



Contribution of the Tanzania Police Gender and Children Desk on Reduction of Gender-Based Violence in Meru District, Tanzania

Nyasingwa Japheti Kazeri ^a, Kastory Abel Mbunda ^{b*}
and Solomon Mhango ^c

^a Department of Community Development, Meru District Council, MDC, P.O Box 462, Arusha, Tanzania.

^b Department of Gender Studies, Faculty of Leadership and Management Sciences, The Mwalimu Nyerere Memorial Academy, MNMA, P.O Box 9193, Dar es Salaam, Tanzania.

^c Department of Gender and Development, Tengeru Institute of Community Development, TICD, P.O Box 1006, Arusha, Tanzania.

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This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

This study assessed the contribution of the Tanzania Police Gender and Children Desk on reduction of gender-based violence in Meru District in Arusha Region, Tanzania. The objectives of this study were to examine community perceptions of the effectiveness of the Tanzania Police Gender and Children Desk in addressing gender-based violence, to determine the extent of incidences of gender-based violence resolved by the Tanzania Police Gender and Children Desk, and to analyze the influence of the police gender and children desk in addressing gender-based violence. A cross-

*Corresponding author: Email: castoryabel@gmail.com;

sectional design was adopted, involving 120 respondents. Data were collected using a household self-administered questionnaire and key informant interviews. Descriptive statistics and multiple regression methods were used in analyzing the collected data. Results showed that the majority of the respondents (65.0%) perceived TPGCD as highly effective in addressing gender-based violence, 26.7% perceived TPGCD as moderately effective in addressing gender-based violence, and 8.3% perceived TPGCD as lowly effective in meeting its objective of addressing gender-based violence, among others. Likewise, there was a substantial decrease in incidences of gender-based violence in the areas with TPGCD centers, indicating that the decline was due to the eminent effects of TPGCD. Further, the contributions of TPGCD included receiving and summoning resolutions of reported GBV cases, training police officers on GBV issues, and creating awareness among community members about GBV issues. The study concludes that there is a positive influence of TPGCD on the reduction of gender-based violence in the study area. Moreover, it is recommended based on this study that the government, through its Ministry of Community Development, Gender, Women, and Special Groups, amicably extend PGCD throughout all institutions and ward authorities to enable all community members to get gender awareness and access services regarding incidences of GBV in their communities.

Keywords: Tanzania police gender and children desk; gender-based violence; gender equality; human rights; Meru district council.

1. INTRODUCTION

“Gender-based violence (GBV) is a harmful act directed at an individual based on his or her gender attribution. It is rooted in gender inequality, the abuse of power, and harmful norms, values, and traditional practices. GBV is one of the worst human rights violations practiced by humankind” [1]. “Likewise, the United Nations General Assembly (UNGA) defines gender-based violence as gender rights abuse perpetuated by customs, cultural, and traditional settings that place women and girls at a lower level of social relations” [2].

“Moreover, types of gender-based violence have been explicated by UNGA to include: first, physical violence such as beating, punching, pushing, grabbing, maiming, killing with or without weapons, and female genital mutilation, among others; Second, psychological violence includes verbal abuse, scolding, isolating, verbal humiliation, gestures, annoyance, slandering, and disgracing; sexual abuse includes rape, dishonesty in relationships, forced unprotected sex, and touching of private parts of a person without his or her consent” [2]. The third type is economic violence, including lack of voice in economic rights affecting one’s life, working for less pay, failure to own property that one deserves, trafficking of persons, denial of basic necessities, for instance, food, denial of education as a basic right, and early marriages.

“Similarly, it is stipulated that the problem of GBV is a common reality in the lives of women and

girls in many parts of the world, in developing and industrialized countries [3]. It has been recognized as a violation of the basic human rights of women and of their exercise of fundamental freedom. It is one of the most widespread and socially tolerated human rights violations, cutting across borders, race, class, ethnicity, and religion” [4].

“Estimates from WHO [5] show that, at least one in every five of the world’s female population has been physically or sexually abused at some point” [6]. “Likewise, it is asserted that gender-based violence arises from the patriarchal system, which since time immemorial has exerted control over women’s lives” (World March of Women, 2019). “Therefore, it is an issue that cuts across all cultures, races, religions, and socioeconomic levels. This fundamental violation of women’s rights has devastating consequences for women and men, their families, and the broader community” (World March of Women, 2019).

“It is amicable that lack of political will by governments, weak commitments by communities, low levels of community awareness, and general public resistance to reducing GBV is some of the obstacles to addressing GBV. These obstacles are more exacerbated in countries subject to chronic conflict and government instability” [7].

In developed countries, gender-based violence also exists. For example, the Population Reference Bureau (2018) reported Murray and

Richard's findings in 2018 that in the United States, more than a million and a half women were beaten by their partners each year. Information provided by UNFPA shows that globally, 1 in 3 women experience GBV [8].

Victims of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistulas, sexually transmitted infections, HIV, and even death. UNFPA is one of the UN's lead agencies working to further gender equality and women's empowerment and to address the physical and emotional consequences of GBV. UNFPA's programmers offer psychosocial assistance, medical treatment, and rape kits to survivors and promote the right of all women and girls to live free of violence and abuse (United Nations Population Fund Agency, 2017). UNFPA is one of the UN's lead agencies working to further gender equality and women's empowerment and to address the physical and emotional consequences of GBV [9], [10].

On the African continent, gender-based violence is not exceptional; it is highly prevalent, like in any other developing world. Women's subordinate status to men in many societies, coupled with a general acceptance of interpersonal violence as a means of resolving conflict, renders women disproportionately vulnerable to violence from all levels of society: individual men, within the family and community, and by the state Centre for Women Studies and Development, [11], [12].

"Likewise, GBV remains a major global challenge, with its most ugly face in Africa, Tanzania included. Gender-based violence in Africa, as elsewhere in the world, is a complex issue that has its roots in the structural inequalities between men and women that result in the persistence of power differentials between the sexes [13], [14], [15]. The country-level population-based studies indicate that prevalence rates of physical intimate partner violence vary from 13 percent in South Africa to as high as 49 percent in Ethiopia (World Health Organization, 2018). For instance, a study in Rwanda that focused on physical and psychological torture and sexual violence committed during the genocide indicated that 80.9 percent of women in the sample had symptoms of trauma, 67 percent of survivors were HIV positive, 13 percent had broken vertebrae, 12 percent lost leg movement, and

7.9 percent had amputated legs" (UNFPA, 2017).

Levels of sexual violence vary from 7 percent in South Africa to 59 percent in Ethiopia, while in other countries they range from 15 to 31 percent. According to a study done by the WHO (2016), 20–66 percent of women did not tell anybody about the violence they underwent before the interview.

It also showed that between 55 and 80 percent of the women did not seek help from anybody due to the limited availability of formal services, financial constraints, empowerment, and fear of stigma. Garcia-Moreno *et al.* (2017), lamenting the situation, say that indeed, wife battering is prevalent and largely condoned by many communities in Kenya. "Otherwise, traditional culture permits a man to discipline his wife physically and condones spousal rape. Additionally, a study undertaken by the WHO in Kenya found that 42% of women in that country were regularly beaten by their husbands" (WHO, 2017). However, FIDA Kenya conducted a similar study in the country and believed that the true number of women in that country who were regularly beaten by their husbands should be closer to 70 percent [16], [17], [18].

"The study confirms that the government has established gender and children desks in police stations where gender violence survivors are being encouraged to report with assurance of professional treatment by trained police officers" (WHO, 2020). In addition, the government is committed to fighting GBV, as evidenced by the signing of international conventions on gender violence and the development of various policies and strategies addressing gender violence.

"Similarly, in Tanzania, GBV is widespread, and thus it remains a reality on both the mainland and Zanzibar. GBV remains a significant social and human rights challenge. In the 2017 TDHS, over 20% of Tanzanian women aged 15–49 years reported having experienced sexual violence in their lifetime, and nearly 40% reported having experienced physical violence" [19], [20], [21].

"The same survey showed that 44% of ever-married women had experienced physical and/or sexual violence from an intimate partner in their lifetime. Despite this high prevalence of violence, formal support services for survivors are still inadequate" [22], [23], [24].

“In 2004, women lobbyists identified the need for the establishment of gender desks for reporting domestic violence and rape in police stations as critical to enhancing their wellbeing. The government, in its Poverty Reduction Strategy Paper (PRSP) and development plan, undertook to set up gender desks in ministries and especially in police stations countrywide” [25], [26], [27].

“Similarly, in the Demographic and Health Survey (2017) in Tanzania, 14 respondents reported that the overall prevalence of domestic violence among women ages 15–49 was more than 45 percent. This includes physical violence (25%) and sexual violence (7%), and 14 percent for both” [12]. “Further, 9% of pregnant women reported physical abuse. The survey also showed that 60 percent of women had ever experienced controlling behavior exhibited by a partner or husband. There is considerable regional variation in the prevalence of physical violence—highest in Dodoma (71%) and the lowest in Tanga (16%). In the case of sexual violence, the highest prevalence was in Rukwa (32%), and the lowest was in Shinyanga (5%)” [28], [29].

The Tanzania Police Gender and Children Desk was established in 2009 with the purpose, among others, of fighting against gender violence among different communities in Tanzania. During its inception, the TPGCD had a total of 320 desks countrywide. However, to date (2022), there are a total of over 400 desks in Tanzania, including 7 desks in Zanzibar. Likewise, in Arusha Region, there are a total of 20 gender desks. Moreover, in Meru District Council, there are a total of five (5) gender desks, namely Usa River, Tengeru, Mbuguni, Ngarenanyuki, and Kikatiti Mwinula, [30]. However, despite the establishment of the specialized Police Gender and Children Desk in Tanzania since 2009, gender-based violence is still increasing.

In Tanzania, the female population segment is still highly exposed to gender-based violence risks compared to their male counterparts, and they are vulnerable to human rights violations for the time being [10], [31], [32]. TDHS, [33] observed that in the Arusha Region, physical violence and female genital cutting had a gender-based violence index of 41% compared to the national index of 24%. These facts indicate that the GBVI in the Arusha Region is alarmingly higher than the national average index for GBV. Therefore, this study was conducted to study the

contribution of Tanzania Police Gender and Children Desks in addressing gender-based violence in Meru District, Tanzania.

2. MATERIALS AND METHODS

2.1 Research Design

This study adopted a cross-sectional research design, which enabled the collection of data on a number of cases at a single point in time. It was possible with this design to collect and determine the association of a body of quantitative and qualitative data about various variables such as community perception, the extent of resolved gender-based violence cases, and the contribution of Tanzania Police Gender and Children Desks in addressing gender-based violence [34], [35], [36].

2.2 Study Area

This study was conducted in Meru District, Arusha Region. The council originated from the former Arumeru District in 2007 TDHS, [33]. The district is situated to the east of Arusha. This area was chosen because it was observed that in the Arusha Region, physical violence and female genital cutting had a gender-based violence index of 41% compared to the national index of 24%. These facts indicate that the GBVI in the Arusha Region is alarmingly higher than the national average index for GBV. Likewise, GBV in Meru District was observed to be higher than the regional figure and was estimated at 51% [12].

2.3 Study Population

The study involved households as a sampling unit, whereby the heads of the household were interviewed [37], [38]. Households were important for this study based on the fact that a relatively large number of incidences of gender-based violence occur at household levels, often permeated by intimates and relatives.

2.4 Sample Size and Sampling Techniques

2.4.1 Sample size determination

A sample of 120 households was selected from 1714 households from the two wards of Mbuguni and Akheri in Meru District Council. The sample size was obtained by using Yamane [39] formula; given as; whereby 95% confidence level and precision level =0.05 was assumed.

Sample size formular:

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

Where n = Sample size estimate, N = Total population (sampling frame) [household units from the two wards], 1 = Constant, e = Precision level (0.05)

$$n = \frac{1714}{1 + 1714(0.05)^2}$$

$$n = 120$$

2.5 Sampling Techniques

2.5.1 Simple random sampling

The study employed simple random sampling to obtain 120 heads of household from two wards of Mbuguni and Akheri in Meru District. Thereafter, four villages—Patandi, Akheri, Mbuguni, and Mlingarini—were selected, and 30 heads of household were randomly chosen from each of the selected villages.

2.5.2 Purposive sampling

This technique of sampling was used to select key informants from different departments in the study area. This technique helped the study select specific officials with prior knowledge of gender-based violence and the Tanzania Police Gender and Children Desk, such as police gender and children desk officers (6), community development department officers (2), social welfare officials (2), WEOs (2), and VEOs (4).

3. DATA COLLECTION METHODS

3.1 Household Survey

A household survey questionnaire with both open-ended and closed-ended questions was formulated for administration to the heads of households or their representatives at the household level. The instrument focused on eliciting information on background variables (age, sex, marital status, education, family size, occupation, and economic status) and their perceptions regarding the contribution of the Tanzania Police Gender and Children Desk in addressing gender-based violence.

3.2 Interview

A checklist of items for discussion was prepared for discussion with district-level gender officials, including police gender and children desk

officials, ward executive officers (WEOs), village executive officers (VEOs), and community development officers (CDOs), in the form of semi-structured interviews to collect information on gender development, gender violence, and institutional issues [40]. This tool helped in getting deeper information on the real situation regarding institutional support and the extent of reported and resolved cases of gender-based violence in the study area.

3.3 Data Analysis Methods

Community perception of the effectiveness of the Tanzania Police Gender and Children Desk in addressing gender-based violence was analyzed using the community perception index (CPI) obtained by a Likert scale of three points: low, medium, and high. Likewise, the extent of incidences of gender-based violence resolved by the Tanzania Police Gender and Children Desk was analyzed using descriptive methods of analysis, whereby frequencies were run and percentages were computed and analyzed to observe the significance of variables by measuring their weights [37]. Moreover, the influence of the police gender and children desk in addressing gender-based violence was analyzed using the multiple linear regression model. The dependent variable was the reduced number of gender-based violence cases. The regression model is specified as follows:

$$Y_i = a_0 + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + b_6X_6 + b_7X_7 + e$$

Y_i = Reduced Gender Based Violence cases measured as numbers of Reduced frequency of rapes, reduced number of forced marriages and reduced FGM a_0 = A constant

$b_1 \dots b_8$ = Coefficients of regression

$X_1 \dots X_7$ = Independent variables X_1 = The level of community awareness measured as community awareness index

X_2 = The total no. of respondents who received training on GBV per annum X_3 = reported cases of GBV (The number of cases)

X_4 = The number of rape cases reported per annum

X_5 = Household size (Number of members)

X_6 = Total number of reported GBV cases per annum

X_7 = Total number of police officers who got training on GBV in 2020-2021

e = Regression error term

Similarly, thematic, qualitative data analysis method was applied in all objectives to deal with responses solicited from key informants' interviews.

3. RESULTS AND DISCUSSIONS

3.1 Community Perceptions of the Effectiveness of the Tanzania Police Gender and Children Desk in Addressing Gender-Based Violence

The study was interested in knowing respondents' perceptions of whether the TPGCD is effective or not with regard to addressing incidences of gender-based violence in their community. There were three alternatives for measuring effectiveness: high, moderate, and low, and respondents had to choose one of the alternatives to indicate their perception. It can be seen from Table 1 that the majority of the respondents (65.0%) perceived TPGCD as highly effective in addressing gender-based violence, 26.7% perceived TPGCD as moderately effective in addressing gender-based violence, and 8.3% perceived TPGCD as lowly effective in meeting its objective of addressing gender-based violence, among others.

During an interview with key informants, one of the respondents from Mlingarini Village had this to say:

"Although public centers for police gender and children's desks are inadequate, the few centers play an amicable role in reducing gender-based violence because nowadays I am even afraid of biting my wife. It is because we have been well informed by these police officers that the desk is active and such cases, if reported, will attract strong legal action from the perpetrators."(VEO; 10th August, 2022).

These findings indicate that a majority of community members are aware of the existence and effectiveness of TPGCD in addressing gender-based violence in the community; however, they reported that the centers are

inadequate and do not cater to the community's needs. The findings of this study differ from those of Majaliwa [41] who found that the majority of community members in Serengeti District are not aware of the existence and effectiveness of TPGCD in addressing gender-based violence.

Table 1. Community perception on the effectiveness of PGCD

Response	f	%
High	78	65.0
Moderate	32	26.7
Low	10	8.3
Total	120	100

Source: Field data (2022)

3.2 The Extent of Incidences of Gender-Based Violence Resolved by the Tanzania Police Gender and Children Desk

The study also determined the incidences of gender-based violence resolved by the Police Gender and Children Desk in the study area in the years 2019–2021. Table 2 presents the percentage distribution of cases of gender-based violence resolved by the PGCD in the specified period [9]. It can be deduced from Table 2 that threats of murder cases resolved by PGCD decreased drastically in three years by 116.7%, followed by violence against children cases resolved, which amounted to 100.0%. Physical abuse has decreased due to various reasons, including awareness created in the community by PGCD as well as by development workers, including community development officials.

Rape has also increased as a result of its widespread nature, as evidenced by economic hardships, a long history, and witchdoctors' instructions. Further extramarital fornication has reduced substantially due in part to the fact that there are a lot of moral medical trainings and campaigns against sexually transmitted infections (STLS) and on the evil of concluding. Again, child and family neglect has increased due in part to some reasons, including economic hardships, harassment at the family level, and a lack of moral inclination [42-45].

The overall picture of GBV has shown a decrease of 37.3%, indicating that this substantial decrease was due to the eminent effects of PGCD to ensure that GBV has been reduced, if not eliminated. These findings concur with Msangi (2017), who found a decrease in

cases of gender-based violence in most communities with TPGCD centers.

According to the testimony of the social welfare officer, who had the following words:

"Family or child neglect is increasing and embarrassing our communities. The majority of people who neglect their families or children are men who cut all forms of support to the family or children" (SWO; 10th August,2022).

This implies that child or family neglect is becoming common in our communities and may be a source of street children and abject household poverty, both material and food poverty. Similarly, child molesting has transracially declined due in part to the severe penalties provided to offenders as well as the training provided by PGCD. Likewise, VAWC and threats of murder have reduced due to education provided by PGCD and moral leaders, as well as the penalties given to offenders. Further, psychological abuse has increased due in part to increased economic differentials between husband and wife, economic hardships, and schizophrenia [46-48].

3.3 Regression Results of the Influence of the TPGCD in Addressing Gender Based Violence

Multiple linear regression analysis was used to determine the contribution of PGCD on GBV incidences reduction measured as GBV incidences concentration per month. The regression was done since it is useful in finding the influence of independent variables on dependent ones. Table 3 shows the regression results.

Dependent Variable: Reduced number of GBV incidences measured in terms of numbers of rapes, forced marriages, child molesting, family or child rejection, baby dumping, intimate partner killings, and FGM, which implies the concentration of GBV cases in a month relative to GBV cases over the whole year. It can be observed from Table 3 that out of seven (7) independent variables on which the dependent variable was regressed, five (5) were statistically significant, indicating that they significantly influenced the performance of the PGCD on the reduction of GBV.

3.4 The Total Number of GBV Cases Resolved by the PGCD

The results revealed that there is a positive influence between the total number of GBV cases resolved by the PGCD and the reduction of GBV ($\beta = 0.207$; $p = 0.000$), and the influence between variables was significant (Table 3). Meaning that the desk had a significant contribution to the reduction of GBV cases in the study area. This implies that if more efforts are put into resolving GBV cases, GBV will be reduced significantly. These findings are concomitant to those made by Lockheed *et al.* (2017), who found that the police gender desks had significant contributions to make in abating the problem of GBV in most countries where they exist.

3.5 Total Number of GBV Cases Reported to PGCD

The results revealed that there is a positive influence between the number of GBV cases reported to PGCD and the reduction of GBV. The PGCD had a significant contribution to the reduction of GBV cases reported ($\beta = 806.487$; $p = 0.000$), and the influence between variables was significant (Table 3). This means that the PGCD had significantly contributed to the reduction of GBV in Meru District Council. These findings are akin to the findings obtained by Yang (2016), who found that the total number of GBV cases gets reduced where the police desks are operative and active.

3.6 Number of Police Officers Trained in GBV

The results revealed that there is a positive influence between the number of police officers trained on GBV and the reduction of GBV. The PGCD had a significant contribution to the reduction of GBV in the district ($\beta = 6.096$; $p = 0.000$), and the influence between variables was significant (Table 3). This implies that training more police officers on GBV will contribute more to the reduction of GBV. These findings are similar to the findings obtained by Wang *et al.* (2018), who found that training of officers on GBV helped significantly in the reduction.

3.7 Level of Community Awareness

The results revealed that there is a positive influence between the level of community awareness and the reduction of GBV ($\beta =$

70.533; $p = 0.000$), and the influence between variables was significant (Table 3). This means that community awareness played a big role in reducing GBV. It implies that making more community members well informed about GBV will lower the number of cases of GBV in the community. In a similar vein, a study done by Phillips (2015) revealed a significant influence of community awareness on the reduction of GBV.

3.8 Number of Community Members who Received Training on GBV

The results revealed that there is a positive influence between the number of respondents

who received training and the reduction of GBV ($\beta = 72.879$; $p = 0.000$), and the influence between variables was significant (Table 3). This means that the training on GBV given to respondents significantly reduced the incidence of GBV. This implies that training more community members on GBV will ultimately help to reduce GBV cases. Inclusively, these findings are in line with many studies that have revealed that community awareness and training of community members make them apply gender-based violence information efficiently, and as a more well-trained person, they become the best advocates in fighting against gender-based violence (Hayami, 2017).

Table 2. Gender based violence incidences resolved by PGCD in 2019-2021

Gender based Violence incidence	2019	2020	Index of ▲ 2019=100 (%)	2021	Index of ▲ 2019=100 (%)
	Frequency	Frequency		Frequency	
Physical abuse	25	27	+8.0	14	-44.0
Rape and forced sex	04	03	-25.0	06	+50.0
School girl's impregnation	00*	00*	0.0	00*	0.0
Hiding out of school girls	00*	00*	0.0	00*	0.0
Intimate partner killing	00*	00*	0.0	00*	0.0
Extra marital	10	05	-50.0	02	-80.0
Baby dumping	00*	00*	0.0	00*	0.0
Family / children neglect	08	09	+12.5	11	+37.5
Child hawking	00*	00*	0.0	00	0.0
Child molesting	07	05	-28.6	04	-42.9
Violence against children	05	03	-40.0	02	-60.0
Threats of murder	06	03	-50.0	02	-66.7
Psychological abuse	10	14	+40.0	12	+20.0
Female Genital Mutilation	NR*	NR*		NR*	
Total incidences resolved	75	69	-8.0	53	29.3

*NR stands for Not Reported cases

00* implies to the cases that were purely criminal in nature and the Desk had no legal mandate to charge or resolve them hence they take the offenders to court of law.

Table 3. Regression of PGCD contribution on GBV reduction variables

Independent variables	Standardized Coefficients	Std. Error	Beta	T	Sig.
(Constant)	3761.904	814.38		4.620	0.000
Household size of respondents	3.808	89.798	0.002	0.042	0.966
Total no. of GBV cases resolved by PGCD	0.207	0.014	0.811	14.457	0.000
Total no. of GBV cases reported to PGCD	806.487	159.463	0.192	5.058	0.000
No. of Police Officers trained in GBV	6.096	0.523	0.454	7.119	0.000
Total no. of rapes in a year	2.412	12.242	0.007	0.197	0.844
Community awareness level	70.533	6.305	0.441	10.250	0.000
No. respondents who received training on GBV	72.879	6.476	0.443	11.254	0.000

$R = 0.935$, $R^2 = 0.874$, Adjusted $R^2 = 0.870$, Std. Error of the estimate = 432.327.

4. CONCLUSION AND RECOMMENDATIONS

The majority of community members perceived the TPGCD as highly effective in addressing incidences of gender-based violence. Likewise, there is a substantial decrease in incidences of gender-based violence in the areas with TPGCD centers, indicating that the decline was due to the eminent effects of TPGCD. Moreover, the contributions of TPGCD were: receiving and summoning resolutions of reported GBV cases; training police officers on GBV issues; and creating awareness among community members on GBV issues.

4.1 Recommendations

It is recommended, based on this study, that:

The government, through its Ministry of Community Development, Gender, Women, and Special Groups, should extend PGCD throughout all institutions and ward authorities to amicably enable all community members to get gender awareness and access services regarding incidences of GBV in their communities.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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