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GENDER BASED VIOLENCE AND LEGAL AID SERVICES INTERVENTIONS AMONG RURAL WOMEN IN MOROGORO RURAL AND KONGWA DISTRICTS, TANZANIA

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ABSTRACT

Several initiatives have been implemented to promote human rights targeting women. Despite, Legal Aid Services (LAS) provided to women, violation of human rights manifested in the form of Gender Based Violence (GBV) is still high among women globally, regionally and Tanzania in particular. Using Freire's theory, this paper analyses the contribution of LAS interventions to combat GBV incidents among rural women. The study involved 240 rural women in Morogoro Rural and Kongwa Districts. Statistical Package for the Social Science (SPSS) Version 16 was used to analyze the data. A GBV index was constructed indicating levels of GBV in the study areas. Women in the study areas were experiencing a medium level of GBV. Wife battery, deprivation of basic necessities and marital rape were the most common forms of GBV practised in the study areas. Generally, beneficiaries and non-beneficiaries of LAS experienced some forms of GBV regardless of their involvement in LAS interventions. However, Mann-Whitney U test revealed a significant difference in the actions taken against perpetrators of GBV for beneficiaries (Md = 5, n = 98) and for non-beneficiaries (Md = 2, n = 95), U =2837, Z = -4.730, p = 0.000, r = 0.3. The distinguished differences might be related to the acquired knowledge through LAS intervention on women's legal rights education. Hence, the knowledge inspires them to take legal actions of reporting GBV incidents. These results have implication on changing the odds of GBV status. Therefore, the government and LAS stakeholders should put more emphasis on raising awareness about women's legal right education and publicizing the availability of LAS providers, particularly at the grassroots level where the majority is less informed.

Keywords: Gender based violence, Rural women, Legal aid services, Tanzania.

Contribution/ Originality

This study contributes in the existing literature that violation of women rights in the form of GBV is still escalating among women. Forms of GBV vary across locality and cultural norms in different ethnic groups. Women legal right educations through LAS interventions are important for changing GBV situation.

1. INTRODUCTION

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

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demonstrated through Gender-Based Violence (GBV) (Mashiri and Mawire, 2013). GBV cuts across all divisions of classes, race, religion, age group and ethnicity in all regions in the globe and is described as the most prevalent human rights violation in the world (Cruz and Klinger, 2011; Arango *et al.*, 2014). Femnet (2001) defined GBV as any form of violence that happens to women, girls, men and boys because of unequal power relations between them and the perpetrators of such violence. Both men and women can be victims as well as perpetrators of GBV. However, women are more vulnerable to GBV at different moments in their lives from childhood to adulthood (Ellsberge and Heise, 2005). GBV has a greater impact on women and girls, as they are most often the victims suffering from physical damage than few men victims. Therefore, the focus of this study was on GBV against women.

Forms of GBV vary across cultures, countries, regions, and occur at different stages in the life cycle of women worldwide, including: physical violence from an intimate partner or husband manifested as domestic violence or wife battery, sexual violence, such as marital rape, economic violence such as lack of right to own resources and deprived acquisition of basic needs. There are also cultural violence, such as early marriage and Female Genital Mutilation (FGM), and psychological violence, such as depression and trafficking of women and girls (Ferguson *et al.*, 2004; Betron and Doggett, 2006). Globally, several initiatives have been implemented to combat GBV targeting women. The initiatives include: the Universal Declaration on Human Rights of 1948, the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW) of 1979, the Declaration on the Elimination of Violence against women of 1993 and the Fourth World Conference on Women Action for Development Equality and Peace of 1995 (Legal and Human Right Center (LHRC), 2012). Whereby in Para 61 (a) of the Beijing Platform governments are required to ensure free or low cost LAS including legal literacy, especially to women living in poverty.

The government of Tanzania has made efforts in tackling GBV through the endorsement of policies, plans and visions like the Women and Gender Development Policy of 2000, the National Plan of Action for the prevention and eradication of violence against women and children 2001-2015 and the National Development Vision 2025 (National Bureau of Statistic (NBS), 2011). To address GBV, the government has incorporated violence against women perspectives in policies, strategies and programmes as reflected in national policy and institutional frameworks like National Strategy for Growth and Reduction of Poverty (NSGRP), cluster three which is about elimination of sexual abuse and domestic violence (URT, 2010). Furthermore, Tanzania ratified legal instruments on the rights of women; these include the Sexual Offences Special Provision Act of 1998 (SOSPA), the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). Article 8 (a) and (b) of the Maputo Protocol promotes women's rights in relation to legal aid (Legal Services Facility (LSF), 2012).

The Lilongwe Declaration (2004) defines legal aid to include: legal advice, assistance, representation, education and mechanisms for alternative dispute resolution, including a wide range of stakeholders, such as non-governmental organisations, professional bodies and academic institutions. According to Danish Institute for Human Rights (DHIR) (2011) legal aid is defined as free or subsidized services to eligible individuals or groups, mainly poor and vulnerable people. Legal aid is provided as a means to strengthen their access to justice, for example legal information and education, legal advice and assistance, alternative dispute resolution and legal representation. Moreover, the government of Tanzania permitted the establishment of private agencies to provide LAS on women legal issues. Among these agencies are; Tanzania Women Lawyers Association (Tanzania Women Lawyers Association (TAWLA), Tanzania Media Women's Association (Tanzania Media Women's Association (TAMWA) and Women's Legal Aid Centre (WLAC). The aim of these LAS providers has been on enhancing awareness of women on legal and human rights, including GBV issues (Hierimeier, 2004). However, with regard to GBV, there is no specific and comprehensive law in Tanzania; some of the GBV incidents are addressed by other laws like the Law of Marriage Act (LMA) of 1971, the constitution of the (United Republic of Tanzania (URT), 1998); (Tanzania Women Lawyers Association (TAWLA), 2014).

Despite all above initiatives, policies and LAS provided to women, violation of women rights manifested in the form of GBV is still high among women globally, regionally and Tanzania in particular. For example, from 1982 to

2004 about 130 million women and girls were victims of FGM worldwide (World Health Organization (WHO), 2005). Also, it has been reported that, globally, 35% of women in 2013 experienced physical and sexual intimate partner violence or non-partner sexual violence (WHO, 2013). Likewise, between 2010 and 2011, about 48% of married women in the reproductive age in Zimbabwe reported to have been experiencing some forms of GBV, whereby 27% reported that they faced physical violence, 26% sexual violence and 25% emotional violence (Wekwete *et al.*, 2014). Also, NBS (2011) indicated that in Tanzania 45% of women aged between 15 and 49 years experienced either physical or sexual violence. Nevertheless, the incidents of such violence vary among regions; for example, the top 5 regions in Tanzania with high numbers of women experienced physical violence in 2010 were: 71% in Dodoma, 66.4% in Mara, 58.8% in Ruvuma, 50.1% in Morogoro and 49.4% in Kagera. However, many women remain silent about GBV issues (LHRC, 2011).

The study was guided by conscientization theory that was developed by Paulo Freire. The theory provides an idea for education as a vehicle for breaking the shackles of oppression and a culture of silence. Also, it sees literacy as a crucial way for increasing consciousness that actually enlightens women and other people to take action against the situation (Freire, 1973). Conscientization is referred to as learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality (Freire, 1970).

Conscientization theory has been applied by Nyirenda (1996) to examine Freire's educational ideas in contribution to education and development in Africa, particularly in the rural areas. Freire's educational ideas seem more relevant leading to personal liberation, self-determination, political mobilization and action (Nyirenda, 1996). The current study was informed by Freire's theory of conscientization to examine the contribution of women legal right education on influencing rural women towards breaking silence and taking actions against GBV incidents. The study anticipated women legal right education to: enlighten rural women of their legal rights, conscious to recognise different forms of GBV, awake them to take actions against perpetrators and report GBV issues to formal or informal justice systems. Several literatures (Rodriguez, 2000; Allendorf, 2007) merely provide information on access to, and effectiveness of LAS on, land rights, land ownership and empowerment. While Schuler *et al.* (2008) focused on women rights and domestic violence in Bangladesh, only few previous analyses in Tanzania have approached the issue of LAS. For example, Behrman *et al.* (2013) focused on evaluation of grassroots community-based legal aid activities in Tanzania and Uganda, while Danish Institutes of Human Rights 2011 determined access to justice and legal aid in East Africa. Thus, information about contribution of women legal right education among rural women and their GBV incidences in Tanzania is missing. Therefore, this study assessed the contribution of LAS intervention and the status of GBV among women in Morogoro Rural and Kongwa Districts. Specifically, the study: (i) identified the main forms of GBV practised in the study areas and (ii) examined the actions taken against perpetrators of GBV among victims in the study areas. Moreover, the following hypothesis was tested: actions taken against perpetrators of GBV are the same for the beneficiaries and non-beneficiaries of LAS.

This study is in line with the Millennium Development Goal (MDG) Number 3, which aims at promoting gender equality and women empowerment (United Nations (UN), 2006) which is now Sustainable Development Goal (SDG) Number 5 (Osborn *et al.*, 2015). This MDG/SDG specifically focuses on fighting violence against women as a way of achieving gender equality. Furthermore, the study is in line with Tanzania National Strategy for Growth and Reduction of Poverty (NSGRP) cluster III, of which one goal is "Promoting and protecting human rights for all, particularly for poor women, ..." (URT, 2010). Also, the study is in line with Maputo Protocol Article 8 (a) and (b) which promotes women's rights in relation to legal aid (LSF, 2012). The information from this study was intended to provide insights on the need to plan interventions for education on women legal rights that can reverse the GBV situation. Also, the findings enlighten different stakeholders, including development partners, policy makers, gender activists, academicians, LAS providers, and the government; as a reference for decision making with regard to provision of LAS.

2. METHODOLOGY

The study was conducted in Morogoro Rural and Kongwa Districts. Morogoro Rural District is one of the seven districts in Morogoro Region. The district covers about 19,056 km^2 and lies between latitudes 8^o00' and 10^o00' South of the Equator and between longitudes 36^o00 and 38^o00' East of the Greenwich (URT, 2003). In 2012 the population of Morogoro Rural District was 286,248, including 140,824 males and 145,424 females (URT, 2013). In Morogoro District, one division (Mvuha), two wards (Mvuha and Kongwa) and four villages (Mvuha, Lukulunge, Kongwa and Tulo) were selected for the study. Kongwa District on the other hand is one of the seven districts in Dodoma Region. The district lies between 5^0 30'and 6^0 00' South of the Equator and between longitudes $36^0$00' and $15^0$00 'and $36^0$00' East of the Greenwich. The population of Kongwa District was 309,973 including 149,221 males and 160,752 females (URT, 2013). One division (Mlali), two wards (Iduo and Mlali) and four villages (Iduo, Masinyeti, Nghumbi and Mlali Iyegu) were selected for the study. The districts were selected because of the presence of LAS providers such as Morogoro Paralegal Centre (MPC) and group of legal aid services provider Mvuha "*Kikundi cha Wasaidizi Wakisheria Mvuha"* KIWAKIM for Morogoro rural District. Likewise, there is an Anti-Female Genital Mutilation Network (AFNET) and Tanzania Women Lawyers Association (Tanzania Women Lawyers Association (TAWLA) in Kongwa District, which advocate human rights issues relating to GBV, property inheritance rights and raising awareness on women legal rights. Furthermore, Dodoma and Morogoro are among the top five regions in Tanzania with high prevalence of GBV; about 71.0% of women in Dodoma and 50.1% of women in Morogoro experienced physical violence in 2010 (NBS, 2011). The selected study areas differ in terms of their cultural backgrounds; Kongwa District practises a patrilineal system while Morogoro rural District practises a matrilineal system. The study employed a cross-sectional research design which allows data collection in a single period of time. Ellsberge and Heise (2005) argue that cross-sectional surveys are useful for studying violence for providing information about the proportion of women in a community who have experienced or are current experiencing abuse. Both primary and secondary data were collected. Primary data involved qualitative and quantitative data. Qualitative data were collected using a checklist of items administered to 24 key informants and 192 FGD participants. Purposive selection of key informants was done whereby four participants represented LAS providers, four from ward tribunals, two from the nearest police stations working at a gender desk, two from the District Community Development Office, four from ward and eight were Village Executive Offices. Similarly, a focus group interview guide was used in discussion to gather information from 16 focused group discussions (two groups of women and men separately from each village with 12 participants per meeting). FGD participants and Key informant interviewees were used to provide additional and detailed information to explore main forms of GBV and actions taken against GBV in the study areas. Structured questionnaire on the other hand was used to collect quantitative data. Four wards and eight villages that had women beneficiaries in LAS interventions were selected purposively. For the purpose of this paper, beneficiaries of LAS interventions means women who have membership in LAS and had benefited in one way or another in accessing LAS. The sampling unit for this study was the individual woman participating and those not participating in LAS interventions. In order to obtain respondents from the study areas, women aged from 15 years and above with different marital statuses were selected purposively through the assistance of village leaders and LAS facilitators at a village level. The sample size was determined based on Bailey (1994) argument that regardless of the population size, a sample or sub-sample of 30 respondents is the bare minimum for studies in which statistical data analysis is to be done. Hence, it was decided that a sub-sample of 30 respondents (women) from each village be selected for the study. Given that there were 8 villages, a total of 240 respondents were involved, including 120 (50%) who were beneficiaries of LAS interventions and 120 (50%) who were not beneficiaries.

2.1. Data Analysis

A mixture of quantitative and qualitative methods was employed to analyze data. Content analysis was used to analyse qualitative data to reduce a volume of recorded information to a set of categories into meaningful themes. For quantitative data, factor analysis was used for data reduction before further analysis. Factor analysis comprises

statistical techniques applied to a single set of variables, when the researcher is interested in discovering which variables in the set form coherent subsets that are relatively independent of one another (Tabachnick and Fidell, 2007). In this study, factor analysis using Principal Component Analysis (PCA) was used to identify variables that were used for formulating a GBV index. Factorability of variables using Bartlett's test of sphericity and Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy were used. According to Pallant (2007) Bartlett's test of sphericity should be significant ($p<0.05$) for the factor analysis to be considered appropriate. The KMO index ranges from 0 to 1, with 0.6 being suggested as the minimum value for a good factor analysis (Tabachnick and Fidell, 2007). The overall KMO test for GBV index in this study was 0.62, and the probability value for Bartlett's test was $p = 0.00$. Therefore, the sample was sufficient for further analysis. GBV status was measured by developing a GBV index using 8 statements which were included in the questionnaire. The variables included were: Whether or not the respondents had experienced wife or partner beating, forced sexual intercourse, deprivation of the right to own family resources, marriage before physical maturity, experienced FGM, had been insulted with abusive language, deprived the right to inherit family resources and deprived the right to acquire basic needs. The respondents were asked to indicate whether they had experienced any such forms of GBV. Before formulating an index, responses from 8 statements were entered into factor analysis for data reduction. PCA yielded three factors which were used to select variables that were used to measure the status of GBV (Table 1).

Table-1. Factor loading values for measurement of status of GBV obtained through Principal Component Analysis in Morogoro Rural and Kongwa Districts

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

Source: Survey data (2013).

According to De (2002) factor loading of variables should be at least 0.3, hence variables with factor loading below 0.3 were not selected for further analysis. On this basis, using the first factor loading, variables which were dropped include: insulted by abusive language and deprived of the right to inherit family resource. Variables which were selected for further analysis were: marital rape, wife or partner beating, deprived right to own land resources, experienced FGM, deprived of the right to acquire basic needs, and marriage before physical maturity. The respondents who had experienced the selected forms of GBV were assigned 1 and 0 otherwise. The respondents' responses were added up to form an index, which was used for further analysis.

The points scored on the GBV index were categorized into free from GBV (0), low GBV (1-2.9), medium GBV (3) and high GBV (3.1-6). Sikira (2010) used a similar method in a determining GBV index by categorizing GBV into three levels. Unlike Sikira's research, the current study classified GBV into four levels because some women had not yet experienced GBV. In this study, action against perpetrators of GBV was examined by developing a list of 11 variables which victims of GBV could act upon by reporting the issues to: Police stations, ward tribunals, ten cell leaders, village leaders, Community Based Legal Aid Services (CBLAS), health centres, religious leaders, traditional leaders, neighbours, in-laws and biological parents. The variables were then grouped into three categories: formal justice system (Police station and ward tribunal), informal justice system (traditional leaders, religious leaders, ten

cell leaders, village executive officers and CBLAS), apart from formal and informal justice systems (neighbours, in-laws and biological parents). The respondents who had reported GBV to formal justice were assigned 3; those who had reported to informal justice systems were assigned 2, those who sought assistance apart from formal and informal justice system were assigned 1 and 0 otherwise. The respondents' responses were added up to form total scores, which were used for further analysis. Mann-Whitney Utest was used to test the hypothesis that actions taken to perpetrators of GBV are the same for the beneficiaries and non-beneficiaries of LAS interventions ($p<0.05$). Mann-Whitney Utest is a non-parametric test, which actually compares medians of two independent groups. It converts the scores on the continuous variables to rank across the two groups and then it evaluates whether the ranks for the two groups differ significantly (Pallant, 2007).

3. RESULTS AND DISCUSSION

3.1. Socio-Demographic Characteristics of the Respondents

3.1.1. Characteristics of Respondents by Age

The respondents' minimum and maximum ages ranged between 15 and 74 years, with the mean age of 36.8 years (Table 2). The results indicate that the study cut across all age groups from young up to old women. For example, 29.6% of the women interviewed had age ranging from 25 to 34 years, implying that the majority were young in their active reproductive age.

At this age range literature indicates that GBV is expected to be high because women assume marital responsibility and internalise low self-esteem (Sikira, 2010). While about (28.3%) of the women were in the age group of 45 to 74 years, the age range within which women are likely to have more experience with GBV issues.

3.1.2. Respondents' Education Level

Education plays a very significant role in every one's life. It is also one of the essential aspects for freeing women from subordinate positions. The findings in this study revealed that 45.4% of the women had completed primary education and 20% had dropped out of school and hence did not complete their primary education (Table 2). Cultural practices such as initiation ceremonies, commonly known as "*Kumnema mwali*" meaning mentoring a girl on how to become a good wife, and FGM were mentioned as the most important factors contributing to school drop out in the study areas. Similar findings have been reported in different studies done in Tanzania.

Those traditional rituals are reasons for girls dropping out from school since the rituals prepare them to become better wives and mothers (Hakielimu, 2010; Mtewele, 2012; Magesa *et al.*, 2014). Yet, a substantial percentage (21.2%) of women had never attended school. The same finding was reported by NBS (2014) that a number of rural women in Tanzania still had no formal education. This denotes that rural women's rights of getting education were denied. Lack of education can impede women to acquire information from various sources through brochures, newspapers, leaflets and posters which are mostly used by LAS providers and different activists in advocating various issues like GBV, women's legal rights education and resource ownership.

3.1.3. Respondent's Ethnic Groups

More than one-third (36.7%) of the respondents were Wakaguru, mainly in Kongwa District, and mostly practised patriarchy, while 18.8% were Wakutu and 14.6% were Waluguru in Morogoro Rural District who partly practised a matrilineal system (Table 2).

This is because of immigration which results in intermarriages hence changing them from a full matrilineal system to some extent of a matrilineal system. Also, 15.3% of the respondents were other ethnic groups who included Wazigua, Wahehe, Wazaramo, Wapogoro and Wasukuma. Others were (8.8%) the Wamaasai who immigrated from Arusha and Manayara Regions. The results indicated a substantial variation of ethnic groups with cultural differences, whereby women were likely to experience different forms of GBV.

3.1.4. Marital Status Characteristics of the Respondents

According to the study findings presented in Table 3, the majority (62.9%) of the women interviewed were married, living together or cohabitating. This might be contributed by traditional rituals practised in the study areas which prepare girls to become wives and mothers. The findings also revealed that 14.2% of all women were divorced, while 10% were divorced illegally. During FGDs, participants revealed that illegal divorce was contributed by the habit of men writing divorce without following legal procedures hence, women deciding to leave their marriage by thinking that they were already divorced.

This implies that a number of women in the study areas were ignorant of the Law of Marriage Act of 1971 on matters related to divorce. From the study findings (Table 3), almost a half (49.6%) of the women interviewed got married at the age of 18 to 23 years. Also, the results indicated that 30% got married below the age of 18 years. This result indicates that early marriage is practised in the study areas, which is against CEDAW which recommend that 18 years should be the minimum legal age for marriage for both males and females. Although Tanzania ratified CEDAW in 1998, the Tanzania Law of Marriage Act (LMA) of 1971 indicates the legal marriage age of 15 years for girls and 18 years for boys, which is aligned to gender inequality.

Also, the results showed that almost a half (55.4%) of the women interviewed married in monogamous marriages, while 35.4% were in polygamous relationships (Table 3). Key informant interviewees in the study areas reported that polygamous marriages resulted in men seeing that marrying more than one wife as getting cheap labour for farming activities. This implies that women in the study areas dishonoured their marriage rights. Similar findings were reported by Scheinfeld and Tyndall (2009) that in polygamous marriages wives are treated as working tools and men use them for farming activities, which is violation of women dignity.

Table-2. Distribution of respondents by age, education and ethnic groups (n=240)

Variable	Frequency	Percent
Age (Yrs)		
15-24	39	16.2
25-34	71	29.6
35-44	62	25.8
45 +	68	28.3
Education level		
Completed Primary education	109	45.4
Not attended school	51	21.2
Not completed primary education	48	20.0
Completed secondary education	23	9.6
Not completed secondary education	7	2.9
Completed technical or diploma education	2	0.8
Ethnic groups		
Wakaguru	88	36.7
Wakutu	45	18.8
Waluguru	35	14.6
Wamaasai	21	8.8
Wagogo	14	5.8
Others (Wazigua, Wahehe, Wazaramo, Wapogoro, Wasukuma etc)	37	15.3

Source: Survey data (2013).

The age difference between spouses revealed that 28.8% of women were married to men who were more than 10 years older than them (Table 3). Literature shows that the greater the age difference between women and men, the more likely they are to experience intimate partner violence. Sikira *et al.* (2010) reported big age differences might explain the differences in perceptions between men and women, which accounts for high rate of GBV. Likewise,

United States Agency for International Development (USAID) (2009) reported that the age gap between partners can create power dynamics and social isolation, making girls more vulnerable to numerous forms of GBV.

Table-3. Distribution of respondents by marital status (n=240)

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

Source: Survey data (2013).

3.2. Common Forms of GBV Practised in Kongwa and Morogoro Rural Districts

The results indicated that 83% of all women in study areas had experienced wife or partner battery (Table 4). Likewise, LAS providers in study areas highlighted that the most reported GBV cases were related to wife battery and abandonment of women and children without basic needs. Similar findings have been reported by NBS (2011) which showed that 61% of women in the central zone Tanzania mainland have experienced physical violence. Further, Sikira (2010) reported that 85.8% of the respondents in Serengeti District had experienced wife battery. Also, it was reported that between 2010 and 2011 about 27% of women in the reproductive age in Zimbabwe faced physical violence (Wekwete *et al*., 2014). Likewise, WHO (2013) reports that globally 35% of women in 2013 experienced physical violence. These results indicate a serious magnitude of physical violence against women globally, regionally and Tanzania in particular.

Also, the research findings showed that 79.5% of the women interviewed pointed out that they were deprived of the right of acquiring basic needs like clothing, food, school fees and other necessities (Table 4). These results were also revealed during FGD. Discussants said that deprivation of the right to acquire basic needs was the main forms of GBV in the study area. One of the participants in Iduo village highlighted that: "*My husband grabbed all our family crop products after harvesting and sold them at the local market. After getting the money he spent it with a concubine in the neighbouring village. It is six months now since he left us with my two young daughters starving. Currently, my daughter is sick, but I do not have money to spend on her medical treatment. I decided to withdraw my eldest daughter from school and send her to town to do domestic work...*" Tanzania Media Women's Association (TAMWA) (2013) reported similar findings that there is a massive problem of men abandoning their families. Such incidents are common during the harvesting seasons. The majority of men sell all the harvested crop products and use the proceeds to get drunk or marry new wives. In such a situation families lack care from a father or husband and as a result children drop out of school and even go without health needs they deserve.

Marital rape was another form of GBV practiced in the study areas whereby 67.7% of women experienced marital rape by either spouses or partners (Table 4). This is probably due to the fact that marital rape is not recognized as a crime in the laws of Tanzania and culturally women are socialized to fulfill sexual pleasure of their husbands as one of wife contractual obligations. Likewise, the Sexual Offences Special Provisions Act, 1998 (SOSPA), legislation that governs rape offences in Tanzania do not fully acknowledge marital rape, and only rape is measured between legally separated husbands and wives, hence propagating marital rape. Therefore, there is a need for the Tanzanian laws and SOSPA to acknowledge rape within marriage and criminalize marital rape when the spouses are still legally married. The results in Table 4 show that 46.3% of women were deprived of the right to inherit family resources while 37.1% were deprived of right to resources ownership. This is not surprising because the Wakaguru ethnic group is dominant in Kongwa District while small groups of Masaai ethnic group are immigrants into Morogoro Rural District, while they practise a patrilineal system in which case women are generally not given the same rights of inheritance and ownership of productive resources as men. Femnet (2001) indicated that in a patrilineal system woman have no right to land inheritance or ownership of productive resources. Early marriage was another form of GBV practised in Kongwa and Morogoro Rural Districts. Early marriage before the age of 18 years is a violation of a number of international human rights conventions (Otoo-Oyortey and Pobi, 2003). The results indicated that 34.1% of women got married before 18 years of age (Table 4). The same observation was reported by Human Right Watch (HRW) (2014) showing that in Tanzania 4 out of 10 girls are married before 18 years of age. In all four FGDs of women and two FGDs of men in Kongwa District, the discussants pointed out that dowry price payment highly contributed to early marriages. Most families exchange their daughters with cattle or goats as dowry price. In the three FGDs of men in Mvuha and Lukulunge villages (Morogoro Rural District), the discussants indicated that early marriages mostly are results of traditional ceremonies; specifically those done after onset of girl puberty and that mostly women initiated those ceremonies. This implies that other forms of GBV like early marriages are accelerated by women themselves as the consequence of culture and traditions. This is likely to slow down the efforts on elimination of GBV. Related findings were reported by Nnadi (2014) that traditions escalate incidence of early marriages in Sub-Saharan Africa and Nigeria in particular. Furthermore, the results revealed that 23.9% of women in Kongwa had experienced FGM (Table 4). This result shows that FGM is still practised in Kongwa regardless of the presence of AFNET, which specifically advocates against FGM. During FGDs, it was revealed that the trend to FGM had changed due to the fact that FGM perpetrators fear criminal charges; hence, they have opted to mutilate children at childhood, a few days after birth.

Table-4. Forms of GBV practiced in Morogoro Rural and Kongwa Districts (n=229)

Forms of GBV	Districts		All (%)
	Kongwa (%)	MR (%)	
Wife or partner beating	41.9	41.0	83.0
Deprived right to acquiring basic needs	38.0	41.5	79.5
Marital rape	34.9	32.8	67.7
Deprived right to inherit or own family resource	28.4	17.9	46.3
Deprived right to own land resources	22.3	14.8	37.1
Marriage before physical maturity	16.2	17.9	34.1
Experience of FGM below18 years	13.5	5.7	19.2
Experience of FGM above18 years	10.4	2.2	12.6

Note: Figures in (%) represent multiple responses; MR = Morogoro Rural

Similar findings were reported by LHRC (2011) that the trend of FGM has changed due to fear of criminal charges by perpetrators, and they have opted for mutilating children at an infancy stage during the first month after birth. Likewise, NBS (2011) reported that the prevalence of FGM has gone down from 18% in 1996 to 15% in 2010. This could be due to criminal charges taken against perpetrators of FGM using SOSPA Act of 1998. However, the Act (SOSPA) protects victims of FGM only when they are below the age of 18, not taking into consideration that

because of their vulnerability women can also be subjected to FGM even at above 18 years as indicated in Table 4 that 12.6% of women had experienced FGM above 18 years. Thus, there is a need for SOSPA to revise this provision in order to protect all women regardless of their age.

3.3. Status of GBV

The study findings in Table 5 show the status of GBV in Morogoro Rural and Kongwa Districts. The greatest proportion (35.4%) of all women were classified at medium level of GBV, while 34.6% of women had experienced high level of GBV and 22.9% were categorised at low level of GBV. This might be contributed by advocacy of women legal right education offered by LAS providers against GBV issues and legal action taken by the government against perpetrators of GBV, although few (7.1%) of the women were free from GBV (Table 5). Reporting to be free from GBV incidents might be contributed by women's ignorance of women legal rights and lack of GBV information, which could hamper them from noting some forms of GBV. This confirms results indicated in Figure 1 that 2.5% of the beneficiaries and 11.7% of non-beneficiaries in LAS were free from GBV.

It is anticipated that women beneficiaries in LAS intervention get opportunities of attending sessions on women legal rights education, which progressively awake them and open their minds to recognize different forms of GBV. Such awakening empowers women to speak out forms of GBV practised against them. This concurs with Freire's theory that literacy is a viable means for achieving freedom and can free people from the culture of silence. The act of GBV victims to speak out different forms of GBV practised against them is considered as the most important starting point in eliminating GBV. Generally, beneficiaries and non-beneficiaries of LAS experienced certain levels of GBV regardless of their involvement in LAS interventions (see Figure 1).

Table-5. GBV index and their classification (n= 240)

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

Source: Survey data (2013).

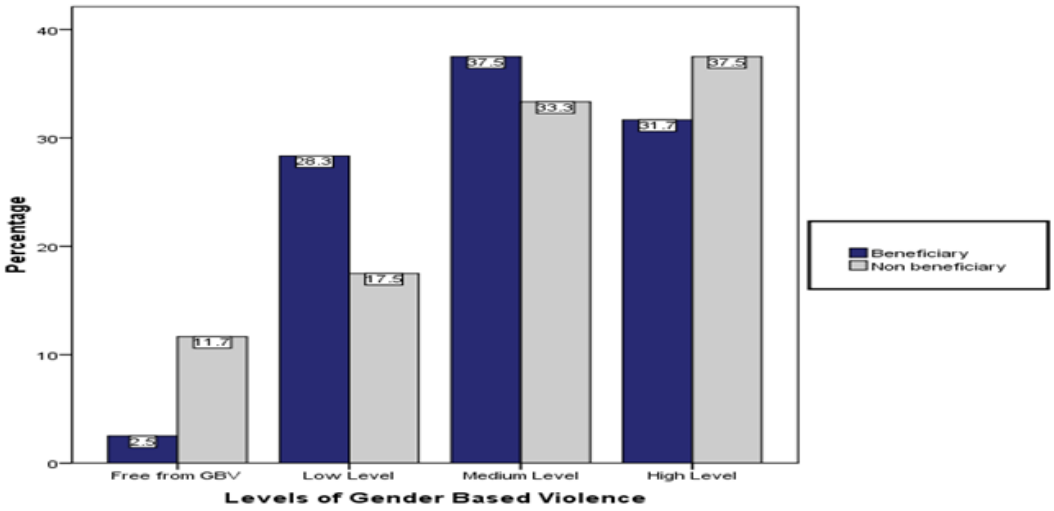

Figure-1. Levels of GBV between beneficiaries and non-beneficiaries

Source: Survey data (2013).

3.4. Measures Taken by Women against GBV

The results in Table 6 indicated action taken by women for reporting GBV issues. About 58.9% and 44.8% of the respondents rushed to ten cell leaders and village leaders respectively. The same observation was made by Abeya *et al.* (2012) that most GBV victims, as a first measure, usually go to local village leaders for arbitration. Likewise, FGD discussants in all 8 villages agreed that often women, after violence, tend to rush to ten-cell leaders for assistance before going to higher reconciliation boards. This implies that cell leaders play a more important role in provision of informal LAS to GBV victims at village level than other LAS providers.

Moreover, the findings reveal that 30.7% of women reported GBV issues to their in-laws (Table 6). During in-depth discussions with key informants it was reported that Wakaguru and Wagogo who were the majority in Kongwa District were dominated by patriarchy system culturally married women were sanctioned to disclose any type of violence to their in-laws. Implying that traditions are still valued in the study areas, which hamper victims of GBV on reporting their violence issues to formal justice system. Hence, change of discriminative traditions is imperative which requires some concerted efforts by various sectors.

Table-6. Measures taken by women against GBV (n=212)

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

Note: Figures in (%) represent multiple responses

Furthermore, the results in this study indicate that 29.2% of the women interviewed kept quiet after violence (Table 6). During FGDs, participants reported that a number of women kept quiet after violence because of economic dependence on their spouses and therefore, they feared that if their spouses were criminalised the economic status of women and children would deteriorate. Similar findings have been reported in different studies. For example LHRC

(2011); Mashiri and Mawire (2013) reported that women victims of abusive relationships remain silent; they tolerate abusive relationships, especially where there is a lot of dependency on their abusive husbands or partners, implying that policy approaches towards women empowerment is required, particularly antipoverty policy approach. This might improve women economic status and bring them out of dependence.

Conversely, in all FGDs, it was reported that also some men in the study areas faced certain forms of violence from their spouses, but they kept quiet because of cultural beliefs that men are strong, they never face violence and it is a shame around them. Hence, it is high time for LAS providers to advocate that GBV issues and human legal rights are for all regardless of sex. Therefore, men should be educated that reporting GBV issues is their right before the law as a way of accessing their justice.

Other women, in particular non-beneficiaries of LAS in FGDs declared that they didn't know where to report GBV issues. The finding is in line with Freire (1973) ideas that literacy is a vehicle of breaking the culture of silence. Therefore, lack of voice and calmness of non-beneficiaries towards reporting GBV occurrences against them might be contributed by ignorance of their legal rights. Also, the results revealed that 14.1% of women reported GBV to Community Based Legal Aid Service Facilitator (CBLASF). During FGD, participants, mostly non-beneficiaries of LAS providers, said that they were not aware about the availability of CBLAS and services offered by LAS providers within their villages. This indicates that more advocacies on availability of CBLAS providers at village levels are required.

Moreover, the results indicated that 12.5% of the women interviewed rushed to health centres after experience of GBV (Table 6). During FGDs, the discussants reported that PF3 form from police station or letter from ward office hampers injured women from seeking medical treatment in the health centres, since injured victims were required to get PF3 form from police station before seeking any medical attention from health centres. This indicates that women in the study areas are ignorant of the use of PF3 form which is mostly used by police as evidence in the court of law for determination of criminal charges. Similar findings were reported by Jullu *et al.* (2009) that PF3 form hinders injured GBV victims (women) from seeking medical attention from health centres as they are forced by laws to bring PF3 form from the police before treatment. In addition, the results revealed that few (8.9%) of all women interviewed reported violence issues to police stations. Dialogue in all FGDs participants pointed out that unavailability of police posts within their villages, long distances to arrive at police posts and bribe among police officers were the main factors hindering them from accessing justice from police.

Ward tribunals were established under the Ward Tribunal Act 1985 which provides for the creation of tribunal within local areas and have been established in all wards of Tanzania Mainland. The purpose of Ward tribunals is to hear complaints relating to social conflicts and some criminal acts, including GBV issues (LSF, 2012). However, the findings indicated that only 3.8% of women victims of violence reported to ward tribunals. The result pinpointed during FGDs showed related costs of LAS offered by ward tribunal was among the hindering factors for GBV victims to report their violence at ward tribunals. This is in line with findings reported by LSF (2012) that the requirement for paying for an associated service with LAS prohibits many women from registering their cases at the ward tribunals. Hence, fewer cases are reported and filed than actual numbers of cases.

Further analysis was done using Mann-Whitney Utest to test the hypothesis that actions taken to perpetrators of GBV are the same for the beneficiaries and none beneficiaries of LAS. The results revealed that there was significant difference in the actions taken between beneficiaries and none beneficiaries in LAS providers (Table 7). The statistical results showed significant ($P<0.05$) difference in median scores of 5 and 2 for beneficiaries and non-beneficiaries respectively. The r value was 0.3, which is considered as of medium effect size, according to Cohen (1988). However, the distinguished differences might be related to the acquired knowledge through LAS intervention on women legal rights education. Hence, the knowledge inspires them to take legal actions for reporting GBV incidences. Legal actions taken against GBV perpetrators were reported to be among the reasons behind decreasing GBV incidents (Sikira, 2010). Based on this, LAS interventions, through human and women legal rights education, would be important for elimination of GBV towards achieving gender equality.

Table-7. Legal action against GBV between beneficiaries and non-beneficiaries

Respondents'	n	Median	Mann-Whitney U	Wilcoxon W	Z	P-Value
Beneficiaries	98	5.00	2837	7397	- 4.730	0.000
Non beneficiaries	95	2.00				

Source: Survey data (2013)

4. CONCLUSIONS AND RECOMMENDATIONS

4.1. Conclusions

Based on the findings of the study, it is concluded as follows: First, wife battery, deprivation of basic necessities and marital rape were the most common forms of GBV practised in the study areas. Also, other forms of GBV like deprived rights of resource ownership, early marriages and FGM are still practised. However, the forms differed by locations, depending on cultural norms between ethnic groups. It can be concluded that forms of GBV vary across locality and cultural norms among different ethnic groups. Secondly, women in Morogoro Rural and Kongwa Districts experienced medium level of GBV with slight differences among beneficiaries and non-beneficiaries of LAS.

Thirdly, most GBV victims mostly reported their GBV incidents to ten cell leaders and village leaders as measures against perpetrators of GBV, while others remained silent on GBV practised against them. Women beneficiaries of LAS interventions were leading in reporting GBV incidences against perpetrators of GBV than non-beneficiaries. The stimuli of taking action against GBV may be related to the understanding of their legal rights gained through women legal rights education offered by LAS providers. This conclusion agrees with Freire's education theory that education is an important factor for increasing awareness and consciousness that enlightens people to take action against oppression. Besides, this paper offers an important contribution to women legal rights education and GBV as a drive of changing GBV situation. However, traditions, unawareness of the right place where to report GBV issues and unavailability of police posts within village levels hamper victims of GBV from reporting their violence issues to formal justice system.

4.2. Recommendations

Based on the conclusions, two recommendations are made: First, when the government, non-governmental organizations and LAS providers address the issue of GBV, interventions should be culture sensitive and locality specific. These should distinctively consider addressing different forms of GBV based on ethnicity and transforming traditions which subordinate and hamper women from reporting GBV issues to the formal justice system. Also it is high time for LMA of 1971 to amend legal age of marriage to be 18 years for both girls and boys for achievement of gender equality. Secondly, efforts to make popular the availability and types of services offered by LAS providers at grassroots level are essential, since only few women are aware of the presence of LAS in their areas. Also, education on human and women's legal rights is required to the whole community including men and women. Knowledge of human and women legal rights is important for women and men to break the culture of silence. Finally, the paper recommends further research on determinants of GBV among beneficiaries and non-beneficiaries of LAS intervention.

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