results of this study show that both men and women have agreed that a couple should decide together the type of contraceptive method they would like to use, this study did not ask respondents whether they are currently using any method of contraception. It is proposed that a study should be conducted to determine the type of method they would like to use, whether they are using any method and if they are not ready to use a method of contraception, they should be asked to state reasons for not using contraceptive methods.

From these results, the Project should develop a program that will help residents in the project districts to be aware about the different methods of contraception. Awareness program should be developed in the project districts to assist the Government to understand the different methods of contraception and the benefits of using contraceptive methods.

By summarizing, previous studies have shown that while knowledge about different methods is high (well over 80%), use is still low. The study revealed that age, social and cultural barriers have tended to inhibit decision making on SRHR.

Study recommends progressive awareness sessions to educate men and women regarding SRH and related services. CARE needs to collaborate with other relevant

stakeholders and government bodies by devising methods that will arouse interest, ability and usage of SRHR services, by taking note of age groups in the process.

Attitude of men and women on elimination of gender based violence

Gender based violence, or violence against women is a major public health and human rights problem not only in Tanzania but in many parts of the world. Women are being victimized in many households and such incidents go unreported. In very few cases, such acts are reported and cases are brought before a court of law for arbitration.

Female Genital Cutting or Mutilation is prohibited in Tanzania but it is practiced in some parts of the country. Previous TDHS (2004/05) revealed regions in which there are women who have been victims of this culture. This study shows that prevalence of FGC/FGM in the regions in which the project districts are located is quite low ranging between one percent in Mwanza, 0.6 percent in Shinyanga, 0.6 percent in Kigoma and 0.2 percent in Pemba North. This study recorded 3.9% of male respondents agreeing and 90.1% disagreeing on FGC as advantageous.

Study recommends progressive awareness sessions to educate communities on the side effects accompanied by this evil exercise. CARE needs to collaborate with government and other stakeholders by sensitizing people on the disadvantages of the exercise.

5.2.2 On Specific Indicators:

1. The concept of developing community animators is central to CARE. The program shifts from a mobilization approach to animation so as to facilitate change process in people's agency, relations and structures.

There is a diverse difference on issues and observations emanating from the survey districts. For instance, animator's skills and leadership capacities need to be enhanced in Kinondoni, Kigoma rural and Micheweni. Either the selected animators are not active enough due to geographical coverage, education, environment and/or CARE has not done enough in capacitating them.

The study revealed male and female respondents negativity on animator's skills and leadership capacities for Kinondoni (68.2%) & (56.7%), Kigoma Rural (66%) & (70.4%) and Kahama (56.7%) & (54.3) respectively.

CARE must consider particular rural/urban settings and cultures when selecting animators and screening of village self-selected animators. There is still room for improvement to enable selected animators to do better, CARE needs to revisit the following areas and act accordingly i.e. animators selection & training, administrative barriers, implementation strategies; geographical coverage, environment or societies.

2. Study noted presence of children who are not enrolled in primary school in all districts. The percentage is small (8.3%), however it signals that some efforts are needed to improve the situation at grassroots levels.

Government alone cannot accomplish such task alone, CARE as an organization with close relationship with community through proper collaborations can intervene through its projects like SAGE, whereby school drop-outs are educated and integrated from non-formal into formal education.

3. Among intermediate goals of CARE is contributing to learning and action on women and girls empowerment and gender equality at local and national levels.

Study revealed that majority of women and men respondents from Kinondoni (78.6% & (70.6%), Kigoma (71.3% & (64.7%), Missungwi (66.1% & (61.6%) and Micheweni (59.1% & (50.8%) respectively, are NOT confident with CARE staff active participation in gender networks at national level.

This perception may eventually negate good attempts made by the programme – that basically works for women and girls empowerment.

CARE should devise a system of providing feedback to communities on their participation in gender networks country wide. This will instil trust, confidence and awareness to target communities. Thus, CARE's position as active participant will be strengthened and consolidated.

4. Stakeholders are not sharing success stories about women and girl's empowerment and this is dominantly common in Kinondoni, Kigoma and Micheweni. The study indicated men and women respondents of Kinondoni (70% & (61.7%), Kigoma (61.4% & (79.1%) and Micheweni (60% & (60.9%) respectively, responding negatively.

When community is aware of successes brought by interventions it increases the likelihood of their participation and involvement in empowerment programmes. Sometimes failures or unsuccessfully empowerment attempts make stories faster; and these may have negative effects in relation to their involvement in ensuring sustainability of the initiatives.

The study recommends that CARE should share and remind other players that well shared success stories will always inspire communities. CARE should collaborate with community leaderships to instil ownership and accountability as highlighted by some policy makers in Magu district during interviews.

Live stories of empowered women in Zanzibar teach us that their success is often positively influenced by a supportive husband as highlighted in WEZA baseline survey.

5. The observed percentage of people who fetch water from open wells and surface water in surveyed districts is significant (38.5%). Open wells are more likely to be affected by environmental pollution hence to be the source of waterborne related diseases.

This study recommends CARE to collaborate with other CARE program and other stakeholders who deals with health, safety, and sanitation. By so doing women who look after the sick and walk long distances to fetch water will be relieved and concentrate on other activities that may empower them.

CARE can adopt and use experience of Kinondoni project on sanitation and health and replicate in other survey districts.

6. Utilization of various sources of energy such as electricity, solar, paraffin, firewood, etc express typical households of Tanzania and their status of welfare. High percentage of charcoal consumption in Kinondoni (73.8%) describes how urban dwellers in Tanzania rely on charcoal usage. This imply that people in rural areas will continue with cutting of trees and preparation of charcoal to meet the demand in urban areas, this renders to deforestation in most parts of rural Tanzania. Apart from usage of charcoal in urban areas, study noted high consumption of firewood in Kigoma rural (92%), Kahama (73%), Magu (88.7%), Missungwi (92%), and Micheweni (92%) as typical source of energy in rural areas; this imply that unchecked demand of firewood also leads to deforestation.

This study calls for CARE in collaboration with other CARE and other stakeholders who deal with environmental conservations and suppliers of alternative sources of power. CARE can link the community with organization such as MIGESADO of Dodoma that deals with biogas and TATEDO of Dar es Salaam that deals with solar energy. By collaborating with others Tree planting / afforestation programmes can be introduced in the communities to check deforestation.

The study is informed about the presence of CARE projects that deals with afforestation and environmental conservations in Morogoro and Kigoma. Therefore, it calls for extension of these projects in surveyed districts as an alternative effort to combat deforestation and conserve nature.

7. This study is recommending the establishment of a free Swahili newsletter or magazine for residents of places where CARE operates.

The newsletter or magazine will act as an instrument of attitude/behaviour change among members of community. Behaviour/ attitude change is a gradual process and takes time to reach optimal impact.

This study revealed that attitude of men and women towards women's economic security in aspects such as inheritance, property rights, education to girls, etc seems to be improving, however, men appears to be slow in eroding their 'man superiority' .

Thus the magazine will supplement other efforts that aim in attitude changes. Considering literacy levels, it is recommended that use of role-plays and theatres from local communities can contribute significantly in attitude and behaviour changes – animators can be engaged in making this happen.

8. Poverty issue-dependency on seasonal harvests, e.g. maize, rice, beans, cassava (basic staple crops), depends on natural weather conditions such as rainfall. Seasonality affects the food security and nutrition status in most households. This study calls for CARE to introduce new methodologies that are not seasonal to address the problems associated with home economics and nutrition. Fish ponds, poultry, and animal husbandry are good sources of nutritious meals, income and energy (cow dung/slurry); women can work tirelessly on these areas and eventually be economically and socially empowered.
9. The percentage of women reporting satisfaction with the availability and quality of SRHR related services in quantitative and qualitative responses is very contradictory. The availability of buildings and the quality of services provided by these health centres leaves much to be desired. This has resulted into conflicting responses during data analysis whereby most respondents remained dissatisfied with the quality of services while they acknowledged availability of health centres in the program districts. The study witnessed buildings in most areas but very poor services provided; that includes lack of equipments, personnel and even use of harsh languages.

From this study we recommend that CARE should have three distinct attributes on this indicator that checks and verify the **Availability**, **Quality** and **Use** of SRHR related services in the areas, instead of combining them into one. By so doing it will enable CARE to direct intervention activities and resources in a more effective manner and collaborating with the right partners to reach their goals. CARE should devise a method of measuring quality levels, e.g. Low, medium or high. Through collaboration with other stakeholders CARE can lend a hand on quality improvement of these highly needed services identified during the study.

10. The study has observed the rehabilitation of COBET centres and that the number of girls enrolled in non-formal education centers is increasing at an increasing rate so are the COBET trained teachers. This has been very positive and encouraging effort for CARE.

The study recommends that CARE program should work cautiously and effectively to reach their target goals but should not comprise quality of education with program targets or numbers. CARE in collaboration with education authorities should devise a

method of checking the quality of education provided to girls and COBET teachers/facilitators.

CARE is to ensure that education intervention remains sustainable even after the project is closed

11. In general, Kigoma District lagged behind all districts surveyed as evidenced by respondents' dissatisfaction, followed by Kahama and Kinondoni. More positivity was recorded by Magu and Missungwi respondents.

This study recommends CARE intervention to establish the actual causes of such observation. This may as well imply that Kigoma, Kahama and Kinondoni districts respondents have been more sincere and/or the sites are experiencing administrative or implementation fatigue.

Accomplishments in other survey sites call for CARE to strengthen and consolidate operations in these districts for higher and better performances.

12. Generally, CARE operates in several districts that work under regional administrations. For example, Kinondoni (Dar), Kigoma rural (Kigoma), Kahama (Shinyanga), Magu and Missungwi (Mwanza) and Micheweni (Pemba North). This has resulted into distinct and simplified form for identification of existing program sites using district names, with the exception of Pemba North.

Pemba has only two administrative regions, Pemba North and Pemba South and four Districts Wete, Micheweni, Mkoani and Chakechake.

The study revealed the importance of consolidating activities and program expansion to reach more target clients and attaining the ultimate goal of women and girls empowerment.

As we envisage CARE expansion to other districts:

The study recommends avoidance of noun ambiguity in future, CARE should think of refraining using Pemba connoting program site and rather use Micheweni. Micheweni is an administrative district just like Kinondoni, Kigoma Rural, Kahama, Magu and Missungwi – all CARE program districts.

If CARE decides to strengthen and consolidate operations in Pemba North and South (Regions) by expanding to other districts, most likely the usage of Pemba will be redundant. Usage of existing district names like Micheweni, Wete, Mkoani, can be adopted to avoid unnecessary confusions between program districts located in Pemba.

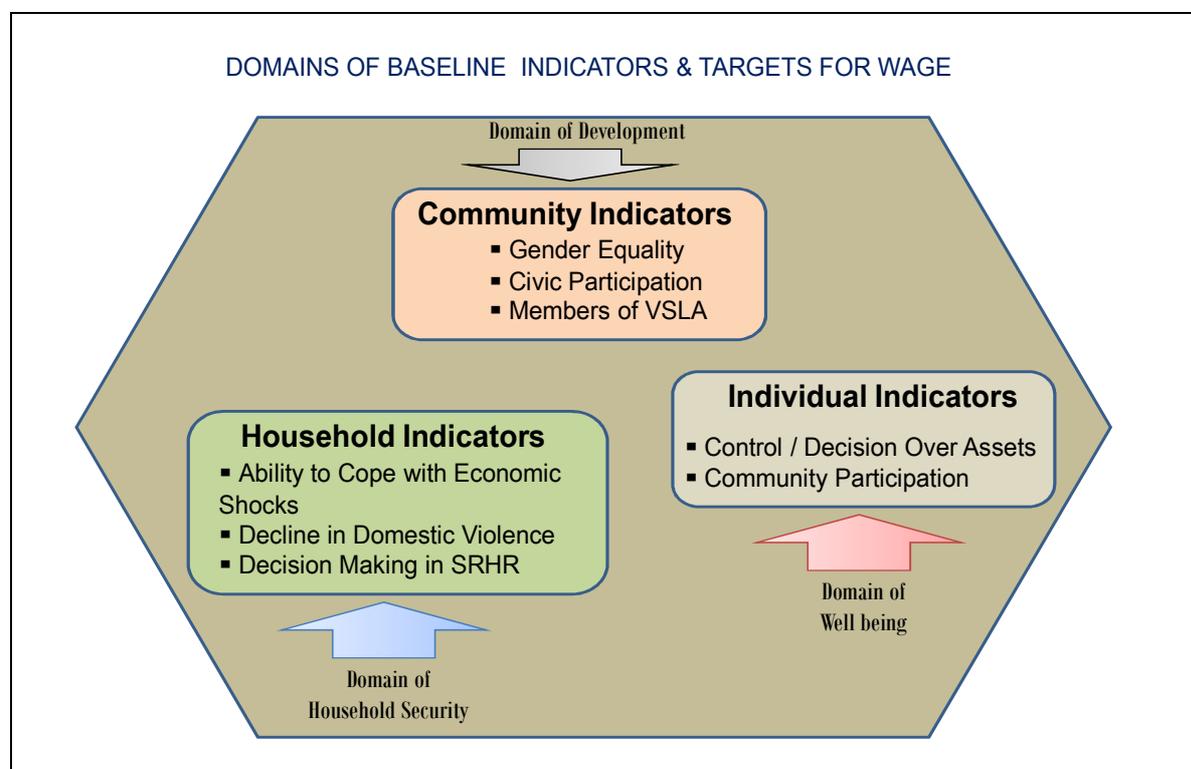
The name Pemba can be used in a bigger picture like when we assess CARE programs in country level (Tanzania Mainland and Zanzibar)

CHAPTER 6: VALUE OF THE INDICATORS and TARGETS

By definition an indicator is signal that reveals progress (or lack thereof) towards objectives; means of measuring what actually happens against what has been planned in terms of quantity, quality and timeliness. It is a quantitative or qualitative variable that provides a simple and reliable basis for assessing achievement, change or performance.

Indicators enable practitioners to verify the status of outcomes, or development changes over time, that CARE Tanzania seeks to influence as well as the progress of products and services for which managers are responsible. The purpose of indicators is to support effective programme planning, management and reporting. Indicators not only make it possible to demonstrate results, but they also can help produce results by providing a reference point for monitoring, decision-making, stakeholder consultations and evaluation. The use of indicators is integral to good management. Indicators are not merely relevant to scientists, statisticians or staff at CARE Tanzania. Indicators support the entire process of managing for results at every level of the organization. They help all of us “keep our eyes on the ball”.

This pictorial illustration posits indicators in respect of individuals, households, and community levels:



A: WAGE: Targets and Indicators

Indicators	Percent (%)		
	Baseline Value 2009	Target value	
		2011	2013
Individual			
<i>Outcome indicator 1. Control and Decision over assets:</i>		7.2%↑	7%↑
% of women with control over assets in household (Total)	39.4	42.2	45.2
• Kinondoni	43.3	46.4	49.7
• Kigoma Rural	33.5	35.9	38.4
• Kahama	27.8	29.8	31.9
• Magu	43.0	46.1	49.3
• Missungwi	57.1	61.2	65.5
• Micheweni	39.3	42.1	45.1
Household			
<i>Outcome indicator 1. Ability to cope with economic Shocks</i>		7.2%↑	7%↑
% of women with capacity to cope with economic shocks (Total)	8.0	8.6	9.2
• Kinondoni	4.6	4.9	5.3
• Kigoma Rural	6.5	7.0	7.5
• Kahama	6.9	7.4	7.9
• Magu	8.5	9.1	9.7
• Missungwi	7.1	7.6	8.1
• Micheweni	14.8	15.9	17.0
<i>Outcome indicator 2. Decision making at household level- SRHR</i>		1%↑	1%↑
% of women reporting satisfaction with the availability and quality of SRHR related services (Total)	96.9	97.9	98.8
• Kinondoni	97.4	98.4	99.4
• Kigoma Rural	98.5	99.5	100.0
• Kahama	95.8	96.8	97.7
• Magu	99.1	100.0	100.0
• Missungwi	96.8	97.8	98.7
• Micheweni	94.5	95.4	96.4
<i>Outcome indicator 3.</i>		7.2%↑	7%↑
% of women making informed choices/decisions with regards to their SRHR (Total)	62.5	67.0	71.7
• Kinondoni	73.3	78.6	84.1
• Kigoma Rural	58.8	63.0	67.4
• Kahama	67.5	72.4	77.4
• Magu	57.9	62.1	66.4
• Missungwi	67.7	72.6	77.7
• Micheweni	44.6	47.8	51.2
Community			
<i>Outcome indicator 1. Civic participation</i>		7.2%↑	7%↑
% of women that report meaningful participation in decision-making bodies at community level (Total)	22.1	23.7	25.3
• Kinondoni	18.4	19.7	21.1
• Kigoma Rural	22.3	23.9	25.6
• Kahama	23.7	25.4	27.2
• Magu	29.6	31.7	34.0
• Missungwi	28.2	30.2	32.3
• Micheweni	9.3	10.0	10.7

B: SAGE

The SAGE program will directly benefit 1,500 adolescent and young women (ages 10-17) in 20 villages in three wards – Lunguya, Segese and Ntobo – of Kahama district. Indirect beneficiaries will include school facilitators and teachers, WAGE and Ongeza Akiba, VSLA members, community leaders, parents and health workers.

i) Common Indicators for Kahama

Indicators	Percent (%)		
	Baseline Value 2009	Target value	
		2011	2013
Individual Level			
<i>Outcome indicator 1. Control and Decision over assets:</i>		7.2%↑	7%↑
% of women with control over assets in household (Total)	27.8	29.8	31.9
· Bugarama	28.9	31.0	33.1
· Runguya	31.7	34.0	36.4
· Ntobo	24.5	26.3	28.1
· Segese	27.8	29.8	31.9
Household Level			
<i>Outcome indicator 1. Ability to cope with economic Shocks</i>		7.2%↑	7%↑
% of women with capacity to cope with economic shocks (Total)	6.9	7.4	7.9
· Bugarama	11.4	12.2	13.1
· Runguya	7.3	7.8	8.4
· Ntobo	1.0	1.1	1.1
· Segese	6.1	6.5	7.0
<i>Outcome indicator 2. Decision making at household level- SRHR</i>		1%↑	1%↑
% of women reporting satisfaction with the availability and quality of SRHR related services (Total)	95.8	96.8	97.7
· Bugarama	97.2	98.2	99.2
· Runguya	96.8	97.7	98.7
· Ntobo	94.3	95.3	96.2
· Segese	94.3	95.2	96.2
<i>Outcome indicator 3.</i>		7.2%↑	7%↑
% of women making informed choices/decisions with regards to their SRHR (Total)	67.5	72.4	77.4
· Bugarama	73.5	78.8	84.3
· Runguya	82.4	88.3	94.5
· Ntobo	65.4	70.1	75.0
· Segese	56.1	60.1	64.3
<i>Outcome indicator 4. Declining of domestic violence</i>			
Community Level			
<i>Outcome indicator 1. Civic participation</i>		7.2%↑	7%↑
% of women that report meaningful participation in decision-making bodies at community level (Total)	23.7	25.4	27.2
· Bugarama	16.1	17.3	18.5
· Runguya	31.7	34.0	36.4
· Ntobo	33.7	36.1	38.7
· Segese	22.2	23.8	25.5

ii) SAGE Program Indicators

Indicators	Baseline Value 2009	Target value	
		2012	2014
Objective 1: Increase access to equitable and quality education, sexual and reproductive health (SRH) information and services.			
<i>Outcome indicator 1:</i> Number of girls enrolled in non-formal education centers;	85 – Dec 09; 270 Feb 10	204	400
<i>Outcome Indicator 2:</i> Number of girls who completed their primary education	0	102	200
<i>Outcome Indicator 3:</i> Number of COBET centres rehabilitated;	0 – Dec 09; 5 – Feb 10	15	20
<i>Outcome Indicator 4:</i> COBET Centres in place and functioning;	12	15	20
<i>Outcome Indicator 5:</i> Number of COBET teachers trained;	36	45	60
<i>Outcome Indicator 5:</i> Number of teachers trained on SRHR;	0	45	60
Objective 2: Engage institutions and local leaders in protecting and upholding the rights of adolescent girls.			
<i>Outcome Indicator 1:</i> Number of community & health support groups created and effectively functioning (SRHR)	40	45	60
<i>Outcome Indicator 3:</i> Number of male community leaders identified as adolescent girls' champions	0	45	60
Objective 3: Improve access to financial services to support adolescent girls.			
Number of VSLA groups	0 - Dec 09; 12 - Feb 10	72	120
<i>Outcome Indicator 1:</i> Number of women trained in business skills	0	40	50
<i>Outcome Indicator 2:</i> Number of women who participate in trade fairs.	0	40	50
<i>Outcome indicator 3:</i> Number of women who start successful businesses.	0	40	50
Other Indicators from baseline Study		7.2%↑↓	7%↑↓
<i>Outcome Indicator 1:</i> % of Parents prohibiting young girls from going to school for the purpose of getting wealth out of dowry	30.3	28.1	26.2
<i>Outcome Indicator 2:</i> % on awareness of youth centres dealing in issues such as sexual and reproductive health, sexually transmitted infections including HIV/AIDS	50.0	53.6	57.4
<i>Outcome Indicator 3:</i> % of youth participating in youth centres for the youth	20.5	22.0	23.5

Overall, these statistics show that women and girls in Tanzania are the most vulnerable to extreme poverty and inequality. Customs and traditions associated with the patriarchal system lead to male bias in decision-making at the family, household and community level. Tanzania has made great strides in creating an enabling environment for gender equity; however the main beneficiaries tend to be educated and powerful women in urban areas. Vulnerability and gender inequity affect women at each stage of their lives; it hinders their ability to complete an education, make decisions to safeguard their health, and earn an adequate income.

Conclusion on indicators

Indicators are signposts of change. We should bear in mind, however, that indicators are only intended to indicate, and not to provide scientific “proof” or detailed explanations about change. In addition, we should avoid the temptation to transform the measurement of change into a major exercise with a burdensome workload. It is development change we seek to influence that must remain the driver—not the indicator. Measuring change should not take precedence over programme activities that generate the changes to be measured.

The rationale of mentioned indicators

The adoption of baseline survey indicators and forthcoming proposed targets is expected to influence:

- Enhanced capacity of the poor, particularly women and girls, to realize their capabilities and fulfil their potential
- Reduction of gender disparities in access to, control of and benefit from resources, opportunities and services – economic, social, cultural, and political.
- Reduction of violence and conflict and protection of human rights, so that all people, particularly women and girls, can live free of fear and with dignity.
- Elimination of gender disparities at all levels of education; strengthen post-primary education and training opportunities for women and girls; increase access to primary health care including sexual reproductive health services and HIV/AIDS prevention, treatment and care for women, girls and youth.
- Enhancement of leadership, participation and representation of women at all levels of decision-making; and enable poor women and girls to achieve secure, sustainable livelihoods.
- Reduce all forms of gender based violence, particularly against women and girls; and address the differential impact on and particular needs of women and girls in conflict and post conflict settings.

Limitations

The critical issue in selecting good indicators is credibility, not precision in measurement. Indicators do not provide scientific “proof” or detailed explanations about change. There is no objective truth or certainty to information represented through indicators. But indicators that are carefully considered and shared among partners are much better than guesswork or individual opinion. An indicator that provides relevant data about progress towards results is very useful. At the end of the day, it is better to have approximate information about important issues than to have exact information about what may turn out to be trivial.

On this survey, the major limiting factor was data overlap for SAGE; whereby the program target girls aged 10 – 17yrs while common indicators and WAGE was

interested with all men and women aged 15yrs and above. Kahama district implements both WAGE and SAGE programs, that means girls aged 15yrs and above completed women questionnaires. Girls' aged 10 -14 yrs had to complete girls' questionnaire.

APPENDICES

Appendix I: LIST OF SELECTED WARDS AND ENUMERATION AREAS (EAs)

Cluster Number	S/No	Reg Code	Region Name	District Code	District Name	Ward Code	Ward Name	EA Code	EA/Village Street	HH to be Interviewed
1	1	16	Kigoma	03	Kigoma Rural	051	Matendo	021	Pamila	15
2	2					051	Matendo	033	Kidahwe	15
3	3					051	Matendo	038	Kidahwe	15
4	4					063	Uvinza	015	Basanza	15
5	5					063	Uvinza	033	Uvinza	15
6	6					063	Uvinza	051	Uvinza	15
7	7					161	Kandaga	022	Kazuramimba	15
8	8					161	Kandaga	027	Kazuramimba	15
9	9					161	Kandaga	035	Kalenge	15
10	10					161	Kandaga	063	Kazuramimba	15
11	1	07	D' Salaam	01	Kinondoni	122	Ubungo	034	Ubungo Kisiwani	15
12	2					122	Ubungo	059	Ubungo - Kibo	15
13	3					183	Bunju	012	Bunju A	15
14	4					183	Bunju	303	Boko	15
15	5					192	Makuburi	002	Mwongozo	15
16	6					192	Makuburi	031	Mwongozo	15
17	7					202	Mburahati	015	Mburahati Barafu	15
18	8					202	Mburahati	047	Mburahati N.H.C	15
19	9					212	Makumbusho	008	Kisiwani	15
20	10					212	Makumbusho	035	Kisiwani	15
21	1	17	Shinyanga	04	Kahama	13	Bugarama	11	Kakola	15
22	2					13	Bugarama	18	Kakola	15
23	3					13	Bugarama	51	Ilogi	15
24	4					13	Bugarama	62	Buyange	15
25	5					13	Bugarama	75	Bugarama	15
26	6					13	Bugarama	307	Kakola	15
27	7					13	Bugarama	313	Kakola	15
28	8					13	Bugarama	320	Kakola	15
29	9					21	Runguya	32	Madaho	15
30	10					21	Runguya	072	Lunguya	15
31	1	19	Mwanza	02	Magu	013	Kisesa	021	Kitumba	15
32	2					013	Kisesa	024	Kitumba	15
33	3					013	Kisesa	052	Igekemaja	15
34	4					031	Lutale	032	Langi	15
35	5					053	Nyanguge	012	Matela	15
36	6					053	Nyanguge	023	Muda	15
37	7					241	Ng'haya	012	Ng'haya	15

Cluster Number	S/No	Reg Code	Region Name	District Code	District Name	Ward Code	Ward Name	EA Code	EA/Village Street	HH to be Interviewed		
38	8					241	Ng'haya	015	Ng'haya	15		
39	9					241	Ng'haya	023	Mwambulenga	15		
40	10					251	Nkungulu	032	Kabila	15		
41	1			07	Missungwi	041	Ukiriguru	011	Nyang'holongo	15		
42	2					041	Ukiriguru	013	Nyang'holongo	15		
43	3					041	Ukiriguru	032	Mwagala	15		
44	4					071	Igokelo	011	Ng'ombe	15		
45	5					071	Igokelo	051	Mwajombo	15		
46	6					071	Igokelo	053	Mwajombo	15		
47	7					093	Missungwi	011	Iteja	15		
48	8					093	Missungwi	013	Iteja	15		
49	9					093	Missungwi	015	Iteja	15		
50	10					093	Missungwi	033	Lubuga	15		
51	1	54	Kaskazini Pemba			01	Micheweni	021	Msuka	012	Mtongwe	15
52	2	54	Kaskazini Pemba				Micheweni	021	Msuka	031	Kivumoni	15
53	3	54	Kaskazini Pemba				Micheweni	021	Msuka	061	Gombani	15
54	4	54	Kaskazini Pemba	Micheweni	031		Kinowe	012	Jiso	15		
55	5	54	Kaskazini Pemba	Micheweni	031		Kinowe	031	Changawe	15		
56	6	54	Kaskazini Pemba	Micheweni	031		Kinowe	052	Chimba	15		
57	7	54	Kaskazini Pemba	Micheweni	041		Tumbe	043	Sizini	15		
58	8	54	Kaskazini Pemba	Micheweni	051		Mgogoni	032	Kinyasini	15		
59	9	54	Kaskazini Pemba	Micheweni	083		Konde	051	Kifundi	15		
60	10	54	Kaskazini Pemba	Micheweni	111		Makangale	042	Makangale	15		

APPENDIX II: LIST OF SIMPLE FREQUENCY TABLES FOR ANALYSIS

Table 1: 1 Attitude of men towards women's economic security (their property rights, inheritance rights, etc.)

District	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ yrs	Median of the distribution
1.1 A woman's only role is to take care of the house and prepare meals for her family	18.1%	18.5%	3.8%	34.1%	25.5%	100.0%	1,249	4
1.2 Women have the same rights as men to study and work outside the home	4.4%	5.4%	4.2%	46.9%	39.1%	100.0%	1,249	4
1.3 A married woman should be allowed to work outside the home if she wants to	8.4%	13.5%	11.1%	38.2%	28.8%	100.0%	1,249	4
1.4 Women should be able to own and control the same assets as men	6.3%	12.6%	6.6%	42.5%	32.0%	100.0%	1,249	4
1.5 Women should be able to own cash savings and decide how to use it	10.1%	16.6%	9.0%	37.6%	26.7%	100.0%	1,249	4
1.6 Women should be able to inherit and keep property or asset from their husbands, fathers, mothers, or other relatives	5.1%	7.0%	4.3%	43.0%	40.5%	100.0%	1,249	4
1.7 In the household, men should make the major decisions such as buying land, or other assets, or building a house	11.8%	11.7%	8.3%	35.9%	32.3%	100.0%	1,249	4

Table 1: 1.1 Attitude of men towards women's economic security by some socio-demographic characteristics

		1.1 A woman's only role is to take care of the house and prepare meals for her family						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	District							
	Kinondoni	43.5%	21.8%	2.4%	15.3%	17.1%	100.0%	170
	Kigoma rural	10.7%	29.3%	7.3%	38.0%	14.7%	100.0%	150
	Kahama	18.7%	11.7%	4.2%	24.9%	40.5%	100.0%	358
	Magu	17.1%	20.0%	3.5%	43.5%	15.9%	100.0%	170
	Misungwi	8.8%	19.0%	3.2%	46.3%	22.7%	100.0%	216
	Micheweni	11.4%	17.8%	2.2%	43.2%	25.4%	100.0%	185
	Total	18.1%	18.5%	3.8%	34.1%	25.5%	100.0%	1,249
Education	Primary	14.8%	18.5%	4.7%	35.2%	26.8%	100.0%	768
	Secondary	32.5%	22.5%	2.6%	22.9%	19.5%	100.0%	231
	Tertiary	46.4%	28.6%	0.0%	3.6%	21.4%	100.0%	28
	Never Attended	10.8%	13.1%	2.3%	45.9%	27.9%	100.0%	222
	Total	18.1%	18.5%	3.8%	34.1%	25.5%	100.0%	1,249
Age Group	15-19	20.3%	21.6%	6.5%	31.5%	20.3%	100.0%	232
	20-24	17.5%	25.9%	2.4%	33.1%	21.1%	100.0%	166
	25-29	20.9%	17.2%	5.2%	26.1%	30.6%	100.0%	134
	30-34	18.8%	17.2%	0.8%	34.4%	28.9%	100.0%	128
	35-39	16.6%	15.9%	4.0%	38.4%	25.2%	100.0%	151
	40-44	21.3%	18.5%	2.8%	32.4%	25.0%	100.0%	108
	45-49	14.3%	17.0%	3.6%	37.5%	27.7%	100.0%	112
	50-54	24.5%	16.3%	2.0%	22.4%	34.7%	100.0%	49
	55-59	26.5%	23.5%	0.0%	32.4%	17.6%	100.0%	34
	60-64	16.7%	14.3%	0.0%	33.3%	35.7%	100.0%	42
	65-69	11.1%	5.6%	0.0%	61.1%	22.2%	100.0%	18
	70+	5.7%	10.0%	8.6%	45.7%	30.0%	100.0%	70
	NS	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	4
	Total	18.1%	18.5%	3.8%	34.1%	25.6%	100.0%	1,248

Table 1: 1.2 Attitude of men towards women's economic security by some socio-demographic characteristics

		1.2 Women have the same rights as men to study and work outside the home						Total	Number of men 15+ years
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree			
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %		
District									
District	Kinondoni	7.6%	3.5%	4.1%	35.3%	49.4%	100.0%	170	
	Kigoma rural	2.0%	4.7%	6.7%	50.0%	36.7%	100.0%	150	
	Kahama	5.3%	4.7%	3.6%	33.5%	52.8%	100.0%	358	
	Magu	2.4%	5.9%	5.3%	58.2%	28.2%	100.0%	170	
	Missungwi	6.0%	6.9%	4.6%	58.8%	23.6%	100.0%	216	
	Micheweni	1.6%	7.0%	1.6%	56.8%	33.0%	100.0%	185	
	Total	4.4%	5.4%	4.2%	46.9%	39.1%	100.0%	1,249	
Education	Primary	3.9%	5.6%	4.6%	49.1%	36.8%	100.0%	768	
	Secondary	3.0%	1.7%	3.0%	41.1%	51.1%	100.0%	231	
	Tertiary	3.6%	3.6%	3.6%	25.0%	64.3%	100.0%	28	
	Never Attended	7.7%	9.0%	4.1%	48.2%	31.1%	100.0%	222	
	Total	4.4%	5.4%	4.2%	46.9%	39.1%	100.0%	1,249	
Age Group	15-19	2.2%	5.6%	3.4%	47.4%	41.4%	100.0%	232	
	20-24	8.4%	4.8%	1.2%	55.4%	30.1%	100.0%	166	
	25-29	2.2%	5.2%	3.7%	42.5%	46.3%	100.0%	134	
	30-34	5.5%	7.8%	7.0%	44.5%	35.2%	100.0%	128	
	35-39	6.0%	2.0%	4.6%	50.3%	37.1%	100.0%	151	
	40-44	4.6%	6.5%	5.6%	43.5%	39.8%	100.0%	108	
	45-49	2.7%	6.3%	1.8%	44.6%	44.6%	100.0%	112	
	50-54	2.0%	4.1%	0.0%	40.8%	53.1%	100.0%	49	
	55-59	5.9%	0.0%	8.8%	35.3%	50.0%	100.0%	34	
	60-64	4.8%	11.9%	7.1%	40.5%	35.7%	100.0%	42	
	65-69	11.1%	5.6%	5.6%	33.3%	44.4%	100.0%	18	
	70+	2.9%	5.7%	8.6%	54.3%	28.6%	100.0%	70	
	NS	0.0%	25.0%	0.0%	75.0%	0.0%	100.0%	4	
	Total	4.4%	5.4%	4.2%	46.9%	39.1%	100.0%	1,248	

Table1: 1.3 Attitude of men towards women's economic security by some socio-demographic characteristics

		1.3 A married woman should be allowed to work outside the home if she wants to						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	8.8%	6.5%	14.1%	33.5%	37.1%	100.0%	170
	Kigoma rural	9.3%	12.7%	14.0%	43.3%	20.7%	100.0%	150
	Kahama	11.7%	9.5%	10.1%	29.9%	38.8%	100.0%	358
	Magu	5.3%	23.5%	7.1%	44.7%	19.4%	100.0%	170
	Misungwi	9.3%	18.5%	12.5%	40.7%	19.0%	100.0%	216
	Micheweni	2.7%	13.0%	10.3%	45.4%	28.6%	100.0%	185
	Total	8.4%	13.5%	11.1%	38.2%	28.8%	100.0%	1,249
Education								
	Primary	8.3%	14.2%	11.5%	38.4%	27.6%	100.0%	768
	Secondary	8.7%	11.7%	9.5%	36.4%	33.8%	100.0%	231
	Tertiary	3.6%	0.0%	14.3%	17.9%	64.3%	100.0%	28
	Never Attended	9.0%	14.4%	11.3%	41.9%	23.4%	100.0%	222
	Total	8.4%	13.5%	11.1%	38.2%	28.8%	100.0%	1,249
Age Group								
	15-19	6.5%	19.4%	8.2%	36.2%	29.7%	100.0%	232
	20-24	13.3%	13.9%	7.8%	41.0%	24.1%	100.0%	166
	25-29	11.9%	11.9%	9.7%	35.1%	31.3%	100.0%	134
	30-34	4.7%	17.2%	15.6%	36.7%	25.8%	100.0%	128
	35-39	10.6%	8.6%	13.9%	35.8%	31.1%	100.0%	151
	40-44	5.6%	16.7%	12.0%	40.7%	25.0%	100.0%	108
	45-49	6.3%	4.5%	8.9%	42.9%	37.5%	100.0%	112
	50-54	2.0%	8.2%	4.1%	46.9%	38.8%	100.0%	49
	55-59	8.8%	5.9%	14.7%	44.1%	26.5%	100.0%	34
	60-64	11.9%	9.5%	9.5%	35.7%	33.3%	100.0%	42
	65-69	16.7%	11.1%	22.2%	16.7%	33.3%	100.0%	18
	70+	7.1%	20.0%	18.6%	37.1%	17.1%	100.0%	70
	NS	0.0%	0.0%	25.0%	75.0%	0.0%	100.0%	4
	Total	8.4%	13.5%	11.1%	38.2%	28.8%	100.0%	1,248

Table 1:1.4 Attitude of men towards women's economic security by some socio-demographic characteristics

		1.4 Women should be able to own and control the same assets as men						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	District	5.3%	8.2%	8.2%	33.5%	44.7%	100.0%	170
	Kinondoni	5.3%	8.2%	8.2%	33.5%	44.7%	100.0%	170
	Kigoma rural	7.3%	12.7%	12.7%	49.3%	18.0%	100.0%	150
	Kahama	8.7%	9.8%	6.4%	31.6%	43.6%	100.0%	358
	Magu	4.1%	15.9%	5.3%	50.6%	24.1%	100.0%	170
	Missungwi	6.9%	19.4%	7.4%	48.6%	17.6%	100.0%	216
	Micheweni	3.2%	10.8%	0.5%	51.9%	33.5%	100.0%	185
	Total	6.3%	12.6%	6.6%	42.5%	32.0%	100.0%	1,249
Education	Primary	6.9%	11.5%	7.3%	43.2%	31.1%	100.0%	768
	Secondary	6.1%	8.2%	4.3%	43.3%	38.1%	100.0%	231
	Tertiary	3.6%	0.0%	0.0%	32.1%	64.3%	100.0%	28
	Never Attended	5.0%	22.5%	7.2%	40.5%	24.8%	100.0%	222
	Total	6.3%	12.6%	6.6%	42.5%	32.0%	100.0%	1,249
Age Group	15-19	5.2%	14.7%	6.9%	40.9%	32.3%	100.0%	232
	20-24	7.2%	15.1%	4.8%	47.0%	25.9%	100.0%	166
	25-29	8.2%	11.9%	6.0%	41.0%	32.8%	100.0%	134
	30-34	3.1%	14.8%	6.3%	43.8%	32.0%	100.0%	128
	35-39	6.0%	12.6%	8.6%	39.7%	33.1%	100.0%	151
	40-44	5.6%	12.0%	3.7%	50.9%	27.8%	100.0%	108
	45-49	7.1%	3.6%	5.4%	44.6%	39.3%	100.0%	112
	50-54	6.1%	6.1%	4.1%	36.7%	46.9%	100.0%	49
	55-59	2.9%	8.8%	11.8%	44.1%	32.4%	100.0%	34
	60-64	11.9%	7.1%	9.5%	28.6%	42.9%	100.0%	42
	65-69	0.0%	22.2%	0.0%	38.9%	38.9%	100.0%	18
	70+	11.4%	15.7%	11.4%	41.4%	20.0%	100.0%	70
	NS	0.0%	75.0%	25.0%	0.0%	0.0%	100.0%	4
	Total	6.3%	12.6%	6.6%	42.5%	32.1%	100.0%	1,248

Table 1:1.5 Attitude of men towards women's economic security by some socio-demographic characteristics

		1.5 Women should be able to own cash savings and decide how to use it						Total	Number of men 15+ years
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree			
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %		
District									
	Kinondoni	11.8%	12.9%	9.4%	34.1%	31.8%	100.0%	170	
	Kigoma rural	6.0%	17.3%	8.0%	44.7%	24.0%	100.0%	150	
	Kahama	18.2%	14.5%	13.4%	24.6%	29.3%	100.0%	358	
	Magu	5.9%	18.2%	9.4%	47.6%	18.8%	100.0%	170	
	Missungwi	9.7%	29.2%	6.9%	42.6%	11.6%	100.0%	216	
	Micheweni	0.5%	7.0%	3.2%	44.9%	44.3%	100.0%	185	
	Total	10.1%	16.6%	9.0%	37.6%	26.7%	100.0%	1,249	
Education									
	Primary	11.2%	17.2%	9.4%	37.6%	24.6%	100.0%	768	
	Secondary	6.9%	15.6%	7.8%	35.1%	34.6%	100.0%	231	
	Tertiary	17.9%	7.1%	10.7%	25.0%	39.3%	100.0%	28	
	Never Attended	8.6%	16.7%	9.0%	41.4%	24.3%	100.0%	222	
	Total	10.1%	16.6%	9.0%	37.6%	26.7%	100.0%	1,249	
Age Group									
	15-19	6.9%	17.2%	5.6%	42.7%	27.6%	100.0%	232	
	20-24	12.0%	16.9%	9.0%	38.6%	23.5%	100.0%	166	
	25-29	12.7%	17.9%	11.2%	32.8%	25.4%	100.0%	134	
	30-34	11.7%	18.0%	6.3%	39.8%	24.2%	100.0%	128	
	35-39	15.2%	22.5%	8.6%	31.8%	21.9%	100.0%	151	
	40-44	10.2%	15.7%	7.4%	38.9%	27.8%	100.0%	108	
	45-49	8.9%	8.9%	10.7%	38.4%	33.0%	100.0%	112	
	50-54	6.1%	14.3%	16.3%	28.6%	34.7%	100.0%	49	
	55-59	8.8%	5.9%	11.8%	55.9%	17.6%	100.0%	34	
	60-64	9.5%	16.7%	9.5%	33.3%	31.0%	100.0%	42	
	65-69	5.6%	11.1%	16.7%	22.2%	44.4%	100.0%	18	
	70+	4.3%	15.7%	14.3%	34.3%	31.4%	100.0%	70	
	NS	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%	4	
	Total	10.1%	16.6%	9.1%	37.5%	26.8%	100.0%	1,248	

Table 1: 1.6 Attitude of men towards women's economic security by some socio-demographic characteristics

		1.6 Women should be able to inherit and keep property or asset from their husbands, fathers, mothers, or other relatives						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	1.2%	4.1%	5.3%	32.9%	56.5%	100.0%	170
	Kigoma rural	2.7%	10.7%	5.3%	53.3%	28.0%	100.0%	150
	Kahama	8.9%	5.3%	4.5%	30.7%	50.6%	100.0%	358
	Magu	5.3%	9.4%	5.3%	53.5%	26.5%	100.0%	170
	Missungwi	7.9%	11.6%	4.6%	55.6%	20.4%	100.0%	216
	Micheweni	0.0%	2.7%	1.1%	43.2%	53.0%	100.0%	185
	Total	5.1%	7.0%	4.3%	43.0%	40.5%	100.0%	1,249
Education								
	Primary	5.7%	7.9%	3.9%	44.0%	38.4%	100.0%	768
	Secondary	2.2%	3.0%	3.5%	43.3%	48.1%	100.0%	231
	Tertiary	0.0%	0.0%	3.6%	21.4%	75.0%	100.0%	28
	Never Attended	6.8%	9.0%	6.8%	41.9%	35.6%	100.0%	222
	Total	5.1%	7.0%	4.3%	43.0%	40.5%	100.0%	1,249
Age Group								
	15-19	4.7%	10.3%	3.4%	41.4%	40.1%	100.0%	232
	20-24	8.4%	6.6%	3.6%	44.6%	36.7%	100.0%	166
	25-29	5.2%	7.5%	3.0%	43.3%	41.0%	100.0%	134
	30-34	4.7%	8.6%	7.0%	46.1%	33.6%	100.0%	128
	35-39	4.6%	5.3%	4.6%	43.7%	41.7%	100.0%	151
	40-44	4.6%	4.6%	0.9%	51.9%	38.0%	100.0%	108
	45-49	4.5%	3.6%	3.6%	42.0%	46.4%	100.0%	112
	50-54	4.1%	2.0%	10.2%	26.5%	57.1%	100.0%	49
	55-59	0.0%	0.0%	8.8%	38.2%	52.9%	100.0%	34
	60-64	9.5%	0.0%	4.8%	42.9%	42.9%	100.0%	42
	65-69	5.6%	5.6%	5.6%	27.8%	55.6%	100.0%	18
	70+	2.9%	14.3%	5.7%	44.3%	32.9%	100.0%	70
	NS	0.0%	75.0%	0.0%	25.0%	0.0%	100.0%	4
	Total	5.1%	7.1%	4.3%	43.0%	40.5%	100.0%	1,248

Table 1:1.7 Attitude of men towards women's economic security by some socio-demographic characteristics

		1.7 In the household, men should make the major decisions such as buying land, or other assets, or building a house						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	22.9%	11.8%	7.6%	24.1%	33.5%	100.0%	170
	Kigoma rural	8.0%	16.0%	8.7%	35.3%	32.0%	100.0%	150
	Kahama	17.0%	10.1%	10.9%	26.8%	35.2%	100.0%	358
	Magu	12.9%	18.8%	8.8%	47.1%	12.4%	100.0%	170
	Missungwi	2.3%	7.9%	8.3%	47.7%	33.8%	100.0%	216
	Micheweni	4.3%	9.2%	3.2%	40.5%	42.7%	100.0%	185
	Total	11.8%	11.7%	8.3%	35.9%	32.3%	100.0%	1,249
Education	Primary	10.4%	11.6%	9.5%	37.4%	31.1%	100.0%	768
	Secondary	17.3%	14.7%	6.9%	26.8%	34.2%	100.0%	231
	Tertiary	42.9%	3.6%	17.9%	17.9%	17.9%	100.0%	28
	Never Attended	6.8%	9.9%	4.5%	42.3%	36.5%	100.0%	222
	Total	11.8%	11.7%	8.3%	35.9%	32.3%	100.0%	1,249
Age Group	15-19	10.3%	11.6%	5.6%	40.1%	32.3%	100.0%	232
	20-24	14.5%	15.7%	7.2%	34.9%	27.7%	100.0%	166
	25-29	11.2%	14.2%	7.5%	28.4%	38.8%	100.0%	134
	30-34	11.7%	14.1%	9.4%	32.8%	32.0%	100.0%	128
	35-39	13.2%	7.9%	10.6%	38.4%	29.8%	100.0%	151
	40-44	10.2%	13.9%	7.4%	43.5%	25.0%	100.0%	108
	45-49	12.5%	4.5%	8.9%	36.6%	37.5%	100.0%	112
	50-54	6.1%	20.4%	10.2%	34.7%	28.6%	100.0%	49
	55-59	23.5%	17.6%	11.8%	23.5%	23.5%	100.0%	34
	60-64	9.5%	7.1%	14.3%	19.0%	50.0%	100.0%	42
	65-69	0.0%	0.0%	5.6%	38.9%	55.6%	100.0%	18
	70+	12.9%	7.1%	10.0%	38.6%	31.4%	100.0%	70
	NS	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	4
	Total	11.8%	11.7%	8.3%	35.9%	32.3%	100.0%	1,248

Table 1: 2 Attitudes of women towards women's economic security (their property rights, inheritance rights, etc.)

District	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total		
	%	%	%	%	%	%	Number of women 15+ yrs	Median of the distribution
1.1 A woman's only role is to take care of the house and prepare meals for her family	14.9%	16.0%	2.6%	38.3%	28.2%	100.0%	1,466	4
1.2 Women have the same rights as men to study and work outside the home	3.5%	6.0%	4.1%	45.2%	41.1%	100.0%	1,466	4
1.3 A married woman should be allowed to work outside the home if she wants to	6.7%	12.7%	7.4%	40.2%	33.0%	100.0%	1,466	4
1.4 Women should be able to own and control the same assets as men	4.8%	8.3%	6.0%	41.9%	39.0%	100.0%	1,466	4
1.5 Women should be able to own cash savings and decide how to use it	6.3%	8.3%	6.1%	41.2%	38.1%	100.0%	1,466	4
1.6 Women should be able to inherit and keep property or asset from their husbands, fathers, mothers, or other relatives	3.0%	4.0%	4.8%	43.5%	44.7%	100.0%	1,466	4
1.7 In the household, men should make the major decisions such as buying land, or other assets, or building a house	17.3%	14.5%	9.0%	35.9%	23.3%	100.0%	1,466	4

Table1: 2.1 Attitude of women towards women's economic security by some socio-demographic characteristics

		1.1 A woman's only role is to take care of the house and prepare meals for her family						Total	Number of women 15+ years
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree			
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %		
District									
District	Kinondoni	42.3%	15.9%	3.0%	14.9%	23.9%	100.0%	201	
	Kigoma rural	14.1%	19.9%	4.4%	41.3%	20.4%	100.0%	206	
	Kahama	12.9%	11.4%	2.8%	28.0%	44.9%	100.0%	396	
	Magu	15.8%	19.4%	4.6%	45.9%	14.3%	100.0%	196	
	Missungwi	5.0%	16.5%	0.8%	52.9%	24.8%	100.0%	242	
	Wete	4.9%	16.9%	0.4%	52.0%	25.8%	100.0%	225	
	Total	14.9%	16.0%	2.6%	38.3%	28.2%	100.0%	1,466	
Highest education level									
	Primary Education	14.6%	16.1%	3.0%	37.6%	28.7%	100.0%	745	
	Secondary Education	32.3%	17.7%	0.0%	26.8%	23.2%	100.0%	198	
	Tertiary Education	55.6%	11.1%	0.0%	0.0%	33.3%	100.0%	9	
	Never Attended	8.0%	15.2%	3.1%	44.4%	29.4%	100.0%	514	
	Total	14.9%	16.0%	2.6%	38.3%	28.2%	100.0%	1,466	
Age Group									
	15-19	17.4%	15.5%	2.7%	33.7%	30.6%	100.0%	258	
	20-24	18.4%	14.3%	2.2%	35.4%	29.6%	100.0%	223	
	25-29	14.2%	20.6%	2.5%	35.8%	27.0%	100.0%	204	
	30-34	15.3%	17.5%	3.4%	40.7%	23.2%	100.0%	177	
	35-39	16.0%	13.4%	3.2%	39.6%	27.8%	100.0%	187	
	40-44	8.8%	16.5%	2.2%	39.6%	33.0%	100.0%	91	
	45-49	15.1%	11.8%	0.0%	35.5%	37.6%	100.0%	93	
	50-54	10.8%	18.5%	4.6%	38.5%	27.7%	100.0%	65	
	55-59	15.8%	21.1%	5.3%	36.8%	21.1%	100.0%	38	
	60-64	4.8%	11.9%	0.0%	64.3%	19.0%	100.0%	42	
	65-69	15.4%	11.5%	0.0%	34.6%	38.5%	100.0%	26	
	70+	11.5%	19.2%	3.8%	42.3%	23.1%	100.0%	52	
	NS	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	7	
	Total	15.0%	16.0%	2.6%	38.1%	28.3%	100.0%	1,463	

Table1: 2.2 Attitudes of women towards women's economic security by some socio-demographic characteristics

		1.2 Women have the same rights as men to study and work outside the home						Total	Number of women 15+ years
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree			
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %		
District									
District	Kinondoni	4.0%	1.0%	0.5%	34.8%	59.7%	100.0%	201	
	Kigoma rural	3.4%	6.8%	6.3%	51.9%	31.6%	100.0%	206	
	Kahama	3.8%	6.1%	6.6%	32.1%	51.5%	100.0%	396	
	Magu	3.6%	5.6%	5.1%	54.1%	31.6%	100.0%	196	
	Misungwi	5.8%	10.7%	2.9%	51.2%	29.3%	100.0%	242	
	Wete	0.4%	4.9%	1.3%	57.3%	36.0%	100.0%	225	
	Total	3.5%	6.0%	4.1%	45.2%	41.1%	100.0%	1,466	
Highest education level									
	Primary Education	3.8%	4.6%	4.3%	43.9%	43.5%	100.0%	745	
	Secondary Education	1.5%	2.5%	0.0%	37.9%	58.1%	100.0%	198	
	Tertiary Education	0.0%	0.0%	0.0%	44.4%	55.6%	100.0%	9	
	Never Attended	4.1%	9.5%	5.4%	50.0%	30.9%	100.0%	514	
	Total	3.5%	6.0%	4.1%	45.2%	41.1%	100.0%	1,466	
Age Group									
	15-19	3.5%	5.4%	0.8%	41.5%	48.8%	100.0%	258	
	20-24	3.6%	6.7%	4.9%	43.9%	40.8%	100.0%	223	
	25-29	1.0%	4.4%	4.9%	45.1%	44.6%	100.0%	204	
	30-34	3.4%	7.9%	5.6%	42.4%	40.7%	100.0%	177	
	35-39	3.7%	3.7%	4.8%	47.1%	40.6%	100.0%	187	
	40-44	7.7%	9.9%	1.1%	41.8%	39.6%	100.0%	91	
	45-49	2.2%	4.3%	3.2%	48.4%	41.9%	100.0%	93	
	50-54	3.1%	10.8%	6.2%	49.2%	30.8%	100.0%	65	
	55-59	2.6%	2.6%	2.6%	55.3%	36.8%	100.0%	38	
	60-64	4.8%	2.4%	7.1%	59.5%	26.2%	100.0%	42	
	65-69	11.5%	3.8%	3.8%	34.6%	46.2%	100.0%	26	
	70+	5.8%	9.6%	5.8%	50.0%	28.8%	100.0%	52	
	NS	0.0%	0.0%	28.6%	71.4%	0.0%	100.0%	7	
	Total	3.6%	5.9%	4.1%	45.2%	41.2%	100.0%	1,463	

Table1: 2.3 Attitude of women towards women's economic security by some socio-demographic characteristics

		1.3 A married woman should be allowed to work outside the home if she wants to						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District								
	Kinondoni	2.5%	4.5%	3.0%	33.3%	56.7%	100.0%	201
	Kigoma rural	7.3%	19.4%	7.8%	49.5%	16.0%	100.0%	206
	Kahama	10.9%	10.1%	11.4%	27.8%	39.9%	100.0%	396
	Magu	5.1%	17.3%	8.7%	46.4%	22.4%	100.0%	196
	Misungwi	8.7%	19.8%	7.0%	41.3%	23.1%	100.0%	242
	Wete	1.8%	6.7%	3.6%	52.9%	35.1%	100.0%	225
	Total	6.7%	12.7%	7.4%	40.2%	33.0%	100.0%	1,466
Highest education level								
	Primary Education	7.4%	13.7%	6.4%	39.2%	33.3%	100.0%	745
	Secondary Education	2.5%	4.0%	2.5%	38.4%	52.5%	100.0%	198
	Tertiary Education	0.0%	0.0%	0.0%	55.6%	44.4%	100.0%	9
	Never Attended	7.4%	14.8%	10.9%	42.0%	24.9%	100.0%	514
	Total	6.7%	12.7%	7.4%	40.2%	33.0%	100.0%	1,466
Age Group								
	15-19	8.1%	13.2%	4.7%	36.0%	38.0%	100.0%	258
	20-24	5.8%	12.1%	7.6%	40.8%	33.6%	100.0%	223
	25-29	4.4%	12.3%	8.3%	39.2%	35.8%	100.0%	204
	30-34	5.6%	13.6%	7.9%	39.0%	33.9%	100.0%	177
	35-39	8.6%	13.4%	7.0%	37.4%	33.7%	100.0%	187
	40-44	7.7%	9.9%	4.4%	46.2%	31.9%	100.0%	91
	45-49	5.4%	7.5%	7.5%	48.4%	31.2%	100.0%	93
	50-54	7.7%	18.5%	6.2%	41.5%	26.2%	100.0%	65
	55-59	5.3%	5.3%	7.9%	55.3%	26.3%	100.0%	38
	60-64	4.8%	21.4%	11.9%	45.2%	16.7%	100.0%	42
	65-69	15.4%	15.4%	15.4%	26.9%	26.9%	100.0%	26
	70+	7.7%	13.5%	15.4%	34.6%	28.8%	100.0%	52
	NS	0.0%	0.0%	14.3%	71.4%	14.3%	100.0%	7
	Total	6.7%	12.6%	7.5%	40.1%	33.1%	100.0%	1,463

Table1: 2.4 Attitude of women towards women's economic security by some socio-demographic characteristics

		1.4 Women should be able to own and control the same assets as men						Total	Number of women 15+ years
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree			
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %		
District									
District	Kinondoni	0.0%	2.0%	2.5%	34.8%	60.7%	100.0%	201	
	Kigoma rural	4.4%	10.2%	6.3%	46.6%	32.5%	100.0%	206	
	Kahama	8.3%	7.8%	7.6%	33.3%	42.9%	100.0%	396	
	Magu	3.6%	13.3%	10.2%	42.3%	30.6%	100.0%	196	
	Misungwi	7.0%	13.2%	5.4%	46.3%	28.1%	100.0%	242	
	Wete	1.8%	3.6%	3.1%	53.8%	37.8%	100.0%	225	
	Total	4.8%	8.3%	6.0%	41.9%	39.0%	100.0%	1,466	
Highest education level									
	Primary Education	5.0%	9.1%	5.2%	40.7%	40.0%	100.0%	745	
	Secondary Education	3.0%	4.5%	3.0%	33.8%	55.6%	100.0%	198	
	Tertiary Education	0.0%	0.0%	11.1%	44.4%	44.4%	100.0%	9	
	Never Attended	5.3%	8.8%	8.2%	46.7%	31.1%	100.0%	514	
	Total	4.8%	8.3%	6.0%	41.9%	39.0%	100.0%	1,466	
Age Group									
	15-19	6.6%	10.1%	5.0%	34.9%	43.4%	100.0%	258	
	20-24	5.8%	7.6%	7.2%	43.0%	36.3%	100.0%	223	
	25-29	5.4%	5.9%	4.4%	49.0%	35.3%	100.0%	204	
	30-34	1.7%	11.3%	4.0%	41.8%	41.2%	100.0%	177	
	35-39	5.3%	8.6%	4.8%	40.1%	41.2%	100.0%	187	
	40-44	5.5%	6.6%	3.3%	37.4%	47.3%	100.0%	91	
	45-49	4.3%	6.5%	5.4%	44.1%	39.8%	100.0%	93	
	50-54	3.1%	7.7%	7.7%	47.7%	33.8%	100.0%	65	
	55-59	0.0%	5.3%	5.3%	44.7%	44.7%	100.0%	38	
	60-64	4.8%	14.3%	14.3%	45.2%	21.4%	100.0%	42	
	65-69	7.7%	0.0%	11.5%	38.5%	42.3%	100.0%	26	
	70+	1.9%	7.7%	13.5%	44.2%	32.7%	100.0%	52	
	NS	0.0%	14.3%	42.9%	28.6%	14.3%	100.0%	7	
	Total	4.8%	8.3%	6.0%	41.8%	39.1%	100.0%	1,463	

Table1:2.5 Attitude of women towards women's economic security by some socio-demographic characteristics

		1.5 Women should be able to own cash savings and decide how to use it						Total	Number of women 15+ years
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree			
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %		
District									
District	Kinondoni	5.5%	2.5%	1.5%	31.3%	59.2%	100.0%	201	
	Kigoma rural	3.9%	8.7%	7.8%	47.1%	32.5%	100.0%	206	
	Kahama	7.8%	8.1%	11.4%	29.3%	43.4%	100.0%	396	
	Magu	6.1%	11.7%	6.1%	48.5%	27.6%	100.0%	196	
	Missungwi	11.6%	16.5%	4.5%	46.7%	20.7%	100.0%	242	
	Wete	0.9%	1.3%	1.3%	53.3%	43.1%	100.0%	225	
	Total	6.3%	8.3%	6.1%	41.2%	38.1%	100.0%	1,466	
Highest education level	Primary Education	6.6%	8.5%	5.8%	41.5%	37.7%	100.0%	745	
	Secondary Education	3.5%	3.5%	2.5%	36.9%	53.5%	100.0%	198	
	Tertiary Education	11.1%	11.1%	0.0%	11.1%	66.7%	100.0%	9	
	Never Attended	6.8%	9.7%	8.2%	43.0%	32.3%	100.0%	514	
	Total	6.3%	8.3%	6.1%	41.2%	38.1%	100.0%	1,466	
Age Group	15-19	8.9%	7.0%	3.1%	39.5%	41.5%	100.0%	258	
	20-24	6.7%	7.2%	6.3%	43.9%	35.9%	100.0%	223	
	25-29	7.4%	7.8%	5.4%	38.7%	40.7%	100.0%	204	
	30-34	2.3%	5.6%	9.6%	41.8%	40.7%	100.0%	177	
	35-39	6.4%	9.6%	5.9%	42.2%	35.8%	100.0%	187	
	40-44	3.3%	7.7%	3.3%	35.2%	50.5%	100.0%	91	
	45-49	4.3%	8.6%	6.5%	43.0%	37.6%	100.0%	93	
	50-54	7.7%	10.8%	6.2%	38.5%	36.9%	100.0%	65	
	55-59	5.3%	7.9%	7.9%	50.0%	28.9%	100.0%	38	
	60-64	7.1%	16.7%	4.8%	45.2%	26.2%	100.0%	42	
	65-69	3.8%	3.8%	11.5%	42.3%	38.5%	100.0%	26	
	70+	9.6%	17.3%	11.5%	36.5%	25.0%	100.0%	52	
	NS	0.0%	14.3%	28.6%	57.1%	0.0%	100.0%	7	
	Total	6.3%	8.3%	6.2%	41.1%	38.2%	100.0%	1,463	

Table1: 2.6 Attitude of women towards women's economic security by some socio-demographic characteristics

		1.6 Women should be able to inherit and keep property or asset from their husbands, fathers, mothers, or other relatives						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District								
District	Kinondoni	2.5%	1.5%	3.5%	31.8%	60.7%	100.0%	201
	Kigoma rural	1.5%	1.9%	5.3%	45.1%	46.1%	100.0%	206
	Kahama	6.6%	5.1%	7.1%	32.3%	49.0%	100.0%	396
	Magu	1.0%	4.6%	3.6%	57.7%	33.2%	100.0%	196
	Missungwi	2.9%	8.7%	5.8%	53.3%	29.3%	100.0%	242
	Wete	0.4%	0.9%	1.3%	48.9%	48.4%	100.0%	225
	Total	3.0%	4.0%	4.8%	43.5%	44.7%	100.0%	1,466
Highest education level								
	Primary Education	2.8%	4.8%	4.4%	44.3%	43.6%	100.0%	745
	Secondary Education	2.0%	1.5%	1.5%	37.4%	57.6%	100.0%	198
	Tertiary Education	11.1%	0.0%	22.2%	22.2%	44.4%	100.0%	9
	Never Attended	3.5%	3.9%	6.2%	44.9%	41.4%	100.0%	514
	Total	3.0%	4.0%	4.8%	43.5%	44.7%	100.0%	1,466
Age Group								
	15-19	5.4%	5.4%	3.9%	39.5%	45.7%	100.0%	258
	20-24	3.6%	3.1%	5.4%	44.4%	43.5%	100.0%	223
	25-29	2.0%	4.4%	4.9%	42.6%	46.1%	100.0%	204
	30-34	1.1%	5.6%	4.0%	44.1%	45.2%	100.0%	177
	35-39	3.7%	3.2%	3.2%	42.8%	47.1%	100.0%	187
	40-44	3.3%	2.2%	2.2%	44.0%	48.4%	100.0%	91
	45-49	1.1%	2.2%	4.3%	46.2%	46.2%	100.0%	93
	50-54	3.1%	4.6%	6.2%	52.3%	33.8%	100.0%	65
	55-59	5.3%	0.0%	7.9%	42.1%	44.7%	100.0%	38
	60-64	2.4%	7.1%	4.8%	40.5%	45.2%	100.0%	42
	65-69	0.0%	3.8%	0.0%	46.2%	50.0%	100.0%	26
	70+	0.0%	1.9%	11.5%	51.9%	34.6%	100.0%	52
	NS	0.0%	14.3%	42.9%	28.6%	14.3%	100.0%	7
	Total	3.0%	4.0%	4.7%	43.5%	44.7%	100.0%	1,463

Table1: 2.7 Attitude of women towards women's economic security by some socio-demographic characteristics

		1.7 In the household, men should make the major decisions such as buying land, or other assets, or building a house						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	District	44.8%	19.4%	10.4%	11.9%	13.4%	100.0%	201
	Kinondoni	44.8%	19.4%	10.4%	11.9%	13.4%	100.0%	201
	Kigoma rural	10.2%	23.3%	13.1%	35.0%	18.4%	100.0%	206
	Kahama	14.6%	12.6%	11.6%	32.6%	28.5%	100.0%	396
	Magu	24.0%	14.8%	6.1%	41.3%	13.8%	100.0%	196
	Missungwi	11.2%	9.1%	7.0%	47.1%	25.6%	100.0%	242
	Micheweni	4.4%	11.1%	4.0%	47.1%	33.3%	100.0%	225
	Total	17.3%	14.5%	9.0%	35.9%	23.3%	100.0%	1,466
Highest education level	Primary Education	17.0%	15.0%	9.8%	34.9%	23.2%	100.0%	745
	Secondary Education	32.3%	14.6%	6.1%	25.8%	21.2%	100.0%	198
	Tertiary Education	66.7%	22.2%	0.0%	0.0%	11.1%	100.0%	9
	Never Attended	10.9%	13.6%	9.1%	41.8%	24.5%	100.0%	514
	Total	17.3%	14.5%	9.0%	35.9%	23.3%	100.0%	1,466
Age Group	15-19	17.1%	13.2%	8.5%	32.9%	28.3%	100.0%	258
	20-24	19.3%	14.8%	5.8%	41.3%	18.8%	100.0%	223
	25-29	20.1%	15.2%	10.8%	32.8%	21.1%	100.0%	204
	30-34	11.9%	12.4%	11.9%	36.7%	27.1%	100.0%	177
	35-39	18.2%	12.8%	11.2%	34.8%	23.0%	100.0%	187
	40-44	23.1%	13.2%	3.3%	35.2%	25.3%	100.0%	91
	45-49	15.1%	15.1%	9.7%	34.4%	25.8%	100.0%	93
	50-54	13.8%	16.9%	9.2%	32.3%	27.7%	100.0%	65
	55-59	26.3%	15.8%	5.3%	44.7%	7.9%	100.0%	38
	60-64	4.8%	21.4%	7.1%	40.5%	26.2%	100.0%	42
	65-69	15.4%	15.4%	15.4%	19.2%	34.6%	100.0%	26
	70+	19.2%	25.0%	7.7%	38.5%	9.6%	100.0%	52
	NS	0.0%	0.0%	28.6%	71.4%	0.0%	100.0%	7
	Total	17.3%	14.6%	9.0%	35.7%	23.4%	100.0%	1,463

Table 2.1: Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

Statements	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total		
	%	%	%	%	%	%	Median of the distribution	Number of men 15 years and more
26.1 Women should be able to stand for election to all public bodies just like men	3.1%	4.0%	3.0%	42.4%	47.4%	100.0%	4	1,249
26.2 Women should be head of state just like men.	4.6%	7.3%	2.6%	38.7%	46.8%	100.0%	4	1,249
26.3 Women should decide on their own whom to vote for in elections, without the influence of their husbands	2.7%	8.4%	4.3%	40.9%	43.6%	100.0%	4	1,249
26.4 A woman can disagree with her husband's political opinion	7.0%	12.5%	6.1%	38.2%	36.3%	100.0%	4	1,249
26.5 Women should have a say in important decisions in the community	6.3%	13.9%	7.4%	40.8%	31.6%	100.0%	4	1,249
26.6 A married woman should obtain her husband's permission in order to vote	25.1%	28.7%	4.2%	25.3%	16.7%	100.0%	2	1,249
26.7 A woman has no place in the decision making of the household	29.4%	33.5%	9.0%	18.9%	9.2%	100.0%	2	1,249
26.8 Women should not be allowed to go to school.	56.9%	32.6%	2.3%	4.2%	3.9%	100.0%	1	1,249
26.9 When going to most public places, a woman should obtain the permission of her husband or the head of the household	13.5%	17.8%	8.4%	33.6%	26.7%	100.0%	4	1,249

Table2:1.1 (a): Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.1 Women should be able to stand for election to all public bodies just like men						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	2.9%	0.6%	1.2%	32.4%	62.9%	100.0%	170
	Kigoma rural	3.3%	2.0%	4.7%	39.3%	50.7%	100.0%	150
	Kahama	2.2%	3.1%	2.2%	36.0%	56.4%	100.0%	358
	Magu	2.9%	2.4%	1.2%	44.7%	48.8%	100.0%	170
	Missungwi	2.8%	8.8%	4.2%	52.3%	31.9%	100.0%	216
	Micheweni	5.4%	6.5%	5.4%	53.0%	29.7%	100.0%	185
	Total	3.1%	4.0%	3.0%	42.4%	47.4%	100.0%	1,249
Education	Primary	2.5%	4.3%	2.5%	43.0%	47.8%	100.0%	768
	Secondary	3.5%	2.6%	2.6%	34.6%	56.7%	100.0%	231
	Tertiary	0.0%	0.0%	0.0%	25.0%	75.0%	100.0%	28
	Never Attended	5.4%	5.0%	5.9%	50.9%	32.9%	100.0%	222
	Total	3.1%	4.0%	3.0%	42.4%	47.4%	100.0%	1,249
Age Group	15-19	3.4%	6.5%	2.6%	44.0%	43.5%	100.0%	232
	20-24	3.0%	4.2%	1.8%	48.2%	42.8%	100.0%	166
	25-29	5.2%	6.7%	0.7%	36.6%	50.7%	100.0%	134
	30-34	1.6%	3.1%	2.3%	39.1%	53.9%	100.0%	128
	35-39	2.6%	2.6%	3.3%	43.0%	48.3%	100.0%	151
	40-44	2.8%	3.7%	6.5%	42.6%	44.4%	100.0%	108
	45-49	2.7%	1.8%	0.9%	42.9%	51.8%	100.0%	112
	50-54	4.1%	2.0%	2.0%	34.7%	57.1%	100.0%	49
	55-59	0.0%	0.0%	5.9%	44.1%	50.0%	100.0%	34
	60-64	0.0%	2.4%	0.0%	40.5%	57.1%	100.0%	42
	65-69	11.1%	5.6%	5.6%	33.3%	44.4%	100.0%	18
	70+	4.3%	2.9%	11.4%	45.7%	35.7%	100.0%	70
	NS	0.0%	0.0%	0.0%	75.0%	25.0%	100.0%	4
	Total	3.1%	4.0%	3.0%	42.5%	47.4%	100.0%	1,248

Table2:1.2 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.2 Women should be head of state just like men.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
	Kinondoni	0.6%	4.1%	1.2%	32.9%	61.2%	100.0%	170
	Kigoma rural	5.3%	3.3%	4.7%	40.7%	46.0%	100.0%	150
	Kahama	4.7%	4.2%	2.0%	35.2%	53.9%	100.0%	358
	Magu	1.8%	5.9%	1.2%	38.8%	52.4%	100.0%	170
	Misungwi	6.0%	8.3%	2.3%	50.5%	32.9%	100.0%	216
	Micheweni	8.6%	19.5%	5.4%	35.1%	31.4%	100.0%	185
	Total	4.6%	7.3%	2.6%	38.7%	46.8%	100.0%	1,249
Education								
	Primary	3.9%	7.4%	2.6%	39.6%	46.5%	100.0%	768
	Secondary	5.2%	5.6%	1.7%	33.3%	54.1%	100.0%	231
	Tertiary	0.0%	3.6%	0.0%	25.0%	71.4%	100.0%	28
	Never Attended	7.2%	9.0%	4.1%	42.8%	36.9%	100.0%	222
	Total	4.6%	7.3%	2.6%	38.7%	46.8%	100.0%	1,249
Age Group								
	15-19	4.3%	12.5%	2.2%	37.1%	44.0%	100.0%	232
	20-24	7.8%	4.2%	3.6%	42.8%	41.6%	100.0%	166
	25-29	4.5%	9.7%	1.5%	32.1%	52.2%	100.0%	134
	30-34	6.3%	3.1%	1.6%	37.5%	51.6%	100.0%	128
	35-39	4.0%	5.3%	3.3%	41.1%	46.4%	100.0%	151
	40-44	2.8%	9.3%	3.7%	47.2%	37.0%	100.0%	108
	45-49	1.8%	4.5%	1.8%	42.0%	50.0%	100.0%	112
	50-54	4.1%	6.1%	4.1%	18.4%	67.3%	100.0%	49
	55-59	0.0%	5.9%	0.0%	44.1%	50.0%	100.0%	34
	60-64	2.4%	2.4%	2.4%	33.3%	59.5%	100.0%	42
	65-69	5.6%	22.2%	0.0%	22.2%	50.0%	100.0%	18
	70+	8.6%	7.1%	5.7%	41.4%	37.1%	100.0%	70
	NS	0.0%	0.0%	0.0%	75.0%	25.0%	100.0%	4
	Total	4.6%	7.3%	2.6%	38.6%	46.8%	100.0%	1,248

Table2: 1.3 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.3 Women should decide on their own whom to vote for in elections, without the influence of their husbands						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	0.6%	1.8%	2.9%	37.1%	57.6%	100.0%	170
	Kigoma rural	3.3%	4.7%	5.3%	38.7%	48.0%	100.0%	150
	Kahama	3.9%	11.5%	3.6%	30.7%	50.3%	100.0%	358
	Magu	2.9%	11.2%	3.5%	41.2%	41.2%	100.0%	170
	Misungwi	3.7%	13.4%	6.5%	52.3%	24.1%	100.0%	216
	Micheweni	0.5%	3.2%	4.3%	52.4%	39.5%	100.0%	185
	Total	2.7%	8.4%	4.3%	40.9%	43.6%	100.0%	1,249
Education	Primary	2.7%	9.8%	4.7%	40.8%	42.1%	100.0%	768
	Secondary	0.9%	3.9%	4.3%	38.5%	52.4%	100.0%	231
	Tertiary	0.0%	0.0%	3.6%	21.4%	75.0%	100.0%	28
	Never Attended	5.0%	9.5%	3.2%	46.4%	36.0%	100.0%	222
	Total	2.7%	8.4%	4.3%	40.9%	43.6%	100.0%	1,249
Age Group	15-19	1.7%	12.1%	4.7%	40.5%	40.9%	100.0%	232
	20-24	3.0%	7.8%	6.6%	42.8%	39.8%	100.0%	166
	25-29	4.5%	6.7%	4.5%	38.1%	46.3%	100.0%	134
	30-34	3.1%	3.9%	4.7%	41.4%	46.9%	100.0%	128
	35-39	2.6%	7.9%	4.0%	42.4%	43.0%	100.0%	151
	40-44	1.9%	12.0%	3.7%	42.6%	39.8%	100.0%	108
	45-49	1.8%	7.1%	1.8%	38.4%	50.9%	100.0%	112
	50-54	2.0%	4.1%	2.0%	32.7%	59.2%	100.0%	49
	55-59	8.8%	11.8%	0.0%	44.1%	35.3%	100.0%	34
	60-64	0.0%	7.1%	2.4%	38.1%	52.4%	100.0%	42
	65-69	5.6%	16.7%	0.0%	38.9%	38.9%	100.0%	18
	70+	2.9%	7.1%	7.1%	45.7%	37.1%	100.0%	70
	NS	0.0%	0.0%	0.0%	75.0%	25.0%	100.0%	4
Total	2.7%	8.4%	4.2%	40.9%	43.7%	100.0%	1,248	

Table2:1.4 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.4 A woman can disagree with her husband's political opinion						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	7.6%	3.5%	4.1%	35.3%	49.4%	100.0%	170
	Kigoma rural	8.0%	6.7%	6.0%	41.3%	38.0%	100.0%	150
	Kahama	9.2%	14.0%	7.8%	29.6%	39.4%	100.0%	358
	Magu	4.7%	15.3%	6.5%	40.0%	33.5%	100.0%	170
	Misungwi	8.8%	22.7%	6.0%	43.1%	19.4%	100.0%	216
	Micheweni	1.1%	8.1%	4.3%	47.6%	38.9%	100.0%	185
	Total	7.0%	12.5%	6.1%	38.2%	36.3%	100.0%	1,249
Education	Primary	7.0%	13.0%	6.0%	39.3%	34.6%	100.0%	768
	Secondary	7.8%	6.1%	4.3%	35.9%	45.9%	100.0%	231
	Tertiary	7.1%	0.0%	0.0%	28.6%	64.3%	100.0%	28
	Never Attended	5.9%	18.9%	9.0%	37.8%	28.4%	100.0%	222
	Total	7.0%	12.5%	6.1%	38.2%	36.3%	100.0%	1,249
Age Group	15-19	6.5%	12.9%	5.6%	37.9%	37.1%	100.0%	232
	20-24	7.8%	16.3%	6.6%	38.6%	30.7%	100.0%	166
	25-29	10.4%	6.7%	4.5%	41.8%	36.6%	100.0%	134
	30-34	3.1%	9.4%	7.8%	42.2%	37.5%	100.0%	128
	35-39	5.3%	12.6%	7.3%	33.8%	41.1%	100.0%	151
	40-44	7.4%	13.9%	7.4%	38.9%	32.4%	100.0%	108
	45-49	8.9%	14.3%	2.7%	33.0%	41.1%	100.0%	112
	50-54	2.0%	10.2%	4.1%	42.9%	40.8%	100.0%	49
	55-59	14.7%	8.8%	8.8%	32.4%	35.3%	100.0%	34
	60-64	4.8%	9.5%	9.5%	38.1%	38.1%	100.0%	42
	65-69	11.1%	22.2%	0.0%	33.3%	33.3%	100.0%	18
	70+	7.1%	15.7%	5.7%	40.0%	31.4%	100.0%	70
	NS	0.0%	25.0%	25.0%	50.0%	0.0%	100.0%	4
	Total	7.0%	12.5%	6.1%	38.1%	36.3%	100.0%	1,248

Table2: 1.5 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.5 Women should have a say in important decisions in the community						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	4.1%	17.1%	5.3%	28.8%	44.7%	100.0%	170
	Kigoma rural	6.7%	18.7%	8.7%	39.3%	26.7%	100.0%	150
	Kahama	9.8%	10.1%	10.6%	34.1%	35.5%	100.0%	358
	Magu	4.7%	10.0%	4.7%	50.6%	30.0%	100.0%	170
	Misungwi	5.6%	16.7%	7.4%	50.5%	19.9%	100.0%	216
	Micheweni	3.8%	14.6%	4.3%	45.9%	31.4%	100.0%	185
	Total	6.3%	13.9%	7.4%	40.8%	31.6%	100.0%	1,249
Education	Primary	6.3%	13.9%	7.8%	42.2%	29.8%	100.0%	768
	Secondary	3.9%	11.3%	4.8%	39.4%	40.7%	100.0%	231
	Tertiary	3.6%	3.6%	0.0%	17.9%	75.0%	100.0%	28
	Never Attended	9.5%	17.6%	9.5%	40.5%	23.0%	100.0%	222
	Total	6.3%	13.9%	7.4%	40.8%	31.6%	100.0%	1,249
Age Group	15-19	3.9%	17.2%	8.2%	42.7%	28.0%	100.0%	232
	20-24	7.2%	14.5%	3.6%	43.4%	31.3%	100.0%	166
	25-29	8.2%	14.2%	9.7%	39.6%	28.4%	100.0%	134
	30-34	4.7%	12.5%	10.9%	37.5%	34.4%	100.0%	128
	35-39	8.6%	12.6%	4.6%	39.1%	35.1%	100.0%	151
	40-44	7.4%	14.8%	8.3%	43.5%	25.9%	100.0%	108
	45-49	5.4%	14.3%	6.3%	34.8%	39.3%	100.0%	112
	50-54	4.1%	4.1%	2.0%	53.1%	36.7%	100.0%	49
	55-59	11.8%	5.9%	11.8%	41.2%	29.4%	100.0%	34
	60-64	9.5%	4.8%	2.4%	45.2%	38.1%	100.0%	42
	65-69	11.1%	22.2%	0.0%	27.8%	38.9%	100.0%	18
	70+	2.9%	15.7%	15.7%	38.6%	27.1%	100.0%	70
	NS	0.0%	50.0%	0.0%	25.0%	25.0%	100.0%	4
	Total	6.3%	13.9%	7.4%	40.8%	31.7%	100.0%	1,248

Table2: 1.6 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.6 A married woman should obtain her husband's permission in order to vote						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	37.6%	26.5%	2.4%	16.5%	17.1%	100.0%	170
	Kigoma rural	31.3%	33.3%	3.3%	18.7%	13.3%	100.0%	150
	Kahama	33.2%	25.4%	3.9%	19.8%	17.6%	100.0%	358
	Magu	22.4%	41.2%	2.9%	23.5%	10.0%	100.0%	170
	Misungwi	13.4%	29.2%	6.9%	32.9%	17.6%	100.0%	216
	Micheweni	9.2%	21.1%	5.4%	42.2%	22.2%	100.0%	185
	Total	25.1%	28.7%	4.2%	25.3%	16.7%	100.0%	1,249
Education	Primary	25.0%	31.8%	4.0%	23.7%	15.5%	100.0%	768
	Secondary	35.5%	27.7%	3.9%	19.5%	13.4%	100.0%	231
	Tertiary	42.9%	7.1%	0.0%	17.9%	32.1%	100.0%	28
	Never Attended	12.6%	21.6%	5.9%	37.8%	22.1%	100.0%	222
	Total	25.1%	28.7%	4.2%	25.3%	16.7%	100.0%	1,249
Age Group	15-19	19.4%	31.0%	7.3%	27.6%	14.7%	100.0%	232
	20-24	24.7%	28.9%	4.2%	25.3%	16.9%	100.0%	166
	25-29	30.6%	24.6%	6.7%	24.6%	13.4%	100.0%	134
	30-34	27.3%	27.3%	0.8%	24.2%	20.3%	100.0%	128
	35-39	29.8%	31.8%	4.0%	17.9%	16.6%	100.0%	151
	40-44	26.9%	27.8%	2.8%	26.9%	15.7%	100.0%	108
	45-49	28.6%	28.6%	1.8%	25.9%	15.2%	100.0%	112
	50-54	28.6%	32.7%	2.0%	20.4%	16.3%	100.0%	49
	55-59	35.3%	29.4%	0.0%	23.5%	11.8%	100.0%	34
	60-64	21.4%	31.0%	4.8%	23.8%	19.0%	100.0%	42
	65-69	11.1%	33.3%	0.0%	33.3%	22.2%	100.0%	18
	70+	12.9%	20.0%	7.1%	32.9%	27.1%	100.0%	70
	NS	0.0%	25.0%	0.0%	75.0%	0.0%	100.0%	4
	Total	25.2%	28.7%	4.2%	25.2%	16.7%	100.0%	1,248

Table2: 1.7 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.7 A woman has no place in the decision making of the household						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	47.6%	28.2%	8.8%	8.8%	6.5%	100.0%	170
	Kigoma rural	34.7%	36.7%	4.7%	17.3%	6.7%	100.0%	150
	Kahama	32.1%	28.5%	12.8%	15.4%	11.2%	100.0%	358
	Magu	21.8%	46.5%	8.8%	15.3%	7.6%	100.0%	170
	Missungwi	18.5%	36.1%	8.8%	26.4%	10.2%	100.0%	216
	Micheweni	22.7%	30.3%	5.9%	30.8%	10.3%	100.0%	185
	Total	29.4%	33.5%	9.0%	18.9%	9.2%	100.0%	1,249
Education	Primary	27.5%	35.4%	9.8%	18.4%	9.0%	100.0%	768
	Secondary	41.6%	31.6%	6.9%	13.9%	6.1%	100.0%	231
	Tertiary	64.3%	10.7%	0.0%	7.1%	17.9%	100.0%	28
	Never Attended	18.9%	31.5%	9.9%	27.5%	12.2%	100.0%	222
	Total	29.4%	33.5%	9.0%	18.9%	9.2%	100.0%	1,249
Age Group	15-19	29.7%	33.2%	10.3%	17.7%	9.1%	100.0%	232
	20-24	26.5%	36.7%	12.7%	19.9%	4.2%	100.0%	166
	25-29	29.9%	38.1%	5.2%	16.4%	10.4%	100.0%	134
	30-34	35.2%	27.3%	8.6%	19.5%	9.4%	100.0%	128
	35-39	23.8%	33.1%	7.9%	21.9%	13.2%	100.0%	151
	40-44	32.4%	32.4%	12.0%	17.6%	5.6%	100.0%	108
	45-49	35.7%	33.9%	5.4%	14.3%	10.7%	100.0%	112
	50-54	34.7%	32.7%	4.1%	16.3%	12.2%	100.0%	49
	55-59	35.3%	26.5%	8.8%	26.5%	2.9%	100.0%	34
	60-64	31.0%	33.3%	4.8%	19.0%	11.9%	100.0%	42
	65-69	16.7%	44.4%	0.0%	27.8%	11.1%	100.0%	18
	70+	18.6%	31.4%	15.7%	22.9%	11.4%	100.0%	70
	NS	0.0%	25.0%	25.0%	25.0%	25.0%	100.0%	4
	Total	29.4%	33.4%	9.1%	18.9%	9.2%	100.0%	1,248

Table2: 1.8 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.8 Women should not be allowed to go to school.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	73.5%	21.2%	1.8%	1.8%	1.8%	100.0%	170
	Kigoma rural	64.0%	27.3%	2.7%	3.3%	2.7%	100.0%	150
	Kahama	59.5%	27.9%	3.4%	3.4%	5.9%	100.0%	358
	Magu	41.2%	46.5%	1.2%	6.5%	4.7%	100.0%	170
	Misungwi	51.4%	35.2%	3.2%	6.0%	4.2%	100.0%	216
	Micheweni	51.9%	40.5%	0.5%	4.9%	2.2%	100.0%	185
	Total	56.9%	32.6%	2.3%	4.2%	3.9%	100.0%	1,249
Education								
	Primary	56.8%	32.3%	2.5%	4.0%	4.4%	100.0%	768
	Secondary	68.4%	25.1%	1.3%	3.0%	2.2%	100.0%	231
	Tertiary	82.1%	14.3%	0.0%	0.0%	3.6%	100.0%	28
	Never Attended	42.3%	43.7%	3.2%	6.8%	4.1%	100.0%	222
	Total	56.9%	32.6%	2.3%	4.2%	3.9%	100.0%	1,249
Age Group								
	15-19	57.8%	35.3%	1.3%	3.0%	2.6%	100.0%	232
	20-24	52.4%	37.3%	3.0%	4.8%	2.4%	100.0%	166
	25-29	61.2%	28.4%	3.7%	3.0%	3.7%	100.0%	134
	30-34	57.8%	31.3%	1.6%	5.5%	3.9%	100.0%	128
	35-39	60.9%	29.1%	1.3%	4.0%	4.6%	100.0%	151
	40-44	57.4%	33.3%	3.7%	3.7%	1.9%	100.0%	108
	45-49	62.5%	27.7%	0.0%	3.6%	6.3%	100.0%	112
	50-54	57.1%	30.6%	2.0%	2.0%	8.2%	100.0%	49
	55-59	52.9%	41.2%	2.9%	0.0%	2.9%	100.0%	34
	60-64	54.8%	26.2%	4.8%	9.5%	4.8%	100.0%	42
	65-69	50.0%	33.3%	5.6%	11.1%	0.0%	100.0%	18
	70+	44.3%	34.3%	4.3%	8.6%	8.6%	100.0%	70
	NS	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	4
	Total	56.9%	32.6%	2.3%	4.2%	3.9%	100.0%	1,248

Table2: 1.9 Attitude of men on Women's participation in the public sphere, decision making at community level, etc.

		26.9 When going to most public places, a woman should obtain the permission of her husband or the head of the household						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	14.1%	8.8%	4.1%	24.7%	48.2%	100.0%	170
	Kigoma rural	11.3%	13.3%	17.3%	38.0%	20.0%	100.0%	150
	Kahama	19.0%	21.5%	11.2%	25.1%	23.2%	100.0%	358
	Magu	15.3%	34.1%	14.1%	28.2%	8.2%	100.0%	170
	Misungwi	12.0%	24.1%	3.2%	42.6%	18.1%	100.0%	216
	Micheweni	3.8%	0.0%	0.5%	49.2%	46.5%	100.0%	185
	Total	13.5%	17.8%	8.4%	33.6%	26.7%	100.0%	1,249
Education								
	Primary	13.9%	20.6%	8.9%	31.3%	25.4%	100.0%	768
	Secondary	15.6%	13.9%	7.4%	32.0%	31.2%	100.0%	231
	Tertiary	32.1%	3.6%	7.1%	14.3%	42.9%	100.0%	28
	Never Attended	7.2%	14.0%	8.1%	45.9%	24.8%	100.0%	222
	Total	13.5%	17.8%	8.4%	33.6%	26.7%	100.0%	1,249
Age Group								
	15-19	13.4%	19.4%	6.5%	37.1%	23.7%	100.0%	232
	20-24	11.4%	15.1%	10.2%	39.2%	24.1%	100.0%	166
	25-29	14.9%	14.2%	8.2%	32.1%	30.6%	100.0%	134
	30-34	10.2%	22.7%	7.8%	31.3%	28.1%	100.0%	128
	35-39	14.6%	17.9%	7.9%	29.1%	30.5%	100.0%	151
	40-44	14.8%	18.5%	6.5%	38.0%	22.2%	100.0%	108
	45-49	13.4%	24.1%	10.7%	22.3%	29.5%	100.0%	112
	50-54	24.5%	16.3%	6.1%	30.6%	22.4%	100.0%	49
	55-59	14.7%	8.8%	8.8%	44.1%	23.5%	100.0%	34
	60-64	23.8%	21.4%	4.8%	26.2%	23.8%	100.0%	42
	65-69	0.0%	5.6%	16.7%	33.3%	44.4%	100.0%	18
	70+	7.1%	11.4%	12.9%	38.6%	30.0%	100.0%	70
	NS	0.0%	25.0%	25.0%	50.0%	0.0%	100.0%	4
	Total	13.5%	17.8%	8.4%	33.7%	26.7%	100.0%	1,248

Table 2.2: Attitude of women on participation in the public sphere, decision making at community level, etc.

Statements	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total		
	%	%	%	%	%	%	Median of the distribution	Number of women 15 years and more
26.1 Women should be able to stand for election to all public bodies just like men	2.6%	3.1%	3.8%	42.6%	48.0%	100.0%	4	1,466
26.2 Women should be head of state just like men.	3.9%	6.1%	3.0%	40.0%	47.0%	100.0%	4	1,466
26.3 Women should decide on their own whom to vote for in elections, without the influence of their husbands	3.9%	9.8%	4.6%	42.3%	39.5%	100.0%	4	1,466
26.4 A woman can disagree with her husband's political opinion	5.4%	13.8%	8.7%	37.7%	34.4%	100.0%	4	1,466
26.5 Women should have a say in important decisions in the community	4.6%	10.4%	9.4%	42.4%	33.2%	100.0%	4	1,466
26.6 A married woman should obtain her husband's permission in order to vote	25.4%	24.6%	7.1%	27.1%	15.8%	100.0%	3	1,466
26.7 A woman has no place in the decision making of the household	30.1%	30.8%	8.8%	19.1%	11.2%	100.0%	2	1,466
26.8 Women should not be allowed to go to school.	55.9%	33.2%	2.0%	4.9%	4.0%	100.0%	1	1,466
26.9 When going to most public places, a woman should obtain the permission of her husband or the head of the household	13.6%	17.7%	10.2%	33.7%	24.8%	100.0%	4	1,466

Table2: 2.1 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.1 Women should be able to stand for election to all public bodies just like men						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
District	Kinondoni	1.0%	2.0%	2.5%	28.4%	66.2%	100.0%	201
	Kigoma rural	0.5%	4.4%	3.4%	40.8%	51.0%	100.0%	206
	Kahama	3.8%	2.5%	3.8%	37.6%	52.3%	100.0%	396
	Magu	0.5%	1.0%	3.1%	43.9%	51.5%	100.0%	196
	Misungwi	5.4%	2.9%	4.1%	51.7%	36.0%	100.0%	242
	Micheweni	2.7%	6.2%	5.3%	54.7%	31.1%	100.0%	225
	Total	2.6%	3.1%	3.8%	42.6%	48.0%	100.0%	1,466
Highest education level	Primary Education	1.9%	2.8%	2.4%	39.9%	53.0%	100.0%	745
	Secondary Education	3.0%	3.0%	2.0%	34.8%	57.1%	100.0%	198
	Tertiary Education	0.0%	0.0%	0.0%	44.4%	55.6%	100.0%	9
	Never Attended	3.5%	3.7%	6.4%	49.4%	37.0%	100.0%	514
	Total	2.6%	3.1%	3.8%	42.6%	48.0%	100.0%	1,466
Age Group	15-19	3.1%	3.9%	3.5%	40.3%	49.2%	100.0%	258
	20-24	4.9%	3.6%	4.0%	42.2%	45.3%	100.0%	223
	25-29	2.0%	1.5%	2.0%	42.6%	52.0%	100.0%	204
	30-34	1.7%	0.6%	2.8%	46.3%	48.6%	100.0%	177
	35-39	1.6%	3.7%	2.7%	41.7%	50.3%	100.0%	187
	40-44	1.1%	3.3%	3.3%	37.4%	54.9%	100.0%	91
	45-49	1.1%	6.5%	2.2%	35.5%	54.8%	100.0%	93
	50-54	3.1%	3.1%	9.2%	50.8%	33.8%	100.0%	65
	55-59	2.6%	5.3%	2.6%	47.4%	42.1%	100.0%	38
	60-64	2.4%	4.8%	9.5%	42.9%	40.5%	100.0%	42
	65-69	7.7%	0.0%	3.8%	50.0%	38.5%	100.0%	26
	70+	1.9%	1.9%	7.7%	46.2%	42.3%	100.0%	52
	Total	2.6%	3.1%	3.6%	42.4%	48.2%	100.0%	1,456

Table2: 2.2 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.2 Women should be head of state just like men.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
District	Kinondoni	2.0%	2.0%	2.0%	25.9%	68.2%	100.0%	201
	Kigoma rural	1.5%	6.3%	3.9%	40.3%	48.1%	100.0%	206
	Kahama	5.6%	4.3%	2.3%	34.3%	53.5%	100.0%	396
	Magu	1.0%	4.6%	1.5%	48.0%	44.9%	100.0%	196
	Misungwi	6.2%	5.0%	2.5%	50.0%	36.4%	100.0%	242
	Micheweni	4.9%	15.1%	6.2%	44.9%	28.9%	100.0%	225
	Total	3.9%	6.1%	3.0%	40.0%	47.0%	100.0%	1,466
Highest education level	Primary Education	3.6%	5.2%	2.3%	38.1%	50.7%	100.0%	745
	Secondary Education	2.5%	4.0%	1.5%	32.3%	59.6%	100.0%	198
	Tertiary Education	11.1%	0.0%	0.0%	33.3%	55.6%	100.0%	9
	Never Attended	4.7%	8.2%	4.7%	45.9%	36.6%	100.0%	514
	Total	3.9%	6.1%	3.0%	40.0%	47.0%	100.0%	1,466
Age Group	15-19	2.7%	8.1%	2.7%	38.0%	48.4%	100.0%	258
	20-24	4.5%	9.0%	3.1%	37.2%	46.2%	100.0%	223
	25-29	4.9%	2.5%	1.5%	37.7%	53.4%	100.0%	204
	30-34	3.4%	2.3%	4.5%	40.7%	49.2%	100.0%	177
	35-39	4.8%	7.0%	1.6%	40.1%	46.5%	100.0%	187
	40-44	3.3%	4.4%	3.3%	36.3%	52.7%	100.0%	91
	45-49	2.2%	8.6%	1.1%	36.6%	51.6%	100.0%	93
	50-54	3.1%	9.2%	7.7%	43.1%	36.9%	100.0%	65
	55-59	0.0%	7.9%	2.6%	52.6%	36.8%	100.0%	38
	60-64	7.1%	2.4%	4.8%	54.8%	31.0%	100.0%	42
	65-69	11.5%	3.8%	3.8%	42.3%	38.5%	100.0%	26
	70+	1.9%	1.9%	3.8%	53.8%	38.5%	100.0%	52
	Total	3.8%	6.0%	3.0%	40.0%	47.3%	100.0%	1,456

Table2: 2.3 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.3 Women should decide on their own whom to vote for in elections, without the influence of their husbands						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
	Kinondoni	2.0%	5.5%	1.5%	27.4%	63.7%	100.0%	201
	Kigoma rural	3.9%	13.1%	3.9%	46.1%	33.0%	100.0%	206
	Kahama	6.8%	8.3%	7.8%	33.3%	43.7%	100.0%	396
	Magu	4.1%	10.7%	3.1%	41.8%	40.3%	100.0%	196
	Missungwi	2.9%	16.5%	5.0%	52.9%	22.7%	100.0%	242
	Micheweni	1.3%	4.9%	3.1%	56.9%	33.8%	100.0%	225
	Total	3.9%	9.8%	4.6%	42.3%	39.5%	100.0%	1,466
Highest education level								
	Primary Education	4.3%	11.8%	3.6%	38.0%	42.3%	100.0%	745
	Secondary Education	2.0%	3.0%	3.5%	37.4%	54.0%	100.0%	198
	Tertiary Education	11.1%	0.0%	11.1%	33.3%	44.4%	100.0%	9
	Never Attended	3.9%	9.5%	6.2%	50.6%	29.8%	100.0%	514
	Total	3.9%	9.8%	4.6%	42.3%	39.5%	100.0%	1,466
Age Group								
	15-19	2.7%	10.9%	5.0%	39.1%	42.2%	100.0%	258
	20-24	4.5%	14.3%	2.7%	39.5%	39.0%	100.0%	223
	25-29	4.9%	9.3%	4.9%	42.2%	38.7%	100.0%	204
	30-34	6.2%	4.5%	5.6%	38.4%	45.2%	100.0%	177
	35-39	3.7%	11.8%	2.1%	42.2%	40.1%	100.0%	187
	40-44	4.4%	3.3%	5.5%	35.2%	51.6%	100.0%	91
	45-49	2.2%	8.6%	4.3%	46.2%	38.7%	100.0%	93
	50-54	0.0%	10.8%	4.6%	50.8%	33.8%	100.0%	65
	55-59	5.3%	5.3%	0.0%	52.6%	36.8%	100.0%	38
	60-64	2.4%	16.7%	9.5%	57.1%	14.3%	100.0%	42
	65-69	7.7%	7.7%	7.7%	38.5%	38.5%	100.0%	26
	70+	1.9%	5.8%	11.5%	55.8%	25.0%	100.0%	52
	Total	3.9%	9.7%	4.6%	42.1%	39.7%	100.0%	1,456

Table2:2.4 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.4 A woman can disagree with her husband's political opinion						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
District	Kinondoni	3.0%	4.0%	7.0%	28.4%	57.7%	100.0%	201
	Kigoma rural	3.9%	13.1%	5.3%	47.6%	30.1%	100.0%	206
	Kahama	8.6%	14.1%	10.1%	33.6%	33.6%	100.0%	396
	Magu	4.1%	17.3%	11.2%	34.7%	32.7%	100.0%	196
	Missungwi	8.3%	25.6%	10.3%	38.4%	17.4%	100.0%	242
	Micheweni	1.3%	7.1%	7.1%	45.8%	38.7%	100.0%	225
	Total	5.4%	13.8%	8.7%	37.7%	34.4%	100.0%	1,466
Highest education level	Primary Education	6.7%	14.9%	8.1%	35.2%	35.2%	100.0%	745
	Secondary Education	3.5%	5.6%	6.6%	32.8%	51.5%	100.0%	198
	Tertiary Education	11.1%	0.0%	11.1%	44.4%	33.3%	100.0%	9
	Never Attended	4.1%	15.8%	10.5%	43.0%	26.7%	100.0%	514
	Total	5.4%	13.8%	8.7%	37.7%	34.4%	100.0%	1,466
Age Group	15-19	5.8%	12.8%	11.6%	29.8%	39.9%	100.0%	258
	20-24	7.6%	12.6%	8.1%	39.9%	31.8%	100.0%	223
	25-29	6.4%	13.7%	9.3%	37.3%	33.3%	100.0%	204
	30-34	5.6%	11.9%	4.0%	37.9%	40.7%	100.0%	177
	35-39	4.8%	16.6%	8.0%	36.4%	34.2%	100.0%	187
	40-44	1.1%	13.2%	7.7%	31.9%	46.2%	100.0%	91
	45-49	4.3%	16.1%	8.6%	40.9%	30.1%	100.0%	93
	50-54	1.5%	13.8%	7.7%	43.1%	33.8%	100.0%	65
	55-59	7.9%	13.2%	7.9%	42.1%	28.9%	100.0%	38
	60-64	4.8%	23.8%	9.5%	45.2%	16.7%	100.0%	42
	65-69	7.7%	7.7%	19.2%	42.3%	23.1%	100.0%	26
	70+	3.8%	13.5%	13.5%	50.0%	19.2%	100.0%	52
	Total	5.4%	13.8%	8.8%	37.4%	34.6%	100.0%	1,456

Table2: 2.5 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.5 Women should have a say in important decisions in the community						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
District	Kinondoni	0.5%	6.0%	6.5%	30.8%	56.2%	100.0%	201
	Kigoma rural	2.9%	12.1%	9.2%	45.1%	30.6%	100.0%	206
	Kahama	8.6%	8.3%	14.9%	33.3%	34.8%	100.0%	396
	Magu	2.6%	9.7%	8.2%	51.0%	28.6%	100.0%	196
	Missungwi	6.2%	14.5%	8.3%	50.4%	20.7%	100.0%	242
	Micheweni	2.7%	12.4%	4.9%	50.2%	29.8%	100.0%	225
	Total	4.6%	10.4%	9.4%	42.4%	33.2%	100.0%	1,466
Highest education level								
	Primary Education	4.3%	10.6%	8.3%	41.3%	35.4%	100.0%	745
	Secondary Education	2.0%	4.5%	5.6%	37.9%	50.0%	100.0%	198
	Tertiary Education	11.1%	11.1%	0.0%	33.3%	44.4%	100.0%	9
	Never Attended	5.8%	12.3%	12.6%	45.9%	23.3%	100.0%	514
	Total	4.6%	10.4%	9.4%	42.4%	33.2%	100.0%	1,466
Age Group								
	15-19	3.9%	9.7%	10.1%	36.4%	39.9%	100.0%	258
	20-24	5.4%	12.6%	10.8%	40.8%	30.5%	100.0%	223
	25-29	5.4%	7.8%	9.3%	47.1%	30.4%	100.0%	204
	30-34	2.3%	7.9%	7.3%	41.8%	40.7%	100.0%	177
	35-39	4.3%	15.0%	9.6%	36.9%	34.2%	100.0%	187
	40-44	3.3%	6.6%	8.8%	41.8%	39.6%	100.0%	91
	45-49	4.3%	6.5%	8.6%	49.5%	31.2%	100.0%	93
	50-54	3.1%	13.8%	7.7%	43.1%	32.3%	100.0%	65
	55-59	10.5%	7.9%	2.6%	55.3%	23.7%	100.0%	38
	60-64	7.1%	16.7%	14.3%	54.8%	7.1%	100.0%	42
	65-69	19.2%	7.7%	11.5%	38.5%	23.1%	100.0%	26
	70+	1.9%	13.5%	7.7%	53.8%	23.1%	100.0%	52
	Total	4.6%	10.4%	9.3%	42.4%	33.3%	100.0%	1,456

Table2: 2.6 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.6 A married woman should obtain her husband's permission in order to vote						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
District	Kinondoni	58.2%	20.4%	2.5%	8.5%	10.4%	100.0%	201
	Kigoma rural	26.7%	26.2%	6.8%	27.2%	13.1%	100.0%	206
	Kahama	26.8%	26.0%	8.6%	18.7%	19.9%	100.0%	396
	Magu	24.0%	34.7%	7.1%	25.5%	8.7%	100.0%	196
	Missungwi	16.9%	28.5%	8.3%	33.5%	12.8%	100.0%	242
	Micheweni	3.1%	11.1%	7.6%	53.3%	24.9%	100.0%	225
	Total	25.4%	24.6%	7.1%	27.1%	15.8%	100.0%	1,466
Highest education level	Primary Education	27.4%	26.6%	6.7%	24.2%	15.2%	100.0%	745
	Secondary Education	40.9%	18.7%	6.1%	19.2%	15.2%	100.0%	198
	Tertiary Education	66.7%	11.1%	11.1%	0.0%	11.1%	100.0%	9
	Never Attended	16.0%	24.1%	8.0%	35.0%	16.9%	100.0%	514
	Total	25.4%	24.6%	7.1%	27.1%	15.8%	100.0%	1,466
Age Group	15-19	26.4%	22.1%	9.7%	24.4%	17.4%	100.0%	258
	20-24	24.2%	23.3%	5.4%	31.4%	15.7%	100.0%	223
	25-29	28.9%	29.4%	4.4%	22.5%	14.7%	100.0%	204
	30-34	27.7%	22.6%	7.9%	24.3%	17.5%	100.0%	177
	35-39	25.7%	28.3%	6.4%	24.6%	15.0%	100.0%	187
	40-44	28.6%	17.6%	5.5%	28.6%	19.8%	100.0%	91
	45-49	30.1%	20.4%	3.2%	32.3%	14.0%	100.0%	93
	50-54	16.9%	29.2%	10.8%	30.8%	12.3%	100.0%	65
	55-59	26.3%	18.4%	2.6%	36.8%	15.8%	100.0%	38
	60-64	7.1%	35.7%	14.3%	35.7%	7.1%	100.0%	42
	65-69	19.2%	15.4%	11.5%	30.8%	23.1%	100.0%	26
	70+	23.1%	28.8%	7.7%	25.0%	15.4%	100.0%	52
	Total	25.6%	24.5%	6.9%	27.1%	15.9%	100.0%	1,456

Table2: 2.7 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.7 A woman has no place in the decision making of the household						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
District	Kinondoni	55.7%	24.9%	4.0%	8.5%	7.0%	100.0%	201
	Kigoma rural	34.5%	35.4%	6.3%	16.0%	7.8%	100.0%	206
	Kahama	30.8%	23.7%	16.4%	15.2%	13.9%	100.0%	396
	Magu	23.0%	38.8%	8.2%	20.9%	9.2%	100.0%	196
	Missungwi	22.3%	33.9%	4.5%	27.7%	11.6%	100.0%	242
	Micheweni	16.4%	34.2%	7.1%	27.6%	14.7%	100.0%	225
	Total	30.1%	30.8%	8.8%	19.1%	11.2%	100.0%	1,466
Highest education level								
	Primary Education	32.1%	32.1%	8.5%	16.5%	10.9%	100.0%	745
	Secondary Education	45.5%	26.8%	5.6%	12.6%	9.6%	100.0%	198
	Tertiary Education	55.6%	22.2%	11.1%	11.1%	0.0%	100.0%	9
	Never Attended	20.8%	30.7%	10.5%	25.5%	12.5%	100.0%	514
	Total	30.1%	30.8%	8.8%	19.1%	11.2%	100.0%	1,466
Age Group								
	15-19	34.9%	27.1%	7.4%	17.8%	12.8%	100.0%	258
	20-24	27.4%	30.5%	9.4%	21.5%	11.2%	100.0%	223
	25-29	32.8%	36.3%	6.9%	13.2%	10.8%	100.0%	204
	30-34	26.6%	32.2%	7.9%	19.2%	14.1%	100.0%	177
	35-39	31.6%	34.2%	6.4%	17.1%	10.7%	100.0%	187
	40-44	33.0%	26.4%	9.9%	19.8%	11.0%	100.0%	91
	45-49	36.6%	25.8%	14.0%	18.3%	5.4%	100.0%	93
	50-54	24.6%	36.9%	16.9%	15.4%	6.2%	100.0%	65
	55-59	39.5%	28.9%	5.3%	23.7%	2.6%	100.0%	38
	60-64	19.0%	33.3%	11.9%	23.8%	11.9%	100.0%	42
	65-69	26.9%	23.1%	11.5%	11.5%	26.9%	100.0%	26
	70+	13.5%	21.2%	9.6%	42.3%	13.5%	100.0%	52
	Total	30.3%	30.7%	8.8%	19.0%	11.3%	100.0%	1,456

Table2: 2.8 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.8 Women should not be allowed to go to school.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
District	Kinondoni	75.1%	20.9%	0.5%	2.0%	1.5%	100.0%	201
	Kigoma rural	61.2%	29.6%	2.4%	3.4%	3.4%	100.0%	206
	Kahama	56.8%	29.0%	3.5%	5.6%	5.1%	100.0%	396
	Magu	44.4%	44.4%	2.6%	5.1%	3.6%	100.0%	196
	Missungwi	46.7%	38.8%	0.8%	8.3%	5.4%	100.0%	242
	Micheweni	52.0%	39.1%	1.3%	4.0%	3.6%	100.0%	225
	Total	55.9%	33.2%	2.0%	4.9%	4.0%	100.0%	1,466
Highest education level	Primary Education	56.1%	31.9%	2.6%	4.6%	4.8%	100.0%	745
	Secondary Education	74.7%	23.7%	0.0%	1.0%	0.5%	100.0%	198
	Tertiary Education	88.9%	11.1%	0.0%	0.0%	0.0%	100.0%	9
	Never Attended	47.7%	39.1%	2.1%	7.0%	4.1%	100.0%	514
	Total	55.9%	33.2%	2.0%	4.9%	4.0%	100.0%	1,466
Age Group	15-19	60.9%	27.9%	1.6%	5.0%	4.7%	100.0%	258
	20-24	53.8%	32.7%	2.2%	4.5%	6.7%	100.0%	223
	25-29	57.8%	33.3%	1.5%	4.4%	2.9%	100.0%	204
	30-34	61.0%	31.1%	1.7%	3.4%	2.8%	100.0%	177
	35-39	55.6%	35.8%	2.1%	3.2%	3.2%	100.0%	187
	40-44	62.6%	27.5%	2.2%	2.2%	5.5%	100.0%	91
	45-49	57.0%	35.5%	0.0%	5.4%	2.2%	100.0%	93
	50-54	44.6%	41.5%	1.5%	7.7%	4.6%	100.0%	65
	55-59	63.2%	28.9%	0.0%	7.9%	0.0%	100.0%	38
	60-64	38.1%	52.4%	7.1%	2.4%	0.0%	100.0%	42
	65-69	61.5%	15.4%	7.7%	11.5%	3.8%	100.0%	26
	70+	28.8%	44.2%	5.8%	15.4%	5.8%	100.0%	52
	Total	56.1%	33.0%	2.1%	4.9%	4.0%	100.0%	1,456

Table2: 2.9 Attitude of women on participation in the public sphere, decision making at community level, etc.

		26.9 When going to most public places, a woman should obtain the permission of her husband or the head of the household						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15 years and more
District								
	Kinondoni	22.4%	8.0%	8.0%	25.9%	35.8%	100.0%	201
	Kigoma rural	7.8%	21.4%	14.1%	39.8%	17.0%	100.0%	206
	Kahama	16.9%	15.9%	13.6%	27.5%	26.0%	100.0%	396
	Magu	18.9%	33.2%	14.3%	23.0%	10.7%	100.0%	196
	Missungwi	11.2%	26.9%	6.6%	39.3%	16.1%	100.0%	242
	Micheweni	3.1%	3.1%	2.7%	49.3%	41.8%	100.0%	225
	Total	13.6%	17.7%	10.2%	33.7%	24.8%	100.0%	1,466
Highest education level								
	Primary Education	15.0%	19.9%	10.5%	32.6%	22.0%	100.0%	745
	Secondary Education	18.7%	9.6%	6.1%	30.3%	35.4%	100.0%	198
	Tertiary Education	44.4%	11.1%	22.2%	11.1%	11.1%	100.0%	9
	Never Attended	8.9%	17.9%	11.1%	37.0%	25.1%	100.0%	514
	Total	13.6%	17.7%	10.2%	33.7%	24.8%	100.0%	1,466
Age Group								
	15-19	14.3%	12.8%	9.7%	37.6%	25.6%	100.0%	258
	20-24	11.7%	17.0%	9.0%	32.3%	30.0%	100.0%	223
	25-29	13.7%	18.6%	9.3%	34.8%	23.5%	100.0%	204
	30-34	11.9%	16.4%	13.0%	33.9%	24.9%	100.0%	177
	35-39	19.8%	19.3%	8.0%	33.7%	19.3%	100.0%	187
	40-44	13.2%	16.5%	9.9%	29.7%	30.8%	100.0%	91
	45-49	12.9%	21.5%	11.8%	29.0%	24.7%	100.0%	93
	50-54	10.8%	20.0%	15.4%	26.2%	27.7%	100.0%	65
	55-59	13.2%	10.5%	2.6%	44.7%	28.9%	100.0%	38
	60-64	9.5%	35.7%	9.5%	31.0%	14.3%	100.0%	42
	65-69	15.4%	19.2%	7.7%	26.9%	30.8%	100.0%	26
	70+	11.5%	23.1%	13.5%	36.5%	15.4%	100.0%	52
	Total	13.7%	17.7%	10.0%	33.7%	24.9%	100.0%	1,456

Table 2: Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

Statements	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
	%	%	%	%	%	Median of the distribution	Number of women 15 years and more
15.1 I have a good social network in the community.	1.2%	3.4%	4.9%	46.0%	44.5%	4	1,466
15.2 I am happy with my involvement in funeral associations, informal women's support groups, etc	2.3%	4.8%	13.7%	43.1%	36.2%	4	1,466
15.3 I am frequently invited to attend community events.	3.7%	7.3%	9.0%	43.6%	36.4%	4	1,466
15.4 The community members are ready to support me in case of shocks or crises	1.0%	2.7%	4.9%	47.4%	44.0%	4	1,466
15.5 The community leaders listen to my voice.	3.1%	8.7%	25.8%	38.0%	24.4%	4	1,466
15.6 I feel lonely, isolated in this community.	48.4%	35.1%	3.7%	6.6%	6.2%	2	1,466
15.7 I feel that I have sufficient access to the market to buy and sell things	10.6%	15.6%	23.0%	35.1%	15.8%	4	1,466
15.8 I feel that I am treated with respect and dignity when I visit the health centre/hospital/other health facility	4.6%	6.9%	11.6%	46.0%	30.8%	4	1,466

Table 2: 3.1 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

		1.5.1 I have a good social network in the community.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		%	%	%	%	%	%	Number of women 15+ years
District								
District	Kinondoni	0.5%	1.0%	5.0%	22.9%	70.6%	100.0%	201
	Kigoma rural	1.9%	2.9%	2.4%	44.2%	48.5%	100.0%	206
	Kahama	1.0%	1.5%	4.8%	44.9%	47.7%	100.0%	396
	Magu	1.0%	1.5%	7.1%	54.6%	35.7%	100.0%	196
	Missungwi	0.4%	3.3%	5.8%	59.5%	31.0%	100.0%	242
	Micheweni	2.2%	11.1%	4.4%	48.4%	33.8%	100.0%	225
	Total	1.2%	3.4%	4.9%	46.0%	44.5%	100.0%	1,466
Highest education level	Primary Education	1.2%	3.1%	5.4%	45.9%	44.4%	100.0%	745
	Secondary Education	1.5%	4.5%	3.0%	40.9%	50.0%	100.0%	198
	Tertiary Education	0.0%	0.0%	0.0%	33.3%	66.7%	100.0%	9
	Never Attended	1.0%	3.5%	5.1%	48.4%	42.0%	100.0%	514
	Total	1.2%	3.4%	4.9%	46.0%	44.5%	100.0%	1,466
Age Group	15-19	1.6%	4.7%	8.1%	44.2%	41.5%	100.0%	258
	20-24	1.3%	4.0%	4.5%	52.9%	37.2%	100.0%	223
	25-29	0.5%	1.0%	5.4%	41.7%	51.5%	100.0%	204
	30-34	2.3%	4.5%	2.8%	42.9%	47.5%	100.0%	177
	35-39	1.1%	3.7%	3.7%	46.5%	44.9%	100.0%	187
	40-44	0.0%	3.3%	4.4%	39.6%	52.7%	100.0%	91
	45-49	2.2%	0.0%	2.2%	44.1%	51.6%	100.0%	93
	50-54	0.0%	4.6%	6.2%	43.1%	46.2%	100.0%	65
	55-59	0.0%	0.0%	2.6%	55.3%	42.1%	100.0%	38
	60-64	2.4%	9.5%	7.1%	50.0%	31.0%	100.0%	42
	65-69	0.0%	7.7%	3.8%	42.3%	46.2%	100.0%	26
	70+	0.0%	0.0%	1.9%	55.8%	42.3%	100.0%	52
	NS	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	7
	Total	1.2%	3.4%	4.8%	46.1%	44.6%	100.0%	1,463

Table2: 3.2 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

		15.2 I am happy with my involvement in funeral associations, informal women's support groups, etc						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District								
District	Kinondoni	3.0%	2.5%	18.9%	22.4%	53.2%	100.0%	201
	Kigoma rural	1.9%	6.8%	23.8%	38.8%	28.6%	100.0%	206
	Kahama	2.5%	3.5%	11.4%	36.4%	46.2%	100.0%	396
	Magu	0.0%	1.5%	15.3%	50.5%	32.7%	100.0%	196
	Missungwi	1.7%	4.5%	9.1%	57.9%	26.9%	100.0%	242
	Micheweni	4.0%	10.2%	7.6%	55.1%	23.1%	100.0%	225
	Total	2.3%	4.8%	13.7%	43.1%	36.2%	100.0%	1,466
Highest education level								
	Primary Education	1.3%	4.4%	13.4%	42.8%	38.0%	100.0%	745
	Secondary Education	4.0%	6.1%	19.2%	32.8%	37.9%	100.0%	198
	Tertiary Education	11.1%	0.0%	33.3%	11.1%	44.4%	100.0%	9
	Never Attended	2.7%	4.9%	11.7%	48.1%	32.7%	100.0%	514
	Total	2.3%	4.8%	13.7%	43.1%	36.2%	100.0%	1,466
Age Group								
	15-19	4.7%	7.8%	21.7%	39.5%	26.4%	100.0%	258
	20-24	2.2%	4.0%	13.5%	50.2%	30.0%	100.0%	223
	25-29	2.0%	3.9%	16.7%	38.7%	38.7%	100.0%	204
	30-34	0.6%	5.1%	10.2%	42.4%	41.8%	100.0%	177
	35-39	2.1%	3.2%	12.8%	39.0%	42.8%	100.0%	187
	40-44	1.1%	6.6%	8.8%	38.5%	45.1%	100.0%	91
	45-49	0.0%	2.2%	7.5%	46.2%	44.1%	100.0%	93
	50-54	1.5%	1.5%	3.1%	50.8%	43.1%	100.0%	65
	55-59	2.6%	5.3%	5.3%	47.4%	39.5%	100.0%	38
	60-64	4.8%	4.8%	16.7%	50.0%	23.8%	100.0%	42
	65-69	3.8%	3.8%	3.8%	42.3%	46.2%	100.0%	26
	70+	0.0%	7.7%	19.2%	44.2%	28.8%	100.0%	52
	NS	0.0%	0.0%	28.6%	71.4%	0.0%	100.0%	7
	Total	2.2%	4.8%	13.7%	43.1%	36.2%	100.0%	1,463

Table 2: 3.3 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

		15.3 I am frequently invited to attend community events.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		%	%	%	%	%	%	Number of women 15+ years
District								
District	Kinondoni	4.0%	1.5%	10.0%	25.9%	58.7%	100.0%	201
	Kigoma rural	3.4%	6.3%	9.7%	52.4%	28.2%	100.0%	206
	Kahama	5.3%	10.1%	13.4%	34.6%	36.6%	100.0%	396
	Magu	0.5%	6.1%	10.7%	57.1%	25.5%	100.0%	196
	Missungwi	2.1%	7.9%	4.1%	54.5%	31.4%	100.0%	242
	Micheweni	5.3%	8.9%	3.6%	43.6%	38.7%	100.0%	225
	Total	3.7%	7.3%	9.0%	43.6%	36.4%	100.0%	1,466
Highest education level								
	Primary Education	3.5%	6.4%	7.5%	44.8%	37.7%	100.0%	745
	Secondary Education	7.1%	11.6%	14.1%	27.8%	39.4%	100.0%	198
	Tertiary Education	0.0%	11.1%	0.0%	22.2%	66.7%	100.0%	9
	Never Attended	2.7%	6.8%	9.3%	48.2%	32.9%	100.0%	514
	Total	3.7%	7.3%	9.0%	43.6%	36.4%	100.0%	1,466
Age Group								
	15-19	9.7%	12.8%	15.5%	34.9%	27.1%	100.0%	258
	20-24	3.6%	7.6%	12.6%	39.5%	36.8%	100.0%	223
	25-29	2.5%	5.9%	5.9%	47.5%	38.2%	100.0%	204
	30-34	1.7%	9.0%	4.5%	46.3%	38.4%	100.0%	177
	35-39	3.2%	5.9%	5.9%	44.9%	40.1%	100.0%	187
	40-44	0.0%	2.2%	3.3%	44.0%	50.5%	100.0%	91
	45-49	0.0%	6.5%	7.5%	45.2%	40.9%	100.0%	93
	50-54	0.0%	1.5%	12.3%	50.8%	35.4%	100.0%	65
	55-59	5.3%	2.6%	0.0%	42.1%	50.0%	100.0%	38
	60-64	4.8%	2.4%	7.1%	61.9%	23.8%	100.0%	42
	65-69	7.7%	3.8%	7.7%	46.2%	34.6%	100.0%	26
	70+	1.9%	9.6%	13.5%	46.2%	28.8%	100.0%	52
	NS	0.0%	0.0%	42.9%	57.1%	0.0%	100.0%	7
	Total	3.7%	7.2%	9.0%	43.6%	36.4%	100.0%	1,463

Table 2: 3.4 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

		1.5.4 The community members are ready to support me in case of shocks or crises						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		%	%	%	%	%	%	Number of women 15+ years
District								
District	Kinondoni	0.5%	0.0%	2.0%	35.3%	62.2%	100.0%	201
	Kigoma rural	1.5%	2.9%	5.8%	41.3%	48.5%	100.0%	206
	Kahama	1.0%	2.8%	8.1%	41.2%	47.0%	100.0%	396
	Magu	0.5%	1.5%	6.1%	58.2%	33.7%	100.0%	196
	Missungwi	0.0%	2.5%	0.8%	59.9%	36.8%	100.0%	242
	Micheweni	2.2%	6.2%	4.4%	52.0%	35.1%	100.0%	225
	Total	1.0%	2.7%	4.9%	47.4%	44.0%	100.0%	1,466
Highest education level								
	Primary Education	0.9%	2.4%	4.8%	47.1%	44.7%	100.0%	745
	Secondary Education	1.0%	1.0%	4.0%	43.9%	50.0%	100.0%	198
	Tertiary Education	0.0%	0.0%	0.0%	22.2%	77.8%	100.0%	9
	Never Attended	1.0%	3.9%	5.4%	49.6%	40.1%	100.0%	514
	Total	1.0%	2.7%	4.9%	47.4%	44.0%	100.0%	1,466
Age Group								
	15-19	0.4%	3.1%	7.8%	50.4%	38.4%	100.0%	258
	20-24	1.3%	2.7%	5.8%	48.4%	41.7%	100.0%	223
	25-29	0.5%	1.0%	2.9%	48.5%	47.1%	100.0%	204
	30-34	1.7%	2.3%	4.0%	46.3%	45.8%	100.0%	177
	35-39	1.6%	3.7%	4.3%	45.5%	44.9%	100.0%	187
	40-44	1.1%	2.2%	6.6%	44.0%	46.2%	100.0%	91
	45-49	0.0%	2.2%	4.3%	45.2%	48.4%	100.0%	93
	50-54	1.5%	4.6%	6.2%	38.5%	49.2%	100.0%	65
	55-59	0.0%	5.3%	0.0%	44.7%	50.0%	100.0%	38
	60-64	2.4%	4.8%	0.0%	47.6%	45.2%	100.0%	42
	65-69	0.0%	3.8%	0.0%	38.5%	57.7%	100.0%	26
	70+	0.0%	1.9%	5.8%	53.8%	38.5%	100.0%	52
	NS	0.0%	0.0%	14.3%	85.7%	0.0%	100.0%	7
	Total	1.0%	2.7%	4.9%	47.3%	44.1%	100.0%	1,463

Table 2: 3.5 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

		1.5.5 The community leaders listen to my voice.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		%	%	%	%	%	%	Number of women 15+ years
District								
District	Kinondoni	3.5%	6.0%	29.4%	24.4%	36.8%	100.0%	201
	Kigoma rural	3.4%	13.1%	20.4%	37.4%	25.7%	100.0%	206
	Kahama	5.1%	10.6%	29.8%	30.8%	23.7%	100.0%	396
	Magu	1.0%	4.6%	29.1%	40.3%	25.0%	100.0%	196
	Missungwi	1.2%	6.2%	8.7%	59.5%	24.4%	100.0%	242
	Micheweni	2.7%	10.2%	36.0%	38.2%	12.9%	100.0%	225
	Total	3.1%	8.7%	25.8%	38.0%	24.4%	100.0%	1,466
Highest education level	Primary Education	3.4%	8.3%	22.6%	37.9%	27.9%	100.0%	745
	Secondary Education	3.0%	9.1%	25.8%	33.8%	28.3%	100.0%	198
	Tertiary Education	0.0%	0.0%	0.0%	66.7%	33.3%	100.0%	9
	Never Attended	2.7%	9.3%	30.9%	39.3%	17.7%	100.0%	514
	Total	3.1%	8.7%	25.8%	38.0%	24.4%	100.0%	1,466
Age Group	15-19	6.2%	14.7%	27.5%	31.0%	20.5%	100.0%	258
	20-24	4.5%	7.6%	27.4%	31.0%	20.2%	100.0%	223
	25-29	2.0%	11.8%	21.6%	40.2%	24.5%	100.0%	204
	30-34	1.7%	7.3%	24.9%	39.0%	27.1%	100.0%	177
	35-39	2.1%	6.4%	25.7%	34.8%	31.0%	100.0%	187
	40-44	1.1%	4.4%	22.0%	45.1%	27.5%	100.0%	91
	45-49	0.0%	3.2%	26.9%	41.9%	28.0%	100.0%	93
	50-54	1.5%	7.7%	30.8%	33.8%	26.2%	100.0%	65
	55-59	0.0%	7.9%	23.7%	36.8%	31.6%	100.0%	38
	60-64	7.1%	2.4%	28.6%	50.0%	11.9%	100.0%	42
	65-69	3.8%	11.5%	42.3%	11.5%	30.8%	100.0%	26
	70+	3.8%	7.7%	23.1%	46.2%	19.2%	100.0%	52
	NS	0.0%	0.0%	14.3%	85.7%	0.0%	100.0%	7
	Total	3.1%	8.7%	25.8%	38.0%	24.4%	100.0%	1,463

Table 2: 3.6 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

		15.6 I feel lonely, isolated in this community.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		%	%	%	%	%	%	Number of women 15+ years
District								
District	Kinondoni	71.1%	14.9%	3.0%	4.0%	7.0%	100.0%	201
	Kigoma rural	44.7%	35.9%	4.4%	9.2%	5.8%	100.0%	206
	Kahama	54.3%	27.3%	4.0%	7.3%	7.1%	100.0%	396
	Magu	39.3%	42.9%	3.6%	7.1%	7.1%	100.0%	196
	Missungwi	45.5%	45.9%	2.5%	4.1%	2.1%	100.0%	242
	Micheweni	32.4%	47.6%	4.4%	7.6%	8.0%	100.0%	225
	Total	48.4%	35.1%	3.7%	6.6%	6.2%	100.0%	1,466
Highest education level								
	Primary Education	49.8%	34.6%	2.7%	6.4%	6.4%	100.0%	745
	Secondary Education	57.6%	29.8%	3.0%	5.6%	4.0%	100.0%	198
	Tertiary Education	77.8%	11.1%	0.0%	0.0%	11.1%	100.0%	9
	Never Attended	42.4%	38.1%	5.4%	7.4%	6.6%	100.0%	514
	Total	48.4%	35.1%	3.7%	6.6%	6.2%	100.0%	1,466
Age Group								
	15-19	49.2%	38.0%	2.7%	5.4%	4.7%	100.0%	258
	20-24	46.6%	37.2%	3.1%	5.4%	7.6%	100.0%	223
	25-29	51.5%	33.8%	2.9%	6.4%	5.4%	100.0%	204
	30-34	46.3%	33.9%	4.5%	7.9%	7.3%	100.0%	177
	35-39	48.1%	34.2%	4.8%	6.4%	6.4%	100.0%	187
	40-44	53.8%	30.8%	1.1%	6.6%	7.7%	100.0%	91
	45-49	58.1%	31.2%	1.1%	4.3%	5.4%	100.0%	93
	50-54	49.2%	26.2%	9.2%	9.2%	6.2%	100.0%	65
	55-59	57.9%	28.9%	0.0%	5.3%	7.9%	100.0%	38
	60-64	33.3%	45.2%	4.8%	14.3%	2.4%	100.0%	42
	65-69	38.5%	26.9%	7.7%	11.5%	15.4%	100.0%	26
	70+	38.5%	40.4%	7.7%	9.6%	3.8%	100.0%	52
	NS	14.3%	85.7%	0.0%	0.0%	0.0%	100.0%	7
	Total	48.5%	35.0%	3.6%	6.6%	6.2%	100.0%	1,463

Table 2: 3.7 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

		15.7 I feel that I have sufficient access to the market to buy and sell things						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		%	%	%	%	%	%	Number of women 15+ years
District								
District	Kinondoni	20.9%	10.4%	19.9%	18.9%	29.9%	100.0%	201
	Kigoma rural	13.6%	15.0%	21.4%	38.8%	11.2%	100.0%	206
	Kahama	8.8%	12.6%	26.5%	30.3%	21.7%	100.0%	396
	Magu	2.0%	15.8%	28.1%	41.3%	12.8%	100.0%	196
	Missungwi	9.5%	13.2%	21.5%	50.4%	5.4%	100.0%	242
	Micheweni	10.2%	28.4%	18.2%	32.4%	10.7%	100.0%	225
	Total	10.6%	15.6%	23.0%	35.1%	15.8%	100.0%	1,466
Highest education level								
	Primary Education	10.2%	14.4%	21.3%	36.0%	18.1%	100.0%	745
	Secondary Education	11.6%	14.6%	22.7%	31.3%	19.7%	100.0%	198
	Tertiary Education	11.1%	0.0%	22.2%	44.4%	22.2%	100.0%	9
	Never Attended	10.7%	18.1%	25.5%	35.0%	10.7%	100.0%	514
	Total	10.6%	15.6%	23.0%	35.1%	15.8%	100.0%	1,466
Age Group								
	15-19	12.8%	18.6%	26.0%	27.5%	15.1%	100.0%	258
	20-24	11.2%	14.8%	25.1%	32.3%	16.6%	100.0%	223
	25-29	14.2%	10.8%	23.5%	34.8%	16.7%	100.0%	204
	30-34	4.5%	17.5%	20.3%	38.4%	19.2%	100.0%	177
	35-39	12.3%	11.8%	19.8%	41.7%	14.4%	100.0%	187
	40-44	11.0%	17.6%	14.3%	40.7%	16.5%	100.0%	91
	45-49	10.8%	16.1%	20.4%	34.4%	18.3%	100.0%	93
	50-54	7.7%	15.4%	27.7%	32.3%	16.9%	100.0%	65
	55-59	0.0%	7.9%	28.9%	42.1%	21.1%	100.0%	38
	60-64	4.8%	31.0%	16.7%	40.5%	7.1%	100.0%	42
	65-69	7.7%	23.1%	15.4%	50.0%	3.8%	100.0%	26
	70+	15.4%	15.4%	25.0%	34.6%	9.6%	100.0%	52
	NS	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	7
	Total	10.6%	15.5%	23.0%	35.1%	15.8%	100.0%	1,463

Table 2: 3.8 Attitude of women towards women's participation in the public sphere, decision making at community level by some socio-demographic characteristics

District		15.8 I feel that I am treated with respect and dignity when I visit the health centre/hospital/other health facility						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		%	%	%	%	%	%	Number of women 15+ years
District	Kinondoni	5.5%	7.5%	12.4%	33.3%	41.3%	100.0%	201
	Kigoma rural	7.8%	11.7%	12.6%	45.6%	22.3%	100.0%	206
	Kahama	8.3%	9.3%	15.2%	37.4%	29.8%	100.0%	396
	Magu	2.0%	3.6%	16.8%	48.0%	29.6%	100.0%	196
	Missungwi	0.0%	2.9%	5.8%	64.0%	27.3%	100.0%	242
	Micheweni	1.8%	4.9%	5.3%	52.0%	36.0%	100.0%	225
	Total	4.6%	6.9%	11.6%	46.0%	30.8%	100.0%	1,466
Highest education level	Primary Education	4.6%	6.0%	12.1%	45.0%	32.3%	100.0%	745
	Secondary Education	5.1%	6.6%	10.1%	39.4%	38.9%	100.0%	198
	Tertiary Education	0.0%	11.1%	11.1%	22.2%	55.6%	100.0%	9
	Never Attended	4.7%	8.2%	11.5%	50.6%	25.1%	100.0%	514
	Total	4.6%	6.9%	11.6%	46.0%	30.8%	100.0%	1,466
Age Group	15-19	2.3%	6.6%	10.9%	45.3%	34.9%	100.0%	258
	20-24	3.1%	6.7%	12.1%	45.7%	32.3%	100.0%	223
	25-29	6.9%	8.3%	10.8%	42.6%	31.4%	100.0%	204
	30-34	2.3%	6.8%	10.7%	48.6%	31.6%	100.0%	177
	35-39	7.0%	7.5%	15.0%	42.2%	28.3%	100.0%	187
	40-44	7.7%	4.4%	5.5%	49.5%	33.0%	100.0%	91
	45-49	4.3%	7.5%	10.8%	44.1%	33.3%	100.0%	93
	50-54	3.1%	6.2%	9.2%	56.9%	24.6%	100.0%	65
	55-59	5.3%	5.3%	2.6%	55.3%	31.6%	100.0%	38
	60-64	4.8%	11.9%	16.7%	52.4%	14.3%	100.0%	42
	65-69	15.4%	11.5%	19.2%	34.6%	19.2%	100.0%	26
	70+	5.8%	1.9%	19.2%	40.4%	32.7%	100.0%	52
	NS	0.0%	0.0%	14.3%	85.7%	0.0%	100.0%	7
	Total	4.6%	6.9%	11.6%	46.0%	30.9%	100.0%	1,463

Table 3:1 Attitude of men on women's SRHR and maternal health

Statements	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total		
	%	%	%	%	%	%	Median of the distribution	Number of men 15 years and more
3.1 A couple should decide together how many children to have	2.8%	3.9%	4.6%	44.1%	44.5%	100.0%	4	1,249
3.2 A husband and wife should decide together what kind of contraceptive to use	1.9%	4.4%	3.8%	46.1%	43.7%	100.0%	4	1,249
3.3 When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STI's she may decide on her own to seek the help of trained health personnel	12.9%	16.5%	8.9%	34.3%	27.5%	100.0%	4	1,249
3.4 If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex	5.3%	7.4%	7.6%	41.9%	37.8%	100.0%	4	1,249
3.5 Women should have the same opportunities to receive health care as men	0.8%	1.8%	2.4%	43.9%	51.2%	100.0%	5	1,249

Table 3: 1.1 Attitude of men on women's SRHR and maternal health by some socio-demographic characteristics

		3.1 A couple should decide together how many children to have						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	3.5%	0.6%	0.6%	39.4%	55.9%	100.0%	170
	Kigoma rural	0.0%	1.3%	4.0%	44.7%	50.0%	100.0%	150
	Kahama	3.6%	2.8%	2.8%	34.4%	56.4%	100.0%	358
	Magu	0.0%	4.7%	5.9%	50.0%	39.4%	100.0%	170
	Missungwi	0.5%	4.2%	9.3%	55.1%	31.0%	100.0%	216
	Micheweni	8.1%	10.3%	5.9%	48.6%	27.0%	100.0%	185
	Total	2.8%	3.9%	4.6%	44.1%	44.5%	100.0%	1,249
Education								
	Primary	2.6%	2.3%	5.2%	45.6%	44.3%	100.0%	768
	Secondary	2.2%	1.3%	0.9%	42.0%	53.7%	100.0%	231
	Tertiary	7.1%	3.6%	0.0%	7.1%	82.1%	100.0%	28
	Never Attended	3.6%	12.2%	7.2%	45.9%	31.1%	100.0%	222
	Total	2.8%	3.9%	4.6%	44.1%	44.5%	100.0%	1,249
Age Group								
	15-19	3.0%	2.2%	4.7%	47.4%	42.7%	100.0%	232
	20-24	1.8%	5.4%	5.4%	45.2%	42.2%	100.0%	166
	25-29	2.2%	2.2%	3.0%	41.0%	51.5%	100.0%	134
	30-34	2.3%	3.1%	3.1%	44.5%	46.9%	100.0%	128
	35-39	2.6%	2.0%	2.6%	41.7%	51.0%	100.0%	151
	40-44	3.7%	3.7%	2.8%	53.7%	36.1%	100.0%	108
	45-49	3.6%	1.8%	4.5%	41.1%	49.1%	100.0%	112
	50-54	4.1%	4.1%	8.2%	30.6%	53.1%	100.0%	49
	55-59	0.0%	5.9%	0.0%	50.0%	44.1%	100.0%	34
	60-64	2.4%	4.8%	7.1%	42.9%	42.9%	100.0%	42
	65-69	5.6%	11.1%	11.1%	33.3%	38.9%	100.0%	18
	70+	4.3%	11.4%	12.9%	42.9%	28.6%	100.0%	70
	NS	0.0%	75.0%	0.0%	0.0%	25.0%	100.0%	4
	Total	2.8%	3.9%	4.6%	44.1%	44.6%	100.0%	1,248

Table 3: 1.2 Attitude of men on women's SRHR and maternal health by some socio-demographic characteristics

		3.2 A husband and wife should decide together what kind of contraceptive to use						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	0.6%	0.6%	2.4%	39.4%	57.1%	100.0%	170
	Kigoma rural	0.7%	2.7%	1.3%	40.7%	54.7%	100.0%	150
	Kahama	2.5%	1.1%	3.1%	39.1%	54.2%	100.0%	358
	Magu	0.0%	2.9%	3.5%	56.5%	37.1%	100.0%	170
	Missungwi	0.5%	7.4%	8.8%	57.4%	25.9%	100.0%	216
	Micheweni	6.5%	13.5%	3.2%	47.6%	29.2%	100.0%	185
	Total	1.9%	4.4%	3.8%	46.1%	43.7%	100.0%	1,249
Education								
	Primary	1.6%	3.1%	3.5%	48.2%	43.6%	100.0%	768
	Secondary	0.9%	1.3%	1.3%	41.1%	55.4%	100.0%	231
	Tertiary	3.6%	10.7%	0.0%	7.1%	78.6%	100.0%	28
	Never Attended	4.1%	11.3%	8.1%	49.1%	27.5%	100.0%	222
	Total	1.9%	4.4%	3.8%	46.1%	43.7%	100.0%	1,249
Age Group								
	15-19	1.7%	3.0%	2.6%	50.4%	42.2%	100.0%	232
	20-24	1.2%	6.6%	4.2%	46.4%	41.6%	100.0%	166
	25-29	1.5%	2.2%	3.0%	41.0%	52.2%	100.0%	134
	30-34	0.8%	3.9%	6.3%	47.7%	41.4%	100.0%	128
	35-39	0.0%	1.3%	2.6%	46.4%	49.7%	100.0%	151
	40-44	3.7%	1.9%	4.6%	48.1%	41.7%	100.0%	108
	45-49	3.6%	4.5%	1.8%	46.4%	43.8%	100.0%	112
	50-54	4.1%	10.2%	0.0%	36.7%	49.0%	100.0%	49
	55-59	0.0%	8.8%	0.0%	38.2%	52.9%	100.0%	34
	60-64	0.0%	4.8%	2.4%	47.6%	45.2%	100.0%	42
	65-69	0.0%	22.2%	11.1%	38.9%	27.8%	100.0%	18
	70+	7.1%	5.7%	12.9%	44.3%	30.0%	100.0%	70
	NS	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%	4
	Total	1.9%	4.4%	3.8%	46.1%	43.8%	100.0%	1,248

Table 3: 1.3 Attitude of men on women's SRHR and maternal health by some socio-demographic characteristics

		3.3 When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STI's she may decide on her own to seek the help of trained health personnel						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	41.8%	17.6%	5.9%	21.8%	12.9%	100.0%	170
	Kigoma rural	16.0%	13.3%	10.7%	42.0%	18.0%	100.0%	150
	Kahama	7.0%	13.1%	6.4%	27.9%	45.5%	100.0%	358
	Magu	3.5%	25.3%	9.4%	38.2%	23.5%	100.0%	170
	Missungwi	9.3%	16.2%	14.8%	41.7%	18.1%	100.0%	216
	Micheweni	8.1%	16.8%	7.6%	39.5%	28.1%	100.0%	185
	Total	12.9%	16.5%	8.9%	34.3%	27.5%	100.0%	1,249
Education								
	Primary	11.8%	16.1%	8.7%	35.4%	27.9%	100.0%	768
	Secondary	18.6%	14.3%	9.1%	28.6%	29.4%	100.0%	231
	Tertiary	39.3%	7.1%	3.6%	17.9%	32.1%	100.0%	28
	Never Attended	7.2%	21.2%	9.9%	38.3%	23.4%	100.0%	222
	Total	12.9%	16.5%	8.9%	34.3%	27.5%	100.0%	1,249
Age Group								
	15-19	9.1%	18.1%	10.3%	34.1%	28.4%	100.0%	232
	20-24	12.0%	13.3%	13.9%	34.9%	25.9%	100.0%	166
	25-29	18.7%	14.9%	7.5%	32.8%	26.1%	100.0%	134
	30-34	11.7%	21.9%	5.5%	36.7%	24.2%	100.0%	128
	35-39	17.2%	12.6%	12.6%	32.5%	25.2%	100.0%	151
	40-44	14.8%	20.4%	5.6%	32.4%	26.9%	100.0%	108
	45-49	14.3%	13.4%	4.5%	31.3%	36.6%	100.0%	112
	50-54	14.3%	14.3%	6.1%	32.7%	32.7%	100.0%	49
	55-59	14.7%	5.9%	8.8%	50.0%	20.6%	100.0%	34
	60-64	4.8%	11.9%	7.1%	40.5%	35.7%	100.0%	42
	65-69	5.6%	22.2%	5.6%	38.9%	27.8%	100.0%	18
	70+	10.0%	27.1%	7.1%	32.9%	22.9%	100.0%	70
	NS	0.0%	0.0%	50.0%	25.0%	25.0%	100.0%	4
	Total	12.9%	16.4%	8.9%	34.3%	27.5%	100.0%	1,248

Table 3: 1.4 Attitude of men on women's SRHR and maternal health by some socio-demographic characteristics

		3.4 If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	5.3%	1.2%	7.1%	38.8%	47.6%	100.0%	170
	Kigoma rural	8.0%	8.0%	10.7%	40.7%	32.7%	100.0%	150
	Kahama	2.8%	3.6%	5.0%	34.1%	54.5%	100.0%	358
	Magu	4.1%	7.1%	5.9%	51.2%	31.8%	100.0%	170
	Missungwi	3.2%	11.6%	13.9%	49.1%	22.2%	100.0%	216
	Micheweni	11.4%	15.7%	4.9%	43.8%	24.3%	100.0%	185
	Total	5.3%	7.4%	7.6%	41.9%	37.8%	100.0%	1,249
Education								
	Primary	3.6%	5.6%	7.4%	44.1%	39.2%	100.0%	768
	Secondary	7.4%	4.8%	6.9%	39.4%	41.6%	100.0%	231
	Tertiary	10.7%	0.0%	7.1%	28.6%	53.6%	100.0%	28
	Never Attended	8.1%	17.6%	9.0%	38.3%	27.0%	100.0%	222
	Total	5.3%	7.4%	7.6%	41.9%	37.8%	100.0%	1,249
Age Group								
	15-19	5.2%	3.9%	9.9%	42.7%	38.4%	100.0%	232
	20-24	6.0%	9.0%	6.0%	47.0%	31.9%	100.0%	166
	25-29	4.5%	4.5%	6.0%	38.1%	47.0%	100.0%	134
	30-34	2.3%	7.8%	8.6%	45.3%	35.9%	100.0%	128
	35-39	4.6%	5.3%	7.9%	43.7%	38.4%	100.0%	151
	40-44	3.7%	8.3%	7.4%	43.5%	37.0%	100.0%	108
	45-49	5.4%	4.5%	4.5%	42.0%	43.8%	100.0%	112
	50-54	4.1%	12.2%	8.2%	26.5%	49.0%	100.0%	49
	55-59	8.8%	8.8%	5.9%	44.1%	32.4%	100.0%	34
	60-64	7.1%	9.5%	4.8%	40.5%	38.1%	100.0%	42
	65-69	0.0%	22.2%	16.7%	33.3%	27.8%	100.0%	18
	70+	12.9%	17.1%	10.0%	35.7%	24.3%	100.0%	70
	NS	25.0%	50.0%	0.0%	0.0%	25.0%	100.0%	4
	Total	5.3%	7.5%	7.6%	41.8%	37.8%	100.0%	1,248

Table 3: 1.5 Attitude of men on women's SRHR and maternal health by some socio-demographic characteristics

		3.5 Women should have the same opportunities to receive health care as men						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	2.4%	2.4%	1.2%	41.2%	52.9%	100.0%	170
	Kigoma rural	0.0%	0.0%	3.3%	45.3%	51.3%	100.0%	150
	Kahama	0.6%	1.7%	2.5%	35.5%	59.8%	100.0%	358
	Magu	1.2%	2.9%	1.8%	50.6%	43.5%	100.0%	170
	Missungwi	0.5%	2.8%	4.2%	54.2%	38.4%	100.0%	216
	Micheweni	0.5%	0.5%	1.1%	43.2%	54.6%	100.0%	185
	Total	0.8%	1.8%	2.4%	43.9%	51.2%	100.0%	1,249
Education								
	Primary	0.5%	1.7%	2.5%	46.0%	49.3%	100.0%	768
	Secondary	1.7%	0.9%	0.4%	39.4%	57.6%	100.0%	231
	Tertiary	3.6%	0.0%	0.0%	17.9%	78.6%	100.0%	28
	Never Attended	0.5%	3.2%	4.5%	44.6%	47.3%	100.0%	222
	Total	0.8%	1.8%	2.4%	43.9%	51.2%	100.0%	1,249
Age Group								
	15-19	1.3%	1.3%	3.0%	48.3%	46.1%	100.0%	232
	20-24	1.8%	1.8%	1.8%	44.6%	50.0%	100.0%	166
	25-29	0.7%	3.0%	3.0%	36.6%	56.7%	100.0%	134
	30-34	1.6%	2.3%	2.3%	46.9%	46.9%	100.0%	128
	35-39	0.0%	0.7%	1.3%	47.0%	51.0%	100.0%	151
	40-44	0.0%	1.9%	0.0%	46.3%	51.9%	100.0%	108
	45-49	0.0%	0.9%	0.9%	37.5%	60.7%	100.0%	112
	50-54	0.0%	0.0%	4.1%	24.5%	71.4%	100.0%	49
	55-59	0.0%	0.0%	0.0%	44.1%	55.9%	100.0%	34
	60-64	2.4%	2.4%	9.5%	35.7%	50.0%	100.0%	42
	65-69	0.0%	0.0%	5.6%	44.4%	50.0%	100.0%	18
	70+	0.0%	4.3%	4.3%	52.9%	38.6%	100.0%	70
	NS	0.0%	25.0%	0.0%	50.0%	25.0%	100.0%	4
	Total	0.8%	1.8%	2.4%	43.8%	51.2%	100.0%	1,248

Table 3:2 Attitude of women on women's SRHR and maternal health

Statements	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total		
	%	%	%	%	%	%	Median of the distribution	Number of women 15 years and more
3.1 A couple should decide together how many children to have	2.3%	3.9%	5.1%	42.4%	46.3%	100.0%	4	1,466
3.2 A husband and wife should decide together what kind of contraceptive to use	2.6%	3.2%	6.5%	43.0%	44.7%	100.0%	4	1,466
3.3 When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STI's she may decide on her own to seek the help of trained health personnel	9.8%	16.8%	9.2%	34.4%	29.7%	100.0%	4	1,466
3.4 If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex	4.0%	8.6%	8.5%	38.5%	40.5%	100.0%	4	1,466
3.5 Women should have the same opportunities to receive health care as men	0.8%	1.4%	3.2%	41.8%	52.7%	100.0%	5	1,466

Table 3: 2.1 Attitude of women on women's SRHR and maternal health by some socio-demographic characteristics

		3.1 A couple should decide together how many children to have						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District								
	Kinondoni	0.0%	0.5%	2.0%	26.4%	71.1%	100.0%	201
	Kigoma rural	1.5%	3.9%	3.9%	38.8%	51.9%	100.0%	206
	Kahama	4.0%	4.0%	5.6%	35.4%	51.0%	100.0%	396
	Magu	2.0%	4.1%	3.6%	50.0%	40.3%	100.0%	196
	Missungwi	0.8%	5.0%	6.6%	52.1%	35.5%	100.0%	242
	Micheweni	4.0%	5.3%	8.0%	55.1%	27.6%	100.0%	225
	Total	2.3%	3.9%	5.1%	42.4%	46.3%	100.0%	1,466
Highest education level								
	Primary Education	1.5%	3.1%	4.6%	41.9%	49.0%	100.0%	745
	Secondary Education	1.0%	0.5%	1.5%	36.4%	60.6%	100.0%	198
	Tertiary Education	0.0%	0.0%	0.0%	11.1%	88.9%	100.0%	9
	Never Attended	4.1%	6.4%	7.4%	45.9%	36.2%	100.0%	514
	Total	2.3%	3.9%	5.1%	42.4%	46.3%	100.0%	1,466
Age Group								
	15-19	2.7%	2.3%	6.6%	40.7%	47.7%	100.0%	258
	20-24	2.7%	4.9%	2.2%	45.7%	44.4%	100.0%	223
	25-29	2.5%	4.4%	2.9%	37.7%	52.5%	100.0%	204
	30-34	0.6%	2.8%	2.3%	40.7%	53.7%	100.0%	177
	35-39	1.6%	4.3%	7.5%	38.5%	48.1%	100.0%	187
	40-44	5.5%	1.1%	3.3%	39.6%	50.5%	100.0%	91
	45-49	0.0%	5.4%	4.3%	48.4%	41.9%	100.0%	93
	50-54	3.1%	6.2%	7.7%	43.1%	40.0%	100.0%	65
	55-59	2.6%	2.6%	5.3%	50.0%	39.5%	100.0%	38
	60-64	4.8%	4.8%	14.3%	52.4%	23.8%	100.0%	42
	65-69	3.8%	3.8%	7.7%	30.8%	53.8%	100.0%	26
	70+	1.9%	3.8%	7.7%	57.7%	28.8%	100.0%	52
	NS	0.0%	14.3%	42.9%	42.9%	0.0%	100.0%	7
	Total	2.3%	3.8%	5.1%	42.3%	46.4%	100.0%	1,463

Table 3: 2.2 Attitude of women on women's SRHR and maternal health by some socio-demographic characteristics

		3.2 A husband and wife should decide together what kind of contraceptive to use						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District								
District	Kinondoni	1.5%	1.0%	2.0%	31.8%	63.7%	100.0%	201
	Kigoma rural	1.0%	1.9%	2.9%	42.7%	51.5%	100.0%	206
	Kahama	4.5%	3.3%	8.1%	32.8%	51.3%	100.0%	396
	Magu	1.0%	2.0%	5.6%	52.6%	38.8%	100.0%	196
	Missungwi	1.7%	3.3%	9.5%	50.8%	34.7%	100.0%	242
	Micheweni	4.0%	7.1%	8.4%	54.2%	26.2%	100.0%	225
	Total	2.6%	3.2%	6.5%	43.0%	44.7%	100.0%	1,466
Highest education level								
	Primary Education	1.7%	2.4%	5.1%	41.9%	48.9%	100.0%	745
	Secondary Education	0.0%	2.5%	2.0%	35.9%	59.6%	100.0%	198
	Tertiary Education	0.0%	0.0%	0.0%	33.3%	66.7%	100.0%	9
	Never Attended	4.9%	4.7%	10.3%	47.5%	32.7%	100.0%	514
	Total	2.6%	3.2%	6.5%	43.0%	44.7%	100.0%	1,466
Age Group								
	15-19	1.2%	2.3%	6.6%	43.8%	46.1%	100.0%	258
	20-24	1.8%	2.7%	6.7%	45.3%	43.5%	100.0%	223
	25-29	1.5%	2.0%	5.4%	38.7%	52.5%	100.0%	204
	30-34	2.8%	1.7%	4.5%	43.5%	47.5%	100.0%	177
	35-39	2.1%	4.8%	5.9%	42.8%	44.4%	100.0%	187
	40-44	5.5%	3.3%	4.4%	38.5%	48.4%	100.0%	91
	45-49	2.2%	4.3%	6.5%	45.2%	41.9%	100.0%	93
	50-54	4.6%	6.2%	7.7%	38.5%	43.1%	100.0%	65
	55-59	5.3%	2.6%	2.6%	57.9%	31.6%	100.0%	38
	60-64	4.8%	2.4%	14.3%	47.6%	31.0%	100.0%	42
	65-69	7.7%	7.7%	7.7%	23.1%	53.8%	100.0%	26
	70+	5.8%	5.8%	9.6%	50.0%	28.8%	100.0%	52
	NS	0.0%	14.3%	42.9%	28.6%	14.3%	100.0%	7
	Total	2.6%	3.2%	6.4%	42.9%	44.8%	100.0%	1,463

Table 3: 2. 3 Attitude of women on women's SRHR and maternal health by some socio-demographic characteristics

		3.3 When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STI's she may decide on her own to seek the help of trained health personnel						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District								
District	Kinondoni	26.4%	12.9%	10.0%	22.4%	28.4%	100.0%	201
	Kigoma rural	12.1%	24.3%	9.7%	35.0%	18.9%	100.0%	206
	Kahama	11.6%	14.1%	8.8%	25.3%	40.2%	100.0%	396
	Magu	3.1%	20.9%	7.7%	35.2%	33.2%	100.0%	196
	Missungwi	2.9%	17.4%	13.6%	43.8%	22.3%	100.0%	242
	Micheweni	2.7%	14.2%	5.3%	50.2%	27.6%	100.0%	225
	Total	9.8%	16.8%	9.2%	34.4%	29.7%	100.0%	1,466
Highest education level	Primary Education	9.7%	18.0%	8.9%	33.0%	30.5%	100.0%	745
	Secondary Education	13.1%	12.1%	9.1%	30.8%	34.8%	100.0%	198
	Tertiary Education	22.2%	22.2%	0.0%	22.2%	33.3%	100.0%	9
	Never Attended	8.4%	16.9%	9.9%	38.1%	26.7%	100.0%	514
	Total	9.8%	16.8%	9.2%	34.4%	29.7%	100.0%	1,466
Age Group	15-19	9.7%	13.2%	12.0%	32.2%	32.9%	100.0%	258
	20-24	9.4%	19.3%	7.2%	36.8%	27.4%	100.0%	223
	25-29	11.3%	13.7%	7.4%	39.2%	28.4%	100.0%	204
	30-34	6.2%	22.6%	7.9%	28.8%	34.5%	100.0%	177
	35-39	11.8%	18.7%	9.6%	29.9%	29.9%	100.0%	187
	40-44	5.5%	19.8%	3.3%	31.9%	39.6%	100.0%	91
	45-49	8.6%	12.9%	9.7%	40.9%	28.0%	100.0%	93
	50-54	7.7%	16.9%	10.8%	33.8%	30.8%	100.0%	65
	55-59	13.2%	2.6%	18.4%	47.4%	18.4%	100.0%	38
	60-64	11.9%	19.0%	9.5%	42.9%	16.7%	100.0%	42
	65-69	26.9%	7.7%	3.8%	26.9%	34.6%	100.0%	26
	70+	11.5%	25.0%	15.4%	32.7%	15.4%	100.0%	52
	NS	0.0%	14.3%	28.6%	28.6%	28.6%	100.0%	7
	Total	9.8%	16.8%	9.2%	34.4%	29.8%	100.0%	1,463

Table 3: 2. 4 Attitude of women on women's SRHR and maternal health by some socio-demographic characteristics

		3.4 If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	
District	Kinondoni	1.5%	1.5%	4.5%	29.9%	62.7%	100.0%	201
	Kigoma rural	3.9%	8.3%	8.7%	41.7%	37.4%	100.0%	206
	Kahama	4.3%	3.0%	7.8%	33.1%	51.8%	100.0%	396
	Magu	3.6%	10.2%	10.2%	41.8%	34.2%	100.0%	196
	Missungwi	3.3%	14.5%	12.4%	45.5%	24.4%	100.0%	242
	Micheweni	6.7%	17.3%	7.6%	42.2%	26.2%	100.0%	225
	Total	4.0%	8.6%	8.5%	38.5%	40.5%	100.0%	1,466
Highest education level	Primary Education	3.4%	7.8%	7.4%	38.0%	43.5%	100.0%	745
	Secondary Education	3.0%	8.6%	8.1%	30.8%	49.5%	100.0%	198
	Tertiary Education	11.1%	0.0%	0.0%	33.3%	55.6%	100.0%	9
	Never Attended	5.1%	9.9%	10.5%	42.2%	32.3%	100.0%	514
	Total	4.0%	8.6%	8.5%	38.5%	40.5%	100.0%	1,466
Age Group	15-19	3.1%	8.5%	12.4%	32.9%	43.0%	100.0%	258
	20-24	4.0%	9.9%	7.6%	37.2%	41.3%	100.0%	223
	25-29	1.5%	6.4%	3.9%	43.6%	44.6%	100.0%	204
	30-34	4.0%	9.0%	5.1%	36.7%	45.2%	100.0%	177
	35-39	5.9%	9.1%	7.0%	39.0%	39.0%	100.0%	187
	40-44	3.3%	12.1%	6.6%	34.1%	44.0%	100.0%	91
	45-49	4.3%	6.5%	6.5%	38.7%	44.1%	100.0%	93
	50-54	6.2%	6.2%	7.7%	46.2%	33.8%	100.0%	65
	55-59	7.9%	5.3%	15.8%	44.7%	26.3%	100.0%	38
	60-64	7.1%	7.1%	16.7%	47.6%	21.4%	100.0%	42
	65-69	3.8%	7.7%	7.7%	42.3%	38.5%	100.0%	26
	70+	3.8%	13.5%	15.4%	44.2%	23.1%	100.0%	52
	NS	0.0%	0.0%	57.1%	14.3%	28.6%	100.0%	7
	Total	4.0%	8.5%	8.4%	38.6%	40.5%	100.0%	1,463

Table 3: 2.5 Attitude of women on women's SRHR and maternal health by some socio-demographic characteristics

		3.5 Women should have the same opportunities to receive health care as men						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District								
	Kinondoni	2.5%	0.5%	3.5%	36.8%	56.7%	100.0%	201
	Kigoma rural	0.0%	2.4%	4.4%	35.4%	57.8%	100.0%	206
	Kahama	1.5%	0.5%	3.5%	33.8%	60.6%	100.0%	396
	Magu	0.0%	2.6%	2.6%	50.5%	44.4%	100.0%	196
	Missungwi	0.0%	2.9%	4.1%	54.5%	38.4%	100.0%	242
	Micheweni	0.4%	0.4%	0.9%	44.9%	53.3%	100.0%	225
	Total	0.8%	1.4%	3.2%	41.8%	52.7%	100.0%	1,466
Highest education level								
	Primary Education	0.5%	1.3%	3.5%	40.9%	53.7%	100.0%	745
	Secondary Education	1.5%	0.5%	0.5%	37.9%	59.6%	100.0%	198
	Tertiary Education	11.1%	0.0%	0.0%	33.3%	55.6%	100.0%	9
	Never Attended	0.8%	1.9%	3.9%	44.7%	48.6%	100.0%	514
	Total	0.8%	1.4%	3.2%	41.8%	52.7%	100.0%	1,466
Age Group								
	15-19	1.2%	0.0%	3.9%	38.4%	56.6%	100.0%	258
	20-24	0.4%	2.7%	3.1%	43.5%	50.2%	100.0%	223
	25-29	1.5%	0.0%	3.4%	40.7%	54.4%	100.0%	204
	30-34	0.0%	2.8%	3.4%	38.4%	55.4%	100.0%	177
	35-39	0.5%	2.1%	2.1%	46.0%	49.2%	100.0%	187
	40-44	2.2%	0.0%	2.2%	38.5%	57.1%	100.0%	91
	45-49	1.1%	1.1%	1.1%	37.6%	59.1%	100.0%	93
	50-54	0.0%	3.1%	3.1%	36.9%	56.9%	100.0%	65
	55-59	0.0%	0.0%	0.0%	50.0%	50.0%	100.0%	38
	60-64	2.4%	2.4%	0.0%	61.9%	33.3%	100.0%	42
	65-69	0.0%	0.0%	3.8%	34.6%	61.5%	100.0%	26
	70+	0.0%	3.8%	7.7%	53.8%	34.6%	100.0%	52
	NS	0.0%	0.0%	28.6%	28.6%	42.9%	100.0%	7
	Total	0.8%	1.4%	3.1%	41.8%	52.8%	100.0%	1,463

Table 4:1 Attitude of men on elimination of gender based violence

Statements	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total		
	%	%	%	%	%	%	Median of the distribution	Number of men 15 years and more
24.1 A wife should tolerate being beaten by her husband/partner in order to keep the family together	32.1%	25.6%	6.2%	23.9%	12.2%	100.0%	2	1,249
24.2 [IN PLACES WHERE FGC/FGM IS PRACTICED] (There are important advantages for a circumcised girl)	64.7%	25.6%	5.8%	2.4%	1.5%	100.0%	1	1,249
24.3 A girl is never too young to be married if a good husband is found	53.3%	29.4%	4.5%	8.6%	4.2%	100.0%	1	1,249
24.4 A wife is justified in refusing to have sex with her husband/partner when she is tired or not in good mood	6.7%	5.9%	7.6%	42.6%	37.1%	100.0%	4	1,249
24.5 If a wife goes out without telling her husband/partner, he is justified in hitting or beating her	23.1%	28.7%	12.8%	24.0%	11.4%	100.0%	2	1,249
24.6 [IN PLACES WHERE FGC/FGM IS PRACTICED] A girl should be circumcised in order to preserve her virginity before marriage	60.8%	27.9%	7.0%	2.6%	1.5%	100.0%	1	1,249
24.7 Women should choose themselves whom they want to marry.	5.0%	5.3%	4.6%	42.9%	42.2%	100.0%	4	1,249
24.8 It is better to send a son to school than it is to send a daughter	52.9%	30.1%	3.3%	8.2%	5.4%	100.0%	1	1,249
24.9 If a wife burns the food, it is only proper that her husband/partner discipline her by hitting or beating her	43.7%	38.6%	6.6%	7.2%	3.9%	100.0%	2	1,249
24.10 If a woman was raped, in most cases that means she must have done something to provoke it	33.5%	29.2%	17.8%	11.6%	7.9%	100.0%	2	1,249

Table 4: 1.2 Attitude of men on elimination of gender based violence

		24.1 A wife should tolerate being beaten by her husband/partner in order to keep the family together						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	50.0%	17.6%	4.7%	14.7%	12.9%	100.0%	170
	Kigoma rural	28.0%	24.0%	4.0%	34.0%	10.0%	100.0%	150
	Kahama	34.1%	21.5%	9.2%	15.6%	19.6%	100.0%	358
	Magu	31.8%	28.8%	7.1%	24.1%	8.2%	100.0%	170
	Missungwi	29.6%	34.7%	3.7%	26.4%	5.6%	100.0%	216
	Micheweni	18.4%	28.6%	5.9%	36.8%	10.3%	100.0%	185
	Total	32.1%	25.6%	6.2%	23.9%	12.2%	100.0%	1,249
Education								
	Primary	32.4%	26.6%	6.5%	22.3%	12.2%	100.0%	768
	Secondary	39.8%	26.4%	5.2%	17.7%	10.8%	100.0%	231
	Tertiary	67.9%	17.9%	0.0%	10.7%	3.6%	100.0%	28
	Never Attended	18.5%	22.5%	7.2%	37.4%	14.4%	100.0%	222
	Total	32.1%	25.6%	6.2%	23.9%	12.2%	100.0%	1,249
Age Group								
	15-19	27.2%	35.3%	6.5%	17.7%	13.4%	100.0%	232
	20-24	32.5%	24.7%	6.0%	26.5%	10.2%	100.0%	166
	25-29	38.1%	18.7%	7.5%	20.1%	15.7%	100.0%	134
	30-34	37.5%	23.4%	7.8%	19.5%	11.7%	100.0%	128
	35-39	35.1%	24.5%	6.0%	22.5%	11.9%	100.0%	151
	40-44	38.0%	22.2%	6.5%	23.1%	10.2%	100.0%	108
	45-49	30.4%	24.1%	2.7%	30.4%	12.5%	100.0%	112
	50-54	30.6%	22.4%	12.2%	24.5%	10.2%	100.0%	49
	55-59	29.4%	20.6%	5.9%	41.2%	2.9%	100.0%	34
	60-64	28.6%	19.0%	4.8%	28.6%	19.0%	100.0%	42
	65-69	22.2%	33.3%	5.6%	33.3%	5.6%	100.0%	18
	70+	22.9%	27.1%	4.3%	32.9%	12.9%	100.0%	70
	NS	0.0%	50.0%	0.0%	25.0%	25.0%	100.0%	4
	Total	32.1%	25.6%	6.3%	23.9%	12.2%	100.0%	1,248

Table 4:1.2 Attitude of men on elimination of gender based violence

		24.2 [IN PLACES WHERE FGC/FGM IS PRACTICED] (There are important advantages for a circumcised girl)						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	78.8%	18.8%	1.2%	1.2%	0.0%	100.0%	170
	Kigoma rural	71.3%	20.0%	6.0%	1.3%	1.3%	100.0%	150
	Kahama	67.6%	24.0%	3.9%	1.7%	2.8%	100.0%	358
	Magu	54.1%	31.2%	7.6%	6.5%	0.6%	100.0%	170
	Missungwi	58.8%	22.7%	13.0%	3.2%	2.3%	100.0%	216
	Micheweni	57.3%	37.8%	3.2%	1.1%	0.5%	100.0%	185
	Total	64.7%	25.6%	5.8%	2.4%	1.5%	100.0%	1,249
Education	Primary	64.2%	25.3%	6.4%	2.6%	1.6%	100.0%	768
	Secondary	70.1%	22.1%	4.3%	2.2%	1.3%	100.0%	231
	Tertiary	89.3%	10.7%	0.0%	0.0%	0.0%	100.0%	28
	Never Attended	57.7%	32.4%	5.9%	2.3%	1.8%	100.0%	222
	Total	64.7%	25.6%	5.8%	2.4%	1.5%	100.0%	1,249
Age Group	15-19	59.1%	29.3%	6.5%	3.0%	2.2%	100.0%	232
	20-24	64.5%	26.5%	3.0%	3.6%	2.4%	100.0%	166
	25-29	64.9%	25.4%	3.7%	4.5%	1.5%	100.0%	134
	30-34	61.7%	31.3%	3.9%	1.6%	1.6%	100.0%	128
	35-39	66.9%	17.9%	9.3%	4.0%	2.0%	100.0%	151
	40-44	69.4%	23.1%	6.5%	0.9%	0.0%	100.0%	108
	45-49	74.1%	17.9%	6.3%	0.9%	0.9%	100.0%	112
	50-54	73.5%	24.5%	0.0%	0.0%	2.0%	100.0%	49
	55-59	67.6%	29.4%	2.9%	0.0%	0.0%	100.0%	34
	60-64	61.9%	26.2%	9.5%	0.0%	2.4%	100.0%	42
	65-69	66.7%	27.8%	5.6%	0.0%	0.0%	100.0%	18
	70+	54.3%	34.3%	10.0%	1.4%	0.0%	100.0%	70
	NS	75.0%	0.0%	25.0%	0.0%	0.0%	100.0%	4
	Total	64.7%	25.6%	5.8%	2.4%	1.5%	100.0%	1,248

Table4: 1.3 Attitude of men on elimination of gender based violence

		24.3 A girl is never too young to be married if a good husband is found						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	67.6%	24.1%	2.4%	3.5%	2.4%	100.0%	170
	Kigoma rural	66.0%	26.7%	0.7%	4.0%	2.7%	100.0%	150
	Kahama	57.3%	27.4%	3.6%	7.0%	4.7%	100.0%	358
	Magu	61.2%	30.0%	4.1%	2.4%	2.4%	100.0%	170
	Missungwi	35.6%	31.9%	9.3%	19.9%	3.2%	100.0%	216
	Micheweni	35.7%	36.8%	5.9%	13.0%	8.6%	100.0%	185
	Total	53.3%	29.4%	4.5%	8.6%	4.2%	100.0%	1,249
Education								
	Primary	55.1%	28.6%	4.3%	8.2%	3.8%	100.0%	768
	Secondary	60.2%	26.0%	3.9%	5.6%	4.3%	100.0%	231
	Tertiary	67.9%	21.4%	10.7%	0.0%	0.0%	100.0%	28
	Never Attended	38.3%	36.5%	5.0%	14.4%	5.9%	100.0%	222
	Total	53.3%	29.4%	4.5%	8.6%	4.2%	100.0%	1,249
Age Group								
	15-19	52.6%	26.7%	4.7%	11.2%	4.7%	100.0%	232
	20-24	51.2%	30.1%	5.4%	9.6%	3.6%	100.0%	166
	25-29	57.5%	26.9%	3.0%	6.0%	6.7%	100.0%	134
	30-34	43.8%	37.5%	4.7%	11.7%	2.3%	100.0%	128
	35-39	58.3%	28.5%	3.3%	6.0%	4.0%	100.0%	151
	40-44	54.6%	33.3%	4.6%	3.7%	3.7%	100.0%	108
	45-49	62.5%	26.8%	1.8%	6.3%	2.7%	100.0%	112
	50-54	63.3%	24.5%	6.1%	4.1%	2.0%	100.0%	49
	55-59	64.7%	23.5%	5.9%	5.9%	0.0%	100.0%	34
	60-64	38.1%	28.6%	7.1%	16.7%	9.5%	100.0%	42
	65-69	55.6%	27.8%	5.6%	5.6%	5.6%	100.0%	18
	70+	42.9%	30.0%	7.1%	14.3%	5.7%	100.0%	70
	NS	0.0%	75.0%	0.0%	25.0%	0.0%	100.0%	4
	Total	53.4%	29.3%	4.5%	8.7%	4.2%	100.0%	1,248

Table 4: 1.4 Attitude of men on elimination of gender based violence

		24.4 A wife is justified in refusing to have sex with her husband/partner when she is tired or not in good mood						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
	Kinondoni	6.5%	4.1%	11.2%	34.1%	44.1%	100.0%	170
	Kigoma rural	8.0%	5.3%	12.0%	32.0%	42.7%	100.0%	150
	Kahama	9.2%	3.4%	5.9%	35.2%	46.4%	100.0%	358
	Magu	4.7%	8.8%	4.7%	50.0%	31.8%	100.0%	170
	Missungwi	4.6%	7.9%	4.2%	57.4%	25.9%	100.0%	216
	Micheweni	5.4%	8.1%	10.8%	49.2%	26.5%	100.0%	185
	Total	6.7%	5.9%	7.6%	42.6%	37.1%	100.0%	1,249
Education								
	Primary	6.9%	6.4%	8.3%	40.8%	37.6%	100.0%	768
	Secondary	6.9%	3.9%	6.1%	43.7%	39.4%	100.0%	231
	Tertiary	7.1%	0.0%	3.6%	25.0%	64.3%	100.0%	28
	Never Attended	5.9%	7.2%	7.2%	50.0%	29.7%	100.0%	222
	Total	6.7%	5.9%	7.6%	42.6%	37.1%	100.0%	1,249
Age Group								
	15-19	7.3%	9.9%	12.1%	40.1%	30.6%	100.0%	232
	20-24	6.6%	4.8%	6.0%	49.4%	33.1%	100.0%	166
	25-29	6.7%	6.7%	4.5%	41.0%	41.0%	100.0%	134
	30-34	4.7%	6.3%	4.7%	46.1%	38.3%	100.0%	128
	35-39	7.9%	3.3%	7.9%	41.1%	39.7%	100.0%	151
	40-44	4.6%	1.9%	6.5%	39.8%	47.2%	100.0%	108
	45-49	8.0%	1.8%	8.0%	42.0%	40.2%	100.0%	112
	50-54	6.1%	4.1%	8.2%	30.6%	51.0%	100.0%	49
	55-59	0.0%	5.9%	5.9%	47.1%	41.2%	100.0%	34
	60-64	16.7%	4.8%	7.1%	40.5%	31.0%	100.0%	42
	65-69	11.1%	5.6%	5.6%	44.4%	33.3%	100.0%	18
	70+	4.3%	11.4%	10.0%	45.7%	28.6%	100.0%	70
	NS	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%	4
	Total	6.7%	5.9%	7.6%	42.5%	37.2%	100.0%	1,248

Table 4: 1.5 Attitude of men on elimination of gender based violence

		24.5 If a wife goes out without telling her husband/partner, he is justified in hitting or beating her						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
	Kinondoni	34.7%	27.1%	11.2%	17.1%	10.0%	100.0%	170
	Kigoma rural	21.3%	27.3%	10.7%	27.3%	13.3%	100.0%	150
	Kahama	24.9%	23.5%	17.0%	18.4%	16.2%	100.0%	358
	Magu	28.2%	31.2%	10.6%	24.1%	5.9%	100.0%	170
	Missungwi	13.0%	34.3%	13.9%	28.7%	10.2%	100.0%	216
	Micheweni	17.3%	32.4%	8.6%	33.0%	8.6%	100.0%	185
	Total	23.1%	28.7%	12.8%	24.0%	11.4%	100.0%	1,249
Education								
	Primary	21.7%	30.6%	13.2%	22.1%	12.4%	100.0%	768
	Secondary	30.7%	26.4%	9.5%	23.8%	9.5%	100.0%	231
	Tertiary	60.7%	14.3%	7.1%	17.9%	0.0%	100.0%	28
	Never Attended	14.9%	26.1%	15.8%	31.5%	11.7%	100.0%	222
	Total	23.1%	28.7%	12.8%	24.0%	11.4%	100.0%	1,249
Age Group								
	15-19	21.6%	25.4%	11.2%	27.6%	14.2%	100.0%	232
	20-24	21.1%	28.3%	12.0%	28.9%	9.6%	100.0%	166
	25-29	22.4%	25.4%	14.9%	20.9%	16.4%	100.0%	134
	30-34	23.4%	29.7%	14.8%	22.7%	9.4%	100.0%	128
	35-39	24.5%	25.2%	13.2%	25.2%	11.9%	100.0%	151
	40-44	25.0%	30.6%	12.0%	21.3%	11.1%	100.0%	108
	45-49	24.1%	33.0%	16.1%	18.8%	8.0%	100.0%	112
	50-54	18.4%	42.9%	12.2%	18.4%	8.2%	100.0%	49
	55-59	38.2%	32.4%	11.8%	11.8%	5.9%	100.0%	34
	60-64	26.2%	23.8%	7.1%	26.2%	16.7%	100.0%	42
	65-69	22.2%	61.1%	0.0%	11.1%	5.6%	100.0%	18
	70+	21.4%	25.7%	14.3%	28.6%	10.0%	100.0%	70
	NS	0.0%	25.0%	25.0%	50.0%	0.0%	100.0%	4
	Total	23.1%	28.7%	12.8%	24.0%	11.5%	100.0%	1,248

Table 4: 1.6 Attitude of men on elimination of gender based violence

		24.6 [IN PLACES WHERE FGC/FGM IS PRACTICED] A girl should be circumcised in order to preserve her virginity before marriage						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	78.2%	15.9%	3.5%	1.8%	0.6%	100.0%	170
	Kigoma rural	64.7%	24.7%	8.7%	2.0%	0.0%	100.0%	150
	Kahama	64.8%	25.7%	4.5%	2.0%	3.1%	100.0%	358
	Magu	52.9%	30.6%	8.8%	5.9%	1.8%	100.0%	170
	Missungwi	52.3%	26.9%	16.7%	3.7%	0.5%	100.0%	216
	Micheweni	51.4%	44.9%	1.1%	1.1%	1.6%	100.0%	185
	Total	60.8%	27.9%	7.0%	2.6%	1.5%	100.0%	1,249
Education	Primary	59.8%	27.0%	8.3%	2.9%	2.1%	100.0%	768
	Secondary	68.8%	24.7%	4.3%	1.7%	0.4%	100.0%	231
	Tertiary	92.9%	7.1%	0.0%	0.0%	0.0%	100.0%	28
	Never Attended	52.3%	37.4%	6.3%	3.2%	0.9%	100.0%	222
	Total	60.8%	27.9%	7.0%	2.6%	1.5%	100.0%	1,249
Age Group	15-19	55.2%	28.0%	9.9%	4.3%	2.6%	100.0%	232
	20-24	63.3%	28.9%	4.2%	3.0%	0.6%	100.0%	166
	25-29	61.2%	27.6%	7.5%	2.2%	1.5%	100.0%	134
	30-34	60.9%	32.0%	3.1%	1.6%	2.3%	100.0%	128
	35-39	62.9%	23.2%	7.9%	4.0%	2.0%	100.0%	151
	40-44	63.0%	27.8%	7.4%	1.9%	0.0%	100.0%	108
	45-49	67.0%	23.2%	7.1%	1.8%	0.9%	100.0%	112
	50-54	71.4%	24.5%	2.0%	0.0%	2.0%	100.0%	49
	55-59	55.9%	32.4%	8.8%	0.0%	2.9%	100.0%	34
	60-64	59.5%	28.6%	9.5%	2.4%	0.0%	100.0%	42
	65-69	50.0%	38.9%	5.6%	5.6%	0.0%	100.0%	18
	70+	52.9%	35.7%	8.6%	1.4%	1.4%	100.0%	70
	NS	75.0%	0.0%	25.0%	0.0%	0.0%	100.0%	4
	Total	60.8%	28.0%	7.1%	2.6%	1.5%	100.0%	1,248

Table 4: 1.7 Attitude of men on elimination of gender based violence

		24.7 Women should choose themselves whom they want to marry.						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
	Kinondoni	2.9%	2.4%	4.1%	34.1%	56.5%	100.0%	170
	Kigoma rural	3.3%	2.7%	2.7%	50.0%	41.3%	100.0%	150
	Kahama	5.0%	2.0%	5.3%	34.1%	53.6%	100.0%	358
	Magu	4.1%	8.2%	4.7%	42.4%	40.6%	100.0%	170
	Missungwi	5.1%	8.3%	2.8%	60.6%	23.1%	100.0%	216
	Micheweni	9.2%	10.3%	7.0%	42.2%	31.4%	100.0%	185
	Total	5.0%	5.3%	4.6%	42.9%	42.2%	100.0%	1,249
Education								
	Primary	4.0%	4.7%	4.0%	44.4%	42.8%	100.0%	768
	Secondary	3.5%	5.2%	5.2%	37.7%	48.5%	100.0%	231
	Tertiary	10.7%	3.6%	7.1%	21.4%	57.1%	100.0%	28
	Never Attended	9.5%	7.7%	5.4%	45.9%	31.5%	100.0%	222
	Total	5.0%	5.3%	4.6%	42.9%	42.2%	100.0%	1,249
Age Group								
	15-19	3.0%	7.3%	2.6%	45.7%	41.4%	100.0%	232
	20-24	3.6%	4.2%	4.8%	44.6%	42.8%	100.0%	166
	25-29	6.0%	3.0%	4.5%	38.8%	47.8%	100.0%	134
	30-34	6.3%	2.3%	4.7%	50.0%	36.7%	100.0%	128
	35-39	8.6%	2.0%	5.3%	43.0%	41.1%	100.0%	151
	40-44	2.8%	8.3%	4.6%	38.0%	46.3%	100.0%	108
	45-49	5.4%	4.5%	5.4%	47.3%	37.5%	100.0%	112
	50-54	6.1%	10.2%	4.1%	36.7%	42.9%	100.0%	49
	55-59	5.9%	0.0%	5.9%	38.2%	50.0%	100.0%	34
	60-64	4.8%	7.1%	4.8%	33.3%	50.0%	100.0%	42
	65-69	11.1%	16.7%	5.6%	16.7%	50.0%	100.0%	18
	70+	4.3%	7.1%	5.7%	45.7%	37.1%	100.0%	70
	NS	0.0%	50.0%	0.0%	25.0%	25.0%	100.0%	4
	Total	5.0%	5.3%	4.5%	42.9%	42.2%	100.0%	1,248

Table 4:1.8 Attitude of men on elimination of gender based violence

		24.8 It is better to send a son to school than it is to send a daughter						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
District	Kinondoni	70.6%	20.6%	1.8%	4.7%	2.4%	100.0%	170
	Kigoma rural	63.3%	23.3%	4.7%	6.0%	2.7%	100.0%	150
	Kahama	57.8%	29.6%	2.5%	4.7%	5.3%	100.0%	358
	Magu	48.8%	34.1%	2.4%	10.0%	4.7%	100.0%	170
	Missungwi	38.4%	37.0%	7.9%	11.1%	5.6%	100.0%	216
	Micheweni	39.5%	33.5%	0.5%	15.1%	11.4%	100.0%	185
	Total	52.9%	30.1%	3.3%	8.2%	5.4%	100.0%	1,249
Education								
	Primary	52.6%	29.8%	4.3%	7.8%	5.5%	100.0%	768
	Secondary	63.2%	26.4%	0.9%	5.6%	3.9%	100.0%	231
	Tertiary	78.6%	10.7%	3.6%	3.6%	3.6%	100.0%	28
	Never Attended	40.1%	37.4%	2.3%	13.1%	7.2%	100.0%	222
	Total	52.9%	30.1%	3.3%	8.2%	5.4%	100.0%	1,249
Age Group								
	15-19	48.7%	29.7%	2.2%	11.6%	7.8%	100.0%	232
	20-24	50.6%	30.1%	2.4%	8.4%	8.4%	100.0%	166
	25-29	55.2%	29.1%	3.7%	7.5%	4.5%	100.0%	134
	30-34	51.6%	31.3%	3.1%	10.9%	3.1%	100.0%	128
	35-39	55.6%	28.5%	4.6%	6.6%	4.6%	100.0%	151
	40-44	53.7%	32.4%	6.5%	3.7%	3.7%	100.0%	108
	45-49	65.2%	27.7%	0.9%	3.6%	2.7%	100.0%	112
	50-54	59.2%	32.7%	2.0%	2.0%	4.1%	100.0%	49
	55-59	55.9%	32.4%	0.0%	8.8%	2.9%	100.0%	34
	60-64	54.8%	26.2%	4.8%	7.1%	7.1%	100.0%	42
	65-69	50.0%	22.2%	5.6%	16.7%	5.6%	100.0%	18
	70+	41.4%	32.9%	5.7%	12.9%	7.1%	100.0%	70
	NS	0.0%	75.0%	0.0%	25.0%	0.0%	100.0%	4
	Total	53.0%	30.0%	3.3%	8.3%	5.4%	100.0%	1,248

Table 4: 1.9 Attitude of men on elimination of gender based violence

		24.9 If a wife burns the food, it is only proper that her husband/partner discipline her by hitting or beating her						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
	Kinondoni	53.5%	31.8%	5.3%	6.5%	2.9%	100.0%	170
	Kigoma rural	40.7%	40.7%	10.7%	6.7%	1.3%	100.0%	150
	Kahama	52.2%	33.2%	7.0%	2.5%	5.0%	100.0%	358
	Magu	38.2%	42.9%	1.2%	11.2%	6.5%	100.0%	170
	Missungwi	28.2%	49.5%	8.3%	10.2%	3.7%	100.0%	216
	Micheweni	43.8%	36.8%	6.5%	10.3%	2.7%	100.0%	185
	Total	43.7%	38.6%	6.6%	7.2%	3.9%	100.0%	1,249
Education								
	Primary	42.2%	40.9%	5.9%	6.8%	4.3%	100.0%	768
	Secondary	54.1%	31.2%	6.5%	5.6%	2.6%	100.0%	231
	Tertiary	75.0%	25.0%	0.0%	0.0%	0.0%	100.0%	28
	Never Attended	34.2%	40.1%	9.9%	11.3%	4.5%	100.0%	222
	Total	43.7%	38.6%	6.6%	7.2%	3.9%	100.0%	1,249
Age Group								
	15-19	41.4%	38.4%	6.5%	10.8%	3.0%	100.0%	232
	20-24	45.8%	33.1%	7.8%	5.4%	7.8%	100.0%	166
	25-29	44.0%	44.0%	6.0%	3.0%	3.0%	100.0%	134
	30-34	38.3%	46.1%	4.7%	7.0%	3.9%	100.0%	128
	35-39	47.7%	31.1%	6.0%	9.9%	5.3%	100.0%	151
	40-44	49.1%	38.0%	3.7%	6.5%	2.8%	100.0%	108
	45-49	48.2%	37.5%	6.3%	5.4%	2.7%	100.0%	112
	50-54	44.9%	42.9%	4.1%	4.1%	4.1%	100.0%	49
	55-59	50.0%	44.1%	2.9%	2.9%	0.0%	100.0%	34
	60-64	38.1%	45.2%	7.1%	7.1%	2.4%	100.0%	42
	65-69	38.9%	44.4%	16.7%	0.0%	0.0%	100.0%	18
	70+	35.7%	37.1%	12.9%	10.0%	4.3%	100.0%	70
	NS	0.0%	0.0%	50.0%	50.0%	0.0%	100.0%	4
	Total	43.8%	38.5%	6.6%	7.2%	3.9%	100.0%	1,248

Table 4: 1.10 Attitude of men on elimination of gender based violence

		24.10 If a woman was raped, in most cases that means she must have done something to provoke it						
		Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District								
	Kinondoni	43.5%	19.4%	18.8%	10.0%	8.2%	100.0%	170
	Kigoma rural	34.0%	30.0%	20.7%	12.0%	3.3%	100.0%	150
	Kahama	46.4%	18.7%	20.1%	6.4%	8.4%	100.0%	358
	Magu	24.1%	38.2%	17.6%	15.9%	4.1%	100.0%	170
	Missungwi	13.4%	45.4%	15.3%	13.9%	12.0%	100.0%	216
	Micheweni	30.8%	30.8%	13.0%	16.2%	9.2%	100.0%	185
	Total	33.5%	29.2%	17.8%	11.6%	7.9%	100.0%	1,249
Education								
	Primary	31.6%	30.3%	17.6%	12.0%	8.5%	100.0%	768
	Secondary	42.0%	22.9%	19.0%	9.5%	6.5%	100.0%	231
	Tertiary	64.3%	7.1%	17.9%	3.6%	7.1%	100.0%	28
	Never Attended	27.0%	34.7%	17.1%	13.5%	7.7%	100.0%	222
	Total	33.5%	29.2%	17.8%	11.6%	7.9%	100.0%	1,249
Age Group								
	15-19	32.3%	32.8%	15.5%	12.5%	6.9%	100.0%	232
	20-24	36.1%	28.9%	13.9%	12.7%	8.4%	100.0%	166
	25-29	30.6%	28.4%	18.7%	11.9%	10.4%	100.0%	134
	30-34	32.8%	28.9%	18.8%	14.1%	5.5%	100.0%	128
	35-39	31.8%	28.5%	18.5%	10.6%	10.6%	100.0%	151
	40-44	35.2%	31.5%	15.7%	8.3%	9.3%	100.0%	108
	45-49	34.8%	26.8%	23.2%	8.0%	7.1%	100.0%	112
	50-54	46.9%	14.3%	16.3%	16.3%	6.1%	100.0%	49
	55-59	38.2%	29.4%	23.5%	5.9%	2.9%	100.0%	34
	60-64	33.3%	23.8%	11.9%	21.4%	9.5%	100.0%	42
	65-69	44.4%	38.9%	16.7%	0.0%	0.0%	100.0%	18
	70+	24.3%	32.9%	24.3%	10.0%	8.6%	100.0%	70
	NS	0.0%	50.0%	25.0%	25.0%	0.0%	100.0%	4
	Total	33.5%	29.2%	17.7%	11.6%	7.9%	100.0%	1,248

Table5: Attitude of men on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

Statements	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.1.1 Number of women and girls' membership in savings and loan groups is increasing	10.4%	33.1%	56.4%	100.0%	3	1,249
25.1.2 Number of women and girls engaged in profitable income generating activities is increasing	10.2%	26.7%	63.1%	100.0%	3	1,249
25.1.3 Skills and leadership capacities of all animators has been strengthened	7.6%	48.2%	44.2%	100.0%	2	1,249
25.1.4 Men and boys role models identified and their capacity built to serve as agents of change in the communities	13.1%	37.0%	50.0%	100.0%	2	1,249

Table 5.1.1: Attitude of men on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.1 Number of women and girls' membership in savings and loan groups is increasing				
		I Don't Agree	I am not Sure	I Agree	Total	
		%	%	%	%	Number of women 15+ years
District						
District	Kinondoni	11.8%	21.2%	67.1%	100.0%	170
	Kigoma rural	11.3%	45.3%	43.3%	100.0%	150
	Kahama	16.2%	40.8%	43.0%	100.0%	358
	Magu	5.9%	19.4%	74.7%	100.0%	170
	Missungwi	8.3%	31.9%	59.7%	100.0%	216
	Micheweni	3.8%	33.5%	62.7%	100.0%	185
	Total	10.4%	33.1%	56.4%	100.0%	1,249
Education	Primary	10.0%	32.9%	57.0%	100.0%	768
	Secondary	12.6%	26.0%	61.5%	100.0%	231
	Tertiary	7.1%	21.4%	71.4%	100.0%	28
	Never Attend	9.9%	42.8%	47.3%	100.0%	222
	Total	10.4%	33.1%	56.4%	100.0%	1,249
Age Group	15-19	12.9%	32.3%	54.7%	100.0%	232
	20-24	10.8%	35.5%	53.6%	100.0%	166
	25-29	8.2%	36.6%	55.2%	100.0%	134
	30-34	7.0%	30.5%	62.5%	100.0%	128
	35-39	7.3%	31.8%	60.9%	100.0%	151
	40-44	12.0%	24.1%	63.9%	100.0%	108
	45-49	13.4%	23.2%	63.4%	100.0%	112
	50-54	8.2%	36.7%	55.1%	100.0%	49
	55-59	11.8%	35.3%	52.9%	100.0%	34
	60-64	11.9%	33.3%	54.8%	100.0%	42
	65-69	5.6%	55.6%	38.9%	100.0%	18
	70+	12.9%	50.0%	37.1%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	10.4%	33.2%	56.4%	100.0%	1,248

Table 5.1.2: Attitude of men on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.2 Number of women and girls engaged in profitable income generating activities is increasing				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	10.6%	14.7%	74.7%	100.0%	170
	Kigoma rural	8.7%	37.3%	54.0%	100.0%	150
	Kahama	15.6%	31.3%	53.1%	100.0%	358
	Magu	5.3%	18.8%	75.9%	100.0%	170
	Missungwi	8.3%	26.9%	64.8%	100.0%	216
	Micheweni	7.6%	27.0%	65.4%	100.0%	185
	Total	10.2%	26.7%	63.1%	100.0%	1,249
Education						
	Primary	10.3%	25.8%	63.9%	100.0%	768
	Secondary	12.6%	20.3%	67.1%	100.0%	231
	Tertiary	3.6%	14.3%	82.1%	100.0%	28
	Never Attend	8.6%	37.8%	53.6%	100.0%	222
	Total	10.2%	26.7%	63.1%	100.0%	1,249
Age Group						
	15-19	12.5%	19.8%	67.7%	100.0%	232
	20-24	9.6%	32.5%	57.8%	100.0%	166
	25-29	10.4%	26.9%	62.7%	100.0%	134
	30-34	7.0%	21.9%	71.1%	100.0%	128
	35-39	9.9%	29.8%	60.3%	100.0%	151
	40-44	13.0%	23.1%	63.9%	100.0%	108
	45-49	10.7%	23.2%	66.1%	100.0%	112
	50-54	8.2%	22.4%	69.4%	100.0%	49
	55-59	8.8%	32.4%	58.8%	100.0%	34
	60-64	4.8%	40.5%	54.8%	100.0%	42
	65-69	5.6%	27.8%	66.7%	100.0%	18
	70+	11.4%	38.6%	50.0%	100.0%	70
	NS	0.0%	50.0%	50.0%	100.0%	4
	Total	10.2%	26.7%	63.1%	100.0%	1,248

Table5.1.3: Attitude of men on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.3 Skills and leadership capacities of all animators has been strengthened				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	5.3%	62.9%	31.8%	100.0%	170
	Kigoma rural	14.0%	52.0%	34.0%	100.0%	150
	Kahama	8.1%	48.6%	43.3%	100.0%	358
	Magu	5.9%	41.8%	52.4%	100.0%	170
	Missungwi	7.4%	39.8%	52.8%	100.0%	216
	Micheweni	5.4%	46.5%	48.1%	100.0%	185
	Total	7.6%	48.2%	44.2%	100.0%	1,249
Education						
	Primary	7.6%	50.7%	41.8%	100.0%	768
	Secondary	5.6%	42.4%	51.9%	100.0%	231
	Tertiary	3.6%	39.3%	57.1%	100.0%	28
	Never Attended	10.4%	46.8%	42.8%	100.0%	222
	Total	7.6%	48.2%	44.2%	100.0%	1,249
Age Group						
	15-19	8.2%	43.1%	48.7%	100.0%	232
	20-24	5.4%	55.4%	39.2%	100.0%	166
	25-29	7.5%	49.3%	43.3%	100.0%	134
	30-34	7.8%	51.6%	40.6%	100.0%	128
	35-39	7.3%	52.3%	40.4%	100.0%	151
	40-44	9.3%	38.9%	51.9%	100.0%	108
	45-49	8.0%	48.2%	43.8%	100.0%	112
	50-54	12.2%	38.8%	49.0%	100.0%	49
	55-59	11.8%	44.1%	44.1%	100.0%	34
	60-64	2.4%	54.8%	42.9%	100.0%	42
	65-69	22.2%	27.8%	50.0%	100.0%	18
	70+	2.9%	52.9%	44.3%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	7.6%	48.2%	44.2%	100.0%	1,248

Table 5.1.4: Attitude of men on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.4 Men and boys role models identified and their capacity built to serve as agents of change in the communities				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kinondoni	8.8%	48.8%	42.4%	100.0%	170
	Kigoma rural	14.0%	44.7%	41.3%	100.0%	150
	Kahama	22.3%	35.5%	42.2%	100.0%	358
	Magu	9.4%	31.8%	58.8%	100.0%	170
	Missungwi	8.3%	36.1%	55.6%	100.0%	216
	Micheweni	7.0%	28.6%	64.3%	100.0%	185
	Total	13.1%	37.0%	50.0%	100.0%	1,249
Education	Primary	14.1%	36.5%	49.5%	100.0%	768
	Secondary	9.5%	33.3%	57.1%	100.0%	231
	Tertiary	7.1%	28.6%	64.3%	100.0%	28
	Never Attended	14.0%	43.7%	42.3%	100.0%	222
	Total	13.1%	37.0%	50.0%	100.0%	1,249
Age Group	15-19	12.1%	35.8%	52.2%	100.0%	232
	20-24	10.8%	38.6%	50.6%	100.0%	166
	25-29	12.7%	37.3%	50.0%	100.0%	134
	30-34	14.8%	39.1%	46.1%	100.0%	128
	35-39	15.9%	37.7%	46.4%	100.0%	151
	40-44	15.7%	29.6%	54.6%	100.0%	108
	45-49	16.1%	32.1%	51.8%	100.0%	112
	50-54	14.3%	36.7%	49.0%	100.0%	49
	55-59	8.8%	35.3%	55.9%	100.0%	34
	60-64	4.8%	47.6%	47.6%	100.0%	42
	65-69	0.0%	33.3%	66.7%	100.0%	18
	70+	14.3%	44.3%	41.4%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	13.1%	37.0%	49.9%	100.0%	1,248

Table 5.1.2: Attitude of men on Informal social community network systems are supporting gender equality at household and community level

District	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.2.1 Men and boys appreciate the importance of and supporting women and girls' empowerment	14.0%	22.9%	63.1%	100.0%	3	1,249
25.2.2 There is an increase of dialogue between men and women, boys and girls about gender issues.	14.8%	33.9%	51.2%	100.0%	3	1,249
25.2.3 Increased community understanding and acceptance about women empowerment especially on getting their rights.	10.0%	25.0%	65.0%	100.0%	3	1,249

Table 5.1. 2.1: Attitude of men on Informal social community network systems are supporting gender equality at household and community level

		25.2.1 Men and boys appreciate the importance of and supporting women and girls' empowerment				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	14.7%	29.4%	55.9%	100.0%	170
	Kigoma rural	16.7%	21.3%	62.0%	100.0%	150
	Kahama	20.4%	25.4%	54.2%	100.0%	358
	Magu	6.5%	14.7%	78.8%	100.0%	170
	Missungwi	9.7%	19.4%	70.8%	100.0%	216
	Micheweni	10.8%	24.9%	64.3%	100.0%	185
	Total	14.0%	22.9%	63.1%	100.0%	1,249
Education						
	Primary	13.4%	22.7%	63.9%	100.0%	768
	Secondary	15.6%	16.9%	67.5%	100.0%	231
	Tertiary	10.7%	21.4%	67.9%	100.0%	28
	Never Attended	14.9%	30.2%	55.0%	100.0%	222
	Total	14.0%	22.9%	63.1%	100.0%	1,249
Age Group						
	15-19	13.4%	22.4%	64.2%	100.0%	232
	20-24	18.1%	19.3%	62.7%	100.0%	166
	25-29	16.4%	23.1%	60.4%	100.0%	134
	30-34	17.2%	24.2%	58.6%	100.0%	128
	35-39	9.9%	24.5%	65.6%	100.0%	151
	40-44	11.1%	20.4%	68.5%	100.0%	108
	45-49	11.6%	23.2%	65.2%	100.0%	112
	50-54	16.3%	22.4%	61.2%	100.0%	49
	55-59	20.6%	14.7%	64.7%	100.0%	34
	60-64	9.5%	26.2%	64.3%	100.0%	42
	65-69	11.1%	11.1%	77.8%	100.0%	18
	70+	12.9%	34.3%	52.9%	100.0%	70
	NS	0.0%	50.0%	50.0%	100.0%	4
	Total	14.0%	22.9%	63.1%	100.0%	1,248

Table5.1.2.2: Attitude of men on Informal social community network systems are supporting gender equality at household and community level

		25.2.2 There is an increase of dialogue between men and women, boys and girls about gender issues.				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	10.6%	39.4%	50.0%	100.0%	170
	Kigoma rural	15.3%	34.0%	50.7%	100.0%	150
	Kahama	21.8%	30.4%	47.8%	100.0%	358
	Magu	9.4%	28.8%	61.8%	100.0%	170
	Missungwi	12.0%	31.5%	56.5%	100.0%	216
	Micheweni	13.0%	43.2%	43.8%	100.0%	185
	Total	14.8%	33.9%	51.2%	100.0%	1,249
Education	Primary	15.5%	33.7%	50.8%	100.0%	768
	Secondary	11.3%	23.8%	64.9%	100.0%	231
	Tertiary	7.1%	32.1%	60.7%	100.0%	28
	Never Attended	17.1%	45.5%	37.4%	100.0%	222
	Total	14.8%	33.9%	51.2%	100.0%	1,249
Age Group	15-19	17.7%	32.3%	50.0%	100.0%	232
	20-24	13.9%	30.1%	56.0%	100.0%	166
	25-29	13.4%	35.8%	50.7%	100.0%	134
	30-34	15.6%	36.7%	47.7%	100.0%	128
	35-39	15.2%	34.4%	50.3%	100.0%	151
	40-44	16.7%	30.6%	52.8%	100.0%	108
	45-49	11.6%	30.4%	58.0%	100.0%	112
	50-54	10.2%	36.7%	53.1%	100.0%	49
	55-59	14.7%	29.4%	55.9%	100.0%	34
	60-64	16.7%	23.8%	59.5%	100.0%	42
	65-69	16.7%	38.9%	44.4%	100.0%	18
	70+	12.9%	50.0%	37.1%	100.0%	70
	NS	0.0%	100.0%	0.0%	100.0%	4
	Total	14.8%	33.9%	51.3%	100.0%	1,248

Table5.1.2.3: Attitude of men on Informal social community network systems are supporting gender equality at household and community level

		25.2.3 Increased community understanding and acceptance about women empowerment especially on getting their rights.				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
	Kinondoni	15.9%	22.4%	61.8%	100.0%	170
	Kigoma rural	14.7%	30.0%	55.3%	100.0%	150
	Kahama	13.4%	22.6%	64.0%	100.0%	358
	Magu	4.7%	26.5%	68.8%	100.0%	170
	Missungwi	5.6%	27.8%	66.7%	100.0%	216
	Micheweni	4.3%	23.2%	72.4%	100.0%	185
	Total	10.0%	25.0%	65.0%	100.0%	1,249
Education						
	Primary	9.8%	25.0%	65.2%	100.0%	768
	Secondary	10.0%	16.9%	73.2%	100.0%	231
	Tertiary	3.6%	32.1%	64.3%	100.0%	28
	Never Attended	11.7%	32.4%	55.9%	100.0%	222
	Total	10.0%	25.0%	65.0%	100.0%	1,249
Age Group						
	15-19	11.6%	22.8%	65.5%	100.0%	232
	20-24	7.2%	22.3%	70.5%	100.0%	166
	25-29	9.7%	23.1%	67.2%	100.0%	134
	30-34	15.6%	27.3%	57.0%	100.0%	128
	35-39	11.3%	25.8%	62.9%	100.0%	151
	40-44	13.0%	21.3%	65.7%	100.0%	108
	45-49	9.8%	19.6%	70.5%	100.0%	112
	50-54	4.1%	24.5%	71.4%	100.0%	49
	55-59	11.8%	23.5%	64.7%	100.0%	34
	60-64	4.8%	35.7%	59.5%	100.0%	42
	65-69	5.6%	27.8%	66.7%	100.0%	18
	70+	2.9%	40.0%	57.1%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	10.0%	24.9%	65.1%	100.0%	1,248

Table 5.1.3: Attitude of men on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.3.1 There is equal representation of women and men in village planning, budgeting and monitoring process	19.9%	37.3%	42.8%	100.0%	2	1,249
25.3.2 Village and ward plans and budgets that reflect priorities of marginalized women and girls	17.7%	43.9%	38.4%	100.0%	2	1,249
25.3.3 Increased community awareness and appreciation of the importance of supporting women and girls' rights in the target communities	14.0%	39.9%	46.1%	100.0%	2	1,249
25.3.4 Forums for enabling interaction and discussion between women and local leaders created	18.7%	44.0%	37.2%	100.0%	2	1,249
25.3.5 Goals set to support women and girls empowerment are implemented	21.7%	33.3%	45.0%	100.0%	2	1,249

Table5.1.3.1: Attitude of men on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.1 There is equal representation of women and men in village planning, budgeting and monitoring process				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	23.5%	42.9%	33.5%	100.0%	170
	Kigoma rural	20.0%	40.0%	40.0%	100.0%	150
	Kahama	26.8%	30.7%	42.5%	100.0%	358
	Magu	12.4%	34.7%	52.9%	100.0%	170
	Missungwi	18.5%	38.9%	42.6%	100.0%	216
	Micheweni	11.9%	43.2%	44.9%	100.0%	185
	Total	19.9%	37.3%	42.8%	100.0%	1,249
Education						
	Primary	19.0%	38.3%	42.7%	100.0%	768
	Secondary	22.9%	31.2%	45.9%	100.0%	231
	Tertiary	14.3%	39.3%	46.4%	100.0%	28
	Never Attended	20.7%	40.1%	39.2%	100.0%	222
	Total	19.9%	37.3%	42.8%	100.0%	1,249
Age Group						
	15-19	19.4%	40.1%	40.5%	100.0%	232
	20-24	17.5%	38.6%	44.0%	100.0%	166
	25-29	24.6%	38.1%	37.3%	100.0%	134
	30-34	20.3%	35.9%	43.8%	100.0%	128
	35-39	23.2%	39.7%	37.1%	100.0%	151
	40-44	22.2%	30.6%	47.2%	100.0%	108
	45-49	19.6%	34.8%	45.5%	100.0%	112
	50-54	12.2%	34.7%	53.1%	100.0%	49
	55-59	20.6%	29.4%	50.0%	100.0%	34
	60-64	14.3%	35.7%	50.0%	100.0%	42
	65-69	16.7%	22.2%	61.1%	100.0%	18
	70+	18.6%	44.3%	37.1%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	20.0%	37.3%	42.7%	100.0%	1,248

Table5.1.3.2: Attitude of men on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.2 Village and ward plans and budgets that reflect priorities of marginalized women and girls				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	12.9%	58.8%	28.2%	100.0%	170
	Kigoma rural	19.3%	46.7%	34.0%	100.0%	150
	Kahama	28.2%	33.5%	38.3%	100.0%	358
	Magu	7.6%	43.5%	48.8%	100.0%	170
	Missungwi	17.6%	42.6%	39.8%	100.0%	216
	Micheweni	9.7%	49.7%	40.5%	100.0%	185
	Total	17.7%	43.9%	38.4%	100.0%	1,249
Education	Primary	17.6%	44.9%	37.5%	100.0%	768
	Secondary	15.6%	36.4%	48.1%	100.0%	231
	Tertiary	14.3%	39.3%	46.4%	100.0%	28
	Never Attended	20.7%	48.6%	30.6%	100.0%	222
	Total	17.7%	43.9%	38.4%	100.0%	1,249
Age Group	15-19	12.5%	47.8%	39.7%	100.0%	232
	20-24	18.1%	38.6%	43.4%	100.0%	166
	25-29	23.9%	42.5%	33.6%	100.0%	134
	30-34	22.7%	43.0%	34.4%	100.0%	128
	35-39	23.2%	41.1%	35.8%	100.0%	151
	40-44	14.8%	43.5%	41.7%	100.0%	108
	45-49	18.8%	42.9%	38.4%	100.0%	112
	50-54	12.2%	44.9%	42.9%	100.0%	49
	55-59	20.6%	41.2%	38.2%	100.0%	34
	60-64	19.0%	35.7%	45.2%	100.0%	42
	65-69	0.0%	50.0%	50.0%	100.0%	18
	70+	11.4%	57.1%	31.4%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	17.7%	43.8%	38.5%	100.0%	1,248

Table5.1.3.3: Attitude of men on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.3 Increased community awareness and appreciation of the importance of supporting women and girls' rights in the target communities				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	14.7%	46.5%	38.8%	100.0%	170
	Kigoma rural	16.0%	48.7%	35.3%	100.0%	150
	Kahama	17.0%	36.9%	46.1%	100.0%	358
	Magu	9.4%	28.8%	61.8%	100.0%	170
	Missungwi	15.3%	38.9%	45.8%	100.0%	216
	Micheweni	8.6%	43.8%	47.6%	100.0%	185
	Total	14.0%	39.9%	46.1%	100.0%	1,249
Education	Primary	14.5%	40.1%	45.4%	100.0%	768
	Secondary	13.9%	33.3%	52.8%	100.0%	231
	Tertiary	3.6%	32.1%	64.3%	100.0%	28
	Never Attended	14.0%	46.8%	39.2%	100.0%	222
	Total	14.0%	39.9%	46.1%	100.0%	1,249
Age Group	15-19	15.1%	36.6%	48.3%	100.0%	232
	20-24	12.7%	43.4%	44.0%	100.0%	166
	25-29	13.4%	41.0%	45.5%	100.0%	134
	30-34	16.4%	39.8%	43.8%	100.0%	128
	35-39	14.6%	41.1%	44.4%	100.0%	151
	40-44	15.7%	39.8%	44.4%	100.0%	108
	45-49	13.4%	34.8%	51.8%	100.0%	112
	50-54	10.2%	42.9%	46.9%	100.0%	49
	55-59	11.8%	29.4%	58.8%	100.0%	34
	60-64	11.9%	35.7%	52.4%	100.0%	42
	65-69	0.0%	50.0%	50.0%	100.0%	18
	70+	17.1%	45.7%	37.1%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	14.0%	39.8%	46.2%	100.0%	1,248

Table5.1.3.4: Attitude of men on Local decision makers and institutions using

participatory gender sensitive approaches to development, planning and budgeting

		25.3.4 Forums for enabling interaction and discussion between women and local leaders created				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	17.6%	56.5%	25.9%	100.0%	170
	Kigoma rural	19.3%	50.7%	30.0%	100.0%	150
	Kahama	20.4%	36.9%	42.7%	100.0%	358
	Magu	12.4%	41.2%	46.5%	100.0%	170
	Missungwi	20.8%	36.1%	43.1%	100.0%	216
	Micheweni	19.5%	53.0%	27.6%	100.0%	185
	Total	18.7%	44.0%	37.2%	100.0%	1,249
Education	Primary	17.2%	44.4%	38.4%	100.0%	768
	Secondary	25.1%	37.7%	37.2%	100.0%	231
	Tertiary	14.3%	39.3%	46.4%	100.0%	28
	Never Attended	18.0%	50.0%	32.0%	100.0%	222
	Total	18.7%	44.0%	37.2%	100.0%	1,249
Age Group	15-19	24.6%	44.0%	31.5%	100.0%	232
	20-24	19.3%	47.0%	33.7%	100.0%	166
	25-29	18.7%	46.3%	35.1%	100.0%	134
	30-34	17.2%	42.2%	40.6%	100.0%	128
	35-39	14.6%	51.0%	34.4%	100.0%	151
	40-44	16.7%	40.7%	42.6%	100.0%	108
	45-49	20.5%	33.9%	45.5%	100.0%	112
	50-54	20.4%	38.8%	40.8%	100.0%	49
	55-59	11.8%	44.1%	44.1%	100.0%	34
	60-64	11.9%	35.7%	52.4%	100.0%	42
	65-69	5.6%	50.0%	44.4%	100.0%	18
	70+	20.0%	48.6%	31.4%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	18.7%	44.1%	37.3%	100.0%	1,248

Table5.1.3.5: Attitude of men on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.5 Goals set to support women and girls empowerment are implemented				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	22.4%	47.1%	30.6%	100.0%	170
	Kigoma rural	28.0%	37.3%	34.7%	100.0%	150
	Kahama	34.1%	22.3%	43.6%	100.0%	358
	Magu	13.5%	38.2%	48.2%	100.0%	170
	Missungwi	13.9%	34.3%	51.9%	100.0%	216
	Micheweni	8.6%	33.0%	58.4%	100.0%	185
	Total	21.7%	33.3%	45.0%	100.0%	1,249
Education						
	Primary	21.7%	34.4%	43.9%	100.0%	768
	Secondary	22.1%	29.4%	48.5%	100.0%	231
	Tertiary	3.6%	28.6%	67.9%	100.0%	28
	Never Attended	23.4%	34.2%	42.3%	100.0%	222
	Total	21.7%	33.3%	45.0%	100.0%	1,249
Age Group						
	15-19	17.2%	38.4%	44.4%	100.0%	232
	20-24	19.3%	34.3%	46.4%	100.0%	166
	25-29	27.6%	32.1%	40.3%	100.0%	134
	30-34	30.5%	29.7%	39.8%	100.0%	128
	35-39	19.9%	34.4%	45.7%	100.0%	151
	40-44	19.4%	31.5%	49.1%	100.0%	108
	45-49	20.5%	30.4%	49.1%	100.0%	112
	50-54	26.5%	24.5%	49.0%	100.0%	49
	55-59	20.6%	29.4%	50.0%	100.0%	34
	60-64	19.0%	40.5%	40.5%	100.0%	42
	65-69	22.2%	22.2%	55.6%	100.0%	18
	70+	24.3%	32.9%	42.9%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	21.7%	33.3%	45.0%	100.0%	1,248

Table 5.1.4: Attitude of men on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

District	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.4.1 WAGE staff actively participating in gender networks at the national level	9.1%	45.7%	45.2%	100.0%	2	1,249
25.4.2 Number of emerging women empowerment and equality issues from the target communities shared with relevant national stakeholders	18.0%	29.4%	52.6%	100.0%	3	1,249
25.4.3 Stakeholders are sharing success stories about women and girls empowerment	19.9%	39.4%	40.8%	100.0%	2	1,249
25.4.4 Other stakeholders are engaged in women and girls' empowerment and gender equality from local and at national and levels.	16.0%	36.3%	47.7%	100.0%	2	1,249

Table 5.1.4.1: Attitude of men on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

District		25.4.1 WAGE staff actively participating in gender networks at the national level				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
	Kinondoni	8.8%	61.8%	29.4%	100.0%	170
	Kigoma rural	14.7%	50.0%	35.3%	100.0%	150
	Kahama	12.8%	35.8%	51.4%	100.0%	358
	Magu	7.6%	31.8%	60.6%	100.0%	170
	Missungwi	5.6%	56.0%	38.4%	100.0%	216
	Micheweni	3.2%	47.6%	49.2%	100.0%	185
	Total	9.1%	45.7%	45.2%	100.0%	1,249
Education	Primary	8.1%	46.7%	45.2%	100.0%	768
	Secondary	6.9%	42.0%	51.1%	100.0%	231
	Tertiary	0.0%	50.0%	50.0%	100.0%	28
	Never Attended	16.2%	45.5%	38.3%	100.0%	222
	Total	9.1%	45.7%	45.2%	100.0%	1,249
Age Group	15-19	6.9%	44.0%	49.1%	100.0%	232
	20-24	9.6%	46.4%	44.0%	100.0%	166
	25-29	10.4%	47.8%	41.8%	100.0%	134
	30-34	12.5%	50.0%	37.5%	100.0%	128
	35-39	4.6%	49.7%	45.7%	100.0%	151
	40-44	13.9%	40.7%	45.4%	100.0%	108
	45-49	6.3%	42.0%	51.8%	100.0%	112
	50-54	8.2%	38.8%	53.1%	100.0%	49
	55-59	11.8%	50.0%	38.2%	100.0%	34
	60-64	11.9%	42.9%	45.2%	100.0%	42

	65-69	11.1%	50.0%	38.9%	100.0%	18
	70+	11.4%	44.3%	44.3%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	9.1%	45.7%	45.2%	100.0%	1,248

Table 5.1.4.2: Attitude of men on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

		25.4.2 Number of emerging women empowerment and equality issues from the target communities shared with relevant national stakeholders				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	12.9%	33.5%	53.5%	100.0%	170
	Kigoma rural	28.0%	27.3%	44.7%	100.0%	150
	Kahama	26.0%	28.8%	45.3%	100.0%	358
	Magu	14.7%	21.2%	64.1%	100.0%	170
	Missungwi	13.0%	33.3%	53.7%	100.0%	216
	Micheweni	8.1%	31.4%	60.5%	100.0%	185
	Total	18.0%	29.4%	52.6%	100.0%	1,249
Education						
	Primary	19.4%	29.8%	50.8%	100.0%	768
	Secondary	13.9%	20.8%	65.4%	100.0%	231
	Tertiary	7.1%	21.4%	71.4%	100.0%	28
	Never Attended	18.9%	37.8%	43.2%	100.0%	222
	Total	18.0%	29.4%	52.6%	100.0%	1,249
Age Group						
	15-19	22.0%	25.4%	52.6%	100.0%	232
	20-24	15.1%	34.3%	50.6%	100.0%	166
	25-29	17.9%	26.9%	55.2%	100.0%	134
	30-34	18.0%	32.0%	50.0%	100.0%	128
	35-39	18.5%	28.5%	53.0%	100.0%	151
	40-44	18.5%	26.9%	54.6%	100.0%	108
	45-49	17.9%	27.7%	54.5%	100.0%	112
	50-54	10.2%	36.7%	53.1%	100.0%	49
	55-59	14.7%	29.4%	55.9%	100.0%	34
	60-64	16.7%	28.6%	54.8%	100.0%	42
	65-69	5.6%	44.4%	50.0%	100.0%	18
	70+	22.9%	27.1%	50.0%	100.0%	70
	NS	0.0%	100.0%	0.0%	100.0%	4
	Total	18.0%	29.4%	52.6%	100.0%	1,248

Table5.1.4.3: Attitude of men on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

		25.4.3 Stakeholders are sharing success stories about women and girls empowerment				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	15.9%	54.1%	30.0%	100.0%	170
	Kigoma rural	22.7%	38.7%	38.7%	100.0%	150
	Kahama	25.7%	32.4%	41.9%	100.0%	358
	Magu	18.8%	37.6%	43.5%	100.0%	170
	Missungwi	16.2%	36.6%	47.2%	100.0%	216
	Micheweni	15.1%	44.9%	40.0%	100.0%	185
	Total	19.9%	39.4%	40.8%	100.0%	1,249
Education	Primary	20.7%	40.5%	38.8%	100.0%	768
	Secondary	17.3%	33.8%	48.9%	100.0%	231
	Tertiary	10.7%	35.7%	53.6%	100.0%	28
	Never Attended	20.7%	41.9%	37.4%	100.0%	222
	Total	19.9%	39.4%	40.8%	100.0%	1,249
Age Group	15-19	21.6%	38.8%	39.7%	100.0%	232
	20-24	16.9%	41.0%	42.2%	100.0%	166
	25-29	21.6%	37.3%	41.0%	100.0%	134
	30-34	23.4%	36.7%	39.8%	100.0%	128
	35-39	19.2%	45.7%	35.1%	100.0%	151
	40-44	21.3%	37.0%	41.7%	100.0%	108
	45-49	17.0%	34.8%	48.2%	100.0%	112
	50-54	12.2%	38.8%	49.0%	100.0%	49
	55-59	11.8%	47.1%	41.2%	100.0%	34
	60-64	31.0%	31.0%	38.1%	100.0%	42
	65-69	22.2%	33.3%	44.4%	100.0%	18
	70+	18.6%	44.3%	37.1%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	19.9%	39.3%	40.8%	100.0%	1,248

Table5.1.4.4: Attitude of men on WAGE contributes to learning and action on women

and girls' empowerment and gender equality at national and international levels

District		25.4.4 Other stakeholders are engaged in women and girls' empowerment and gender equality from local and at national and levels.				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kinondoni	15.3%	40.0%	44.7%	100.0%	170
	Kigoma rural	22.7%	34.7%	42.7%	100.0%	150
	Kahama	18.7%	36.3%	45.0%	100.0%	358
	Magu	11.2%	34.7%	54.1%	100.0%	170
	Missungwi	20.8%	36.6%	42.6%	100.0%	216
	Micheweni	4.9%	35.1%	60.0%	100.0%	185
	Total	16.0%	36.3%	47.7%	100.0%	1,249
Education	Primary	17.1%	38.0%	44.9%	100.0%	768
	Secondary	12.6%	26.4%	61.0%	100.0%	231
	Tertiary	3.6%	35.7%	60.7%	100.0%	28
	Never Attended	17.6%	40.5%	41.9%	100.0%	222
	Total	16.0%	36.3%	47.7%	100.0%	1,249
Age Group	15-19	15.5%	31.9%	52.6%	100.0%	232
	20-24	13.3%	40.4%	46.4%	100.0%	166
	25-29	17.2%	38.1%	44.8%	100.0%	134
	30-34	14.8%	35.2%	50.0%	100.0%	128
	35-39	19.2%	38.4%	42.4%	100.0%	151
	40-44	21.3%	33.3%	45.4%	100.0%	108
	45-49	14.3%	32.1%	53.6%	100.0%	112
	50-54	12.2%	40.8%	46.9%	100.0%	49
	55-59	14.7%	44.1%	41.2%	100.0%	34
	60-64	23.8%	31.0%	45.2%	100.0%	42
	65-69	22.2%	16.7%	61.1%	100.0%	18
	70+	10.0%	45.7%	44.3%	100.0%	70
	NS	0.0%	75.0%	25.0%	100.0%	4
	Total	16.0%	36.3%	47.7%	100.0%	1,248

Table5.2: Attitude of women on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

Statements	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.1.1 Number of women and girls' membership in savings and loan groups is increasing	8.2%	36.8%	55.0%	100.0%	3	1,466
25.1.2 Number of women and girls engaged in profitable income generating activities is increasing	8.8%	29.2%	62.0%	100.0%	3	1,466
25.1.3 Skills and leadership capacities of all animators has been strengthened	7.0%	50.6%	42.4%	100.0%	2	1,466
25.1.4 Men and boys role models identified and their capacity built to serve as agents of change in the communities	12.5%	40.6%	46.9%	100.0%	2	1,466

Table 5.2.1: Attitude of women on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.1 Number of women and girls' membership in savings and loan groups is increasing				
		I Don't Agree	I am not Sure	I Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kinondoni	4.5%	25.4%	70.1%	100.0%	201
	Kigoma rural	13.6%	48.1%	38.3%	100.0%	206
	Kahama	11.9%	45.5%	42.7%	100.0%	396
	Magu	4.1%	26.5%	69.4%	100.0%	196
	Missungwi	8.7%	29.3%	62.0%	100.0%	242
	Micheweni	3.1%	38.2%	58.7%	100.0%	225
	Total	8.2%	36.8%	55.0%	100.0%	1,466
Highest education level	Primary Education	8.7%	32.3%	58.9%	100.0%	745
	Secondary Education	4.0%	27.3%	68.7%	100.0%	198
	Tertiary Education	11.1%	33.3%	55.6%	100.0%	9
	Never Attended	8.9%	46.9%	44.2%	100.0%	514
	Total	8.2%	36.8%	55.0%	100.0%	1,466
Age Group	15-19	4.7%	38.8%	56.6%	100.0%	258
	20-24	9.4%	36.8%	53.8%	100.0%	223
	25-29	9.3%	28.4%	62.3%	100.0%	204
	30-34	7.3%	36.7%	55.9%	100.0%	177
	35-39	15.0%	27.8%	57.2%	100.0%	187
	40-44	8.8%	30.8%	60.4%	100.0%	91
	45-49	7.5%	36.6%	55.9%	100.0%	93
	50-54	3.1%	49.2%	47.7%	100.0%	65
	55-59	5.3%	50.0%	44.7%	100.0%	38
	60-64	9.5%	45.2%	45.2%	100.0%	42
	65-69	3.8%	53.8%	42.3%	100.0%	26
70+	5.8%	53.8%	40.4%	100.0%	52	

	Total	8.2%	36.5%	55.3%	100.0%	1,456
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Table 5.2.2: Attitude of women on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.2 Number of women and girls engaged in profitable income generating activities is increasing				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	4.5%	12.9%	82.6%	100.0%	201
	Kigoma rural	14.6%	36.9%	48.5%	100.0%	206
	Kahama	11.9%	39.1%	49.0%	100.0%	396
	Magu	7.1%	23.0%	69.9%	100.0%	196
	Missungwi	5.8%	24.8%	69.4%	100.0%	242
	Micheweni	6.7%	29.3%	64.0%	100.0%	225
	Total	8.8%	29.2%	62.0%	100.0%	1,466
Highest education level						
	Primary Education	9.7%	23.5%	66.8%	100.0%	745
	Secondary Education	4.5%	21.7%	73.7%	100.0%	198
	Tertiary Education	0.0%	22.2%	77.8%	100.0%	9
	Never Attended	9.3%	40.5%	50.2%	100.0%	514
	Total	8.8%	29.2%	62.0%	100.0%	1,466
Age Group						
	15-19	7.4%	29.1%	63.6%	100.0%	258
	20-24	6.3%	29.6%	64.1%	100.0%	223
	25-29	11.3%	24.5%	64.2%	100.0%	204
	30-34	9.6%	26.6%	63.8%	100.0%	177
	35-39	12.3%	19.8%	67.9%	100.0%	187
	40-44	7.7%	28.6%	63.7%	100.0%	91
	45-49	8.6%	30.1%	61.3%	100.0%	93
	50-54	3.1%	40.0%	56.9%	100.0%	65
	55-59	15.8%	36.8%	47.4%	100.0%	38
	60-64	9.5%	42.9%	47.6%	100.0%	42
	65-69	7.7%	42.3%	50.0%	100.0%	26
	70+	7.7%	42.3%	50.0%	100.0%	52
	Total	8.9%	28.8%	62.3%	100.0%	1,456

Table 5.2.3: Attitude of women on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.3 Skills and leadership capacities of all animators has been strengthened				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
	Kinondoni	1.5%	55.2%	43.3%	100.0%	201
	Kigoma rural	12.1%	58.3%	29.6%	100.0%	206
	Kahama	8.1%	46.2%	45.7%	100.0%	396
	Magu	6.6%	45.9%	47.4%	100.0%	196
	Missungwi	7.0%	49.6%	43.4%	100.0%	242
	Micheweni	5.3%	52.4%	42.2%	100.0%	225
	Total	7.0%	50.6%	42.4%	100.0%	1,466
Highest education level						
	Primary Education	7.4%	46.3%	46.3%	100.0%	745
	Secondary Education	4.5%	47.5%	48.0%	100.0%	198
	Tertiary Education	0.0%	55.6%	44.4%	100.0%	9
	Never Attended	7.4%	58.0%	34.6%	100.0%	514
	Total	7.0%	50.6%	42.4%	100.0%	1,466
Age Group						
	15-19	6.6%	50.0%	43.4%	100.0%	258
	20-24	5.8%	48.9%	45.3%	100.0%	223
	25-29	7.4%	52.5%	40.2%	100.0%	204
	30-34	6.8%	48.6%	44.6%	100.0%	177
	35-39	7.0%	44.4%	48.7%	100.0%	187
	40-44	7.7%	39.6%	52.7%	100.0%	91
	45-49	5.4%	48.4%	46.2%	100.0%	93
	50-54	7.7%	58.5%	33.8%	100.0%	65
	55-59	7.9%	57.9%	34.2%	100.0%	38
	60-64	9.5%	64.3%	26.2%	100.0%	42
	65-69	11.5%	61.5%	26.9%	100.0%	26
	70+	7.7%	67.3%	25.0%	100.0%	52
	Total	6.9%	50.3%	42.7%	100.0%	1,456

Table 5.2.4: Attitude of women on Poor and marginalized women and girls organized, acting and advocating for enhanced gender equality

		25.1.4 Men and boys role models identified and their capacity built to serve as agents of change in the communities				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	3.5%	41.3%	55.2%	100.0%	201
	Kigoma rural	15.5%	47.1%	37.4%	100.0%	206
	Kahama	21.5%	37.6%	40.9%	100.0%	396
	Magu	8.2%	43.9%	48.0%	100.0%	196
	Missungwi	11.2%	39.7%	49.2%	100.0%	242
	Micheweni	7.1%	37.3%	55.6%	100.0%	225
	Total	12.5%	40.6%	46.9%	100.0%	1,466
Highest education level	Primary Education	13.3%	39.7%	47.0%	100.0%	745
	Secondary Education	5.6%	32.8%	61.6%	100.0%	198
	Tertiary Education	0.0%	44.4%	55.6%	100.0%	9
	Never Attended	14.2%	44.7%	41.1%	100.0%	514
	Total	12.5%	40.6%	46.9%	100.0%	1,466
Age Group	15-19	11.2%	38.8%	50.0%	100.0%	258
	20-24	12.1%	39.0%	48.9%	100.0%	223
	25-29	14.7%	40.2%	45.1%	100.0%	204
	30-34	11.3%	39.5%	49.2%	100.0%	177
	35-39	13.4%	35.3%	51.3%	100.0%	187
	40-44	15.4%	38.5%	46.2%	100.0%	91
	45-49	14.0%	43.0%	43.0%	100.0%	93
	50-54	4.6%	53.8%	41.5%	100.0%	65
	55-59	18.4%	34.2%	47.4%	100.0%	38
	60-64	7.1%	52.4%	40.5%	100.0%	42
	65-69	26.9%	34.6%	38.5%	100.0%	26
	70+	7.7%	51.9%	40.4%	100.0%	52
	Total	12.5%	40.2%	47.3%	100.0%	1,456

Table 5.2.2: Attitude of women on Informal social community network systems are supporting gender equality at household and community level

Statements	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.2.1 Men and boys appreciate the importance of and supporting women and girls' empowerment	18.1%	28.7%	53.1%	100.0%	3	1,466
25.2.2 There is an increase of dialogue between men and women, boys and girls about gender issues.	14.3%	38.8%	46.9%	100.0%	2	1,466
25.2.3 Increased community understanding and acceptance about women empowerment especially on getting their rights.	10.0%	28.4%	61.6%	100.0%	3	1,466

Table5.2.2.1: Attitude of women on Informal social community network systems are supporting gender equality at household and community level

		25.2.1 Men and boys appreciate the importance of and supporting women and girls' empowerment				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	19.4%	25.4%	55.2%	100.0%	201
	Kigoma rural	22.3%	28.2%	49.5%	100.0%	206
	Kahama	25.3%	29.5%	45.2%	100.0%	396
	Magu	8.7%	28.1%	63.3%	100.0%	196
	Missungwi	17.4%	29.3%	53.3%	100.0%	242
	Micheweni	9.8%	30.7%	59.6%	100.0%	225
	Total	18.1%	28.7%	53.1%	100.0%	1,466
Highest education level	Primary	19.7%	24.0%	56.2%	100.0%	745
	Secondary	16.7%	24.2%	59.1%	100.0%	198
	Tertiary Educat	22.2%	33.3%	44.4%	100.0%	9
	Never Attended	16.3%	37.2%	46.5%	100.0%	514
	Total	18.1%	28.7%	53.1%	100.0%	1,466
Age Group	15-19	16.3%	28.3%	55.4%	100.0%	258
	20-24	20.2%	27.8%	52.0%	100.0%	223
	25-29	18.1%	23.0%	58.8%	100.0%	204
	30-34	20.9%	30.5%	48.6%	100.0%	177
	35-39	18.7%	20.3%	61.0%	100.0%	187
	40-44	12.1%	30.8%	57.1%	100.0%	91
	45-49	17.2%	25.8%	57.0%	100.0%	93
	50-54	21.5%	43.1%	35.4%	100.0%	65
	55-59	26.3%	34.2%	39.5%	100.0%	38
	60-64	14.3%	35.7%	50.0%	100.0%	42
	65-69	19.2%	53.8%	26.9%	100.0%	26
	70+	13.5%	36.5%	50.0%	100.0%	52
	Total	18.2%	28.5%	53.3%	100.0%	1,456

Table5.2.2.2: Attitude of women on Informal social community network systems are

supporting gender equality at household and community level

		25.2.2 There is an increase of dialogue between men and women, boys and girls about gender issues.				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	10.9%	32.3%	56.7%	100.0%	201
	Kigoma rural	15.0%	38.3%	46.6%	100.0%	206
	Kahama	22.7%	39.1%	38.1%	100.0%	396
	Magu	7.1%	38.8%	54.1%	100.0%	196
	Missungwi	12.8%	31.4%	55.8%	100.0%	242
	Micheweni	9.8%	52.4%	37.8%	100.0%	225
	Total	14.3%	38.8%	46.9%	100.0%	1,466
Highest education level	Primary Education	14.5%	35.0%	50.5%	100.0%	745
	Secondary Education	10.1%	30.3%	59.6%	100.0%	198
	Tertiary Education	0.0%	55.6%	44.4%	100.0%	9
	Never Attended	16.0%	47.3%	36.8%	100.0%	514
	Total	14.3%	38.8%	46.9%	100.0%	1,466
Age Group	15-19	15.1%	35.7%	49.2%	100.0%	258
	20-24	13.5%	39.9%	46.6%	100.0%	223
	25-29	13.7%	31.9%	54.4%	100.0%	204
	30-34	15.8%	37.3%	46.9%	100.0%	177
	35-39	16.6%	32.1%	51.3%	100.0%	187
	40-44	11.0%	42.9%	46.2%	100.0%	91
	45-49	16.1%	43.0%	40.9%	100.0%	93
	50-54	15.4%	52.3%	32.3%	100.0%	65
	55-59	13.2%	47.4%	39.5%	100.0%	38
	60-64	14.3%	50.0%	35.7%	100.0%	42
	65-69	15.4%	46.2%	38.5%	100.0%	26
	70+	7.7%	46.2%	46.2%	100.0%	52
	Total	14.4%	38.5%	47.1%	100.0%	1,456

Table 5.2.2.3: Attitude of women on Informal social community network systems are supporting gender equality at household and community level

		25.2.3 Increased community understanding and acceptance about women empowerment especially on getting their rights.				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	11.4%	22.9%	65.7%	100.0%	201
	Kigoma rural	11.7%	36.4%	51.9%	100.0%	206
	Kahama	14.9%	24.5%	60.6%	100.0%	396
	Magu	8.2%	26.5%	65.3%	100.0%	196
	Missungwi	7.4%	31.8%	60.7%	100.0%	242
	Micheweni	3.1%	30.7%	66.2%	100.0%	225
	Total	10.0%	28.4%	61.6%	100.0%	1,466
Highest education level						
	Primary Education	11.1%	24.8%	64.0%	100.0%	745
	Secondary Education	7.6%	20.2%	72.2%	100.0%	198
	Tertiary Education	0.0%	22.2%	77.8%	100.0%	9
	Never Attended	9.5%	36.8%	53.7%	100.0%	514
	Total	10.0%	28.4%	61.6%	100.0%	1,466
Age Group						
	15-19	6.6%	27.5%	65.9%	100.0%	258
	20-24	13.5%	29.6%	57.0%	100.0%	223
	25-29	8.8%	21.6%	69.6%	100.0%	204
	30-34	11.3%	24.9%	63.8%	100.0%	177
	35-39	13.9%	23.0%	63.1%	100.0%	187
	40-44	11.0%	26.4%	62.6%	100.0%	91
	45-49	7.5%	28.0%	64.5%	100.0%	93
	50-54	10.8%	44.6%	44.6%	100.0%	65
	55-59	10.5%	34.2%	55.3%	100.0%	38
	60-64	4.8%	42.9%	52.4%	100.0%	42
	65-69	11.5%	42.3%	46.2%	100.0%	26
	70+	5.8%	36.5%	57.7%	100.0%	52
	Total	10.1%	28.0%	61.9%	100.0%	1,456

Table 5.2.3: Attitude of women on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

Statements	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.3.1 There is equal representation of women and men in village planning, budgeting and monitoring process	17.9%	43.5%	38.6%	100.0%	2	1,466
25.3.2 Village and ward plans and budgets that reflect priorities of marginalized women and girls	18.0%	47.7%	34.2%	100.0%	2	1,466
25.3.3 Increased community awareness and appreciation of the importance of supporting women and girls' rights in the target communities	14.5%	43.1%	42.4%	100.0%	2	1,466
25.3.4 Forums for enabling interaction and discussion between women and local leaders created	18.6%	43.8%	37.7%	100.0%	2	1,466
25.3.5 Goals set to support women and girls empowerment are implemented	20.8%	36.6%	42.6%	100.0%	2	1,466

Table 5.2.3.1: Attitude of women on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.1 There is equal representation of women and men in village planning, budgeting and monitoring process				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	15.9%	44.3%	39.8%	100.0%	201
	Kigoma rural	19.9%	44.7%	35.4%	100.0%	206
	Kahama	25.8%	37.6%	36.6%	100.0%	396
	Magu	9.7%	37.8%	52.6%	100.0%	196
	Missungwi	16.5%	45.0%	38.4%	100.0%	242
	Micheweni	12.4%	55.6%	32.0%	100.0%	225
	Total	17.9%	43.5%	38.6%	100.0%	1,466
Highest education level	Primary	17.7%	37.9%	44.4%	100.0%	745
	Secondary	17.7%	37.9%	44.4%	100.0%	198
	Tertiary Education	11.1%	55.6%	33.3%	100.0%	9
	Never Attended	18.3%	53.7%	28.0%	100.0%	514
	Total	17.9%	43.5%	38.6%	100.0%	1,466
Age Group	15-19	16.3%	44.2%	39.5%	100.0%	258
	20-24	18.4%	38.1%	43.5%	100.0%	223
	25-29	18.6%	38.7%	42.6%	100.0%	204
	30-34	17.5%	45.8%	36.7%	100.0%	177
	35-39	18.7%	40.1%	41.2%	100.0%	187
	40-44	17.6%	37.4%	45.1%	100.0%	91
	45-49	20.4%	39.8%	39.8%	100.0%	93
	50-54	23.1%	47.7%	29.2%	100.0%	65
	55-59	15.8%	55.3%	28.9%	100.0%	38
	60-64	11.9%	66.7%	21.4%	100.0%	42

	65-69	30.8%	57.7%	11.5%	100.0%	26
	70+	9.6%	55.8%	34.6%	100.0%	52
	Total	17.9%	43.2%	38.9%	100.0%	1,456

Table 5.2.3.2: Attitude of women on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.2 Village and ward plans and budgets that reflect priorities of marginalized women and girls				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	14.9%	50.2%	34.8%	100.0%	201
	Kigoma rural	22.3%	50.5%	27.2%	100.0%	206
	Kahama	27.3%	41.7%	31.1%	100.0%	396
	Magu	8.7%	53.6%	37.8%	100.0%	196
	Missungwi	15.7%	42.6%	41.7%	100.0%	242
	Micheweni	11.1%	54.2%	34.7%	100.0%	225
	Total	18.0%	47.7%	34.2%	100.0%	1,466
Highest education level						
	Primary Education	17.3%	44.4%	38.3%	100.0%	745
	Secondary Education	18.2%	42.9%	38.9%	100.0%	198
	Tertiary Education	11.1%	66.7%	22.2%	100.0%	9
	Never Attended	19.1%	54.1%	26.8%	100.0%	514
	Total	18.0%	47.7%	34.2%	100.0%	1,466
Age Group						
	15-19	16.3%	48.8%	34.9%	100.0%	258
	20-24	22.4%	43.0%	34.5%	100.0%	223
	25-29	17.6%	47.1%	35.3%	100.0%	204
	30-34	19.8%	44.1%	36.2%	100.0%	177
	35-39	17.6%	47.6%	34.8%	100.0%	187
	40-44	19.8%	48.4%	31.9%	100.0%	91
	45-49	20.4%	40.9%	38.7%	100.0%	93
	50-54	16.9%	50.8%	32.3%	100.0%	65
	55-59	5.3%	68.4%	26.3%	100.0%	38
	60-64	14.3%	59.5%	26.2%	100.0%	42
	65-69	23.1%	50.0%	26.9%	100.0%	26
	70+	9.6%	51.9%	38.5%	100.0%	52
	Total	18.1%	47.5%	34.5%	100.0%	1,456

Table 5.2.3.3: Attitude of women on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.3 Increased community awareness and appreciation of the importance of supporting women and girls' rights in the target communities				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	14.9%	38.8%	46.3%	100.0%	201
	Kigoma rural	21.8%	43.7%	34.5%	100.0%	206
	Kahama	19.2%	41.4%	39.4%	100.0%	396
	Magu	8.7%	37.8%	53.6%	100.0%	196
	Missungwi	14.0%	39.7%	46.3%	100.0%	242
	Micheweni	4.4%	57.8%	37.8%	100.0%	225
	Total	14.5%	43.1%	42.4%	100.0%	1,466
Highest education level	Primary Education	14.2%	39.9%	45.9%	100.0%	745
	Secondary Education	12.6%	39.9%	47.5%	100.0%	198
	Tertiary Education	11.1%	44.4%	44.4%	100.0%	9
	Never Attended	15.6%	49.0%	35.4%	100.0%	514
	Total	14.5%	43.1%	42.4%	100.0%	1,466
Age Group	15-19	13.6%	45.0%	41.5%	100.0%	258
	20-24	15.2%	37.7%	47.1%	100.0%	223
	25-29	12.7%	41.7%	45.6%	100.0%	204
	30-34	13.0%	41.8%	45.2%	100.0%	177
	35-39	16.6%	38.0%	45.5%	100.0%	187
	40-44	17.6%	40.7%	41.8%	100.0%	91
	45-49	16.1%	43.0%	40.9%	100.0%	93
	50-54	13.8%	44.6%	41.5%	100.0%	65
	55-59	15.8%	52.6%	31.6%	100.0%	38
	60-64	11.9%	64.3%	23.8%	100.0%	42
	65-69	19.2%	53.8%	26.9%	100.0%	26
	70+	11.5%	53.8%	34.6%	100.0%	52
	Total	14.5%	42.9%	42.6%	100.0%	1,456

Table 5.2.3.4: Attitude of women on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.4 Forums for enabling interaction and discussion between women and local leaders created				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	20.4%	49.8%	29.9%	100.0%	201
	Kigoma rural	25.7%	37.4%	36.9%	100.0%	206
	Kahama	22.0%	37.6%	40.4%	100.0%	396
	Magu	13.3%	44.4%	42.3%	100.0%	196
	Missungwi	16.9%	37.2%	45.9%	100.0%	242
	Micheweni	10.7%	61.8%	27.6%	100.0%	225
	Total	18.6%	43.8%	37.7%	100.0%	1,466
Highest education level	Primary Education	18.9%	39.1%	42.0%	100.0%	745
	Secondary Education	17.7%	44.9%	37.4%	100.0%	198
	Tertiary Education	11.1%	55.6%	33.3%	100.0%	9
	Never Attended	18.5%	50.0%	31.5%	100.0%	514
	Total	18.6%	43.8%	37.7%	100.0%	1,466
Age Group	15-19	17.4%	47.3%	35.3%	100.0%	258
	20-24	16.6%	48.0%	35.4%	100.0%	223
	25-29	16.7%	39.7%	43.6%	100.0%	204
	30-34	22.6%	35.0%	42.4%	100.0%	177
	35-39	23.0%	39.6%	37.4%	100.0%	187
	40-44	17.6%	38.5%	44.0%	100.0%	91
	45-49	14.0%	44.1%	41.9%	100.0%	93
	50-54	24.6%	44.6%	30.8%	100.0%	65
	55-59	13.2%	57.9%	28.9%	100.0%	38
	60-64	16.7%	52.4%	31.0%	100.0%	42
	65-69	19.2%	50.0%	30.8%	100.0%	26
	70+	17.3%	50.0%	32.7%	100.0%	52
	Total	18.5%	43.5%	37.9%	100.0%	1,456

Table 5.2.3.5: Attitude of women on Local decision makers and institutions using participatory gender sensitive approaches to development, planning and budgeting

		25.3.5 Goals set to support women and girls empowerment are implemented				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
	Kinondoni	24.9%	40.8%	34.3%	100.0%	201
	Kigoma rural	23.3%	36.4%	40.3%	100.0%	206
	Kahama	28.8%	29.8%	41.4%	100.0%	396
	Magu	13.8%	41.8%	44.4%	100.0%	196
	Missungwi	15.7%	34.3%	50.0%	100.0%	242
	Micheweni	12.4%	42.7%	44.9%	100.0%	225
	Total	20.8%	36.6%	42.6%	100.0%	1,466
Highest education level						
	Primary Education	21.7%	32.1%	46.2%	100.0%	745
	Secondary Education	19.2%	36.4%	44.4%	100.0%	198
	Tertiary Education	11.1%	44.4%	44.4%	100.0%	9
	Never Attended	20.2%	43.0%	36.8%	100.0%	514
	Total	20.8%	36.6%	42.6%	100.0%	1,466
Age Group						
	15-19	19.4%	38.0%	42.6%	100.0%	258
	20-24	17.5%	35.0%	47.5%	100.0%	223
	25-29	22.5%	35.3%	42.2%	100.0%	204
	30-34	21.5%	32.8%	45.8%	100.0%	177
	35-39	24.6%	32.1%	43.3%	100.0%	187
	40-44	16.5%	30.8%	52.7%	100.0%	91
	45-49	23.7%	33.3%	43.0%	100.0%	93
	50-54	21.5%	52.3%	26.2%	100.0%	65
	55-59	26.3%	39.5%	34.2%	100.0%	38
	60-64	11.9%	57.1%	31.0%	100.0%	42
	65-69	26.9%	46.2%	26.9%	100.0%	26
	70+	19.2%	40.4%	40.4%	100.0%	52
	Total	20.7%	36.5%	42.8%	100.0%	1,456

Table 5.2.4: Attitude of women on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

Statements	I Don't Agree	I am not Sure	I Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
25.4.1 WAGE staff actively participating in gender networks at the national level	8.9%	50.9%	40.2%	100.0%	2	1,466
25.4.2 Number of emerging women empowerment and equality issues from the target communities shared with relevant national stakeholders	15.1%	36.4%	48.5%	100.0%	2	1,466
25.4.3 Stakeholders are sharing success stories about women and girls empowerment	15.1%	45.8%	39.1%	100.0%	2	1,466
25.4.4 Other stakeholders are engaged in women and girls' empowerment and gender equality from local and at national and levels.	11.9%	42.3%	45.8%	100.0%	2	1,466

Table 5.2.4.1: Attitude of women on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

		25.4.1 WAGE staff actively participating in gender networks at the national level				
		I Don't Agree	I am not Sure	I Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kinondoni	11.9%	57.7%	30.3%	100.0%	201
	Kigoma rural	15.0%	56.3%	28.6%	100.0%	206
	Kahama	11.6%	42.7%	45.7%	100.0%	396
	Magu	2.6%	38.8%	58.7%	100.0%	196
	Missungwi	7.4%	58.7%	33.9%	100.0%	242
	Micheweni	2.7%	56.4%	40.9%	100.0%	225
	Total	8.9%	50.9%	40.2%	100.0%	1,466
Highest education level	Primary	9.0%	48.1%	43.0%	100.0%	745
	Secondary	7.6%	53.0%	39.4%	100.0%	198
	Tertiary	11.1%	44.4%	44.4%	100.0%	9
	Never Attended	9.1%	54.3%	36.6%	100.0%	514
	Total	8.9%	50.9%	40.2%	100.0%	1,466
Age Group	15-19	9.7%	48.8%	41.5%	100.0%	258
	20-24	11.7%	51.1%	37.2%	100.0%	223
	25-29	6.9%	50.0%	43.1%	100.0%	204
	30-34	5.1%	49.7%	45.2%	100.0%	177
	35-39	9.1%	50.8%	40.1%	100.0%	187
	40-44	4.4%	46.2%	49.5%	100.0%	91
	45-49	11.8%	50.5%	37.6%	100.0%	93
	50-54	13.8%	49.2%	36.9%	100.0%	65
	55-59	5.3%	68.4%	26.3%	100.0%	38
	60-64	4.8%	64.3%	31.0%	100.0%	42
	65-69	23.1%	46.2%	30.8%	100.0%	26
	70+	7.7%	51.9%	40.4%	100.0%	52
	Total	8.9%	50.7%	40.5%	100.0%	1,456

Table 5.2.4.2: Attitude of women on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

		25.4.2 Number of emerging women empowerment and equality issues from the target communities shared with relevant national stakeholders				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	13.9%	24.9%	61.2%	100.0%	201
	Kigoma rural	28.2%	44.2%	27.7%	100.0%	206
	Kahama	21.2%	35.4%	43.4%	100.0%	396
	Magu	6.6%	29.1%	64.3%	100.0%	196
	Missungwi	9.5%	36.0%	54.5%	100.0%	242
	Micheweni	7.1%	48.0%	44.9%	100.0%	225
	Total	15.1%	36.4%	48.5%	100.0%	1,466
Highest education level	Primary Education	16.2%	32.5%	51.3%	100.0%	745
	Secondary Education	11.6%	31.3%	57.1%	100.0%	198
	Tertiary Education	11.1%	44.4%	44.4%	100.0%	9
	Never Attended	15.0%	43.8%	41.2%	100.0%	514
	Total	15.1%	36.4%	48.5%	100.0%	1,466
Age Group	15-19	13.6%	34.1%	52.3%	100.0%	258
	20-24	9.9%	36.8%	53.4%	100.0%	223
	25-29	17.6%	27.5%	54.9%	100.0%	204
	30-34	16.4%	35.6%	48.0%	100.0%	177
	35-39	19.3%	34.2%	46.5%	100.0%	187
	40-44	12.1%	39.6%	48.4%	100.0%	91
	45-49	19.4%	35.5%	45.2%	100.0%	93
	50-54	21.5%	43.1%	35.4%	100.0%	65
	55-59	7.9%	55.3%	36.8%	100.0%	38
	60-64	4.8%	50.0%	45.2%	100.0%	42
	65-69	26.9%	46.2%	26.9%	100.0%	26
	70+	13.5%	44.2%	42.3%	100.0%	52
	Total	15.1%	36.2%	48.7%	100.0%	1,456

Table 5.2.4.3: Attitude of women on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

		25.4.3 Stakeholders are sharing success stories about women and girls empowerment				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	19.9%	41.8%	38.3%	100.0%	201
	Kigoma rural	28.6%	50.5%	20.9%	100.0%	206
	Kahama	18.4%	41.2%	40.4%	100.0%	396
	Magu	7.1%	46.4%	46.4%	100.0%	196
	Missungwi	8.7%	44.2%	47.1%	100.0%	242
	Micheweni	6.7%	54.2%	39.1%	100.0%	225
	Total	15.1%	45.8%	39.1%	100.0%	1,466
Highest education level						
	Primary Education	16.8%	40.7%	42.6%	100.0%	745
	Secondary Education	12.6%	42.9%	44.4%	100.0%	198
	Tertiary Education	22.2%	33.3%	44.4%	100.0%	9
	Never Attended	13.6%	54.5%	31.9%	100.0%	514
	Total	15.1%	45.8%	39.1%	100.0%	1,466
Age Group						
	15-19	15.1%	46.1%	38.8%	100.0%	258
	20-24	11.7%	40.8%	47.5%	100.0%	223
	25-29	15.2%	46.6%	38.2%	100.0%	204
	30-34	15.3%	40.7%	44.1%	100.0%	177
	35-39	15.5%	44.4%	40.1%	100.0%	187
	40-44	15.4%	44.0%	40.7%	100.0%	91
	45-49	24.7%	40.9%	34.4%	100.0%	93
	50-54	13.8%	55.4%	30.8%	100.0%	65
	55-59	13.2%	65.8%	21.1%	100.0%	38
	60-64	9.5%	59.5%	31.0%	100.0%	42
	65-69	23.1%	50.0%	26.9%	100.0%	26
	70+	17.3%	46.2%	36.5%	100.0%	52
	Total	15.2%	45.4%	39.4%	100.0%	1,456

Table 5.2.4.4: Attitude of women on WAGE contributes to learning and action on women and girls' empowerment and gender equality at national and international levels

		25.4.4 Other stakeholders are engaged in women and girls' empowerment and gender equality from local and at national and levels.				
		I Don't Agree	I am not Sure	I Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kinondoni	10.0%	39.8%	50.2%	100.0%	201
	Kigoma rural	21.4%	49.5%	29.1%	100.0%	206
	Kahama	17.4%	39.1%	43.4%	100.0%	396
	Magu	1.5%	45.9%	52.6%	100.0%	196
	Missungwi	12.8%	40.5%	46.7%	100.0%	242
	Micheweni	3.6%	42.2%	54.2%	100.0%	225
	Total	11.9%	42.3%	45.8%	100.0%	1,466
Highest education level						
	Primary Education	13.0%	40.4%	46.6%	100.0%	745
	Secondary Education	7.6%	37.4%	55.1%	100.0%	198
	Tertiary Education	0.0%	33.3%	66.7%	100.0%	9
	Never Attended	12.3%	47.1%	40.7%	100.0%	514
	Total	11.9%	42.3%	45.8%	100.0%	1,466
Age Group						
	15-19	10.1%	42.2%	47.7%	100.0%	258
	20-24	10.8%	39.0%	50.2%	100.0%	223
	25-29	16.2%	39.7%	44.1%	100.0%	204
	30-34	10.7%	40.1%	49.2%	100.0%	177
	35-39	12.3%	42.8%	44.9%	100.0%	187
	40-44	9.9%	35.2%	54.9%	100.0%	91
	45-49	12.9%	39.8%	47.3%	100.0%	93
	50-54	16.9%	49.2%	33.8%	100.0%	65
	55-59	7.9%	60.5%	31.6%	100.0%	38
	60-64	14.3%	47.6%	38.1%	100.0%	42
	65-69	15.4%	53.8%	30.8%	100.0%	26
	70+	9.6%	48.1%	42.3%	100.0%	52
	Total	12.0%	42.0%	46.0%	100.0%	1,456

MEN SAGE: Table 6.1: Attitude of men on Improving access to and the quality of education for older girls

Statements	Disagree	Not Sure	Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
27.1.1 Rehabilitating infrastructure at COBET centers in disrepair will increase percentage and equality in accessing education for young girls and women.	2.1%	5.3%	92.6%	100.0%	3	188
27.1.2 Support by equipping centers with textbooks, library books and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunity;	2.7%	3.2%	94.1%	100.0%	3	188
27.1.3 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program.	4.3%	7.4%	88.3%	100.0%	3	188
27.1.4 Parents are prohibiting young girls from going to school for the purpose of getting wealth out of dowry.	61.2%	8.5%	30.3%	100.0%	1	188

Table 6.1.1: Attitude of men on Improving access to and the quality of education for older girls

		27.1.1 Rehabilitating infrastructure at COBET centers in disrepair will increase percentage and equality in accessing education for young girls and women.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	2.1%	5.3%	92.6%	100.0%	188
District	Total	2.1%	5.3%	92.6%	100.0%	188
Education	Primary	1.6%	4.1%	94.3%	100.0%	123
	Secondary	6.5%	6.5%	87.1%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	0.0%	9.7%	90.3%	100.0%	31
	Total	2.1%	5.3%	92.6%	100.0%	188

Table 6.1.2: Attitude of men on Improving access to and the quality of education for older girls

District		27.1.2 Support by equipping centers with textbooks, library books and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunity;				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	2.7%	3.2%	94.1%	100.0%	188
	Total	2.7%	3.2%	94.1%	100.0%	188
Education	Primary	4.1%	1.6%	94.3%	100.0%	123
	Secondary	0.0%	0.0%	100.0%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	0.0%	12.9%	87.1%	100.0%	31
	Total	2.7%	3.2%	94.1%	100.0%	188

Table 6.1.3: Attitude of men on Improving access to and the quality of education for older girls

District		27.1.3 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	4.3%	7.4%	88.3%	100.0%	188
	Total	4.3%	7.4%	88.3%	100.0%	188
Education	Primary	4.9%	6.5%	88.6%	100.0%	123
	Secondary	3.2%	3.2%	93.5%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	3.2%	16.1%	80.6%	100.0%	31
	Total	4.3%	7.4%	88.3%	100.0%	188

Table 6.1.4: Attitude of men on Improving access to and the quality of education for older girls

		27.1.4 Parents are prohibiting young girls from going to school for the purpose of getting wealth out of dowry.				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	61.2%	8.5%	30.3%	100.0%	188
	Total	61.2%	8.5%	30.3%	100.0%	188
Education	Primary	58.5%	8.1%	33.3%	100.0%	123
	Secondary	67.7%	9.7%	22.6%	100.0%	31
	Tertiary	66.7%	0.0%	33.3%	100.0%	3
	Never Attended	64.5%	9.7%	25.8%	100.0%	31
	Total	61.2%	8.5%	30.3%	100.0%	188

Table: Attitude of men on Improved access to SRH information and services

Statements	Disagree	Not Sure	Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
27.2.1 Reviewing and updating a reproductive health and life skills curriculum for adolescent girls is major factor to enhance SHR.	1.6%	4.8%	93.6%	100.0%	3	188
27.2.2 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program;	2.1%	6.9%	91.0%	100.0%	3	188
27.2.3 Training female teachers/ facilitators to act as mentors to girls and adolescents will propel change of attitude and behavioural change	5.9%	6.4%	87.8%	100.0%	3	188
27.2.4 There should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women.	4.3%	6.4%	89.4%	100.0%	3	188
27.2.5 Parents should be close and help young girls and women to suppress contradictions about reproductive health and HIV/AIDS.	4.8%	11.2%	84.0%	100.0%	3	188
27.2.6 Establishment of youth friendly support clinics and referral services, will build capacity among health service providers in assuming youth friendly attitudes.	1.1%	7.4%	91.5%	100.0%	3	188

Table 6.1.2.1: Attitude of men on Improved access to SRH information and services

District		27.2.1 Reviewing and updating a reproductive health and life skills curriculum for adolescent girls is major factor to enhance SHR.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	1.6%	4.8%	93.6%	100.0%	188
	Total	1.6%	4.8%	93.6%	100.0%	188
Education	Primary	2.4%	4.9%	92.7%	100.0%	123
	Secondary	0.0%	0.0%	100.0%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	0.0%	9.7%	90.3%	100.0%	31
	Total	1.6%	4.8%	93.6%	100.0%	188

Table 6.1.2.2: Attitude of men on Improved access to SRH information and services

District		27.2.2 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program;				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	2.1%	6.9%	91.0%	100.0%	188
	Total	2.1%	6.9%	91.0%	100.0%	188
Education	Primary	2.4%	6.5%	91.1%	100.0%	123
	Secondary	0.0%	6.5%	93.5%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	3.2%	9.7%	87.1%	100.0%	31
	Total	2.1%	6.9%	91.0%	100.0%	188

Table 6.1.2.3: Attitude of men on Improved access to SRH information and services

		27.2.3 Training female teachers/ facilitators to act as mentors to girls and adolescents will propel change of attitude and behavioural change				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	5.9%	6.4%	87.8%	100.0%	188
	Total	5.9%	6.4%	87.8%	100.0%	188
Education	Primary	8.1%	6.5%	85.4%	100.0%	123
	Secondary	0.0%	0.0%	100.0%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	3.2%	12.9%	83.9%	100.0%	31
	Total	5.9%	6.4%	87.8%	100.0%	188

Table 6.1.2.4: Attitude of men on Improved access to SRH information and services

		27.2.4 There should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women.				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	4.3%	6.4%	89.4%	100.0%	188
	Total	4.3%	6.4%	89.4%	100.0%	188
Education	Primary	3.3%	4.9%	91.9%	100.0%	123
	Secondary	6.5%	6.5%	87.1%	100.0%	31
	Tertiary	33.3%	0.0%	66.7%	100.0%	3
	Never Attended	3.2%	12.9%	83.9%	100.0%	31
	Total	4.3%	6.4%	89.4%	100.0%	188

Table 6.1.2.5: Attitude of men on Improved access to SRH information and services

		27.2.5 Parents should be close and help young girls and women to suppress contradictions about reproductive health and HIV/AIDS.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District						
District	Kahama	4.8%	11.2%	84.0%	100.0%	188
	Total	4.8%	11.2%	84.0%	100.0%	188
Education	Primary	4.1%	12.2%	83.7%	100.0%	123
	Secondary	6.5%	3.2%	90.3%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	6.5%	16.1%	77.4%	100.0%	31
	Total	4.8%	11.2%	84.0%	100.0%	188

Table 6.1.2.6: Attitude of men on Improved access to SRH information and services

		27.2.6 Establishment of youth friendly support clinics and referral services, will build capacity among health service providers in assuming youth friendly attitudes.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District						
District	Kahama	1.1%	7.4%	91.5%	100.0%	188
	Total	1.1%	7.4%	91.5%	100.0%	188
Education	Primary	1.6%	5.7%	92.7%	100.0%	123
	Secondary	0.0%	6.5%	93.5%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	0.0%	16.1%	83.9%	100.0%	31
	Total	1.1%	7.4%	91.5%	100.0%	188

Table: Attitude of men on Recognition of Transition from Childhood to Adulthood

Statements	Disagree	Not Sure	Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
27.3.1 During the process of formation (physical, emotional and cognitive changes), it is the most critical period when adolescents have a misconception about their own changes to adulthood.	1.1%	6.9%	92.0%	100.0%	3	188
27.3.2 Parents should responsibly help adolescents achieve independence by becoming informed about healthy adolescent development as well as by learning how to find supportive resources for assistance when necessary.	4.3%	6.4%	89.4%	100.0%	3	188
27.3.3 Adolescents are regularly communicating with their parents/ guardians and teachers on sexual and reproductive health issues.	1.1%	7.4%	91.5%	100.0%	3	188
27.3.4 Identified and documented little paid attention strong socio-cultural and religious barriers against young girls and women rights on SRHR/HIV/AIDS education taught at schools.	7.4%	11.2%	81.4%	100.0%	3	188
27.3.5 Promoting social networks for girls to help sort out their problems and express themselves in safe spaces is the key to enhance leadership skills.	4.8%	6.4%	88.8%	100.0%	3	188

Table6.1.3.1: Attitude of men on Recognition of Transition from Childhood to Adulthood

		27.3.1 During the process of formation (physical, emotional and cognitive changes), it is the most critical period when adolescents have a misconception about their own changes to adulthood.				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	1.1%	6.9%	92.0%	100.0%	188
	Total	1.1%	6.9%	92.0%	100.0%	188
Education	Primary	1.6%	4.9%	93.5%	100.0%	123
	Secondary	0.0%	3.2%	96.8%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	0.0%	19.4%	80.6%	100.0%	31
	Total	1.1%	6.9%	92.0%	100.0%	188

Table 6.1.3.2: Attitude of men on Recognition of Transition from Childhood to Adulthood

		27.3.2 Parents should responsibly help adolescents achieve independence by becoming informed about healthy adolescent development as well as by learning how to find supportive resources for assistance when necessary.				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	4.3%	6.4%	89.4%	100.0%	188
	Total	4.3%	6.4%	89.4%	100.0%	188
Education	Primary	4.9%	4.9%	90.2%	100.0%	123
	Secondary	0.0%	6.5%	93.5%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attend	6.5%	12.9%	80.6%	100.0%	31
	Total	4.3%	6.4%	89.4%	100.0%	188

Table 6.1.3.3: Attitude of men on Recognition of Transition from Childhood to Adulthood

		27.3.3 Adolescents are regularly communicating with their parents/ guardians and teachers on sexual and reproductive health issues.				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	1.1%	7.4%	91.5%	100.0%	188
	Total	1.1%	7.4%	91.5%	100.0%	188
Education	Primary	0.8%	7.3%	91.9%	100.0%	123
	Secondary	0.0%	3.2%	96.8%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	3.2%	12.9%	83.9%	100.0%	31
	Total	1.1%	7.4%	91.5%	100.0%	188

Table6.1.3.4: Attitude of men on Recognition of Transition from Childhood to Adulthood

District		27.3.4 Identified and documented little paid attention strong socio-cultural and religious barriers against young girls and women rights on SRHR/HIV/AIDS education taught at schools.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of men 15+ years
District	Kahama	7.4%	11.2%	81.4%	100.0%	188
	Total	7.4%	11.2%	81.4%	100.0%	188
Education	Primary	5.7%	12.2%	82.1%	100.0%	123
	Secondary	12.9%	3.2%	83.9%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	9.7%	16.1%	74.2%	100.0%	31
	Total	7.4%	11.2%	81.4%	100.0%	188

Table6.1.3.5: Attitude of men on Recognition of Transition from Childhood to Adulthood

District		27.3.5 Promoting social networks for girls to help sort out their problems and express themselves in safe spaces is the key to enhance leadership skills.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	
District	Kahama	4.8%	6.4%	88.8%	100.0%	188
	Total	4.8%	6.4%	88.8%	100.0%	188
Education	Primary	4.9%	7.3%	87.8%	100.0%	123
	Secondary	0.0%	0.0%	100.0%	100.0%	31
	Tertiary	0.0%	0.0%	100.0%	100.0%	3
	Never Attended	9.7%	9.7%	80.6%	100.0%	31
	Total	4.8%	6.4%	88.8%	100.0%	188

WOMEN SAGE: Table6.2: Attitude of women on Improving access to and the quality of education for older girls

Statements	Disagree	Not Sure	Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
27.1.1 Rehabilitating infrastructure at COBET centers in disrepair will increase percentage and equality in accessing education for young girls and women.	1.0%	6.3%	92.7%	100.0%	3	206
27.1.2 Support by equipping centers with textbooks, library books and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunity;	1.0%	3.4%	95.6%	100.0%	3	206
27.1.3 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program.	1.9%	9.7%	88.3%	100.0%	3	206
27.1.4 Parents are prohibiting young girls from going to school for the purpose of getting wealth out of dowry.	51.5%	11.2%	37.4%	100.0%	1	206

Table6.2.1: Attitude of women on Improving access to and the quality of education for older girls

		27.1.1 Rehabilitating infrastructure at COBET centers in disrepair will increase percentage and equality in accessing education for young girls and women.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	1.0%	6.3%	92.7%	100.0%	206
	Total	1.0%	6.3%	92.7%	100.0%	206
Highest education level	Primary Education	0.8%	5.9%	93.2%	100.0%	118
	Secondary Education	0.0%	8.3%	91.7%	100.0%	12
	Never Attended	1.3%	6.6%	92.1%	100.0%	76
	Total	1.0%	6.3%	92.7%	100.0%	206

Table 6.2.2: Attitude of women on Improving access to and the quality of education for older girls

		27.1.2 Support by equipping centers with textbooks, library books and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunity;				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	1.0%	3.4%	95.6%	100.0%	206
	Total	1.0%	3.4%	95.6%	100.0%	206
Highest education level	Primary Education	0.8%	1.7%	97.5%	100.0%	118
	Secondary Education	0.0%	0.0%	100.0%	100.0%	12
	Never Attended	1.3%	6.6%	92.1%	100.0%	76
	Total	1.0%	3.4%	95.6%	100.0%	206

Table 6.2.3: Attitude of women on Improving access to and the quality of education for older girls

		27.1.3 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program.				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	1.9%	9.7%	88.3%	100.0%	206
	Total	1.9%	9.7%	88.3%	100.0%	206
Highest education level	Primary Education	2.5%	6.8%	90.7%	100.0%	118
	Secondary Education	0.0%	0.0%	100.0%	100.0%	12
	Never Attended	1.3%	15.8%	82.9%	100.0%	76
	Total	1.9%	9.7%	88.3%	100.0%	206

Table 6.2.4: Attitude of women on Improving access to and the quality of education for older girls

		27.1.4 Parents are prohibiting young girls from going to school for the purpose of getting wealth out of dowry.				
		Disagree	Not Sure	Agree	Total	
District		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	51.5%	11.2%	37.4%	100.0%	206
	Total	51.5%	11.2%	37.4%	100.0%	206
Highest education level	Primary Education	52.5%	9.3%	38.1%	100.0%	118
	Secondary Education	50.0%	0.0%	50.0%	100.0%	12
	Never Attended	50.0%	15.8%	34.2%	100.0%	76
	Total	51.5%	11.2%	37.4%	100.0%	206

Table: Attitude of women on Improved access to SRH information and services

Statements	Disagree	Not Sure	Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
27.2.1 Reviewing and updating a reproductive health and life skills curriculum for adolescent girls is major factor to enhance SHR.	3.9%	12.6%	83.5%	100.0%	3	206
27.2.2 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centers is the key to sustainability of the program;	1.0%	13.1%	85.9%	100.0%	3	206
27.2.3 Training female teachers/ facilitators to act as mentors to girls and adolescents will propel change of attitude and behavioural change	4.9%	11.7%	83.5%	100.0%	3	206
27.2.4 There should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women.	2.9%	11.7%	85.4%	100.0%	3	206
27.2.5 Parents should be close and help young girls and women to suppress contradictions about reproductive health and HIV/AIDS.	2.4%	16.5%	81.1%	100.0%	3	206
27.2.6 Establishment of youth friendly support clinics and referral services, will build capacity among health service providers in assuming youth friendly attitudes.	1.5%	8.3%	90.3%	100.0%	3	206

Table6.2.2.1: Attitude of women on Improved access to SRH information and services

		27.2.1 Reviewing and updating a reproductive health and life skills curriculum for adolescent girls is major factor to enhance SHR.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District						
District	Kahama	3.9%	12.6%	83.5%	100.0%	206
	Total	3.9%	12.6%	83.5%	100.0%	206
Highest education level	Primary Education	4.2%	11.0%	84.7%	100.0%	118
	Secondary Education	0.0%	0.0%	100.0%	100.0%	12
	Never Attend	3.9%	17.1%	78.9%	100.0%	76
	Total	3.9%	12.6%	83.5%	100.0%	206

Table 6.2.2.2: Attitude of women on Improved access to SRH information and services

District		27.2.2 Enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centres is the key to sustainability of the program;				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	1.0%	13.1%	85.9%	100.0%	206
	Total	1.0%	13.1%	85.9%	100.0%	206
Highest education level	Primary Education	1.7%	9.3%	89.0%	100.0%	118
	Secondary Education	0.0%	8.3%	91.7%	100.0%	12
	Never Attended	0.0%	19.7%	80.3%	100.0%	76
	Total	1.0%	13.1%	85.9%	100.0%	206

Table 6.2.2.3: Attitude of women on Improved access to SRH information and services

District		27.2.3 Training female teachers/ facilitators to act as mentors to girls and adolescents will propel change of attitude and behavioural change				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	4.9%	11.7%	83.5%	100.0%	206
	Total	4.9%	11.7%	83.5%	100.0%	206
Highest education level	Primary Education	3.4%	7.6%	89.0%	100.0%	118
	Secondary Education	0.0%	8.3%	91.7%	100.0%	12
	Never Attend	7.9%	18.4%	73.7%	100.0%	76
	Total	4.9%	11.7%	83.5%	100.0%	206

Table 6.2.2.4: Attitude of women on Improved access to SRH information and services

District		27.2.4 There should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	2.9%	11.7%	85.4%	100.0%	206
	Total	2.9%	11.7%	85.4%	100.0%	206
Highest education level	Primary Education	3.4%	8.5%	88.1%	100.0%	118
	Secondary Education	0.0%	8.3%	91.7%	100.0%	12
	Never Attend	2.6%	17.1%	80.3%	100.0%	76
	Total	2.9%	11.7%	85.4%	100.0%	206

Table 6.2.2.5: Attitude of women on Improved access to SRH information and services

District		27.2.5 Parents should be close and help young girls and women to suppress contradictions about reproductive health and HIV/AIDS.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	2.4%	16.5%	81.1%	100.0%	206
	Total	2.4%	16.5%	81.1%	100.0%	206
Highest education level	Primary Education	3.4%	14.4%	82.2%	100.0%	118
	Secondary Education	8.3%	0.0%	91.7%	100.0%	12
	Never Attend	0.0%	22.4%	77.6%	100.0%	76
	Total	2.4%	16.5%	81.1%	100.0%	206

Table 6.2.2.6: Attitude of women on Improved access to SRH information and services

District		27.2.6 Establishment of youth friendly support clinics and referral services, will build capacity among health service providers in assuming youth friendly attitudes.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	1.5%	8.3%	90.3%	100.0%	206
	Total	1.5%	8.3%	90.3%	100.0%	206
Highest education level	Primary Education	1.7%	5.1%	93.2%	100.0%	118
	Secondary Education	0.0%	8.3%	91.7%	100.0%	12
	Never Attend	1.3%	13.2%	85.5%	100.0%	76
	Total	1.5%	8.3%	90.3%	100.0%	206

Table: Attitude of women on Recognition of Transition from Childhood to Adulthood

Statements	Disagree	Not Sure	Agree	Total		
	Row N %	Row N %	Row N %	Row N %	Median	Count
27.3.1 During the process of formation (physical, emotional and cognitive changes), it is the most critical period when adolescents have a Misconception about their own changes to adulthood.	2.4%	11.7%	85.9%	100.0%	3	206
27.3.2 Parents should responsibly help adolescents achieve independence by becoming informed about healthy adolescent development as well as by learning how to find supportive resources for assistance when necessary.	4.9%	8.3%	86.9%	100.0%	3	206
27.3.3 Adolescents are regularly communicating with their parents/ guardians and teachers on sexual and reproductive health issues.	3.4%	10.2%	86.4%	100.0%	3	206
27.3.4 Identified and documented little paid attention strong socio-cultural and religious barriers against young girls and women rights on SRHR /HIV/AIDS education taught at schools.	5.8%	14.1%	80.1%	100.0%	3	206
27.3.5 Promoting social networks for girls to help sort out their problems and express themselves in safe spaces is the key to enhance leadership skills.	3.9%	11.2%	85.0%	100.0%	3	206

Table6.2.3.1: Attitude of women on Recognition of Transition from Childhood to Adulthood

		27.3.1 During the process of formation (physical, emotional and cognitive changes), it is the most critical period when adolescents have a misconception about their own changes to adulthood.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	2.4%	11.7%	85.9%	100.0%	206
District	Total	2.4%	11.7%	85.9%	100.0%	206
Highest education level	Primary Education	2.5%	8.5%	89.0%	100.0%	118
	Secondary Education	0.0%	0.0%	100.0%	100.0%	12
	Never Attend	2.6%	18.4%	78.9%	100.0%	76
	Total	2.4%	11.7%	85.9%	100.0%	206

Table 6.2.3.2: Attitude of women on Recognition of Transition from Childhood to Adulthood

District		27.3.2 Parents should responsibly help adolescents achieve independence by becoming informed about healthy adolescent development as well as by learning how to find supportive resources for assistance when necessary.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	4.9%	8.3%	86.9%	100.0%	206
	Total	4.9%	8.3%	86.9%	100.0%	206
Highest education level	Primary Education	5.9%	4.2%	89.8%	100.0%	118
	Secondary Education	8.3%	0.0%	91.7%	100.0%	12
	Never Attend	2.6%	15.8%	81.6%	100.0%	76
	Total	4.9%	8.3%	86.9%	100.0%	206

Table 6.2.3.3: Attitude of women on Recognition of Transition from Childhood to Adulthood

District		27.3.3 Adolescents are regularly communicating with their parents/ guardians and teachers on sexual and reproductive health issues.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	3.4%	10.2%	86.4%	100.0%	206
	Total	3.4%	10.2%	86.4%	100.0%	206
Highest education level	Primary Education	4.2%	6.8%	89.0%	100.0%	118
	Secondary Education	0.0%	0.0%	100.0%	100.0%	12
	Never Attend	2.6%	17.1%	80.3%	100.0%	76
	Total	3.4%	10.2%	86.4%	100.0%	206

Table 6.2.3.4: Attitude of women on Recognition of Transition from Childhood to Adulthood

District		27.3.4 Identified and documented little paid attention strong socio-cultural and religious barriers against young girls and women rights on SRHR /HIV/AIDS education taught at schools.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	5.8%	14.1%	80.1%	100.0%	206
	Total	5.8%	14.1%	80.1%	100.0%	206
Highest education level	Primary Education	5.9%	10.2%	83.9%	100.0%	118
	Secondary Education	8.3%	0.0%	91.7%	100.0%	12
	Never Attended	5.3%	22.4%	72.4%	100.0%	76
	Total	5.8%	14.1%	80.1%	100.0%	206

Table 6.2.3.5: Attitude of women on Recognition of Transition from Childhood to Adulthood

District		27.3.5 Promoting social networks for girls to help sort out their problems and express themselves in safe spaces is the key to enhance leadership skills.				
		Disagree	Not Sure	Agree	Total	
		Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
District	Kahama	3.9%	11.2%	85.0%	100.0%	206
	Total	3.9%	11.2%	85.0%	100.0%	206
Highest education level	Primary Education	4.2%	10.2%	85.6%	100.0%	118
	Secondary Education	0.0%	0.0%	100.0%	100.0%	12
	Never Attended	3.9%	14.5%	81.6%	100.0%	76
	Total	3.9%	11.2%	85.0%	100.0%	206

SAGE GIRLS:

Table 7.1: Have you ever been informed about the various health status of a girl?

Background characteristics		104. Have you ever been informed about the various health status of a girl?		
		No	Yes	Total
		Row N %	Row N %	Row N %
District	Kahama	82.1%	17.9%	100.0%
	Total	82.1%	17.9%	100.0%
100. How old are you?	10 years	100.0%	0.0%	100.0%
	11 years	100.0%	0.0%	100.0%
	12 years	89.5%	10.5%	100.0%
	13 years	88.9%	11.1%	100.0%
	14 years	62.1%	37.9%	100.0%
	Total	82.1%	17.9%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	100.0%	0.0%	100.0%
	CLASS 5-7	73.8%	26.2%	100.0%
	SECONDARY EDUCATION	0.0%	100.0%	100.0%
	NEVER ATTENDED	100.0%	0.0%	100.0%
	Total	82.1%	17.9%	100.0%

7.2: Have you ever gone to a health facility for any health problem that concerned yourself?

Background characteristics		107. Have you ever gone to a health facility for any health problem that concerned yourself?		
		No	Yes	Total
		Row N %	Row N %	Row N %
District	Kahama	42.3%	57.7%	100.0%
	Total	42.3%	57.7%	100.0%
100. How old are you?	10 years	18.2%	81.8%	100.0%
	11 years	30.0%	70.0%	100.0%
	12 years	57.9%	42.1%	100.0%
	13 years	44.4%	55.6%	100.0%
	14 years	44.8%	55.2%	100.0%
	Total	42.3%	57.7%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	31.0%	69.0%	100.0%
	CLASS 5-7	50.0%	50.0%	100.0%
	SECONDARY EDUCATION	0.0%	100.0%	100.0%
	NEVER ATTENDED	75.0%	25.0%	100.0%
	Total	42.3%	57.7%	100.0%

7.3: In your opinion, do you think that the services that you got were satisfactory or not satisfactory?

Background characteristics		109. In your opinion, do you think that the services that you got were satisfactory?		
		SATISFACTORY	NOT SATISFACTORY	Total
		Row N %	Row N %	Row N %
District	Kahama	93.3%	6.7%	100.0%
	Total	93.3%	6.7%	100.0%
100. How old are you?	10 years	88.9%	11.1%	100.0%
	11 years	100.0%	0.0%	100.0%
	12 years	87.5%	12.5%	100.0%
	13 years	100.0%	0.0%	100.0%
	14 years	93.8%	6.3%	100.0%
	Total	93.3%	6.7%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	90.0%	10.0%	100.0%
	CLASS 5-7	100.0%	0.0%	100.0%
	SECONDARY EDUCATION	66.7%	33.3%	100.0%
	NEVER ATTENDED	100.0%	0.0%	100.0%
	Total	93.3%	6.7%	100.0%

7.4: In your opinion, how did you find the attitude of service providers, would you consider them to have been friendly?

Background characteristics		110. In your opinion, how did you find the attitude of service providers, would you consider them to have been friendly?			
		No	Yes	NO STAND/UNDECIDED	Total
		Row N %	Row N %	Row N %	Row N %
District	Kahama	6.7%	80.0%	13.3%	100.0%
	Total	6.7%	80.0%	13.3%	100.0%
100. How old are you?	10 years	11.1%	55.6%	33.3%	100.0%
	11 years	0.0%	85.7%	14.3%	100.0%
	12 years	0.0%	87.5%	12.5%	100.0%
	13 years	0.0%	100.0%	0.0%	100.0%
	14 years	12.5%	81.3%	6.3%	100.0%
	Total	6.7%	80.0%	13.3%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	5.0%	75.0%	20.0%	100.0%
	CLASS 5-7	4.8%	90.5%	4.8%	100.0%
	SECONDARY EDUCATION	33.3%	66.7%	0.0%	100.0%
	NEVER ATTENDED	0.0%	0.0%	100.0%	100.0%
	Total	6.7%	80.0%	13.3%	100.0%

7.5: During the last six months, have you ever talked to your parents/guardians on sexual and reproductive health issues?

Background characteristics		111. During the last six months, have you ever talked to your parents/guardians on sexual and reproductive health issues?		
		No	Yes	Total
		Row N %	Row N %	Row N %
District	Kahama	84.6%	15.4%	100.0%
	Total	84.6%	15.4%	100.0%
100. How old are you?	10 years	81.8%	18.2%	100.0%
	11 years	70.0%	30.0%	100.0%
	12 years	94.7%	5.3%	100.0%
	13 years	100.0%	0.0%	100.0%
	14 years	79.3%	20.7%	100.0%
	Total	84.6%	15.4%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	86.2%	13.8%	100.0%
	CLASS 5-7	83.3%	16.7%	100.0%
	SECONDARY EDUCATION	66.7%	33.3%	100.0%
	NEVER ATTENDED	100.0%	0.0%	100.0%
	Total	84.6%	15.4%	100.0%

7.6: Do you think that it is necessary to have youth centres dealing in issues such as sexual and reproductive health, sexually transmitted infections including HIV/AIDS?

Background characteristics		112. Do you think that it is necessary to have youth centres dealing in issues such as sexual and reproductive health, sexually transmitted infections including HIV/AIDS?		
		No	Yes	Total
		Row N %	Row N %	Row N %
District	Kahama	50.0%	50.0%	100.0%
	Total	50.0%	50.0%	100.0%
100. How old are you?	10 years	54.5%	45.5%	100.0%
	11 years	70.0%	30.0%	100.0%
	12 years	47.4%	52.6%	100.0%
	13 years	33.3%	66.7%	100.0%
	14 years	48.3%	51.7%	100.0%
	Total	50.0%	50.0%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	58.6%	41.4%	100.0%
	CLASS 5-7	42.9%	57.1%	100.0%
	SECONDARY EDUCATION	0.0%	100.0%	100.0%
	NEVER ATTENDED	100.0%	0.0%	100.0%
	Total	50.0%	50.0%	100.0%

7.7: Are you participating in these centres for the youth?

Background characteristics		113. Are you participating in these centres for the youth?			
		No	Yes	NO CENTRES FOR YOUTH	Total
		Row N %	Row N %	Row N %	Row N %
District	Kahama	56.4%	20.5%	23.1%	100.0%
	Total	56.4%	20.5%	23.1%	100.0%
100. How old are you?	10 years	54.5%	9.1%	36.4%	100.0%
	11 years	90.0%	10.0%	0.0%	100.0%
	12 years	57.9%	21.1%	21.1%	100.0%
	13 years	11.1%	44.4%	44.4%	100.0%
	14 years	58.6%	20.7%	20.7%	100.0%
	Total	56.4%	20.5%	23.1%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	62.1%	10.3%	27.6%	100.0%
	CLASS 5-7	52.4%	31.0%	16.7%	100.0%
	SECONDARY EDUCATION	33.3%	0.0%	66.7%	100.0%
	NEVER ATTENDED	75.0%	0.0%	25.0%	100.0%
	Total	56.4%	20.5%	23.1%	100.0%

7.8: Have you ever heard of an illness called AIDS?

Background characteristics		114. Have you ever heard of an illness called AIDS?		
		No	Yes	Total
		Row N %	Row N %	Row N %
District	Kahama	9.0%	91.0%	100.0%
	Total	9.0%	91.0%	100.0%
100. How old are you?	10 years	18.2%	81.8%	100.0%
	11 years	10.0%	90.0%	100.0%
	12 years	15.8%	84.2%	100.0%
	13 years	0.0%	100.0%	100.0%
	14 years	3.4%	96.6%	100.0%
	Total	9.0%	91.0%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	17.2%	82.8%	100.0%
	CLASS 5-7	2.4%	97.6%	100.0%
	SECONDARY EDUCATION	0.0%	100.0%	100.0%
	NEVER ATTENDED	25.0%	75.0%	100.0%
	Total	9.0%	91.0%	100.0%

7.9: Do you identify yourself as a girl?

Background characteristics		118. Do you identify yourself as a girl?		
		No	Yes	Total
		Row N %	Row N %	Row N %
District	Kahama	14.1%	85.9%	100.0%
	Total	14.1%	85.9%	100.0%
100. How old are you?	10 years	18.2%	81.8%	100.0%
	11 years	20.0%	80.0%	100.0%
	12 years	15.8%	84.2%	100.0%
	13 years	0.0%	100.0%	100.0%
	14 years	13.8%	86.2%	100.0%
	Total	14.1%	85.9%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	20.7%	79.3%	100.0%
	CLASS 5-7	7.1%	92.9%	100.0%
	SECONDARY EDUCATION	0.0%	100.0%	100.0%
	NEVER ATTENDED	50.0%	50.0%	100.0%
	Total	14.1%	85.9%	100.0%

7.10: Have you ever asked your parents/guardians to tell you about physical changes/signs which you can easily identify?

Background characteristics		119. Have you ever asked your parents/guardians to tell you about physical changes/signs which you can easily identify?		
		No	Yes	Total
		Row N %	Row N %	Row N %
District	Kahama	85.9%	14.1%	100.0%
	Total	85.9%	14.1%	100.0%
100. How old are you?	10 years	90.9%	9.1%	100.0%
	11 years	80.0%	20.0%	100.0%
	12 years	94.7%	5.3%	100.0%
	13 years	88.9%	11.1%	100.0%
	14 years	79.3%	20.7%	100.0%
	Total	85.9%	14.1%	100.0%
103. What is the highest level of school you attended?	CLASS 1-4	89.7%	10.3%	100.0%
	CLASS 5-7	83.3%	16.7%	100.0%
	SECONDARY EDUCATION	66.7%	33.3%	100.0%
	NEVER ATTENDED	100.0%	0.0%	100.0%
	Total	85.9%	14.1%	100.0%

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
5: Participation in Decision-Making: Indicator 1	<p>15. Do you think women have the right to participate in decision making bodies in the community? If yes or no – <i>probe, why?</i></p> <p>16. Do women participate in decision making in your community? If yes, is the participation and representation significant? <i>Probe, why?</i></p> <p>17. Women who are participating in these decision making bodies, are they affected in any way? <i>Probe</i></p>	<p>⇒ Medical institutions and NGO’s provide such relief services, food, tents, soap, etc</p> <p>⇒ Women understands their rights in participating in decision making</p> <p>⇒ Gender balancing is taken into consideration</p> <p>⇒ Large number of women do not appreciate fellow women participation</p> <p>⇒ Nothing is impossible, women are capable of expressing themselves the only problem is lack of education and confidence</p> <p>⇒ Some women lack confidence – but are capable of leading others</p> <p>⇒ Women participate in national to village levels – only men should give them support</p> <p>⇒ Women participation has increased</p> <p>⇒ Men are still very powerful</p> <p>⇒ Religions contribute to this but the govt sensitizes women in decision making</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>
6: Participation in Decision-making: Indicator 2	<p>18. Do you agree or disagree on women social inclusion in the community?</p> <p>19. With this regard, does the society perceive this is a way to empower a woman to the helm of societal rights? This can well be referred to in the case of Tanzania: <i>a) Special seat of women</i></p>	<p>⇒ Govt did the right thing in giving equal opportunities to women as men</p> <p>⇒ Women are capable and representing</p> <p>⇒ Women should be given equal chances with men to compete rather than being allocated special seats</p> <p>⇒ Some women humiliate men after been allocated these special positions – especially after being favoured</p> <p>⇒ Women participation in decision making should be handled with caution –</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p>	<p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<p><i>positioning starting from Ward to Parliament;</i></p> <p>b) <i>Ministerial positions and functionary position in the high echelons of the government structure;</i></p> <p>c) <i>Preference slots in education including special conditions and privileges in attaining such status.</i></p> <p>20. If a woman is chosen for position in the society, what is the immediate reaction and feeling of the general community and the respective candidate?</p> <p>a) <i>Does she feel secure with the position holding against community reprisal?</i></p> <p>b) <i>What is your experience with such a situation in the village or district? Do you have any special case which can be related to such incidence?</i></p> <p>21. What are the community feelings on women participation? Ask for examples of each statement to be told in the women's own words.</p>	<p>participation should be equal</p> <p>⇒ Women are capable if given an opportunity to serve</p> <p>⇒ Men should be educated to let women be free by participating in decision making</p> <p>⇒ Men are causal factor for women backwardness (due to jealousy)</p> <p>⇒ Women support fellow women in taking up responsibilities – as long as they execute them accordingly</p> <p>⇒ Yes, women are capable in making decisions</p> <p>⇒ Women give responsibilities are doing very well, <i>for example, women parliamentarians are doing well when it comes into taking Govt to task – a good example is Hon. Anna Kilango, MP for SAME west constituency.</i></p>			<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
7: Sexual and Reproductive Health and Rights: Indicator 1	Moderator should ask for SRHR services provided in the community. 22. Are they satisfied with the services provided on SRHR? If yes or no – why? Probe for key issues like ‘what happened when they attended clinic/ health centre?’ and whether the respondent has actually visited the clinic or health centre.	<ul style="list-style-type: none"> ⇒ Services available include, vaccination, clinic for pregnant women, antenatal, postnatal, family planning, VCT, counselling, etc ⇒ Services provided are not up to standard, <i>for example, nurse leaving patients to go to buy meat, patients have to wait for hours. Lack of lab equipments – forced to travel very far to get lab services; Asked to pay for free services and increased number of patients</i> ⇒ Qualified medical personnel are not very committed – they are just looking for jobs ⇒ Household have now started talking about SRHR issues ⇒ Family planning issues are practised within families ⇒ Services provided by govt hospitals differs from private hospitals ⇒ Hospital personnel sometimes use harsh languages to patients ⇒ Department of health services are poor ⇒ Health Boards are not very strong, they are just there doing nothing ⇒ Suggestion boxes found in health centres are not that effective 	* *	* * *	* * * *
8: Sexual and Reproductive Health and	23. Service Delivery Checklist: the following areas are considered vital to				

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	24. Do you find it easy to share your health problems with your husband? If so, what is the general response to solving such problems?	<ul style="list-style-type: none"> ⇒ Trained nurses are available ⇒ Need for H/Holds to discuss these issues 	*		*
	25. Most of the basic health care services are provided by the government in the country, do you think that the services provided are satisfactorily being delivered? Would a fee or charge to service delivery reduce the number of patients attending such services? What is your suggestion to improve such services if you are not satisfied with current arrangements?	<ul style="list-style-type: none"> ⇒ Services provided are not satisfactory ⇒ Fees charged cannot be compared to services provided ⇒ Community participation in development activities including health services ⇒ Development plans should be bottom-up and top-down as currently done ⇒ Full participation in developmental issues ⇒ Population and number of medical staff does not correspond ⇒ Lack of medical equipments & tools <p>Suggestions for improvement:</p> <ul style="list-style-type: none"> ⇒ Expansion of laboratory services ⇒ Expansion of the health centre ⇒ Increase number of medical personnel ⇒ Some participants have attended such trainings and disseminate information 	*	*	*
	26. The government has been conducting advocacy in various dimension to ensure the rights of women and girls get to equal access to educational information on the health and well	<ul style="list-style-type: none"> ⇒ Pregnant women are trained on how to prevent HIV transmission to unborn child (PMCTC) ⇒ Training/sensitizations does not help in curbing HIV infections due to the 			*

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	being of families, including information and advice on reproductive health, including family planning and prevention and treatment of sexually transmissible infections? How many times have you attended such sessions? If, not what why? If yes do you think that they are useful? Have they contributed to change in attitude about beliefs and perceptions of community towards women rights to such information?	<p>current economic situations, especially to single women</p> <p>⇒ Media is trying to educate people about several health matters, including HIV. The issue here is people don't want to change their behaviours.</p>			
9: Elimination of Gender Based Violence	NO GBV qualitative Information is to be collected – Only quantitative information is required				

Reporting Template for Kigoma Rural District

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
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Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
1: Policy – (Cross Cutting Indicator)	1. Do you think that the existing policies regarding women empowerment address the various issues in respect to their situation in the country? What is the real situation in the district and village and many other development aspects? These include, for example education, work related initiatives, basic rights to various household activities, marital status, role of players on policy advocacy and many of the like.	<ul style="list-style-type: none"> ⇒ Not sure if these policies are implemented or not, they just heard of existence of these policies from the government and media but do not have the details. ⇒ Not implemented, only mentioned ⇒ Aware of law that protect women from being harassed ⇒ Awareness of policies on women empowerment – this includes rights to own land/properties and inheritance. ⇒ Rights to women to participate in decision making meetings ⇒ They know them but do not understand how they work and implementation follow-up is minimal. ⇒ Policies are known but not properly implemented eg the society does not accept notion of letting women to be leaders ⇒ Lack of education reason behind failure of women in leadership ⇒ Not properly implemented as some women are not ready to share their income with the family 	*	*	*	* * * *
2: Attitude (Cross Cutting Indicator)	2. Are you aware of any attitudes of men and women towards women’s empowerment? <i>Ask them to list these attitudes – and probe, what</i>	<ul style="list-style-type: none"> ⇒ Small income makes empowering woman not easy ⇒ Only few in the society are ready to empower women, most are do not 		* *		*

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
	<p><i>women and men say about empowerment and women empowerment in particular!</i></p> <p>3. Why people have attitudes they do, how these attitudes play out in relationships? Where do they come from and what effect of these attitudes is (and who is affected most?)</p>	<p>want their women to engage in economic activities to increase family income</p> <ul style="list-style-type: none"> ⇒ Existing system make men to have inferior complexity, they believe that empowering women will make women oppressive ⇒ Many women get capital to start business from their husband ⇒ They know nothing of women empowerment ⇒ Men oppress women, they denied them participation in business for fear of woman be much know and be looked down by the society ⇒ Men do accept that empowering women is a good thing but fear of them going against men ⇒ Empowered women tend to build kiburi ⇒ Main obstacle is culture and norms ⇒ Educate women so that they can participate well in business and other development activities ⇒ Obstacle is poverty in the family ⇒ The most affected are men and children, there are incidences of some men committing suicide 	<p>*</p> <p>*</p> <p>*</p>	<p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p>
<p>3: Economic Security: Indicator 1</p>	<p>4. Does the household owns or have access to any assets? i. Who decides whether to</p>	<ul style="list-style-type: none"> ⇒ Yes, households owns and have access to assets ⇒ Joint decision on buying/selling 	<p>*</p> <p>*</p>	<p>*</p> <p>*</p>	<p>*</p>	<p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
	<p>buy or sell the assets? If assets are sold or bought who controls the proceeds or usage? Why?</p> <p>ii. Is property ownership liberal in the society?</p> <p>5. In this regard if liberal ownership of assets is practiced, can women make decision to; purchase or if jointly done who would have the mandate to propose, receive and use the proceeds?</p> <p>6. In case of divorce, death or separation, does the liberal ownership remain intact when facing the spouse confrontation in distribution and retention of jointly owned assets?</p>	<p>family assets</p> <ul style="list-style-type: none"> ⇒ Owned by men only ⇒ Property ownership decisions are jointly made but polygamy tend to destroy family properties ⇒ Decisions are made by head of the family (man) ⇒ Women not involved in decisions making and use of proceeds ⇒ Proceeds from selling family assets are jointly owned but controlled by men ⇒ Women have right to inherit family properties when husbands died ⇒ Most men do not want be asked anything concerning selling of family property ⇒ Widows who have not be blessed with kid/s in their marriage are not allowed to inherit family properties ⇒ Woman has right only on deciding what to cook from what is available in the house ⇒ In some families each one own his/her own farm and selling of farm products is done individually ⇒ Women are involved in neither decisions making nor budgeting. If she buy anything without husband knowing, she has to explain where she got it ⇒ The whole society oppress women, 	<p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
		<p>they don't have a place to present their complains</p> <p>⇒ Families blessed with peace implies husband has been be witched by wife</p> <p>⇒ When husbands die, women are chased away by in-laws/ husbands relatives, have no chance of inheriting</p> <p>⇒ Women inherit only if she was blessed with children with her deceased husband, and properties inherited property belongs to the mother and children</p>	<p>*</p> <p>*</p>		<p>*</p>	
<p>4: Economic Security: Indicator 2</p>	<p>7. What are economic shocks that happen or have happened in your area for the last 12 months – one year? How long did it last?</p> <p>8. What has been the long- lasting effect?</p> <p>9. What coping strategies did you use? <i>List the coping strategies</i></p> <p>10. How do you cope with these kinds of economic shocks?</p> <p>11. Do the economic shocks you have mentioned affect men and women in the households differently? <i>Probe, how and why?</i></p>	<p>⇒ One day strong winds that destroyed houses and make people homeless</p> <p>⇒ Two weeks locusts invasion that destruct crops in the field</p> <p>⇒ Snails and some black insects which destroyed beans in the field</p> <p>⇒ Two incidences of typhoon, which destroyed houses</p> <p>⇒ Shocks that occurred in November and January</p> <p>⇒ Floods that affected large area</p> <p>⇒ Got relieves from the church for those affected by typhoon</p> <p>⇒ Delay in sowing beans</p> <p>⇒ When beans run out of stock, now</p>	<p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
	<p>12. Do men and women use available resources differently to deal with economic shocks? <i>Probe, how?</i></p> <p>13. If you may recall, which kinds of shocks have been the most difficult to cope with? <i>Probe, why?</i></p> <p>14. Does the village provide any support in economic shocks? If yes, what kind of support? (<i>Ask them to name them</i>)</p>	<p>they are taking vegetables and sardines</p> <p>⇒ Thieves incidences in the farms and homes</p> <p>⇒ Food shortage that forced prices of food staff up, eg price of a tin of maize went up to TZS 10,000/-</p> <p>⇒ Households get one meal per day and children not able to attend school because of hunger</p> <p>⇒ School children suspended from attending classes due to lack of school fee</p> <p>⇒ Fever outbreak</p> <p>⇒ Most have sold their farms</p> <p>⇒ The whole family was affected but most were the women and children</p> <p>⇒ Most affected are women</p> <p>⇒ Men are the ones deciding on ways of dealing with shocks</p> <p>⇒ Work on others field to get income for their daily needs</p> <p>⇒ Borrow from neighbours to meet household needs</p> <p>⇒ Sold livestock and farm products stocked for family consumption to meet effects of disaster</p> <p>⇒ No cash support received from</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>*</p> <p>*</p> <p>*</p>	<p></p> <p>*</p> <p></p> <p></p> <p>*</p> <p></p> <p>*</p> <p></p> <p>*</p> <p></p>	<p></p> <p></p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p></p> <p></p> <p></p> <p></p> <p>*</p> <p>*</p> <p></p> <p></p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
		village authorities; just listing the names of affected families/helping the survivors out of the affected areas	*	*	*	*
5: Participation in Decision- Making: Indicator 1	<p>15. Do you think women have the right to participate in decision making bodies in the community? If yes or no – <i>probe, why?</i></p> <p>16. Do women participate in decision making in your community? If yes, is the participation and representation significant? <i>Probe, why?</i></p> <p>17. Women who are participating in these decision making bodies, are they affected in any way? <i>Probe</i></p>	<p>⇒ Yes have all rights, to give them chance of expressing themselves</p> <p>⇒ In the past used to be observers, but now they do participate in all committees, though it is only for those who have obtained training</p> <p>⇒ Women know their rights that is why they are given leadership positions, allowed to give their views in meetings and listened</p> <p>⇒ Women have equal rights as men to participate in decision making since their views can guide community bodies to give out decisions that are more in favour of women</p> <p>⇒ Society has positive attitude to women participation in decision making</p> <p>⇒ Yes, they participate but not listened</p> <p>⇒ Those participating are considered bad mannered</p> <p>⇒ Others believe that those women who talk too much are educated</p>	*	*	*	*
6:	18. Do you agree or disagree on	⇒ Society agree, it is a normal practice	*	*	*	

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
Participation in Decision-making: Indicator 2	<p>women social inclusion in the community?</p> <p>19. With this regard, does the society perceive this is a way to empower a woman to the helm of societal rights? This can well be referred to in the case of Tanzania:</p> <p>d) <i>Special seat of women positioning starting from Ward to Parliament;</i></p> <p>e) <i>Ministerial positions and functionary position in the high echelons of the government structure;</i></p> <p>f) <i>Preference slots in education including special conditions and privileges in attaining such status.</i></p> <p>20. If a woman is chosen for position in the society, what is the immediate reaction and feeling of the general community and the respective candidate?</p> <p>c) <i>Does she feel secure with the position holding against community reprisal?</i></p> <p>d) <i>What is your experience with such a situation in the</i></p>	<p>⇒ Women are good implementers and do bring challenges in convincing the society</p> <p>⇒ Those who participate should continue to do so even if their views are ignored</p> <p>⇒ Courageous women when empowered and given leadership skills are capable of leading.</p> <p>⇒ Women are capable if given an opportunity to serve. Positively support on giving leadership positions to women, <i>for example, women parliamentarians are doing well when it comes into taking Govt to task – a good example is Hon. Anna Kilango, MP for SAME west constituency and Late Amina Chifupa.</i></p> <p>⇒ Experience shows that women are good leaders when given chance</p> <p>⇒ Empowering women brings benefits to the society eg soap making business</p> <p>⇒ A woman leader must be a good example for others to copy from.</p> <p>⇒ Support allocation of special seats to women as it enables women to get representatives in national level</p>	<p>*</p>	<p>*</p>	<p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
	<ul style="list-style-type: none"> • <i>Antenatal screening and care</i> • <i>Postnatal care</i> • <i>Hospitals, clinics or birthing centres where a woman can give birth assisted by skilled health personnel (doctor, nurse, mid-wife) or a trained TBA.</i> <p>24. Do you find it easy to share your health problems with your husband? If so, what is the general response to solving such problems?</p> <p>25. Most of the basic health care services are provided by the government in the country, do you think that the services provided are satisfactorily being delivered? Would a fee or charge to service delivery reduce the number of patients attending such services? What is your suggestion to improve such services if you are not satisfied with current</p>	<ul style="list-style-type: none"> ⇒ Use of family planning tablets too minimal ⇒ Postnatal services are available ⇒ Buy medicine from pharmacy ⇒ No STIs treatment services available, even for HIV/AIDS services they have to go to regional hospital ⇒ STIs exist and people buy medicine from the pharmacy to treat themselves ⇒ STIs do not exist ⇒ No HIV/AIDS testing services, only personal efforts ⇒ HIV/AIDS testing services are available but don't have knowledge of protective methods ⇒ Men have no family planning education. They asked, what is the government plans on providing this education to men? ⇒ Women do testing when they are pregnant but men reluctant to do so ⇒ Men are ready for neither HIV/AIDS testing nor use condoms ⇒ Most husbands and wives are not ready to discuss together issues related to HIV/AIDS/health issues ⇒ Men are reluctant to discuss/receive advice on health matters with anybody ⇒ Discussions take place but on family 	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>*</p> <p>*</p> <p>*</p>	<p></p> <p>*</p> <p></p> <p>*</p> <p></p> <p></p> <p></p> <p>*</p> <p></p>	<p>*</p> <p></p> <p>*</p> <p>*</p> <p>*</p> <p></p> <p>*</p> <p></p>	<p></p> <p></p> <p>*</p> <p></p> <p></p> <p>*</p> <p></p> <p></p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
	<p>arrangements?</p> <p>26. The government has been conducting advocacy in various dimension to ensure the rights of women and girls get to equal access to educational information on the health and well being of families, including information and advice on reproductive health, including family planning and prevention and treatment of sexually transmissible infections? How many times have you attended such sessions? If, not what why? If yes do you think that they are useful? Have they contributed to change in attitude about beliefs and perceptions of community towards women rights to such information?</p>	<p>planning women do not like</p> <ul style="list-style-type: none"> ⇒ Education on HIV/AIDS has to be massively given to the society from the family level not only to well-known people ⇒ Education provided in the clinic is for pregnant women to do HIV Testing ⇒ Some women after giving birth the opt for family planning methods ⇒ Not easy to share health problems with wives ⇒ Not easy to share health problems with husband ⇒ Health care services provided by government are not satisfactory, medicine are not available ⇒ Population and number of medical staff does not correspond ⇒ Though paying for health services, they are still required to buy medicine from pharmacies ⇒ Services provided by Pamila dispensary are not satisfactory. Kisesa/Maweni Hosp is the one with good services. ⇒ Fees charged cannot be compared to services provided due to unavailability of some medicines. People are advices to obtain them from pharmacies ⇒ No such sessions do exist, nor one is 	<p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 M	FGD4 W&M
		<p>accountable to make sure they take place</p> <ul style="list-style-type: none"> ⇒ Cash strapped people cannot go to dispensaries ⇒ Lack of laboratory equipments make treatment more of guessing <p>Suggestions for improvement:</p> <ul style="list-style-type: none"> ⇒ Improvement needed in area of medicine availability and number of medical personnel ⇒ Involved in family planning education programs ⇒ Pamila area be provided with health centre ⇒ Be provided with needed laboratory equipments, enough medical practitioners, and transport service to the health centre ⇒ Short term trainings on HIV/AIDS ⇒ Small portion of the population received training leading to no change in the society. The speed of HIV/AIDS spread is still large. 	*		*	* *
9: Elimination of Gender Based Violence	NO GBV qualitative Information is to be collected – Only quantitative information is required					

Note: FGD 1 and 3 = Pamila Village
FGD 2 and 4 = Kazaramimba Village

Reporting Template for Missungwi District

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
1: Policy – (Cross Cutting Indicator)	1. Do you think that the existing policies regarding women empowerment address the various issues in respect to their situation in the country? What is the real situation in the district and village and many other development aspects? These include, for example education, work related initiatives, basic rights to various household activities, marital status, role of players on policy advocacy and many of the like.	<ul style="list-style-type: none"> ⇒ They don't know them, they have just heard from the radio, the government advocating against traditions which oppress women (women having no right for inheritance, in decision making and choosing husband) ⇒ Heard of these policies from the media and people from Misungwi district and in the village. ⇒ Have heard of these policies from the media. Policies heard include; equal rights to all ⇒ Women have no equal rights as men due to unequal distribution of labour. At household level, women do more work with little assistance from men. ⇒ Women rights include: Not be oppressed by men – given their needs, allowed to do business and men to stop bullying women ⇒ Due to jealous, beer and greed men tend to fear that once women are empowered will do bad to them. ⇒ Men have decision making power, consulting wife is not important 	<p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
		<ul style="list-style-type: none"> ⇒ Women do not get their rights as in sukuma culture, woman have no say on man. They are always oppressed ⇒ No other organization than CARE have been providing education on equal rights to women ⇒ Traditions and culture like bride price contributes to women oppression. In case of divorce woman go back to her parents with nothing even children ⇒ The society can change the situation since there is a law that give equal rights on inheritance from parents/husbands and they accept it ⇒ Organizations that have provide education on women rights include; the media, posters placed in hospitals, community development department and in the past MAPEREGE 		<ul style="list-style-type: none"> * * * 	<ul style="list-style-type: none"> *
<p>2: Attitude (Cross Cutting Indicator)</p>	<p>2. Are you aware of any attitudes of men and women towards women's empowerment? <i>Ask them to list these attitudes – and probe, what women and men say about empowerment and women empowerment in particular!</i></p> <p>3. Why people have attitudes they do,</p>	<ul style="list-style-type: none"> ⇒ Small income makes empowering woman not easy ⇒ Man is the head of household ⇒ Inherited from the past – culture and custom ⇒ The following can assist in women empowerment exercise; seminars, education, government to print booklets on women empowerment 	<ul style="list-style-type: none"> * * * 		<ul style="list-style-type: none"> *

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<p>how these attitudes play out in relationships? Where do they come from and what effect of these attitudes is (and who is affected most?)</p>	<p>and distribute to people freely and institutions to engage in educating the public on the issue</p> <p>⇒ The following makes women inferior in the society; tendency of men being the decision makers, lack of education to women, culture and traditions (women have no say in the society) and whatever the age of male child in the family, he has to be respected as he is regarded as the head of the family.</p>			<p>*</p>
<p>3: Economic Security: Indicator 1</p>	<p>4. Does the household owns or have access to any assets?</p> <p>i. Who decides whether to buy or sell the assets? If assets are sold or bought who controls the proceeds or usage? Why?</p> <p>ii. Is property ownership liberal in the society?</p> <p>5. In this regard if liberal ownership of assets is practiced, can women make decision to; purchase or if</p>	<p>⇒ They own houses, farms, livestock, bicycle, money and other properties</p> <p>⇒ Men are the ones doing decisions on selling or buying properties</p> <p>⇒ Women are just informed of what men have decided</p> <p>⇒ Out of ten men, only one involve his wife in deciding whether to buy or sell assets</p> <p>⇒ Women are rarely involved the use of proceeds, only for buying food/vegetables</p> <p>⇒ Women do contribute in family wealth since they do house cores like cooking for the family, washing clothes (including of the husband) and fetching water</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<p>jointly done who would have the mandate to propose, receive and use the proceeds?</p> <p>6. In case of divorce, death or separation, does the liberal ownership remain intact when facing the spouse confrontation in distribution and retention of jointly owned assets?</p>	<p>⇒ Women have nothing to own while in wedlock but can own properties if are divorced/not married. Reasons: Culture and traditions, when bride price is paid women become man's property</p> <p>⇒ In the past women had no right to inherit family properties when husband died. Now days, some conservative families still practice the same but there are some families which allow widow to inherit</p> <p>⇒ In some clans women have right to inherit household properties when their husbands died</p>	*		*
4: Economic Security: Indicator 2	<p>7. What are economic shocks that happen or have happened in your area for the last 12 months – one year? How long did it last?</p> <p>8. What has been the long- lasting effect?</p> <p>9. What coping strategies did you use? <i>List the coping strategies</i></p> <p>10. How do you cope with these kinds of economic shocks?</p> <p>11. Do the economic shocks you have mentioned affect men and</p>	<p>⇒ Prices of crops are given and sometimes they do sell their products on credit</p> <p>⇒ They don't have permanent business/crop for cultivation. Cotton cultivation has declined much due to unstable price.</p> <p>⇒ Drought which cause food shortage</p> <p>⇒ Diseases and lack of water</p> <p>⇒ Unable to get school fees and money to buy school uniforms</p> <p>⇒ Poor attendance in schools</p> <p>⇒ Work in others field</p> <p>⇒ Sell properties</p>		* * * *	* * * * *

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<p>women in the households differently? <i>Probe, how and why?</i></p> <p>12. Do men and women use available resources differently to deal with economic shocks? <i>Probe, how?</i></p> <p>13. If you may recall, which kinds of shocks have been the most difficult to cope with? <i>Probe, why?</i></p> <p>14. Does the village provide any support in economic shocks? If yes, what kind of support? (<i>Ask them to name them</i>)</p>	<p>⇒ In case of need to hire an ambulance to take patient to hospital, they have to either borrow money, ask for contributions or sell their properties</p> <p>⇒ Women are the most affected as they are the ones spending much time at home, men tend to run from problems</p> <p>⇒ Men because they are the ones looking for money to meet family needs</p> <p>⇒ They sit together to find ways of dealing with shock, but if he refuse to do so women work in others field for income or sell by force household properties</p> <p>⇒ Only men can decide on selling of family assets during shock period</p> <p>⇒ No cash support received from village authorities; for those who are members of groups like SACCOS etc go to their group for assistance. Others do small business like selling fire woods and cooking</p> <p>⇒ No cash support received from village authorities, only from the</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
		central government or society groups like VSL, MRHP na SACCOS ⇒ Support received from other villagers only in cases of death or wedding			
5: Participation in Decision-Making: Indicator 1	15. Do you think women have the right to participate in decision making bodies in the community? If yes or no – <i>probe, why?</i> 16. Do women participate in decision making in your community? If yes, is the participation and representation significant? <i>Probe, why?</i> 17. Women who are participating in these decision making bodies, are they affected in any way? <i>Probe</i>	⇒ Lack of confidence hinders women participation in decision making bodies. ⇒ Women have no say ⇒ Women have right but they lack education and confidences hence contribute nothing in these bodies. Men are the ones making decisions ⇒ Lack of education makes women not to see the importance of their participation in decision making bodies. Only 5% know the importance ⇒ They accept women participation in decision making bodies as they believe through their participation solution to women issues is going to be obtained ⇒ Development committee such as School committee, ECD, MRHP na TASAF exist. These committees are selected by people; include 5 men and 5 women. Normally 10 men and 10 women are apply for committees representation posts and people vote to get 5 men and 5 women ⇒ Don't like lack of confidence	* *	* * * *	*

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
		<p>situation in women but have nowhere to say their grievances. Meetings do take place but attendance is poor</p> <ul style="list-style-type: none"> ⇒ Women lack confidence due to customs that deprive them right to speak where men are ⇒ Reasons behind failure to deal with the problem: <ul style="list-style-type: none"> - women do not love each other, once in power tend to forget others - No cooperation - Low level of awakening among women - No guidance on how to deal with the problem 	<p>*</p> <p>*</p> <p>*</p> <p>*</p>		
<p>6: Participation in Decision-making: Indicator 2</p>	<p>18. Do you agree or disagree on women social inclusion in the community?</p> <p>19. With this regard, does the society perceive this is a way to empower a woman to the helm of societal rights? This can well be referred to in the case of Tanzania:</p> <p><i>g) Special seat of women positioning starting from Ward to Parliament;</i></p> <p><i>h) Ministerial positions and functionary position in the</i></p>	<ul style="list-style-type: none"> ⇒ Women participation is accepted by the society as they are the ones proposing them ⇒ People do listen to their view but women tend not to speak in village meetings due to lack of confidence ⇒ Culture make women to see themselves worthless ⇒ Those given opportunity performed well ⇒ Women can compete depending on their level of understanding 	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<p><i>high echelons of the government structure;</i></p> <p>i) <i>Preference slots in education including special conditions and privileges in attaining such status.</i></p> <p>20. If a woman is chosen for position in the society, what is the immediate reaction and feeling of the general community and the respective candidate?</p> <p>e) <i>Does she feel secure with the position holding against community reprisal?</i></p> <p>f) <i>What is your experience with such a situation in the village or district? Do you have any special case which can be related to such incidence?</i></p> <p>21. What are the community feelings on women participation? Ask for examples of each statement to be told in the women's own words.</p>	<p>⇒ There is no problem having a woman leader</p> <p>⇒ Ready to change habit if educated</p>	<p>*</p>		
7: Sexual and Reproductive	Moderator should ask for SRHR services provided in the community.	⇒ Health services provided include clinic for mother and child (pregnant	*		

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
Health and Rights: Indicator 1	22. Are they satisfied with the services provided on SRHR? If yes or no – why? Probe for key issues like 'what happened when they attended clinic/ health centre?' and whether the respondent has actually visited the clinic or health centre.	<p>women and vaccination)</p> <ul style="list-style-type: none"> ⇒ Services provided are satisfactory ⇒ Services provided by village dispensary includes; clinic for child and mother, malaria checking ⇒ Family planning services are provided at a far place, hear of them only when get sick and go to hospital ⇒ Women get family planning education when they attend clinic but men only through the radio. Men don't accept family planning ⇒ Problems faced: The dispensary operates from Monday to Friday between 7am to 6pm only. It is not opened during weekends as the health officer has to go to Misungwi to see his family. He has been provided with one room only to leave making impossible coming with the family to the village ⇒ There are times men and women sit together and discuss family planning issues but also there are incidences of men refusing and saying it is immoral. ⇒ When man wants more kids and woman is not ready, he just marries another woman. Family planning not yet accepted, most of the time it causes misunderstandings in the 	*	*	*

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
		<p>family</p> <ul style="list-style-type: none"> ⇒ There are times where women refused to fungu kizazi when advised by their husbands by believing that they are still young. This is due to men's tendency of divorcing their old wives for young ones ⇒ They do get education on pro and cons of family planning methods but it is difficult to share it with men. They just decide on it themselves. ⇒ Satisfied with service providers, they are told to bring their men for education but men refused. They get medicine 	<p>*</p> <p>*</p>	<p>*</p>	
<p>8: Sexual and Reproductive Health and Rights: Indicator 2</p>	<p>23. Service Delivery Checklist: the following areas are considered vital to community rural health sustainability, the use of such services and the level of service delivery is dependent on community education on the availability and willingness to use, how can one determine the services are adequately delivered to the community? Probe the key informants on:</p> <ul style="list-style-type: none"> • <i>Trained TBAs,</i> 	<ul style="list-style-type: none"> ⇒ They have heard of HIV/AIDS but only 3 out of 13 have done testing together with their wives ⇒ Have heard of HIV/AIDS but only few go for testing while healthy, most wait till health condition is too bad ⇒ People afraid of doing HIV/AIDS testing because will be discriminated once the society understand that they are infected ⇒ Health officials/service providers are the ones liking health status of infected people in the society ⇒ If a person is seen attending 		<p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<ul style="list-style-type: none"> • <i>Trained villages CBDs,</i> • <i>Active village health committees</i> • <i>Active village health workers</i> • <i>Contraceptives of different kinds, other than abortion (pill, condoms, etc.)</i> • <i>Treatment for STIs, as appropriate</i> • <i>HIV/AIDS testing and ART</i> • <i>Information and counseling on the use of all of the above</i> • <i>Antenatal screening and care</i> • <i>Postnatal care</i> • <i>Hospitals, clinics or birthing centres where a woman can give birth assisted by skilled health personnel (doctor, nurse, mid-wife) or a trained TBA.</i> <p>24. Do you find it easy to share your health problems with your husband? If so, what is the general response to solving such problems?</p>	<p>counselling centres several times, the community start to spread information that he/she is infected</p> <ul style="list-style-type: none"> ⇒ HIV/AIDS testing services are available – ARVs are provided ⇒ Those coming to give HIV/AIDS education are the ones do the testing ⇒ Women do testing when they are pregnant but men refused ⇒ Level of HIV/AIDS infection is high ⇒ People seems not to afraid of the disease as they have not changed their sexual life due to discos etc ⇒ Both women and men contribute to the spread of HIV/AIDS infections. Being at the shores of the lake there many people coming and leaving the village and women way of dressing attract men ⇒ Adverts on HIV/AIDS has bring no change in people characteristics ⇒ Sexual life have changed, there is more discipline now compared to the past ⇒ Availability of condoms have made people not to change ⇒ People have started to know the importance of using condom helping to reduce the spread of HIV/AIDS ⇒ It is better not to have ARVs so that once affected you die 	<p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<p>25. Most of the basic health care services are provided by the government in the country, do you think that the services provided are satisfactorily being delivered? Would a fee or charge to service delivery reduce the number of patients attending such services? What is your suggestion to improve such services if you are not satisfied with current arrangements?</p> <p>26. The government has been conducting advocacy in various dimension to ensure the rights of women and girls get to equal access to educational information on the health and well being of families, including information and advice on reproductive health, including family planning and prevention and treatment of sexually transmissible infections? How many times have you</p>	<ul style="list-style-type: none"> ⇒ Those using ARVs looks healthier and beautiful, hard to recognize them by eyes ⇒ Protective gears are available but people don't use them ⇒ Education on HIV/AIDS is provided by MRHP and TASAF where for 2009 they visited the ward twice <p>Suggestions for improvement:</p> <ul style="list-style-type: none"> ⇒ Need to make the society change: there are lot of discotheques and beer clubs. Women are allowed to go to discotheques and to sukumas alcohol taking is their habit ⇒ Women need to discuss HIV/AIDS with their husbands to leave bad habits ⇒ HIV/AIDS is obtained from bed sheets ⇒ Need to have medicine that completely cure HIV/AIDS ⇒ Need to have an injection that will make men impotent ⇒ Some men do accept using condom but others tends not to ⇒ Need for women be awakened on use of female condoms ⇒ Without stopping discos, containing HIV/AIDS will be impossible ⇒ More education to the society ⇒ Time to time seminars and workshops on HIV/AIDS and 	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
	<p>attended such sessions? If, not what why? If yes do you think that they are useful? Have they contributed to change in attitude about beliefs and perceptions of community towards women rights to such information?</p>	<p>organizations dealing with HIV/AIDS have branches at village level</p> <ul style="list-style-type: none"> ⇒ Stop providing ARVs so that once infected you lose weight and easily identified ⇒ People be tested and results announced ⇒ Not easy for husband and wife to consult each other on SRH. Most of the times men tend to think their wives have extra marital affairs ⇒ Health care provided not satisfactory as there are no medicine, providers do not care of the patients, have to buy clinic cards for their children and 'Hati Punguzo' are sold at TZS 2,500/= 			<p>*</p> <p>*</p> <p>*</p>
<p>9: Elimination of Gender Based Violence</p>	<p>NO GBV qualitative Information is to be collected – Only quantitative information is required</p>	<ul style="list-style-type: none"> ⇒ Women oppression include; polygamy, all household works being done by women with no help from men and women bullying ⇒ Women don't like men's tendency of; billing them, chasing them and kids from home without be given anything, taking assets obtained with their first wives to another woman, owning family property and using them the way they like without consulting their wives and divorcing their wives after they have made 	<p>*</p>	<p>*</p>	<p>*</p>

Indicators	Key Questions	Responses	FGD1 W	FGD2 M	FGD3 W&M
		<p>money and marry other women</p> <p>⇒ Men not taking care of their family</p> <p>Causes of women bullying:</p> <p>⇒ Woman not able to finish cores assigned to her</p> <p>⇒ Not responding quickly to man's request for door opening when he comes back from bar</p> <p>⇒ Refusing to have sex with husband</p> <p>⇒ When she sense her husband is having extra marital affairs and asked him</p> <p>⇒ Not implementing orders received from men as required even after being reminded more than three times</p> <p>⇒ Men believe that punishing women is the way of disciplining them</p> <p>⇒ Alcohol</p> <p>⇒ When they leave home without husbands knowledge</p> <p>⇒ However, there are times when men are bullied</p> <p>⇒ Women bullied men to protect themselves when their husbands want to bit them</p> <p>What to do:</p> <p>⇒ Educating the society on elimination of gender based violation</p>	<p>*</p>	<p>*</p>	<p>*</p>

Note: FGD 1 = Women Group = Nyangorongongo Village
 FGD 2 = Men Group - Mwajombo Village
 FGD 3 = Mixed Group - Nyangunge Village

List of Participants:

FGD 1	FGD 2	FGD 3
1. Kulwa Kazungu 2. Romana Joseph 3. Cleflen Elias 4. Magreth Mashauri 5. Monica Baltazari 6. Emiliana Kesi 7. Leticia Mpina 8. Mariam Shabani 9. Hellena Elias 10. Beatrice Masalu	1. John Lukenza 2. Masumbuko Casimir 3. Petro Imaja 4. Kulwa Martin 5. Shiganga Buhulura 6. William Peleleja 7. Mbeya Shija 8. Mafumba Anthony 9. Marcel Joseph 10. Bathromeyo Mathayo 11. Martin Lusana 12. Meshack Levocatus 13. Nestory Samson	

Reporting Template for Magu District

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
1: Policy – (Cross Cutting Indicator)	1. Do you think that the existing policies regarding women empowerment address the various issues in respect to their situation in the country? What is the real situation in the district and village and many other development	⇒ The existing policies are not functioning and greatly affect the life of women and girls. Most of them are not even aware of their rights as they are mainly busy with the household activities and don't get the chance to hear about them from the radios, television (in Kisesa town) and attending village meetings as the men do.		*	

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
	<p>aspects? These include, for example education, work related initiatives, basic rights to various household activities, marital status, role of players on policy advocacy and many of the like.</p>	<ul style="list-style-type: none"> ⇒ A large percentage is also illiterate and thus can't gain the information from newspapers too. This comes from not getting the privilege of education as the boys during their childhood. ⇒ We have heard about the issue of inheritance whereby the women have same rights as men. Also the right for getting education, voting and having qualified and paying jobs. But the truth is very opposite. ⇒ We know about the various policies against gender inequality. Such as the right to inheritance and the right to vote. We heard about this through the radio ⇒ Women have the right to vote/be voted for, make decisions at household and society, speak out in meetings, get education, own property whether her husband is dead or alive. ⇒ But the reality in our society is quite the opposite although we have heard a little bit about policies advocating for women's rights through different groups, radios and KIVULINI in the exhibitions (nane-nane) and there are a few women in the village council and school committee (2/6). This is because most men don't like them joining but also due to the women's insecurity and fear. 	<p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
<p>2: Attitude (Cross Cutting Indicator)</p>	<p>2. Are you aware of any attitudes of men and women towards women's empowerment? <i>Ask them to list these attitudes – and probe, what women and men say about empowerment and women empowerment in particular!</i></p> <p>3. Why people have attitudes they do, how these attitudes play out in relationships? Where do they come from and what effect of these attitudes is (and who is affected most?)</p>	<ul style="list-style-type: none"> ⇒ The women have the right to participate fully in village meetings different with earlier on when only the men were participating. ⇒ Most women don't have education i.e. why they are not selected. ⇒ The men are insecure and fear being left by their wives. Thus they do not be open to their wives and forbid them freedom to participate in decision making arenas to avoid that. ⇒ This leads to resentment on part of the wives and unhappy relations; sometimes the women after getting money and being tired breakup their marriage. This is after been denied the freedom to make decision for a long time thus misuse it after getting power and society take that as an example that women have no brains and have to be directed on everything. ⇒ These attitudes are from the Sukuma traditions and customs whereby the women were supposed to stay at home, not get any education or do any income generating activity. At that time if the woman was educated she was not married with cattle (dowry). So because of wanting dowry the parents were not educating them. This has led to the spirit of dependency up to now. 		<p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
		<ul style="list-style-type: none"> ⇒ What needs to be done is providing counseling and education to both the husband and wives, using participatory methods to enable them both to understand their position and importance in the society, the government and CBOs to continue educating on human rights on radios, TV and find ways of the message to reach the majority such as through using groups like VSL groups which were started by CARE has helped to a large extent to change the attitudes of men over women and start planning together in the family. ⇒ We would like the women to be empowered so as to assist in development of the family and society. But they have to be provided with education first as those who run away from their husbands have no education. ⇒ The men fear women being empowered as they feel they will misuse their power. ⇒ The men think the women have no brains and cannot lead others. ⇒ Women are unable to control any property ⇒ Women are the property of men as they are bought by dowry ⇒ Women are men’s helpers from God as said in bible ⇒ Women are for child bearing only ⇒ Empowerment is all about having the same rights as men as we are all equal 		*	* * *

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
		<ul style="list-style-type: none"> ⇒ The main cause of the negative attitude of the men against us is because they provide dowry when marrying thus thinking they have bought us and have right to do what they want with us. ⇒ These attitudes causes lots of conflicts, quarrels in relations because women feel they are been treated unjustly thus sometimes react and lead to divorce, gender based violence and sometimes even permanent injuries 	*		
3: Economic Security: Indicator 1	<p>4. Does the household owns or have access to any assets?</p> <ul style="list-style-type: none"> i. Who decides whether to buy or sell the assets? If assets are sold or bought who controls the proceeds or usage? Why? ii. Is property ownership liberal in the society? <p>5. In this regard if liberal ownership of assets is practiced, can women make decision to; purchase or if jointly done who would have the mandate to propose, receive and use the proceeds?</p>	<ul style="list-style-type: none"> ⇒ Yes they do such as livestock, trees, bicycles, radio, farms, houses, household utensils. ⇒ The father or husband decides - woman has no right to decide. She can be involved only in the case that if she disagrees she's not listened. He is the one who control the proceeds and how to use it. ⇒ That is because the woman was bought with dowry/property to serve in that household and can have no say in that family. ⇒ If the husband is alive the wife is not allowed to own assets. ⇒ There is no sharing. The father/husband is the one who owns. The wife cannot decide to sell anything without asking for permission first. But the husband can sell things without wife's permission. ⇒ In case of death of a husband leaving behind the wife with children then 	* * *	* * * *	* * *

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
	<p>6. In case of divorce, death or separation, does the liberal ownership remain intact when facing the spouse confrontation in distribution and retention of jointly owned assets?</p>	<p>somebody from the late husband’s family (preferably a man) is selected to be the overseer of the property so that even in case of the wife marrying again then cannot misuse the properties which are kept for the children until of age.</p> <p>⇒ In case they were childless then there is no problem.</p> <p>⇒ In divorce cases the assets are divided among the couple and each go their own way.</p> <p>⇒ The men can sell assets without consulting the women something which can’t be done by the other side. If the women wants to sell something it’ll only being possible by stealing things which are not easily discovered like wheat and kitini cha udaga.</p> <p>⇒ In the case of a family with children divorcing the assets are distributed among the husband and wife and if the husband had paid bride price then he is left with the children to care for. But for a childless couple divorcing the woman is chased away without anything and told to return to her home.</p> <p>⇒ The women can’t exercise that control except by stealing as said above. If she does openly it will lead to quarrels and even beatings and divorce.</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
		<ul style="list-style-type: none"> ⇒ In case of divorce of a childless couple they divide the assets among them and each goes his/her way. If they have children the property has to remain to the children therefore one person is chosen as caretaker. If the wife had been paid bride price for the children (unless those under five) will remain with the father as they are considered bought. If there was no bride price then the children will leave with the mother. ⇒ In case of death of the husband while they had no children the woman will be chased away from the house and might leave with nothing. ⇒ If they had children then one person from the late husband's family will be chosen to care for the property so that even if the wife will get married again the new husband will be unable to misuse the property 			<p style="text-align: center;">*</p> <p style="text-align: center;">*</p>
4: Economic Security: Indicator 2	<p>7. What are economic shocks that happen or have happened in your area for the last 12 months – one year? How long did it last?</p> <p>8. What has been the long- lasting effect?</p> <p>9. What coping strategies did you use? <i>List the coping strategies</i></p>	<ul style="list-style-type: none"> ⇒ Shortage of land due to increase of population everyday ⇒ Long-term illnesses ⇒ No reliable markets for products ⇒ Death of close family members ⇒ Drought ⇒ Hunger ⇒ Death of family members ⇒ Robbery ⇒ Poor health especially of the children 	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p> <p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
	10. How do you cope with these kinds of economic shocks?	<ul style="list-style-type: none"> ⇒ Children lacking education due to inability to pay school fees in Secondary schools ⇒ Selling of cattle or farms ⇒ Not very great as the selling of assets causes more life complications ⇒ Taking loans from people / VSL ⇒ Going to traditional doctors. They treat you then if you can't pay them you remain there farming until you get money to pay ⇒ Doing hired labor in people's farms ⇒ Cutting and selling firewood and charcoal 	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>
	11. Do the economic shocks you have mentioned affect men and women in the households differently? <i>Probe, how and why?</i>	<ul style="list-style-type: none"> ⇒ The women are greatly affected when it affects the children education in some way as they want them to study hard while most men don't care about that. The men are mostly affected by inability to find markets and death or illness in the family as being the providers, owners and decision maker they have to struggle to solve it by any means. 	<p>*</p>	<p>*</p>	
	12. Do men and women use available resources differently to deal with economic shocks? <i>Probe, how?</i>	<ul style="list-style-type: none"> ⇒ Yes the women use small resources surrounding the household like grain, chicken etc. while the men search for solutions far from home leaving behind the family. 	<p>*</p>	<p>*</p>	
	13. If you may recall, which kinds of shocks have been the most difficult	<ul style="list-style-type: none"> ⇒ In case of emergency while the husband is away the woman cannot decide to sell 			

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
	<p>to cope with? <i>Probe, why?</i></p> <p>14. Does the village provide any support in economic shocks? If yes, what kind of support? (<i>Ask them to name them</i>)</p>	<p>anything on her own but have to involve her brothers' in-law or sisters' in-law to get advice or help.</p> <p>⇒ Most vulnerable children whereby the village council identifies them and writes a letter to the district. The identified children study free of charge and each household contributes 100/= to assist them.</p> <p>⇒ Also in case of death the community members assist in the household and contribute 200/=</p> <p>⇒ Drought. Because all the surrounding area are faced with same problem so it's very difficult getting support</p> <p>⇒ Village does not. We only received some maize from the president during the drought period</p>	<p>*</p> <p>*</p>	<p>*</p> <p>*</p>	<p>*</p>
<p>5: Participation in Decision-Making: Indicator 1</p>	<p>15. Do you think women have the right to participate in decision making bodies in the community? If yes or no – <i>probe, why?</i></p> <p>16. Do women participate in decision making in your community? If yes, is the participation and representation significant? <i>Probe, why?</i></p>	<p>⇒ Yes because they are human beings too and are supposed to contribute to their development.</p> <p>⇒ Yes in our village council we have 7 women (7/25). It is not really significant as we feel they can be more also they do not talk freely in the meetings.</p> <p>⇒ We have the right because we can contribute to making our issues known and thereby find solutions to many issues constraining our development.</p> <p>⇒ Yes they do. In choosing the village government two of them (2/8) were</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p>	<p>*</p>

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
	<p>17. Women who are participating in these decision making bodies, are they affected in any way? <i>Probe</i></p>	<p>present. In the village council there are 14 women.</p> <p>⇒ They do through the special seats but it's not really significant as they are shy can't speak out in decisions thus their ideas are not fully represented</p> <p>⇒ The participation is significant because with the availability of the special seats we get a chance of being many and making decisions affecting us.</p> <p>⇒ Yes we do because women have a great insight to their own needs and can greatly contribute on finding solutions such as on SRH etc</p> <p>⇒ Somehow they are because they are taken very negatively that they are prostitutes, gone there to look for men. This causes conflicts especially to the married women between them and their husbands</p>	<p>*</p>		<p>*</p> <p>*</p> <p>*</p>
<p>6: Participation in Decision-making: Indicator 2</p>	<p>18. Do you agree or disagree on women social inclusion in the community?</p> <p>19. With this regard, does the society perceive this is a way to empower a woman to the helm of societal rights? This can well be</p>	<p>⇒ We agree on women social inclusion</p> <p>⇒ If there were no special seats for the women they would not have been elected at all because they are still insecure and cannot explain themselves.</p> <p>⇒ The feeling is mixed on both sides it</p>		<p>*</p> <p>*</p> <p>*</p>	<p>*</p>

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
	<p>21. What are the community feelings on women participation? Ask for examples of each statement to be told in the women's own words.</p>	<p>rights. But the problem is that they don't use that power accordingly. We think they should not be given special seats but stand up, competed and be voted for. In that way they'll gain confidence and maybe they will be able to speak out in meetings and present their views.</p> <p>⇒ Yes some are taken very negatively that they have gone there just for prostitution and thus causing misunderstandings in their families</p> <p>⇒ The immediate reaction is negative that a woman can't lead the society and should just stay home. "What will she tell us? "</p> <p>⇒ Women do not feel secure but gains some confidence as time goes on</p>	<p>*</p>	<p>*</p>	<p>*</p> <p>*</p> <p>*</p>
<p>7: Sexual and Reproductive Health and Rights: Indicator 1</p>	<p>Moderator should ask for SRHR services provided in the community.</p> <p>22. Are they satisfied with the services provided on SRHR? If yes or no – why? Probe for key issues like 'what happened when they attended clinic/ health centre?' and whether the respondent has actually visited the clinic or health centre.</p>	<p>⇒ Kitumba has no dispensary but goes to Kisesa dispensary which provides clinic to pregnant women, children and check HIV also although few people go to check as they fear results and the society knowing that they are HIV positive.</p> <p>⇒ We go to Nyanguge dispensary whereby they provide clinic for less than five children and pregnant women admits patients, checks malaria, and check for HIV (experts arrive from Bugando), advice on family planning, deliver babies and provide vaccination.</p> <p>⇒ Yes we satisfied; we get all the necessary services needed when we arrive there.</p> <p>⇒ TAZAMA passes through the households</p>	<p>*</p> <p>*</p>	<p>*</p> <p>*</p>	

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
		<p>educating them on HIV/AIDS but still behavior has not changed as the people believe too much on ARVs and don't see the reason to change. Condoms contribute to a large extent to the spread of HIV</p> <p>⇒ We use the district hospital (Mitindo) which is 12 kms. It provides services like delivery, clinic for pregnant women and children, checking and treatment for malaria, stool, urine and STDs, assisting those who have got accident etc.</p> <p>⇒ There is also a dispensary at Ukiliguru whereby if an operation has to be performed you ask for an ambulance from there whereby you have to buy the fuel. Or the service providers at Ukiliguru can phone Mitindo hospital and ask for ambulance.</p> <p>⇒ No we are not satisfied because there are many unnecessary and unexplained costs. The nurses ask some "tea money". Also when admitted for delivery we have to buy gloves, drip, medicines from their pharmacies. The nurses (some) are not polite and use abusive language and they are very few.</p>			<p>*</p> <p>*</p> <p>*</p>
8: Sexual and Reproductive	23. Service Delivery Checklist: the following areas are considered	<p>⇒ There is the shortage of medicine thus the patients have to go buy in</p>		*	

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
<p>Health and Rights: Indicator 2</p>	<p>vital to community rural health sustainability, the use of such services and the level of service delivery is dependent on community education on the availability and willingness to use, how can one determine the services are adequately delivered to the community?</p> <p>24. Do you find it easy to share your health problems with your husband? If so, what is the general response to solving such problems?</p> <p>25. Most of the basic health care services are provided by the government in the country, do you think that the services provided are satisfactorily being delivered? Would a fee or charge to service delivery reduce the number of patients attending such services? What is your suggestion to improve such services if you are not satisfied with current arrangements?</p>	<p>pharmacies. Also shortage of clinic cards for the pregnant women and has to be bought for 500/=</p> <p>⇒ There is testing for HIV/AIDS conducted by a car from Bugando hospital</p> <p>⇒ Also different modern family planning methods are available like pills, implants and injections</p> <p>⇒ Information and counseling provided on those.</p> <p>⇒ There is the availability of condoms the problem comes on usage as the men do not like using them. This especially affects the married women as cannot force the husband to wear condoms even upon hearing that he is unfaithful and have multiple partners.</p> <p>⇒ There is a trained TBA and two village health workers in each village. But they are not active as there are no constant trainings or motivation</p> <p>⇒ It depends on the type of problems. In the case of STDs it's very difficult to share as we fear been asked and blamed that we are the cause of the problems. But other things we tell them and discuss solutions together.</p> <p>⇒ On the side of testing for HIV the men are very fearful on that. But these days</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>		<p>*</p> <p>*</p> <p>*</p>

Indicators	Key Questions	Responses	FGD 1 W	FGD2 M	FGD3 W&M
	26. The government has been conducting advocacy in various dimension to ensure the rights of women and girls get to equal access to educational information on the health and well being of families, including information and advice on reproductive health, including family planning and prevention and treatment of sexually transmissible infections? How many times have you attended such sessions? If, not what why? If yes do you think that they are useful? Have they contributed to change in attitude about beliefs and perceptions of community towards women rights to such information?	they must take their wives to clinic and test together. They are very resistant to the idea.			
9: Elimination of Gender Based Violence	NO GBV qualitative Information is to be collected – Only quantitative information is required	⇒ The women are the ones who beat their husbands to a large extent. The men only 2%		*	

List of participants for FGD in MAGU District:

FGD 1 Participants	FGD 2 Participants	FGD 3 Participants (Mixed)
i) Sabina J. Msoga	i) Marco Lubigisa	i) Matrina John
ii) Magreth Gobo	ii) Martin Silas	ii) Jumanne Paulo

iii) Rebeka William	iii) Wilson Misalaba	iii) Matata Deus
iv) Grace Stephano	iv) Marco Nhandala	iv) Monica Napegwa
v) Rebecca Juma	v) Minege Kanangwa	v) Tabu Omary
vi) Rusia Mathias	vi) Masomi Bushilo	vi) Tekela Daud
vii) Nangwa Luhemeja	vii) Charles Kanyolo	vii) Malita Malelemba
viii) Modester Baluhi	viii) George Lusungija	viii) Teho Pastory
ix) Kristina Runyilija	ix) Frank James	ix) Jumanne Adam
	x) Marco Ganyamu	
	xi) Kulwa Y. Nyoroki	

Total participants in FGD: Women - 9 pax
 Men - 11 pax
 Mixed - 9 pax
29 pax

Reporting Template for Kahama District (RUGARAMA/LINGUYA) - WAGE II

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
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<p>1: Policy (Cross-cutting Indicator)</p>	<p>1. Do you think that the existing policies regarding women empowerment address the various issues in respect to their situation in the country? What is the real situation in the district and village and many other development aspects? These include, for example education, work related initiatives, basic rights to various household activities, marital status, role of players on policy advocacy and many of the like.</p>	<ul style="list-style-type: none"> ➤ Awareness of policies on women empowerment ➤ Girls to get pregnant after reaching 16 years, but not followed. Parents responsible for the situation ➤ Never discussed about policies and laws on women empowerment ➤ Equal opportunities for men and women ➤ Women have right to inherit assets ➤ Historically women had no rights, hence no community awareness; so need for community awareness ➤ Awareness on FGM – through no follow- ups ➤ Girls have right to education ➤ Widows denied to inherit, Govt is aware but is not doing anything about it ➤ Women should be educated of their rights ➤ Men and women to be educated on rights of women ➤ Government is duty bound to draw up policies and laws regarding rights of women 	<p>* * * * * * * *</p>	<p>* * * * *</p>	<p>* * * *</p>
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Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
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<p>4 Economic Security</p> <p>Indicator 2</p>	<p>4. Which economic shocks have happened in your area for the past 12 months (one year)? How long did it last?</p> <p>5. What has been the long-lasting effect?</p> <p>6. What coping strategies did you use? List the coping strategies</p> <p>7. How do you cope with these kinds of economic shocks?</p> <p>8. Do the economic shocks you have mentioned affect men and women in the households differently? Probe, how and why?</p> <p>9. Do men and women use available resources differently to deal with economic shocks? Probe, why?</p> <p>10. If you may recall, which kinds of shock have been the most difficult to cope with? Probe, why?</p> <p>11. Does the Village provide any support in economic shocks? If Yes, what kind of support? (Ask them to name them)</p>	<ul style="list-style-type: none"> ➤ Sickness, death and food shortage ➤ Household members involve themselves in getting casual work to get money for food ➤ Households sell their plots, burn charcoal and collect firewood for sale ➤ Households cultivate resistant crops ➤ Women are most affected people ➤ Men are most affected as heads of households ➤ Hunger is the most serious economic shock in the households ➤ Shortage of food ➤ Some support was provided by the Village Government, got from the District 	<p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>
<p>5 Participati- on in Decision- Making</p> <p>Indicator 1</p>	<p>12. Do you think women have the right to participate in decision making bodies in the community? If Yes or No probe, why</p> <p>13. Do women participate in decision making in your community? If Yes, is the participation and representation significant? Probe, why?</p> <p>14. For Women who are participating in these decision making bodies, are they affected in any way? Probe</p>	<ul style="list-style-type: none"> ➤ Yes, women have the right to participate in decision making bodies ➤ About half of village council members are women ➤ Few women are participating in decision making bodies ➤ Women do not participate directly but are represented by their representatives ➤ The Community is satisfied with women's participation in decision 	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>

		<p>making bodies, it is a normal thing</p> <ul style="list-style-type: none"> ➤ Fellow women do not support other women to aspire for leadership 		*	*
<p>6 Participati- on in Decision- Making</p> <p>Indicator 2</p>	<p>15. Do you agree or disagree on women being in social inclusion in the community?</p> <p>16. With this regard, does the society perceive this to be the way to empower women to the helm of societal rights? This can well be referred to in the case of Tanzania:</p> <ul style="list-style-type: none"> a) Special seats for women in positions starting from Ward to Parliament; b) Ministerial positions and functionary positions in the high echelons of the government structure; c) Preference slots in education including special conditions and privileges in attaining such status 	<ul style="list-style-type: none"> ➤ General agreement that women should participate in community issues ➤ Agree and appreciate Government initiatives to promote women's participation in establishing special seats for women in decision making bodies ➤ Men and women took part in electing their leaders irrespective of their gender ➤ No need to have preferential seats, with courage women should come forward to contest ➤ Need for women to have education if they are to participate in leadership 	*	*	*
				*	*
	<p>17. If a woman is chosen for position in the society, what is the immediate reaction and feeling of the general community and the respective candidate?</p> <ul style="list-style-type: none"> a) Does she feel secure with the position she is holding against community reprisal? b) What is your experience with such a situation in the village or district? Do you 	<ul style="list-style-type: none"> ➤ The community look at her as an ordinary person with good education ➤ Community has confidence on women in such positions 	*	*	*
			*	*	*
Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3

					W&M
	<p>have any special case which can be related to such incidence?</p> <p>18. What are the community feelings on women participation? Ask for examples of each statement to be told in the women's own words.</p>	<p>➤ However, among women there is a tendency of looking down at fellow women</p> <p>➤ However, among women there is a tendency of looking down at fellow women</p>	*	*	
<p>7 Sexual and Reproductive Health and Rights</p> <p>Indicator 1</p>	<p>Moderator should ask for SRHR services provided in the community</p> <p>22 Are they satisfied with the services provided on SRHR? If Yes or No, Why? Probe for key issues like what happened when they attended clinic/health facility? And whether the respondent has actually visited clinic or health facility?</p>	<p>➤ SRHR services available in the vicinity</p> <p>➤ Women are not satisfied with SRHR services</p> <p>➤ Without money one can not get services</p> <p>➤ SRHR services are not satisfactory despite paying for them</p> <p>➤ There are men who escort their spouses to clinics</p>	*	*	*
<p>8 Sexual and Reproductive Health and Rights</p> <p>Indicator 2</p>	<p>Service Delivery Checklist: the following areas are considered vital to community rural health sustainability, the use of such services and the level of service delivery is dependent on community education on the availability and willingness to use, how can one determine the services are adequately delivered to the community? Probe the key informants on:</p> <ul style="list-style-type: none"> • Trained TBAs, • Trained villages CBDs, • Active village health committees Active 	<p>➤ Trained Traditional Birth Attendants available in the village but are few</p> <p>➤ Nurses are not adequate given the fact that population has increased</p> <p>➤ Family planning services available but not satisfactory</p> <p>➤ Health attendants not attending to the sick properly</p> <p>➤ HIV testing and counseling</p>	*	*	*

	<p>village health workers</p> <ul style="list-style-type: none"> • Contraceptives of different kinds, other than abortion (pill, condoms, etc.) • Treatment for STIs, as appropriate • HIV/AIDS testing and ART • Information and counseling on the use of all of the above • Antenatal screening and care • Postnatal care <p>Hospitals, clinics or birthing centres where a woman can give birth assisted by skilled health personnel (doctor, nurse, mid-wife) or a trained TBA.</p> <p>24. Do you find it easy to share your health problems with your husband? If so, what is the general response to solving such problems?</p> <p>25. Most of the basic health care services are provided by the government in the country, do you think that the services provided are satisfactorily being delivered? Would a fee or charge to service delivery reduce the number of patients attending such services? What is your suggestion to improve such services if you are not satisfied with current arrangements</p>	<p>available</p> <ul style="list-style-type: none"> ➤ Ante-natal care available ➤ delivery and post-natal services available but not good <p>➤ Regular consultations between spouses on health problems</p> <p>➤ Although they are contributing for health services, services continue to be poor</p> <p>➤ Health personnel not committed and have opened their own pharmacies in the area</p> <p>➤ Government should make a follow-up so that people do not suffer further</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p>
Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3

					W&M
	<p>26. The government has been conducting advocacy in various dimension to ensure the rights of women and girls get to equal access to educational information on the health and well being of families, including information and advice on reproductive health, including family planning and prevention and treatment of sexually transmissible infections? How many times have you attended such sessions? If, not what why? If yes do you think that they are useful? Have they contributed to change in attitude about beliefs and perceptions of community towards women rights to such information?</p>	<ul style="list-style-type: none"> ➤ Have never attended any training sessions ➤ Women have ever attended training on SRHR services 		*	*
9: Elimination of Gender Based Violence	<p>NO GBV qualitative Information is to be collected – Only quantitative information is required</p>				

Reporting Template for Kahama District (SEGESE/NTOBO) - SAGE

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
1: Policy (Cross-cutting Indicator)	1. Do you think that the existing policies regarding women empowerment address the various issues in respect to their situation in the country? What is the real situation in the district and village and many other development aspects? These include, for example education, work related initiatives, basic rights to various household activities, marital status, role of players on policy advocacy and many of the like.	<ul style="list-style-type: none"> ➤ Awareness of policies on women empowerment ➤ Right to be heard about family assets ➤ Equal distribution of assets/property ➤ Limited awareness about policies and laws, hence need for education ➤ When husband dies, wife has right to inherit property ➤ Government is the main responsible organ in promoting women empowerment ➤ Parliament is passing laws and the Government is implementing them ➤ Women have no rights, men claim to have the sole rights even over women ➤ In households, there is need to sensitize and educate on women rights 	<p>* * * * *</p>	<p>* * * *</p>	<p>* * *</p>
2: Attitude (Cross-cutting Indicator)	2. Are you aware of any attitudes of men and women towards women's empowerment? Ask them to list these attitudes – and probe, what women and men say about empowerment and women empowerment in particular	<ul style="list-style-type: none"> ➤ There are men who care about women's welfare ➤ Allowing their wives to engage in extra-economic activities ➤ Some men look at men who support their wives as controlled by their wives, they are despised ➤ Some men look down at women as inferior ➤ It depends on individual assessment and attitude ➤ A wife respects her husband ➤ It is not possible to know what another person has in mind 	<p>* * * *</p>	<p> * * *</p>	

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
	3. Why People have such attitudes, how do these attitudes contribute to the existing relationships? What are the sources what effect do they have on the community (and who is affected most?)	<ul style="list-style-type: none"> ➤ The current environment we are living in also contributes to the different situations that we are confronting ➤ People are no longer looking back at history how our ancestors/parents used to live as one entity ➤ Payment of dowry makes men feel over women ➤ Men have the responsibility to look for household needs 		* *	* *
3: Economic Security Indicator 1	4. Does the household own or have access to any assets? a. Who decides whether to buy or sell the assets? When assets are sold or bought who controls the proceeds or usage? Why? b. Is property ownership liberal in the society?	<ul style="list-style-type: none"> ➤ Yes, households are owning assets ➤ Assets belong to all in the household ➤ Men have the final say on ownership of household assets ➤ Men have the final say to buy or sell assets since he is the head of the household ➤ If a woman makes a decision on whether to buy or sell assets, it becomes a family problem, she is in hot soup ➤ Sometimes women are involved in buying or selling an asset but the man has the final say ➤ Women are segregated on many family issues ➤ Whatever is earned is not distributed equally, men take the big share ➤ What is taken by men, women do not know how that money is spent, and have no right to ask about it ➤ Men should be given freedom, once sold anything he only comes to inform his wife ➤ Any property in the household belongs to the children, if there are no children assets are distributed equally ➤ 85% owned by men who have the final say ➤ In most cases women are only informed ➤ Women have the right to be involved 	* * * * * * *	* * * * *	* * * * *

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
	<p>5. In this regard, if liberal ownership of assets is practiced, can women make decisions to purchase or if jointly done who would have the mandate to propose, receive and spend the proceeds?</p> <p>6. In case of a divorce, death or separation, does the liberal ownership remain intact when facing the spouse confrontation in distribution and retention of jointly owned assets?</p>	<ul style="list-style-type: none"> ➤ In some families men do not go to a farm to cultivate but whatever is harvested is controlled by the husband ➤ In few families, decisions are made collectively ➤ During harvest time, men tend to leave the household to go and enjoy themselves somewhere else 			<p style="text-align: center;">*</p> <p style="text-align: center;">*</p> <p style="text-align: center;">*</p>
<p>4: Economic Security</p> <p>Indicator 1</p>	<p>7. Which economic shocks have happened in your area for the past 12 months (one year)? How long did it last?</p> <p>8. What has been the long-lasting effect?</p> <p>9. What coping strategies did you use? List the coping strategies</p> <p>10. How do you cope with these kinds of economic shocks?</p> <p>11. Do the economic shocks you have mentioned affect men and women in the households differently? Probe, how and why?</p> <p>12. Do men and women use</p>	<ul style="list-style-type: none"> ➤ Food shortage, non-availability of water, no agricultural inputs ➤ Lack of food and water force households to get from far ➤ Economic hardship, hence no development ➤ Household members involve themselves in getting casual work to get money for food ➤ Households sell their livestock in order to get food ➤ Some say women suffer most since she is staying with children while her husband has gone to get food for the family ➤ In some cases, men tend to desert their families and disappear not knowing where they have gone ➤ Both men and women suffer, but men are affected most mentally, thinking about the welfare of the family 	<p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
	<p>available resources differently to deal with economic shocks? Probe, why?</p> <p>13. If you may recall, which kinds of shock have been the most difficult to cope with? Probe, why?</p> <p>14. Does the Village provide any support in economic shocks? If Yes, what kind of support? (Ask them to name them)</p>	<ul style="list-style-type: none"> ➤ Shortage of food ➤ Food shortage and lack of water ➤ Member of Parliament once provided maize to each household, but no support from the Village Government ➤ Village does not provide any assistance ➤ Village is giving support but not adequate 	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p>	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>
<p>5: Participation in Decision- Making</p> <p>Indicator 1</p>	<p>15. Do you think women have the right to participate in decision making bodies in the community? If Yes or No probe, why</p> <p>16. Do women participate in decision making in your community? If Yes, is the participation and representation significant? Probe, why?</p> <p>17. For Women who are participating in these decision making bodies, are they affected in any way? Probe</p>	<ul style="list-style-type: none"> ➤ Yes, women have the right to participate in decision making bodies ➤ Many women are now aware about their right to participate in leadership ➤ Women are looked up as an inspiration for development ➤ Accepted 	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p> <p style="text-align: center;">*</p>	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p>	<p style="text-align: center;">*</p>

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
<p>6 Participation in Decision-Making Indicator 2</p>	<p>18. Do you agree or disagree on women being in social inclusion in the community?</p> <p>19. With this regard, does the society perceive this to be the way to empower women to the helm of societal rights? This can well be referred to in the case of Tanzania:</p> <p>a) <i>Special seats for women in positions starting from Ward to Parliament;</i></p> <p>b) <i>Ministerial positions and functionary positions in the high echelons of the government structure;</i></p> <p>c) <i>Preference slots in education including special conditions and privileges in attaining such status</i></p> <p>20. If a woman is chosen for position in the society, what is the immediate reaction and feeling of the general community and the respective candidate?</p> <p>a) Does she feel secure with the position she is holding against community reprisal?</p>	<ul style="list-style-type: none"> ➤ General agreement that women should participate in community issues ➤ When a woman is given the opportunity for leadership, the community will prosper since men have too many things to do ➤ Equal opportunities to reach 50% ➤ Women lack self-confidence, although there are some women who have ventured into politics <ul style="list-style-type: none"> ➤ The community look at her as an ordinary person with good education and is proud since it has elected her to that position ➤ There was a woman District Commissioner who was hard working and understanding; she was a model of leadership in the Kahama district 	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p>

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
	<p>b) What is your experience with such a situation in the village or district? Do you have any special case which can be related to such incidence?</p> <p>21. What are the community feelings on women participation? Ask for examples of each statement to be told in the women's own words.</p>	<p>➤ There are some who applaud her but other tend to despise her</p>	<p>*</p>		
<p>7: Sexual and Reproductive Health and Rights</p> <p>Indicator 1</p>	<p>Moderator should ask for SRHR services provided in the community</p> <p>22 Are they satisfied with the services provided on SRHR? If Yes or No, Why? Probe for key issues like what happened when they attended clinic/health facility? And whether the respondent has actually visited clinic or health facility?</p>	<p>➤ SRHR services available in the vicinity</p> <p>➤ Women are not satisfied with SRHR services</p> <p>➤ Services are not satisfactory</p> <p>➤ One has to have money in order to get services</p> <p>➤ Lack of qualified health personnel</p>	<p>*</p> <p>*</p>	<p>*</p> <p>*</p> <p>*</p>	<p>*</p> <p>*</p>

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
<p>8: Sexual and Reproductive Health and Rights</p> <p>Indicator 2</p>	<p>23. Service Delivery Checklist: the following areas are considered vital to community rural health sustainability, the use of such services and the level of service delivery is dependent on community education on the availability and willingness to use, how can one determine the services are adequately delivered to the community? Probe the key informants on:</p> <ul style="list-style-type: none"> • Trained TBAs, • Trained villages CBDs, • Active village health committees Active village health workers • Contraceptives of different kinds, other than abortion (pill, condoms, etc.) • Treatment for STIs, as appropriate • HIV/AIDS testing and ART • Information and counseling on the use of all of the above • Antenatal screening and care • Postnatal care • Hospitals, clinics or birthing centers where a woman can give birth assisted by skilled health personnel (doctor, nurse, mid-wife) or a trained TBA. <p>24. Do you find it easy to share your health problems with your husband? If so, what is the general response to solving such problems?</p>	<ul style="list-style-type: none"> ➤ Trained Traditional Birth Attendants available in the village but are few ➤ Nurses are not adequate given the fact that population has increased ➤ Family planning services available but not satisfactory ➤ No Health Committee ➤ HIV testing and counseling available ➤ Ante-natal care available ➤ Delivery and post-natal services available but not good <ul style="list-style-type: none"> ➤ Regular consultations between spouses on health problems 	<p>*</p>	<p>*</p>	<p>*</p>

Indicator	Key Questions	Responses	FGD 1 W	FGD 2 M	FGD 3 W&M
	<p>25. Most of the basic health care services are provided by the government in the country, do you think that the services provided are satisfactorily being delivered? Would a fee or charge to service delivery reduce the number of patients attending such services? What is your suggestion to improve such services if you are not satisfied with current arrangements?</p> <p>26. The government has been conducting advocacy in various dimension to ensure the rights of women and girls get to equal access to educational information on the health and well being of families, including information and advice on reproductive health, including family planning and prevention and treatment of sexually transmissible infections? How many times have you attended such sessions? If, not what why? If yes do you think that they are useful? Have they contributed to change in attitude about beliefs and perceptions of community towards women rights to such information?</p>	<ul style="list-style-type: none"> ➤ Services are available, they are asked to contribute but they are asked to go and buy medicines ➤ Services do not match with the contributions they are making ➤ Women have ever attended training on SRHR services ➤ They have never attended any course ➤ No improvement though they are contributing for health services ➤ Government should improve provision of services by improving the infrastructure as well as staff remuneration ➤ Build more dispensaries ➤ People should be given opportunities to raise their views where necessary 	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p> <p style="text-align: center;">*</p>	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p>	<p style="text-align: center;">*</p> <p style="text-align: center;">*</p> <p style="text-align: center;">*</p> <p style="text-align: center;">*</p>
9: Elimination of Gender Based Violence	NO GBV qualitative Information is to be collected – Only quantitative information is required				

Appendix IV: PERSONAL INTERVIEWS

A: PERSONAL INTERVIEW WITH THE WARD COUNCILLOR OF UKILIGURU-MR MADOSHI MADULU MALAMBO HELD ON 25th FEBRUARY, 2010.

1. POLICY

What policies are in place for protecting the rights of the women and how do you make sure they are adhered to?

- Earlier on the women were very backward in development issues. That is still a problem up to now. They do not like to contest for leadership positions although they are encouraged and get much support from the higher authorities.

So what strategies or solutions have you planned for solving that?

- The women are given priorities during contesting for position. For instance if she has contested with men and the men happen to be the winner we look at the situation. If there are not many votes between them then the post is given to the woman.

How do the men consider this issue of empowering women?

- They still think that the women are not capable for holding leadership positions. And this idea is further enforced because even in campaigns the women take some men to talk for them.

After been chosen what strategies are there for them been taught their roles and responsibilities?

- At the district level nothing has been done but the Ward Councillor provides them with a seminar and gives them the book directing them their responsibilities. CARE has also provided them too.

2. PARTICIPATION IN DEVELOPMENT ACTIVITIES.

What strategies are there for involving women in development activities?

- There are some women members in the WDC whereby the participants are the village chairmen, VEOs and experts from that ward. But a large percentage is the men.

I don't feel there is a need for having special seats for the women in various committees simply because they are a large percentage and will naturally win any position they contest for. What do you say on that?

- The women do not love and trust each other; they are selfish and lack confidence. I assure you rather than giving a position to another woman they will vote for the opposite sex. If a woman wins then know behind her there are men and some famous people because simply they can not even express themselves. It is not that they are not capable but they do not have faith in their abilities.

If someone in your ward comes and motivates a woman to contest for your post what will you do?

- I would be happy to get competition and because it builds discipline in work.

Do the women in leadership positions have problems in problems in handling their family responsibilities and work?

- Sometimes their partners have negative conception on that but eventually with time they come to understand and enjoy the development brought by the wife in the family.

B: PERSONAL INTERVIEW WITH THE VILLAGE EXECUTIVE OFFICER (VEO) FOR KITUMBA VILLAGE - KWIYANGIKA ENOS. HELD ON 23rd FEBRUARY, 2010

1. POLICIES

What policies or laws do you know of that are in place for protecting and upholding the rights of women and girls?

- When a woman faces problems or violence in her marriage she comes to the VEO's office and complains. Thereafter they solve the problem.

This is due to:-

- Mobilization from the mobiliser of law and rights at the community level who has been chosen by that community. That is conducted through village meetings (quarterly per annum) and sub-village meetings each month.

What can you say about the community attendance in these meetings?

- The participation is very poor as out of 1000 community members you might find only 80 attending that meeting. The problem is faced in all the sub-villages.

How do you go about solving the problem of poor attendance?

- Through different strategies especially by using the Sungusungu. We ask them to hold their meeting whereby the agenda is mostly on safety and protection only. The turnout for those meetings is very high so the village council insert their own agendas in those meetings also.

Why do you think the Sungusungu succeed in attracting more people than the village chairman while the village meeting is held to discuss development issues?

- I really don't know but it eventually succeeds because the few who attended the village meeting goes to deliver the message in the sub-village meetings.

2. ECONOMIC SECURITY (ABILITY TO COPE WITH ECONOMIC SHOCKS).

Are women able to deal with economic shocks?

- Yes. In Kitumba village the women are the ones dealing with business and taking care of the family from the income generated. Their main business is quarrying whereby there are more than a hundred (100) women in that profession.

How does the village council protect their economic rights example the sale of the mountain in Kitumba whereby they used to earn their living from it?

- The village council and the community were against the sell of that mountain from the beginning. It reached a stage whereby the community wanted to throw stones to the district commissioner but the "Diwani - councillor" settled it. The regional commissioner had to hold a meeting and set up the terms to the community whereby asked Nyanza road to construct a road to reach another mountain so that the community could conduct their quarrying from it. Nyanza

road is the one who bought that mountain and built the VEO's office, renovated the Kisesa police station as compensation for it.

How does the village council assist the women to rise financially?

- By motivating them to form and join different groups and thereby registering them.

Is there no resistance from the men?

- Yes there is. The men are complaining that all the effort is placed on the women only and want more focus on them too.

What services are women in Kitumba facing in accessing ?

- The issue of getting access to clean and safe water. Especially in Mondo and Kimaga sub-villages as in the other 7 sub-villages there are wells. From Kimaga to Kigungumuli where there is a well is 4 kilo meters. In Kisesa there is a tap water coming from the lake source but we get water very rarely when it rains.

How do the men/boys feel about the contribution of the women in various development activities?

- They are not very supportive of it. For example if I am late in meetings or at work my husband feels that I am lazy and have done it purposely. I am now used to it.

What problems are the women mostly facing?

- The men deciding to sell the crops harvested without consulting the wives. Can even use the harvest to marry another wife.

Gender based violence?

- Very little

What about the issue of inheritance?

- There is no problem.

How do you assist the women when their husbands decide to sell their crops?

- We call them and provide advice and counselling.

What is in place for protecting the rights of the women?

- The primary Court
- Sungusungu. They use the traditional fines as if you have wronged against someone you have gone against the whole community. If they fine you, even the court cannot revoke it. The fines are not against the laws.
- Baraza la ardhi

3. PARTICIPATION IN DECISION MAKING

Are women involved in development issues?

- Yes and they are involved in different committees such as the water committee whereby they are 6 women, 6 men.

What if the seats were not reserved (special seats) do you think the women would have contested for the positions?

- In that case there would have been men only in those positions mainly because the women have many obligations.

The women have a large population in this village. If a woman stands and compete for the position of village chairman do you think she will get that post?

- It depends on her capacity to express herself. If she is strong and capable, can voice her ideas she will get it.

So do you think the special seats are minimizing their capabilities and are not good?

- No I do not think that because most women fear standing and contesting for certain positions but once they get any position they can handle them and work effectively. So I think the special seats should remain so that we get more women to hold various positions.

In the committees (such as water, school committees) how are the women selected and are they accepted by the community members?

- They are proposed by the community itself and then voted for. Thereby they are accepted as the community is the one who chose them.

4. SEXUAL REPRODUCTIVE HEALTH AND RIGHTS.

Is there a health centre or dispensary in Kitumba?

- No there isn't. We have to go to Igekemaja dispensary or Kisesa health centre for treatment.

What problems do you face in accessing those services?

- Shortage of medicines whereby you are told to go and buy most medicines and most of the pharmacies are the Doctor's.
- Long distance to reach the service. Therefore some pregnant women decide to deliver at home and sometimes complications occurs which lead to maternal mortality/ morbidity.

How do you find the cooperation between husband and wife in using modern family planning methods?

- The women are the ones involved in going to clinics and applying the FP methods. The men are not yet supporting the idea.

What about the amount of children per household?

- Those with 6 to 8 children are a very large % than those below 6 children.

5. HIV/AIDS

Is there any NGO, company etc. providing HIV/AIDS education in your village?

- Yes. After every two years TAZAMA enters in the sub-villages and conduct voluntary counselling and testing.

Is it enough?

- No it is not there is a need for further mobilization at least once every year.

How is the status of HIV/AIDS in this area?

- Moderate

Is there any other HIV/AIDS training provided apart from that by TAZAMA?

- The home based carers talk with those who have checked, been found HIV positive and declared their status. They advise them to go to hospital so that they can get constant monitoring and checkups and start on ARVs when needed.

Is there no education on prevention?

- There is not.

Apart from CARE, are there any other NGOs in Kitumba?

- Yes. TAZAMA

C: PERSONAL INTERVIEW WITH THE WARD EXECUTIVE OFFICER (WEO) OF UKILIGURU- MR SHIJA SHILUNGUSHELA ON 25th FEBRUARY, 2010.

1. POLICIES

What policies are in place for protecting and upholding the rights of women and girls?

- Involving, educating and motivating them to contest for various positions

Are there any external forces assisting on that?

- Yes. CARE through selection and training of animators on legal and basic human rights. The animators are in every sub-village thereby conduct trainings to community and are now very aware of their rights.

2. PARTICIPATION IN DECISION MAKING AND DEVELOPMENT.

How is the women involvement and participation?

- Through various entrepreneurship groups. There are many women motivated to take loans from the district due to that
- They also supervise different development projects in the society such as ECD

What do you say about their participation in political activities?

- The participation is poor

Why?

- Because they have a large workload at home and also poor economic status thereby most of their time they struggle to get money for food for their families.
- The problem of drought also affects them to a large extent as they use a very long time in accessing water.

Why is drought a problem to the women and not to the men?

- Because the women are the main carers of the families and also not all families are headed by a man. Some are female headed households.

You have said that, in the WDC there are 9 members total (4 females, 5 male) how do the community see them?

- They respect their decisions.

What is the system used for getting the women in the village council and in different committees?

- In Village council they are voted for.
- In the Ward Development Committee the names are proposed by the WDC then voting takes place

The women do not stand and contest by themselves until motivated by the party to do so.

3. SOCIAL SERVICES.

What service is mostly needed in this society and needs improvement?

- Water
- Health services

Why?

- Health services because there is only one health centre at Ukiliguru thereby the pregnant women have to come from very far about five kilometres to check their attend clinic also to take their children to clinic. This also causes long queues as many people depend on that centre only.
- Water because there is no safe and clean water available as they are taken from the traditional wells whereby dogs, cattle, people etc. urinate. The wells are also very far from the villages.

Are there any water systems already in place?

- Yes. Earlier on there was availability of tap water from the lake to Ukiliguru but it deteriorated. There is also a project which started three years ago for supplying water but still the problem remains.

Is there any occurrence of gender based violence or gender inequality issues in this area?

- Yes from some of the families. Most of the women are still not aware on how to go about demanding their rights and when we advise them to take their violent partners to court they end up forgiving them and don't file a case.

Do you advise the men to change in the village meetings?

- No. Not in the meetings but we call them together husband and wife, counsel and advise them.

D: PERSONAL INTERVIEW OF THE VILLAGE EXECUTIVE OFFICER (VEO) OF NYANG'HOLONGO VILLAGE-MISS KAGOLI BUNDALA HELD ON 25th FEBRUARY, 2010.

1. POLICIES.

How do you assist the women in protecting and upholding their rights?

- By advising them on various methods of solving the problems facing them and directing them to go to the district community development officer for further assistance if necessary.

For example there was one woman whose husband died and the relatives of the late husband wanted to take all the properties obtained during their marriage. The VEO made sure that the woman did not lose any of their properties and also assisted her in the selling of their plot of land which the late husband's mother wanted.

Another example is one woman whose small child had been taken from her by her husband upon breaking up of the marriage. She directed her to the social welfare office whereby they made sure the baby was returned to its mother.

Are there any policies protecting women's rights?

- As far as I know there are not.

Is there any mobilization meetings conducted in your village?

- No. there is not. Also most women do not like being close to me.

2. PARTICIPATION IN DECISION MAKING AND DEVELOPMENT ACTIVITIES

Are there any women participating in decision making process?

- Yes there are. In the village council 9 of them are women (9/25). They are members of the finance and planning committees.

How did they enter into those committees?

- By being selected by the VEO and village chairman after looking at their capacity and ability to read and write.

How are the women in those committees considered by their households?

- Very positively there is no problem on that.

Are they capable in carrying out their responsibilities?

- Not really and tomorrow we plan to dissolve the committee and choose other members.

How do the men respond to the women being in those committees?

- There is only one who is complaining and wants his wife to be removed from the committee because of the long distance to travel which causes her to return home late.

Since starting work have you received any training?

- No. We were just read our roles and responsibilities for each but no seminar or orientation conducted. I had to be very close with the WEO and other elders in order to get support.

Are the men in the village supporting you?

- Yes. The only problem I am facing is with the sub-village leaders who do not support me. They feel that I am too young and also because I am a woman can not lead them.

In this ward are there any other female VEOs?

- Yes. One other therefore two women/3 as we have three villages.

Is the other VEO facing the same challenges as you are?

- Yes but not very strongly as at least some of the sub-villages leaders and women support her. On my side both of them don't maybe because of staying with them in the village but I really cannot afford been far and taking transport everyday as when I calculated all my salary will end on transportation.

What other problems are you facing?

- Really it's only the problem of transportation as Nyang'holongo is very big and I need to walk in all the seven sub-villages. I need to have a bicycle or motorcycle for effective implementation of activities.

3. GENDER BASED VIOLENCE.

Is there GBV in your area?

- Yes there is and most of the time I direct them to the WDC.

What is the main cause of GBV?

- Excessive drinking of the women. More than 70% of the women make their own local brews to consume and sell. In 2009 I received 6 cases involving drinking.

4. HIV/AIDS

Is there any mobilization on HIV/AIDS conducted in your area?

- Yes through the village council members and village meetings.

What about VCT?

- In 2009 "Damu Safi na Salama" (clean and safe blood) came to test the people for HIV twice.

How is the rate of transmission of HIV here?

- The transmission is high.

Is the behaviour changing to better?

- No. It's only getting worse and people are no longer afraid and saying that if they can die from malaria then why not AIDS.

So, what can we do to solve this problem?

- Bring open video/cinema to the community on HIV causes/effects.
- Conduct trainings and seminars in schools and in the community because the situation is very bad on the side of students and some have even been put in Butimba jail.

What action do the police take upon discovering students in guest houses?

- If the students are above 18 they are taken to the police station whereby they spend a night, then taken to Sungusungu and beaten
- If under 18 they are taken to the police station and thereafter to Butimba jail.

What case have you incurred in implementation of your duties?

-1 month after reporting I was given some poisonous "kizamvu" which would have been hazardous but fortunately I cooked it with milk so it did not harm me.

**E: INTERVIEWS WITH MARIAM LUBIGISA AND SIPHROSA LEOPADIA -
MWAJOMBO VILLAGE COUNCIL MEMBERS HELD ON 25th FEBRUARY, 2010.**

1. POLICIES

Have you ever heard of any law or policies protecting women's rights?

- No. we have not. We do not know our rights and in Sukuma culture the women are below the men in everything. CARE has taught the legal and basic human rights through the village meetings and through animators in each sub-village.

Are there any women in leadership positions?

- Yes we are 8 out of 25 in the village council.

2. OWNERSHIP

Who owns the properties in the household?

- Right now it is both the husband and wife

What about making the decision to buy or sell. Who makes it?

- The husband, wife and some children who are adults.

What if the children refuse?

- We discuss among ourselves and if it's for a good purpose we sell it.

3. ECONOMIC SECURITY.

What economic hardships are you facing?

- Misuse of harvests.
- Drought
- Being unable to pay for children's school fees.

What solutions do you take when faced with those hardships?

- Doing hired labour
- Farming beside the lake
- Fishing
- Selling of assets.

Who is mostly affected by the hardships?

- The mother because she is the main carer of the family. The husband can leave even for two weeks without knowing or caring on how the family is surviving during his absence.

4. PARTICIPATION IN DECISION MAKING.

Are you involved in decision making in the village?

- Yes we are as we took the forms and got in the village council. But there are still some people against as who say we are there only to learn prostitution.

Why did you contest for those positions?

- Because we knew we are able and capable and want to bring development to other women.

Who do you leave the household chores to?

- The elder children.

What do you think has to be done so that the situation changes and more women are involved in decision making?

- Just put more emphasis on educating and training the society.

Do the men like the women to get that education?

- Yes most of them do. The problem is with us women we are very fearful.

5. ACCESS TO SERVICES.

What is the village priority in access of services?

- Health services. We have a dispensary whereby we pay 10,000/= per year for each household but it is not satisfying their needs.
- Water is also a problem as the service is obtained very far.

6. HIV/AIDS

Is there HIV/AIDS in your community?

- Yes there is although most of the affected people fear declaring their status. But some are already on ARVs. CARE and “Nyumba Bora” are providing education on that.

What about the behaviour change?

- It is changing very little as the discos contribute to a large extent to the transmission of HIV.

What things do you women hate from the men?

- Not getting freedom to attend meetings and seminars
- Not being taken seriously when talking

F: PERSONAL INTERVIEW OF THE WARD COUNCILOR OF KISESA – MAGU DISTRICT

a) POLICIES.

How do you assist the women in protecting and upholding their rights?

- We have done study and discover that the root problem among women is lack of education which makes women not to have confidence. We therefore decided to deal with the root problem by providing education to more women. The ward has two secondary schools, what we are doing is trying to make sure that girls get more chances into available secondary schools in the ward.

What is being done in today's generation?

- Providing education to their children so that they assist/help their mother in future
- When girls are educated have much assistance
- Current even men's stand have changed
- However, wealthy women are great men abusers, they can even influence children not to respect their father

What strategies are there on girls' enrolment?

- Girls are enrolled in schools and village executive officers have been given the task of making sure all girls in his/her village are enrolled in schools and attend classes. Legal measures are taken against parents who fail to enrol their daughters in schools or they missed classes for no good reason

b) PARTICIPATION IN DECISION MAKING AND DEVELOPMENT ACTIVITIES

Are there any women participating in decision making process?

- Yes they are considered.

Are they capable in carrying out their responsibilities?

- Not really, they are not capable. One example of weak performance by women members in village committee is that of water committees. Women members do collect money from beneficiaries of water services in the ward; however they never make follow-ups on contributions and do submission of collections without receipts. In short they are not careful with their assignments

What should be done?

- Women need to be educated for them to perform better

**G: PERSONAL INTERVIEW WITH SERVICE PROVIDERS (SRH) FOR
KISESA, MAGU – STELLA (NURSE OFFICER).**

1. SEXUAL REPRODUCTIVE HEALTH AND RIGHTS.

What kinds of SRH services are provided?

- Pregnancy test
- Prevention against Malaria
- Mother to Child Transmission (PMTCT)
- Delivery services
- HIV/AIDS test, counselling and providing ARVs services
- Family planning services: In the past injection method of birth control was not accepted by women.
 - o Women prefer the topical (Implants) method of birth control due to its secrecy nature as most men have not yet to accept use of family planning methods in their families.

What do the community say about SRH services provided?

- Services are accepted as pregnant women are closely monitored from when they registered for clinic till they deliver
- Maximum we do provide 55 delivery services per month

Does the centre have facilities for in-patient services?

- We have buildings built under Japan's assistance in 2003 but there are no bed
- For maternity ward not only beds are not available but also curtains to hide patients

As a health centre, what is done to help those who stay very far from the centre?

- We do provide services in a set; Kisesa and Sangijo
- Still the attendance is poor and we are very few health professionals here making impossible mobile services

Do you convince women to come with their partners in the clinic?

- Yes, but the response is poor as men are not ready, out of 5 families only 1 respond

Which methods do you use to counter-act the situation?

- Through WDC and VDC meetings, men are yet to have enough education on the importance of escorting their wives to clinic.

What about health services costs?

- We have VHIF system where for every visit to the centre, the patient has to contribute TZS 2,500.00
- Another method is to pay TZS 10,000.00 for annual health insurance cover where you need not to pay when you visit health centre for the whole period of your cover.

What will you say about National Voucher Scheme (Hati Punguzo)?

- In the past we provide to pregnant women and children under nine months at TZS 2,000.00
- From January 2010 the cost has come down to TZS 500.00 and there are two shops in Kisesa accepting the voucher.
- However, in some areas mosquito nets provided under voucher system are used in chicken sheds and some people believe that they are poisonous

Are there TBAs to assist women who stay far from the centre?

- We have three of them who are trained
- However, they are not available and some women gave birth at home but we do not get the information
- Existing TBAs have cut communication with us since in the past they used to be paid for the service but now days they are not
- There are no nurse in the village but we have fully fledged project known as Home Based Care

Are there Health Committees in Kisesa?

- They do exist though they do not meet.
- We do not have the Preliminary Health Card system, a person has to visit hospital to get information.

What should be done to improve health services in Kisesa?

- Be provided with more resources for family planning, more implants are needed as it is the mostly accepted method.
- Be provided with enough working tools and other hospital necessities. For example: the government provides injections but the kit is for three months and below the requested amount, we do not have gloves and forced to send husbands to buy ones for their wives who are about to deliver

Why inadequate supply?

- The law bind us to rely on MSD only as our supplier but she is not able to meet the needs of all her clients.

Composition of Staff working for the centre:

- Two trained nurses
 - One un-trained nurse
 - Two trained medical officers
- Servicing about 17,000 populations

2. HIV/AIDS

What is the level of HIV/AIDS prevalence in your community?

- In Kisesa, a week cannot pass without receiving three HIV/AIDS patients
- People are yet to change their sexual life especially in Mgayeni area, cases of rape are still many

What efforts have been taken to educate the society on HIV/AIDS?

- We have tried to mobilize people and give them education on HIV/AIDS but they appear only once and never come back for more sessions

Does stigmatization exist in Kisesa?

- Somehow present and depends.

3. GENDER BASED VIOLENCE (GBV)

Are there GBV cases in Kisesa?

- Yes, but not so much.

How do the Kisesa community respond to the friendship service?

- Girls are afraid of taking condom but they vow that they cannot stop doing sex

**H: PERSONAL INTERVIEW WITH JOHARI – MISSUNGWI WARD COUNCILOR/
UWT DISTRICT SECRETARY.**

1. POLICIES

Who encourage women to understand the importance of women independence and educate the society?

- Through meetings and development social groups
- UWT; for girls emphasis is on school and education on STIs and pregnancy

How do the information reached men so that they allow their wives to participate in social development activities?

- Example; Johari was elected to be ten cell leader in 1976, CCM sent her to Mhutungulu College and her husband agreed though some people discouraged him by saying once she is educated she will divorce him.
- What they do is to educate women to come forward and build good relationship in their families and to give their views in meetings. In this way they mix with men and men understand.

2. OWNERSHIP

What about making the decision to buy or sell. Who makes it?

- The husband, even when the wife wants to travel has to ask for permission from her husband.

3. ECONOMIC SECURITY.

Are women able to take care of their families alone and cope with economic shocks?

- In Missungwi, women are the ones taking care of families in terms of looking for food for the family
- This is a heavy responsibility to women.

What do you say about the importance of men to assist women in taking care of their families?

- It is a good idea, if the husband is either employed or businessman, he has to contribute something for the family food
- There are some improvement now, men

Does the problem of livestock keepers feeding their livestock in others farms exist in Missungwi?

- No, we have by-laws whereby who ever caught doing so is fined TZS 200,000/= or taken to court

4. PARTICIPATION IN DECISION MAKING.

What hinder women to participate in decision making bodies in the village?

- We women do not love each other, we are not cooperative (enemy of woman is a woman). It is women themselves who deter women development (envy)

What should be done to tackle the problem?

- UWT, TAMWA to put much emphasis on women education and encouragement
- To have strategy program to support women contestants
- For example in Missungwi village, out of 78 people who appear in the opinion votes, 8 were women but none of them sail through to the second stage for lack of support. All village chairpersons are men; at hamlet level only 12 are women.

Does the society accept women as leaders?

- The community what to measure performance of women leader so they make close follow-up on them to see how far they have managed to motivate the society and developments they have brought.
- In my ward, we have 12 primary schools, 2 completed secondary schools and one secondary school under construction. So they accept that I have brought developments in the community

Are other women leaders receiving good cooperation from the community?

- Yes.

How do you manage both leadership and household chores, is there any problem?

- No, there is no problem because it is just the issue of organizing yourself; not all your time will be spent in the kitchen and washing clothes.

5. SEXUAL REPRODUCTIVE HEALTH (SRH) AND RIGHTS.

Are women happy with health services provided in the village?

- Deficiency of medicine at the health centre
- Long queues at the health centre do to high number of patients
- People perceive family planning education as just wasting their time
- Some nurse officers in both dispensaries found in Missungwi ward (Mwambolwa and Mwanangwa) use rude language to patients

6. HIV/AIDS

How do you educate the community on protection against HIV/AIDS?

- We have two groups; cultural group and those living with HIV, which have been paid to mobilize people and educate people on the importance of safe sex

What about the behaviour change?

- Somehow they have change but still they do practice unsafe sex. Availability of ARVs makes things worse as people do not see the need to change since ARVs extend their life.

What should be done?

- Faith leader to strongly preach against adultery and prostitution
- Faith leader to put much emphasis in teachings that build fear of God in people's hearts

6. GENDER BASED VIOLENCE (GBV)

What should be done to help women to solve water problem?

- Water problem is an extreme issue
- There is water project from Nyahili dam to Missungwi
- On water issues assistance come mostly from corporations such as JAICA, RIDEP (they built water well in each village) and HESAWA
- Problem is that water wells built are not sustainable and water pumps are often stolen

I: PERSONAL INTERVIEW OF THE VILLAGE CHAIRPERSON (VCP) OF MWAJOMBO VILLAGE – MR. SHIJA KAPINI HELD ON 25th FEBRUARY, 2010.

1. POLICIES.

Basing on Women’s rights policies, what is done in your village to make sure that women obtain and understand their rights as stipulated under these policies?

- CARE has been upfront in educating women and helped them in forming and joining VSL
- Information on women’s rights and empowerment are received through radio and training through animators.

Are there any policies protecting women’s rights?

- As far as I know there are some.

2. GBV

What are the results of providing women with education on women’s rights and empowerment?

- Gender related violence incidences have decreased in number compared to previous years – men and women are now sensitized.

3. WOMEN PARTICIPATION

How are women participating in development issues?

- Through involvement in meetings
- Women are either elected or appointed in various leadership posts in the village
- Women vied for leadership posts and are given priority
- The community accept them
- Following education given to wife and husband there are no much problems, may to the old ones

4. SEXUAL REPRODUCTIVE HEALTH (SRH) AND RIGHTS.

Which health services are needed in your village?

- Dispensary, women are troubled
- Health workers and medicine are available, the problem is there are no buildings for dispensary
- We have water problem in our village and do not know when the problem will be solved
- The Government to consider us in water and dispensary problems

5. CHANGES EXPERIENCED IN THE VILLAGE FOLLOWING GLOBAL CHANGES

EDUCATION:

- Men to give women freedom
- To use VSL leaders
- Wards meetings
- Public meetings that combine both women and men.

Now men understand that if wife is doing business she will progress.

J: PERSONAL INTERVIEW WITH MONICA SHIMBI – C/O OF MISSUNGWI HOSPITAL HELD ON 25th FEBRUARY, 2010.

1. SEXUAL REPRODUCTIVE HEALTH AND RIGHTS.

What kinds of SRH services are provided?

- Antenatal care (ANC)
- Delivery services
- Friendship services to teenagers
- Child care clinic
- Family planning services; advice is given to both women and men when they visit the hospital though the number of men is too minimal. However, women go back and talk with their husband and they are permitted to use FP
- Mobile clinic for Ikungumhulu, Mwamboku, Ngobho and Isesa

What do the community say about SRH services provided?

- People are satisfied with services provided

2. HIV/AIDS

How do you deliver HIV/AIDS services to the community?

- HIV/AIDS services are available in every unity at the hospital
- HIV testing is on voluntary basis
- For those at home they get education on HIV/AIDS through campaigns

What is the level of HIV/AIDS prevalence in your community?

- The level of infection is high
- In the OPD section alone, out of 72 people volunteer for HIV test, 10 are affected

What is the response received from the community on HIV/AIDS education provided?

- Peoples sexual behaviour have changed; use of condoms has increase as by noon you will find the box of free condoms placed in the hospital empty.

What should be done to make sure that people changed their sexual behaviours?

- Providing them with HIV/AIDS education, this education should also be provided to secondary school students

3. GENDER BASED VIOLENCE (GBV)

Are there GBV cases in Missungwi?

- Yes.

Mention them:

- Raping cases
- Wives bulling cases, three times in a month

What are the causes?

- For wives bulling, includes alcoholism, wives use of family planning methods without husbands consent

4. QUESTIONS TO CARE BY INTERVIEWEE

- What is CARE going to do to assist the hospital in
 - data collection by:
 - ✓ Going through households
 - ✓ Going through Ward Councillor and Hospital Executives
 - Health education to the community
 - Health education in schools
- What is CARE thinking on providing seminar/s on women and girls issues to hospital workers so that they can assist women and girls in their areas?

K: WATER DEPARTMENT – MISSUNGWI DISTRICT GROUP DISCUSSION HELD ON 25th FEBRUARY, 2010

Participants:

1. Debora Kebwa
2. Pastory Kazimili
3. Teckla Mishamo
4. Flora Sengerema

What transpired during the discussions:

- They are faced with water problem and people do spend most of their time searching water
- Mwajombo village has three water wells
- Water department is trying its level best to take water services near to the community
- Problems faced include: water pump theft cases
- Current there is a water project for Nyahiti village, however villages along the way (i.e Iteja, Lubuga nd Maabuki) will also benefit. It is expected that by June 2010 the project will be operating since they have funds and pumps are already there, only waiting for electricity
- Equipments will be bought once water reached Missungwi, water outlets have been left for every village.
- Four zones ABCD are joined to form two zones that have water bodies.

What should be done to make sure people get water services?

- Funds be allocated for water projects
- To vie for deep water wells

Community involvement

- Providing defence training to the community
- Have water committees
- Making the community have the sense of ownership of water projects in their vicinity: There is a plan of digging 10 deep water wells and people have been asked to contribute.

QUESTION TO CARE:

Do CARE have programs of assisting in water projects and how? Response

Appendix V: Article on women

