

**ASSESSMENT ON EFFECTIVENESS OF RESPONSE SERVICES TO
VICTIMS OF GENDER-BASED VIOLENCE IN TANZANIA: THE CASE OF
ILULA VILLAGE IN KILOLO - IRINGA**

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**A DISSERTATION TO BE SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PROJECT
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CERTIFICATION

The undersigned certify that she has read and hereby recommends for acceptance by the Open University of Tanzania, a dissertation entitled *“Assessment on Effectiveness of Response Services to Victims of Gender-based Violence in Tanzania. The Case of Ilula Village in Kilolo-Iringa, Tanzania”* in Partial Fulfilment of the Requirements for the Award Degree of Master of Project Management of the Open University of Tanzania.

Signature

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I, **Lilian Richard Shembilu**, declare that, the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Master in Project Management of the Open University of Tanzania.

Signature

Lilian Richard Shembilu

(Student)

Date.....

DEDICATIONS

This work is dedicated to my dearly beloved husband, Saga M. Fadhili and my daughters, Dorah and Doreen. It is also dedicated to my beloved parents, Shembilu Richard and Tshunda Lucia. It is, again, dedicated to my sisters Catherine, Elifrida and my brother Krispus.

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First, I thank God for guiding me throughout the process of this study and for granting me the necessary wisdom, strength and health.

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God bless you all.

ABSTRACT

This study carried out to assess the effectiveness of response services to victims of gender-based violence in Ilula village in Kilolo District in Iringa region. The study objectives were to find out response services available to survivors and victims of GBV incidents, to examine the challenges facing GBV response services, to examine the community's awareness on GBV response services and to determine additional measures to enhance GBV response services in rural areas in Tanzania. A cross section design and simple random sampling technique employed to collect data from 100 respondents. Tools for data collection included review of official reports, interview and questionnaires. Quantitative data analysed using SPSS to present descriptive statistics while qualitative data analysed using content analysis. Findings indicated the prevalence of the problem and progressive awareness in community on GBV issues. There are several challenges affecting GBV response services in the study area. They include; safety to victims/survivors, corruption by perpetrators, fear of victims to report the incidents, and stigma when persons report. The level of community awareness on GBV services is still low. Conclusively, the study suggests for coordination of services between the medical associated with care and treatment, law enforcement (such as reporting and protection), and legal (such as a survivor's access to justice). Therefore, the study recommended for the service providers to cooperate together in terms of service provision to the community so that the service gender-based violence responses will reach the community timely. This will encourage development of the society.

Keywords: *Gender-based Violence, Response services, Community awareness.*

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ABBREVIATIONS

AIDS:	Acquired Immunodeficiency Syndrome
AU:	African Union
CEDAW:	Convention on the Elimination of all forms of Discrimination against Women
DEVAW:	Declaration on the Elimination of Violence against Women
FGM:	Female Genital Mutilation
GBV:	Gender-based Violence
HIV:	Human Immune Deficiency Virus
IASC:	Inter-Agency Standing Committee
ICRW:	International Centre for Research on Women
IRC:	International Rescue Committee
KDHS:	Kenya Demographic and Health Survey
LGBTI:	Lesbian, Gay, Bisexual, Transgender, and Intersex
LHRC:	Legal and Human Rights Centre
MHCDGEC:	Ministry of Health, Community Development, Gender, Elderly and Children
SGBV:	Sexual and Gender-based Violence
SOSPA:	Sexual Offence Special Provisions Act
TDHS:	Tanzania Demographic and Health Survey
TPFNet:	Tanzania Police Female Network
UNFPA:	United Nations Population Fund
UNHCR:	United Nations High Commissioner for Refugee

CHAPTER ONE

INTRODUCTION

1.2 Statement of the Research Problem

The problem of gender-based violence in Tanzania is worrisome. Reports indicate domestic violence, sexual violence and female genital mutilation (FGM) are among grave forms of gender-based violence that happen in many places in Tanzania (WHO, 2015). It has been widely acknowledged that the majority of persons affected by gender-based violence in Tanzania are women, girls, and boys (IRC, 1997). Furthermore, women and girls who are victims of violence suffer specific consequences which results to gender discrimination (UNPFA, 2017).

In 2010, the Demographic and Health Survey (DHS) described that, women in Tanzania still experience discrimination and they are vulnerable to human right violations. At least 50% of every married woman in Tanzania has experienced physical, emotional or sexual violence from her husband. Domestic violence and sexual violence are reportedly common in society (CEDAW, 2019).

Some women in Tanzania are taught to tolerate and accept acts of domestic violence perpetrated against them due to cultural and traditional practices (McCleary, 2014). The prevailing gender norms show that sexual violence such as rape in intimate relationships is still considered culturally acceptable due to these alarming circumstances, the government of United Republic of Tanzania has taken proactive measures to address the problem, including addressing the root causes of gender-based violence. These measures include the enactment of the Sexual Offence Special Provisions Act of 1998; the Law of Marriage Act No.5 of 1971; review and

amendment of discriminatory legislations such as the Land Act No 4 and 5 of 1999 to ensure the laws provide equal rights to land ownership for both men and women. The country also has implemented the National Plan of Action for the Prevention and Eradication of Violence against Women and Children 2001 – 2015 through engaging victims of GBV, families, community, institutions such as Police, cultural and faith-based leaders, service providers in health service delivery, social welfare and education institutions. Despite these efforts, the problem of GBV still exists and some victims and survivors do not report the incidents. Therefore, the effectiveness of preventive and response services rendered to victims of gender-based violence in Tanzania is not certain. Therefore, this study is carried for purpose of assessing the effectiveness of response services on gender-based violence in Ilula village, in Kilolo, Iringa in Tanzania.

1.1 Background of the Research Problem

Gender-based Violence (GBV) is argued as the most human rights violation, a pervasive and systemic public health issue affecting all socio-economic and cultural groups throughout the world (UNICEF, 2014). Globally, it is assumed that, one in three women may be physically or sexually abused and one in five may experience rape or attempted rape in their lifetime WHO, 2015). (While gender-based violence incidents happen in different settings, the majority of GBV incidents take place in homes, where the victim often experiences repeated violence (William, 2018).

According to (Heise, 2017) the problem of gender-based violence has significant consequences, especially affecting girls and women's physical, sexual and mental health. It affects the health and well-being of families and communities in general (UNIFEM, 2017). Today, as in history, violence against women constitutes one of

the most universal and unpunished crimes (UNIFEM, 2017). According to the United Nations (2018), this type of violence is one of the most prevalent human rights violations in the world as it undermines the health, dignity, security and autonomy of the victim or survivor hence remains shrouded in a culture of silence.

Tanzania Ministry of Health, Community Development, Gender, Elderly and Children Mccleary *et al.*, (2017) observe gender-based violence as a growing threat to human security. It affects the entire society regardless of age. Even though there are national and international efforts to prevent respond and raise awareness on gender-based violence, there is a mounting recognition of gender-based violence incidents in Tanzanian society.

According to Tanzania Police Female Network TFP, (2018) the impunity enjoyed by perpetrators of gender-based violence incidents and the fear generated by their actions, has an effect on women and affects country's development. Women and girls are blamed for provoking gender-based violence and in turn are ashamed and fear of reporting incidents concerning GBV. Women are also unaware of the rights and that protect them when they face circumstances of gender violence. In 2008, GBV Prevention Network noted many forms of GBV which include intimate partner violence and rape are seen normal despite the existence of services and resources available to victims and survivors of GBV incidents and policy level support and promised intervention being implemented by various non-governmental organizations (NGOs).

According to Tanzania Crime and Traffic report issued by Tanzania Police Force, total of 23,012 gender violence cases were reported in 2015 compared to 21,517 in 2014. Most of the cases did not reach court due to the disappearance of victims after

being filed against perpetrators. Whenever the police follow up with victims, usually they deny continuing charging perpetrators. Hence, they claim to be okay and reject further police involvement. These cases end up by settling matters outside formal judicial process. Vyas & Jansen, (2018) documented that, gender-based violence just like other crimes in the country happens in both urban and rural areas. As a result, the prevalence of gender-based violence requires an adequate and friendly preventive and response services in the community.

The evidence concerning gender-based violence is explained by Anthony, (2014) that the community's social norms available are route cause of gender-based violence as they are limiting some practices which are important to be utilized by people (Young, 2014). It is argued in the Durkheim's Structural Functionalism Theory that a system consists of various components or sub-systems, which must function together for the entire system to work properly. This indicates that the GBV supervisors, community, development stakeholders and the government at large should co-ordinate together to fight unethical issues in the society like GBV.

1.2 Statement of the Research Problem

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of response services on gender-based violence in Ilula village, in Kilolo, Iringa in Tanzania.

1.3 Research objectives

1.3.1 General Research Objective

The general objective of this study was to assess the effectiveness of response services to victims of gender-based violence in Tanzania, Ilula village in Kilolo District in Iringa region.

1.3.2 Specific Objectives

- i. To find out response services available to survivors and victims of GBV incidents in Ilula village in Iringa
- ii. To examine the challenges facing GBV response services in Ilula Village in Iringa.
- iii. To examine the community's awareness on GBV response services in the study area.
- iv. To determine additional measures to be in place to enhance GBV response services in rural areas in Tanzania.

1.4 Research Questions

- i. What services are available to survivors and victims of GBV incidents at Ilula village?
- ii. What are the challenges facing GBV response services in Ilula village in Iringa?
- iii. What is the level of community awareness on the GBV response services in Ilula village?

- iv. What are additional measures to be in place to enhance GBV response services in rural areas in Tanzania?

1.5 Significance of the Study

The study has obtained significant findings that document the current situation concerning the effectiveness of response services available to gender-based violence victims in the study area. The study also explored challenges, awareness status and suggests ways to enhance response services in Tanzanian community.

1.6 Scope of the Study

The study assessed the effectiveness of response services to victims of gender-based violence in Ilula village in Kilolo District in Iringa region. The study was limited from 2012 to 2020. The choice to select this time frame and study area based on the fact that Iringa region was mentioned to be among the regions experiencing gender-based violence in Tanzania (TFP, 2018).

1.7 Organization of the Study

The study was organized in five chapters. Chapter one introduction, chapter two literature review, chapter three research methodology, chapter four findings and discussion and chapter five conclusion and recommendation. Based on the main objective of this research and according to Open University of Tanzania, this research organized as follows; Chapter one is an introductory party which consist of background information, statement of the problem, research objectives, and research questions with sub parties, the relevance of the study and scope of the study. Chapter two presents literature review, which is divided into various parts. First part is about conceptual definitions, also discussion on the theoretical literature review, followed

with empirical findings related to the current study, research gap identified, theoretical framework and lastly summary of chapter two.

Chapter three is all about research methodology that was used in this research such as research design, area of the research, sample size, sampling design and procedures, variable measurement procedure, method of data collection, study's population; and expected result of the study. Chapter four included data presentation and discussion that covered the respondent's views on the effectiveness of response services to victims of gender-based violence in Tanzania. Chapter five specifically base on the summary of the findings, conclusion, study recommendations, limitations of the study; and suggestions for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter contains literature review on the subject matter. The chapter includes: concepts and definitions, theoretical literature review, and empirical literature review and research gap.

2.2 Conceptual Definitions

2.2.1 Gender-Based Violence

UNICEF, (2017) defined gender-based violence as any harmful act that is perpetrated against a person's will and that is based on socially role differences between males and females. This type of violence has severe impact to women and girls (WHO, 2015) to a great extent, the term "gender-based violence" (GBV) is used interchangeably with the term "violence against women" (VAW). According to Heise, (2017) the term VAW is used to indicate the dimensions within which violence against women takes place.

According to Health and Human Rights Info (HHRI) clarify that, GBV is an umbrella term for any harm that is perpetrated against a person's will, and that results from power inequalities that are based on gender roles. Around the world, it has been noted that gender-based violence has a greater negative impact on women and girls as a result using the terms "gender-based violence" (GBV) and "violence against women" (VAW) interchangeably.

2.2.2 Gender Based Response Services

This refers to a service that is provided to the survivor of violence's depending on their gender. They are receiving various support to solve their suffering depending on the kind of violence. Those violence's can be physical, sexual, or psychological harm or suffering to women; including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life .As a result, the term gender-based violence was reflective of the projects' commitment to address types of violence other than sexual that were evident in the setting, particularly domestic violence and harmful traditional practices GBV was an increasingly common international term used to describe a spectrum of abuses to which women and girls are exposed as a result of discrimination against them in male-dominated cultures around the world (UN,2018).

Global guidelines and resources addressing VAW in conflict-affected settings use the language of sexual and gender-based violence (SGBV). UNHCR consciously use 'SGBV' to emphasize the urgency of protection interventions that address the criminal character and disruptive consequences of 'sexual violence' for victims/survivors and their families. This was also used in Tanzania during the establishment of gender-based violence program in refugee camps in Tanzania (UNHCR, 1998). For example, the IRC, (2016) GBV guideline emphasizes that women and girls are the primary victims of gender-based violence. The guideline focuses on strategy for addressing violence against women and girls. However, the guideline in the definition acknowledges that men and boys may also be victims of gender-based violence, especially sexual violence and defines GBV in a broader conceptualization.

2.2.3 Victim

Survivor/Victim refers to a person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably, although “victim” is generally preferred in the legal and medical sectors, and “survivor” in the psychological and social support sectors.

In addition, the term “effectiveness” is defined by the Online Business Dictionary as the degree to which objectives are achieved and the extent to which targeted problems are solved. It is the ability to be successful and produce the intended results. In GBV response, effectiveness includes quality, compassionate care and support that address the harmful consequences of violence in order to help them heal and recover. While the term “response services” cover range of services across sectors in order to support the victim or survivor of gender-based violence incident. It include social, health, education, legal; and shelter.

To fulfil the responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way and providing the survivor with emotional support throughout the process. These services are categorized into four groups as specialized services, focused, non-specialized support, community and family support and basic services and security (UNICEF, 2014). Therefore, ‘effective GBV response services’ include among others affirmative approach to address issues of women’s and girls’ empowerment, gender equality, and must include men and boys as partners in preventing and responding to the problems.

2.3 Theoretical Literature Review

This section consists of the theory that guided this study in reference to effectiveness on response services to victims of gender-based violence. This part explains the relationship of the discussed theories with the researcher's study; it is the theory of change and Durkheim's Structural Functionalism theories.

2.3.1 Theory of Change

Different scholars have discussed theories to address GBV prevention and response. According to Young, (2014) theory of change which assumes that contextual factors are critical while unequal gender power relations and related social norms are root cause of gender-based violence. Gender-based Violence is any discriminative condition which is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity.

CRPD, (2018) wrote on gender-based violence as a global public health issue that limits the benefits of education, causes poor health and psychological trauma to the society. GBV is more prevalent in situations of political, social and economic inequity and conflict; as well as in patriarchal societies with rigid notions of manhood, weak institutions, poor access to information and poor reinforcement of human rights; societies where violence is socially accepted as a means to settle inter-personal disputes.

Female empowerment might increase GBV temporarily when traditional gender roles are challenged, but living in a community where women are empowered and have higher socio-economic status is protective against GBV (World-Bank, 2016-2023). Poverty and lack of economic opportunities make men more likely to engage

in violence and substance abuse, increasing the risk of GBV, (World-Bank, 2017). The odds of domestic violence are about six times higher when the husband gets drunk frequently, compared to not at all.

The risk of GBV is particularly high among prostitutes, where the perpetrators commonly include law enforcement officers, example given 49 percent of female sex workers in Bangladesh had been raped and 59 percent beaten by the police within the previous year. A less obvious high-risk group is females with disabilities (Young, 2014). Theory of Change on ending gender-based violence and violence against women and girls provide an overview of the interventions, outputs and outcomes that can reduce and ultimately eradicate violence against women and girls. The theory draws on the experience of a range of actors delivering programmes and services addressing violence against women and girls, including donor agencies, women human rights defenders, women's rights organizations and other civil society organizations.

Seven key principles drawn by the *Theory of Change* are successful interventions are those that are tailored and based on rigorous analysis of the particular factors affecting violence against women and girls in a specific context, including setting, form of violence and population affected by the violence. The state has primary responsibility for action on violence against women and girls: national governments hold the ultimate responsibility for implementing laws, policies and services around violence against women and girls and can achieve change on violence against women and girls (UNICEF, 2014).

Holistic and multi-sectorial approaches are more likely to have impact, coordinated interventions operating at multiple levels, across sectors and over multiple time-

frames are more likely to address the various aspects of, and therefore have greater impact on, tackling violence against women and girls.

Social change makes the difference sustained reduction in violence against women and girls will only occur through processes of significant social change, including in social norms, at all levels. Backlash is inevitable but manageable resistance to tackling violence against women and girls, which may include increased risk of further violence against women and girls, is inevitable where root causes are being addressed but can, and should, be managed.

United-Nations, (2012) reported that women's rights organizations create and sustain change supporting women's rights organizations, especially those working to tackle violence against women and girls, to make change and build strong and inclusive social movements is the most effective mechanism for ensuring sustainable change in the lives of women and girls. Empowering women are both the means and the end focusing on the rights of, and being accountable to, women and girls is the most effective way of tackling gender inequality as the root cause of violence against women and girls.

2.3.2 Durkheim's Structural Functionalism Theory

This study also based on Durkheim's Structural Functionalism theory. According to Emile Durkheim's theory (1917), the dispute advanced in this theory is that a system consists of various components or sub-systems, which must function together for the entire system to work properly. At any point when a sub system within the system fails, the whole system is in jeopardy and will cease to work.

Accordingly, the Regime is like an organism, which is made up of structures. Each structure is interconnected and intertwined. A malfunctioning of one structure is

bound to have a ripple effects on the whole unit. This study assessed the central and critical role played by the government/ regime through Police Gender Desk as a sub-system of the government in protection of women from Gender Based Violence.

Like other functionalist, Durkheim's he believed that society is held together by the shared beliefs, sentiments and values of members in a society. That is to say that society exists because of certain agreements to follow the rules to keep society stable. The subject matter of sociology according to Durkheim should be "social facts". He argued that sociology as a discipline should study these social facts including all things which are external to individuals and coercive of them in society. They includes, social norms, traditions and customs, societal laws, common morality, and so on are things that are external to the individual and yet have coercive power over or her (Group, 2016).

On the matter of changing in social lifestyle, he postulated that society improves from traditional to modern aspects. Society evolves from traditional to modern state due mainly to population growth, changing in social activities and cultural interaction. This means that, due to continuous social interactions, new traditions are introduced with the aim of collecting bad norms that was existing long period It is within this description that he discusses his central theme and what is arguably his theoretical legacy in the discipline of sociology in detail(Burrowes, 1993). The theory is attractive to be adopted to this study as it campaigns about social changes from weak norms of undermining weak people to create community balance, hence the researcher believe that this theory is helpful to erase all weakness which are prone to gender balance.

2.4 Empirical Literature Review

This section covers the empirical literature review. The section is divided into three subsections which are covering literature in global perspectives, in Africa continent, Tanzania standpoint and lastly address a research gap.

2.4.1 Empirical Literature Review in the World

World-Bank focus on gender equality, poverty reduction and inclusive growth, 2016-2023, highlighted that GBV is regarded as a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement. It is the violence that is directed against a woman because she is a woman or that affects women disproportionately and is categorized in three groups including physical, sexual and psychological violence occurring in the family; such as battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

The study conducted by Young, (2014) in Poland based on the categories of GBV, where adopted a descriptive study design to collect data from various social groups. The results showed that, there are two main categories of GBV which are direct and indirect gender-based violence incidents. Direct violence; includes physical, sexual,

psychological, and economic violence. Sexual violence includes rape, sexual assault and harassment in all public and private spheres of life; trafficking in human beings, slavery, and sexual exploitation; harmful practices such as child and forced marriages, female genital mutilation, and crimes committed in the name of so-called 'honour'; emerging forms of violations, such as online harassment, various forms of sexual abuse instigated or facilitated through the use of information and communication technologies, stalking, and bullying while psychological violence include threats, humiliation, mocking and controlling behaviours. The study further revealed that, indirect violence includes structural violence, characterized by norms, attitudes and stereotypes around gender in general and violence against women in particular. Indirect violence operates within a larger societal context, institutions, and the individuals within and outside these institutions, are all engaged in the production and reproduction of attitudes which normalize violence against women.

The study by CEDAW, (2019) in Asia highlighted the factors to be considered in fighting gender based violence GBV, the article come up with the principal instrument that was set to fight against gender-based violence in three aspects; including equality, peace and development. It is contended that there cannot be peace without equality and that the end result of the lack of both is that there cannot be development. Hence it was recommended for these aspects to be taken on board to assure that these aspects are adhered to push away GBV.

The study conducted by Raditloaneng, (2019) in Germany assessed on how women react to gender-based violence. The study collected quantitative data from affected women's and those who are familiar with gender-based violence. The authors noted that, sometimes women do not react to gender-based violence in ways that are may

not be socially acceptable. For example, large number of women being killed by their husbands or commit suicide as a result of domestic battery. However, in some cases, men's oppression in most cases goes un-reported.

According to WHO, (2016) focused in India prepared the report promoting gender equality to prevent violence against women. The report proved evidence on gender-based violence that, it is arguably the most widespread human rights violations. It pervasive and systemic public health issue affecting all socio-economic and cultural groups throughout the world at a high cost to the individual and society. Their report highlighted that in 1997, it was estimated one in three women worldwide had been physically or sexually abused; and one in five had experienced rape or attempted rape in their lifetime. The study highlighted that, when gender roles become more flexible, most women enjoy greater power, status and economic independence and the threat of violence against them decreases. The report ended by recommending that, it is important to engage both men and women and boys and girls in interventions that promote gender equality and prevents violence against women.

Bloom, (2015) studied on violence against women and girls in East Africa and other developing countries under the support from United States government. The main goal of the study was to develop a set of monitoring and evaluation indicators for program managers, organizations, and policy makers who are working to address violence against women and girls(VAW/G)at the individual, community, district/provincial and national levels in developing countries. Extensive literature review was undertaken through available documents based on GBV. The study observed that, the impact of gender-based violence goes beyond the primary victim. Despite that, gender-based violence affects other surroundings of individual's

enjoyment such as the rights to health, education, work and freedom from torture. The study recommended that, tracking the measurement of GBV against women and girls over time is of value for program managers and planners, because the first step to change the way people behave is to alter the norms that support those behaviours.

Russo & Pirlott, (2018) under the United Nations studied on gender-based violence against women as a global health and development issue, and a host of policies, public education, and action programs. The study aimed reducing gender-based violence that have been undertaken around the world. The study adopted a case study design where to gather useful information's. The study found that, gender-based violence is a complex, multifaceted phenomenon that is experienced differently by women and men; it revealed that GBV takes multiple forms; it is rooted in social structures and cultural roles of women and men, and is reinforced by media images. Hence it was recommended that sophisticated approaches in theory and method are more needed to moderate the relation of gender to the experience of intimate violence.

The statement by the Secretary-General of the United Nations Kofi Annan, (2006) also studied on various international and regional instruments have recognized violence against women as a form of discrimination and a violation of women's human rights. The study revealed that, still increasing women awareness on gender-based violence through social network is very low. Unfortunately, the social networks are used largely in little scope; hence there is a need to open door for these places. However, the conducted studies did not cover much of the legal aspects towards overcoming the existing challenges in gender-based violence. The study suggested solutions to the problem such as empowering women through information

sharing. Furthermore, the author indicated the importance of gender cafe events, monitoring and coaching, camping, publication of cases and radio programs to address gender-based violence education provision through social networks.

The author portrayed that, gender-based violence is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society. However, other authors have found that, female victims of domestic violence rarely report incidents to the authorities due to cultural, social, and family pressures.

2.4.2 Empirical Literature Review in Africa

The African continent is not isolated from GBV incidents. According to African Union, (2016) on the strategy of transformational outcomes with main objective on challenging the big-ticket limitations on gender equality and women's empowerment and triggering the AU into seizing the new global momentum for the agenda. In July 2016, the African Union (AU) launched the "Implementation of the Women, Peace and Security Agenda in Africa" report. This report outlines member states and regional economic communities' implementation of UNSCR 1325 as an entry point to assessing the state of implementation of the broader Women, Peace and Security Agenda on the continent. It goes with the Africa's Agenda 2063 commits AU Member States to end violence and discrimination against women and girls as well as to end all harmful social norms and customary practices that promote violence and discrimination against women and girls in Africa. The strategy further addressed that there is the increase on the problem of women's vulnerability to reproductive health problems, negatively affecting their general well-being and decreasing their ability to

freely participate in their families and communities in general. GBV also hurts children, men and families by creating a culture of fear and mistrust that leads to lack of intimacy and safety within familial and intimate relationships. The strategy recommends for the society to unite together fighting gender-based violence.

According to UNICEF, (2017) it was estimated that about 100 to 140 million women worldwide have been subjected to FGM. In it was also estimated that, 3 million girls were at risk of undergoing FGM every year in 27 African countries. The effect of FGM increases maternal and infant mortality rates. The process puts women and children at risk of life-threatening complications during birth and psychological problems but also links to the spread of HIV/AIDS.

The study conducted by Raditloaneng, (2019) analysed on gender based domestic violence and restrictions in Southern Africa including different forms of gender-based violence. The study explored on how women have reacted to violence, taking Botswana, Southern Africa and Zimbabwe as case studies. Methodology of the study based on ecological model on individuals as perpetrators of violence, relationships, community and society at large as factors crucial in violence, further, the paper based on research-based reports available on GBV that was incorporated empirically. The study indicated gender-based violence as an unjust practice needs to be eradicated as a matter of urgency. It is also a violation of human rights, because it is both emotionally and physically costly to human life. Problems of lack of knowledge, gender-based poverty and socio-cultural stereotypes that promote male supremacy over females need to be tackled from the root aggravators such as socialization of gender roles, practices of the school system and inclusive structures of micro and macro level decision-making. The study recommended that, there is a need for

education, planning, finance, transport, sports, and the legal framework, policies, if well managed and services delivered, can help prevent the spread gender-based violence, HIV and AIDS.

In Kenya UN, 18 May (2018) showed 47% of ever-married women reported having ever experienced emotional, physical, and/or sexual violence from their spouses among the highest rates in the world. While violence towards pregnant women in Kenya was estimated to be 13.5% a higher prevalence than many conditions routinely screened for during pregnancy. The study also pointed that more women in the age group of 15-49 years in Kenya, 43% reported having experienced some form of gender-based violence in their lifetime, with 29% reporting an experience in the previous year; 16% of women reported having ever been sexually abused, and for 13%, this had happened in the last year prior to the particular study.

Moreover, according to Irish-Aids, (2019) studies conducted in Uganda reported about 60 per cent of women experience domestic violence throughout their lives, making it difficult for them to participate in the development process.

2.4.3 Empirical Literature Review in Tanzania

GBV remains a problem in Tanzania. The government acknowledges that gender-based violence has significant affect the country's economy, health and social welfare. Gender-based violence in Tanzania takes many forms such as physical, sexual and psychological violence, mainly perpetrated against women. Even though female genital mutilation (FGM) is illegal and statistics show FGM prevalence in Mara region compared to other regions as Tanzanians raise awareness about the harms of FGM, fewer people are still practicing it (National Bureau of Statistics, 2005).

Even though there has been much effort to address gender-based violence through campaigns, sensitization of the public through media, workshops, and seminars, peer groups and drama on the need to fight gender-based violence, the problem of GBV continues to persist and in some areas, the services are not friendly to allow victims and survivors to report.

Tanzanian feminists have organized against partner violence since the 1980s and produced the first VAW surveys (Sheikh, 2002) after international health and development agencies became involved in the late 1990s, research on the scope and prevalence of the violence and its correlation with health, education and economic indicators has burgeoned (WHO, 2015).

In 1996, the International Rescue Committee (IRC), in collaboration with UNHCR, introduced a project to fight GBV. Sexual and Gender-Based Violence Program aimed to prevent and respond GBV incidents in refugee camps in Tanzania (UNHCR, Protecting Refugees, 1999). This was humanitarian program addressing violence against conflict-affected women and girls focused on exposure to sexual violence and were primarily based in refugee settings in North Western Tanzania (UNHCR, 2008).

According to WHO, (2005) gender-based violence significant problem in Tanzania that affects the country's economy, health and social welfare systems. The violence takes many forms, including physical, sexual, psychological and economic violence, mainly perpetrated against women.

The study conducted by Njau, (2014) in Tanzania documented the issues of physical violence against women and the law in Tanzania. Specifically, they observed the Law of Marriage Act of 1971 that made a declaration against spousal battery but did

not prohibit it or provide for any punishment. In addition, the authors discussed the traditional customs that subordinate women remain strong in both urban and rural areas and local magistrates often upheld such practices such as women may be punished by their husbands for not bearing children.

Willman, (2018) documented situational analysis of gender relations in Tanzania. The author discussed unequal participation of men and women in wage labour, which to some extent contribute to violence against women this comes to the time of distribution of produce, that men seem to be the controllers of the wealth of the family hence creates a problem and finally conflicts among partners and children at large.

Bloom, (2015) documented violence against women in respect of male partners against women in higher learning institutions. The findings indicated presence of large number of women in higher learning institutions who are oppressed and humiliated by men. In addition, observed the issue of domestic violence in family settings.

Mosha, (2018) researched on sexual violence emerging from domestic violence in Tanzania. The findings indicate a large number of women who are harassed by men under sexual relations. Despite the study being limited in Manyoni District, it represents a large number of women around the world. Mosha, (2018) stated reasons for gender violence being the unequal power relation between men and women, jealousy, and negative beliefs about women in the society. The author's analysis revealed that, violence against women is gendered and can be understood in the context of gender inequality.

According to Mc Cleary, (2014) the ICRW report states that typically, married women are expected to consult with their husband's relatives before reporting domestic violence to the police and that "only when a problem cannot be solved within the family or immediate social network is it socially acceptable to approach external sources of support".

The ICRW collected data through interviews with male and female participants in the Dar es Salaam, Iringa, and Mbeya regions of Tanzania, physical violence is largely viewed as part of marriage. Women explained that they come to expect and even accept this violence because of prevailing community norms. The same study indicated that the majority of participants claim that being beaten by a partner, depriving a wife of basic needs, including clothing and food, and name calling, yelling and threats towards a partner in the home, are all acceptable behaviours within domestic spaces.

Barbara, (2001) list the following reasons for which women do not report incidents of domestic violence: the fear of retaliation from their husbands, the fear of losing economic support and the desire to protect their children. That, female victims of domestic violence rarely report incidents to the authorities due to cultural, social, and family pressures. The 2014 report by the CRPD, (2018) notes that many Tanzanians believe that beating women is an acceptable practice and that women believe that they are supposed to be submissive to their husbands.

2.5 Research Gap Identified

Many literatures have addressed the magnitude and effects of gender-based violence (Njau, 2014); (Mosha, 2018); (Bloom, 2015); (Heise, 2017) and fewer studies have addressed GBV response services in humanitarian settings in Tanzania (IRC, 2015)

and (UNHCR, 1998); (IRC, 2016);(UNHCR, 1998). The studies were limited geographically reaching few areas, few populations group and few regions. They are not full addressing the general conclusion on effectiveness of response services to victims of gender-based violence in Tanzania. This study focused specifically to Ilula village in Kilolo, Iringa, the study area had rich information scale and the published study conducted specifically in that area are limited in their conclusions, they provided live a gap for further studies due to the fact that the problem still exists. Therefore, the study succeeded to bridge the knowledge gap left by other scholars by assessing on effectiveness of response services to victims of gender-based violence.

2.6 Conceptual Framework

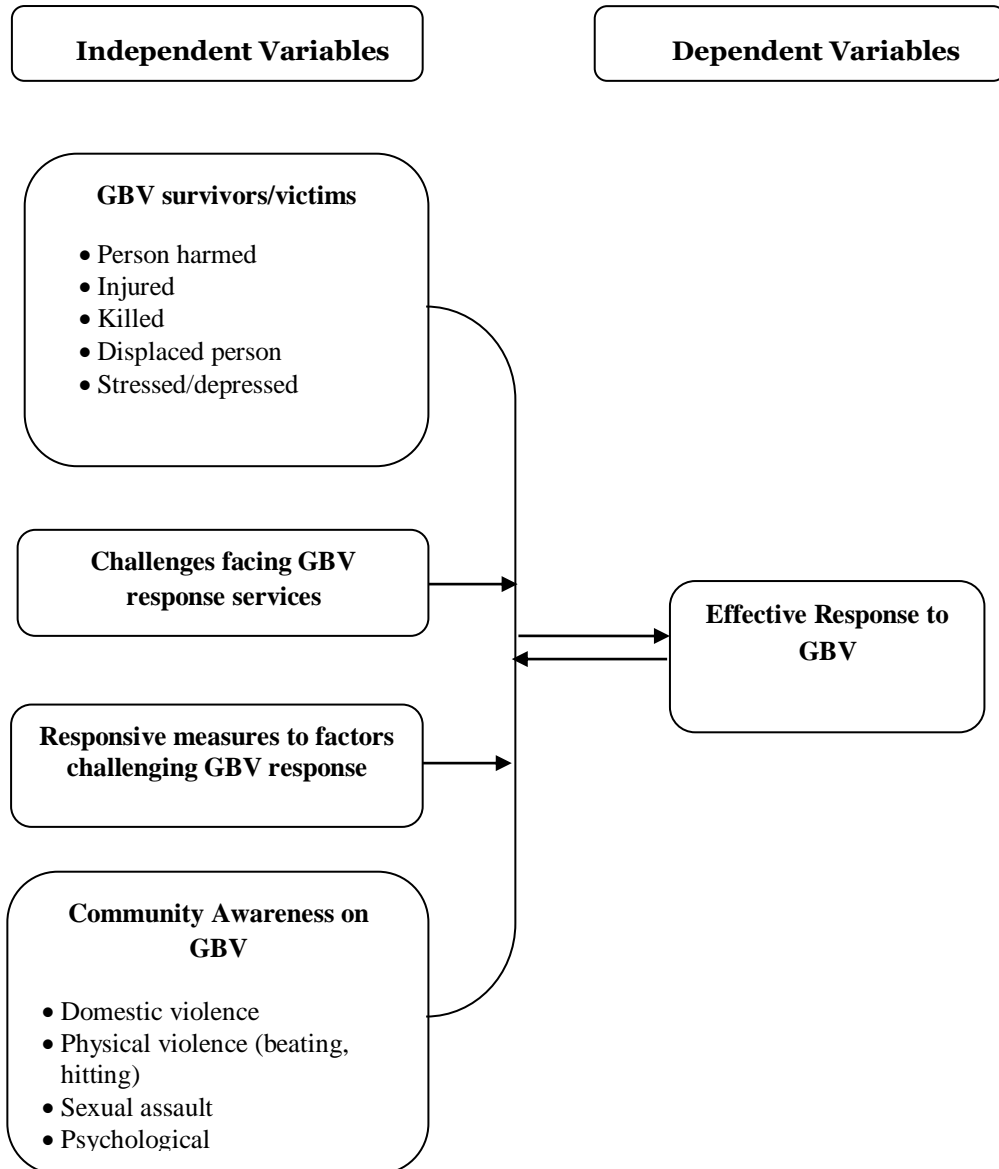


Figure 2. 1 Gender -Based Violence Conceptual Framework

Source: Researcher construction, 2021

2.7 Conceptualization of the Variables

The GBV conceptual framework shows the relationship between different GBV concepts the study will use. GBV as violence that is directed against a person on the basis of gender or sex can be either direct or indirect violence. Independent variables are the direct violence, such as domestic, physical, sexual have visible effects while

indirect violence is more of cultural, structural or institutional (norms, beliefs, stereotype, attitude). Both direct and indirect violence cause GBV survivors or victims (person harmed, injured, killed, displaced person). When violence happens whether direct or indirect will require response services such as shelters; counselling and; psychological services; legal advice; outreach; hotlines, health care and sexual assault centres, self-defence, training and education to reduce/mitigate them. The dependent variable is the responsive services that will reduce/mitigate gender-based violence will make the GBV programmes more effective.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter providean explanation about how the study has been conducted. The chapter include research design, area of the study, population of the study, sampling design and sample size, methods of data collection, data collection tools, reliability of data, validity of data, data processing and analysis and ethical issues.

3.2 Research Paradigm

Journal jpri, (2017) argue that the research paradigm is a system of the researcher's thought following which new reliable knowledge about the research object is obtained. In other words, it is the basis of the research which involves the choice of research strategy, formulation of the problem, data collection, processing, and analysis. In this study, the researcher's study was guided by the positivism research paradigm.

This is due to the fact that Positivism research philosophy relates to the natural scientist and entails working with an observable social reality to produce generalizations. It promises to bridge unambiguous and accurate knowledge as originates in the works of Francis Bacon, Auguste Comte and the early twentieth-century group of philosophers and scientists known as the Vienna Circle with great focus on strictly scientific observer method designed to yield pure data and facts uninfluenced by human interpretation or bias (Research philosophies and approaches, 2016). The positivism philosophy was applicable to this study as the researcher intended to assess the effectiveness of response services to victims of gender-based violence in Tanzania.

3.3 Research design

Hopkins, (1984) defined research design as a scheme, outline or plan used to generate answers to research problem. This study employed a cross section design. The design was efficient in examining problem trend in the study area. During this study, the research design helped to guide the researcher and control the process of data collection and data interpretation.

3.4 Area of the Study

The study was conducted at Ilula Village in Kilolo District in Iringa. The area of study was chosen to represent other areas in Tanzania where there is gender-based violence prevalence and requires adequate response services. Further, the study area was chosen by the researcher as it was reported various gender-based violence's like in other regions of Tanzania. In 2014, 2015, 2016, Tanzania Ministry of Home Affairs indicated the seriousness of GBV prevalence in various regions, including Iringa region. Similarly, the Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (2017, 2018) indicated GBV as a serious issue in Tanzania. The studies were limited geographically reaching few areas, few populations group and few regions. This report was generalized in the all-country Tanzania. Therefore, this factor-built awareness for the researcher to address deeply the existence of the problem at Ilula village in Kilolo, Iringa, the study area had rich information scale and yet there is no published study conducted specifically covering to this area on effectiveness of response services to victims of gender-based violence.

3.5 Population of the study

Population is the group of individuals who have one or more common characteristics that are of interest to the researcher (UNPFA, 2017). The specification of the

population to which the enquiry will be addressed affects decisions that researchers must make both about sampling and resources (Kothari, 2004).

The study population included individuals aged above 18 years located at Ilula Village in Kilolo District in Iringa region. The population used to obtain sample size from service providers, community members and GBV victims. The study included victims/survivors in order to understand some information that are beneficial in enhancing GBV response services in the study area and other locations in Tanzania.

3.6 Sampling Design and Sample Size

Bank, (1996) defines sample as a section or a part of the targeted population whose information can be generalized to the large population. It is a process of selecting number of individuals for a study in a way that the sample will represent the large group from where it was selected. It is a given number of subjects from a defined population as representative of that population. The study selected the sample size of

3.6.1 Sampling Design

According to (Hopkins, 1984) sampling design is made of two elements which is Sampling method which refers to the rules and procedures by which some elements of the population are included in the sample. Some common sampling methods are simple random sampling, stratified sampling, and cluster sampling and another element is Estimator which refers to the process of calculating sample statistics.

The study used sampling method based on simple random sampling. Simple random sampling refers to a sampling method that has the following properties; the population consists of “N” objects; the sample consists of “n” objects an all-possible samples of “n” objects are equally likely to occur. An important benefit of simple

random sampling is that it allows researchers to use statistical methods to analyse sample results. In order to meet requirements of Simple Random Sampling, the researcher counted from 1-5 and the selected individuals was those who appeared to 1, 3, 7 and 5 were selected to form a sample size. This technique applied to all groups of the population. This study used simple random sampling. This type of sampling facilitated process to find an unbiased representation of respondents from the study area. It offered an opportunity to select a sample from a larger population.

3.6.2 Sample Size

The sample size of the study included 100 Tanzania respondents located at Ilula Village in Kilolo District in Iringa region. The criteria of the selection based on people who involved directly in prevention and response of GB Vincidents such as health care services, legal services, social services, community services and gender-based violence victims/survivors.

The researcher applied Slovin's formula to obtain sample from a targeted population. Let, "N" be the total population size, "n" be the sample size researcher needs to obtain from a total population and "e" be the allowed probability of committing an error in selecting a sample from a population was be (0.05). The sample size "n" obtained as follows (Slovin, 2003);

$n = N / (1 + Ne^2)$ was applied to get sample size for each respondents group.

$n = 135 / (1 + 135 \times 0.05^2) = 100$ individuals.

Table 3. 1 Sampling Frame and methods of data collection

S/N	Respondents	Frequency	Percentage	Sampling design	Data collection tools
1	Service providers (Law chambers/government/NGOs and another mouthpiece)	25	25%	Simple random sampling	Questionnaires and Interview
2	Victims and community members	35	35%	Simple random sampling	Questionnaires
3	GBV Victims and other stakeholders	40	40%	Simple random sampling	Interview
Total		100	100%		

Source: Researcher Construction, 2021

3.7 Methods of Data Collection

3.7.1 Secondary Data

Secondary data such as official reports, articles, government provisions, and information available on the internet, books, newspapers, pamphlets, dissertations and other relevant published materials were reviewed. Information obtained helped to provide new insight on the study.

3.7.2 Primary Data

Primary data includes information obtained from interviews and questionnaires. According to (Teresa Carldova, January 1981) primary data are also known as raw data. Data are collected from the original source in a controlled or an uncontrolled environment.

3.8 Data Collection Tools

In order to obtain relevant data on the study, both interview and prepared questionnaires were used. The tools were in English language and Kiswahili language in order to capture key information from respondents.

3.8.1 Interview

The study obtained information through interview from 65 respondents including service providers and GBV victims. This method offered an opportunity to respondents to be given the same questions and provide different answers. The answers from interview were presented in study analysis and the conclusion was reached.

3.8.2 Questionnaires

The study engaged Sixty (60) respondents through questionnaires. Questionnaires obtaining relevant information that required more time to document. This method also helped to mitigate weaknesses which could happen and helped not to interfere many respondents' daily activities in their respective areas. As noted by Hopkins, (1984) these techniques do not exert much pressure on the respondents hence make them to be more comfortable.

3.9 Reliability of Data

The use of interview and structured questionnaire improves reliability of data (Teresa Carlдова, January 1981) likewise, (Kothari, 2004) considered reliability of data as accuracy and consistency of information obtained in a study. Therefore, use of a face-to-face interview and the use of a structured questionnaire in the study improved the reliability of data.

For the reliability test of the data Cronbach's alpha was calculated using SPSS tool and the result is presented in Table 3.2 below. The alpha values for all constructs in the study are greater than the guideline of 0.70, so it is concluded that the measurements applied for analyses found to be acceptable reliability.

Table 3. 2 Reliability test

Variables	Cronbach's Alpha	N of Items
Challenges facing GBV response services	.872	4
Community Awareness on GBV	.716	6
Responsive measures to factors challenging GBV response	.777	5
GBV survivors/victims	.707	7
Effective Response to GBV	.766	4

Source: Researcher, 2021

3.10 Validity of Data

The quality of the data was careful examined through data collection methods and study design in order to accommodate both internal and external validity of data. It was considered that research study can be affected by different kind of factors (Brink, 1996).

3.11 Data Processing and Analysis

Answers from the interviews and questionnaires were analysed and grouped according to how they relate and this formed different subjects where the subjects for interpretation. The information was coded and entered into a spread sheet. Statistical Package for Social Sciences (SPSS) helped in data analysis and qualitative data analysis techniques such as coding method was used to organize information into main theme. Kothari, (2004) described that, data analysis is a process of inspecting, cleaning, transforming, and modelling data with the goal of discovering useful

information, suggesting conclusions, and supporting decision making. As observed by Brink, (1996) qualitative data provides rich descriptions and explanations that demonstrate the chronological flow of events as well as often leading to serendipitous findings.

3.12 Ethical Issues

In order to adhere to research ethics, clearance letter was obtained from the Director of Postgraduate studies of the Open University of Tanzania. This letter was an important document to justify data collection and all research activities in the respective study area.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS OF THE RESULTS AND DISCUSSION OF THE FINDINGS

4.1 Introduction

This chapter analyses the empirical data in an attempt to evaluate the effectiveness of response services to victims/survivors of gender-based violence in Ilula village in Kilolo District in Iringa region. This chapter presents data presentations, discussion of the findings basing on four specific objectives. Data was collected from 100 actual respondents both females and males who obtained from the study area including 60 service providers/community who filled questionnaires and participated in interview and 40 GBV victims who answered interview questions.

4.2 Respondents Profile

The findings show that all targeted sample size for the study 100(100%) provided descriptive information to fulfil the study objectives. Further the study shows that 55% of respondents were females while 45% were males. Respondents were from Ilula, Isele, Masukanzi, Ilula,Itunda, Ilula Sokoni, Mtua and Mawelewele, in the study area.

4.2.1 Age (years) of Respondents

The population of the study included Tanzanians located at Ilula Village in Kilolo District, Iringa region. The study shows that, 36% of respondents were aged between 18 years to 30 years, 36% aged between 31 years to 45 years while 28% of respondents were aged between 46 years and above. The study shows that most respondents were aged between 18 to 30 years and between 31 to 45 years. The study

found that, the respondents aged from 31 and above had community duties such as community leadership, working in health care services, police officers while respondents aged between 18-30 years' majority had no formal activities. This implies that the study obtained data from matured respondents who were able to provide the expected results to the findings.

4.2.2 Respondent's Occupation and Employment Status

The respondents of this study included people from different occupation including 34 layman and farmers, 11 health care providers (Medical doctors, Nurses, Assistant Medical Officer, Medical Attendants and Clinical Officers), 20 GBV victims, 4 legal officers, 9 police officers; and 22 community service workers. This implies that a number of the respondents who have mentioned were employed, hence they had experienced the real-life situation on response service to GBV victims.

4.2.3 Respondents' Education

The findings show that 20% of respondents did not completed primary education level, 24% of respondents had attained primary school, and 26% respondents possessed secondary education. Those holding primary and secondary education serve as community leaders and local counsellors to gender-based violence victims/survivors. Majority also offers shelter, counselling based on customs and traditions of respective victim/survivor and referral to appropriate services such as health care or police support. Further, the finding shows that 30% of the respondents possessed diploma and above, they are working in health care services, police force and lawyers. Their major role is to assist GBV victims in aspects of professional services of counselling, legal support, medical treatment and referral to specific services as required for helping the victims/survivors. The finding implies that all the

respondents who participated to provide data for this study were educated and they were aware with the topic under study.

Table 4. 1 Profile of the Study Respondents

Respondent		Frequency(N)	Percentage (%)
Gender of respondent	Male	55	55%
	Female	45	45%
Age	18-30	36	38
	31-45	36	40
	46 and above	28	22
Education level	Incomplete primary education	20	21%
	Primary school education	24	30%
	Secondary school education	26	26%
	Diploma and above	30	23%
Occupation status	Layman and farmers	34	34%
	Health care providers	11	11%
	GBV victims	20	20%
	Legal officers	4	4%
	Police officers	9	9%
	Community service workers	22	22%

Source: Field data 2021

4.3 Causes of Gender-based Violence Problems

Research findings as shown in the Table 4.2 shows the responses from service providers, GBV victims and community members on reasons/causes for gender-based violence in the study area. The findings show that, when respondents were asked on the reasons for women gender based violence, 16.7% of them which equals to 10 respondents said that, lack of confidence among women is the main cause, 28.3% of them which equals to 17 respondents commented on little understanding of their rights among women, 31.7% of them equals to 19 respondents said men's poor

respect to women is a reason, while 23.3% of them equals to 14 respondents argued on cultural backgrounds which favour men and underrates women. Therefore it can be concluded that the reasons for the gender based violence in Ilula were lack of confidence among women, little understanding of their rights among women, men's poor respect to women, cultural backgrounds which favour men and underrates women, but most of the respondents recommended on little understanding of their rights among women and men's poor respect to women as they both scored twenty eight percent and twenty nine point three percent respectively and hence these two seem to be the most critical factor for women violence in Ilula village.

The stated reasons were also evident in various literatures. WHO, (2005) found that forty-two percent of women in Kenya were regularly beaten by their husbands. Traditional culture permits a man to discipline his wife physically and condones spousal rape, the other reasons stated were the dangers and uncertainties of emergencies and displacement plaque great psychosocial strain on individuals, families and communities, often creating environments in which domestic violence can occur. Survival and competition for the meagre resources found in and around refugees' camps, and post-displacement changes in gender roles, may further increase levels of violence. Other factors of violence were the disruption of social structures, men's loss of traditional roles, rapid changes in cultural traditions, poverty, frustration due to lack of productive work, decent or well-paid labour, alcohol and drug abuse and lack of respect for human rights (WHO, 2015).

During the interview to GBV victims, when the researcher asked them to mention causes of GBV, they responded in variety ways as follows;

One GBV victim said that;

“The main cause of gender-based violence especially to women’s is due to the fact that, traditionally and historically women’s have been mentioned as weak and inferior persons, they are limited to offer their views and decisions in front of men’s”.

The finding reveals that, still up to date in the society there is continuous believes limiting women to participate in various social activities. Some societies are not aware with the campaign of women empowerment; they are able to offer useful decisions which sometimes may be difficult to be provided by men. This shows that still the community development stakeholders in cooperating with the government they need to collaborate together to assure the community respect women to a sound level. This will be possible to reduce gender-based violence especially to women.

One GVB victim said that,

“Women consider themselves as inferior a factor causing GBV to remain as a social problem in many of the African culture. Boys are born with power of say while girls are imparted with bad traditional norms that they should depend from males, hence the problem still challenging the society”.

This reveals that, women undermine themselves as they have already declared that they are inferior. The young boy seems to declare themselves as the panacea of gender imbalance. The community itself recognize women contributions as the second views. The need to increase level of awareness to the community still of significant function.

Further, one respondent said that,

“Our society tells young people on the bad historical reactions taken to treat GBV victims who tried to report various bad social actions to them, hence the spirit of fear still unending to them”.

The finding reveals that, the society itself had the manner of punishing gender-based violence survivors; the society has bad history of treating GBV survivors who tried to complain in the respective authority. There is a living spirit of fear in the mind of

gender-based violence victims, therefore this address that the attitude should be solved.

Table 4.2 Service providers, GBV victims and community members' questionnaire responses on reasons/causes for gender-based violence

Reasons for gender-based violence	Frequency	Percentage
Lack of confidence among women	10	16.7%
Men's poor respect to women	19	31.7%
Cultural backgrounds which favour men and underrates women	14	23.3%
Little understanding of their rights among women	17	28.3%
Total	60	100%

Source: Field data, 2021

4.4 Community's Awareness and Effectiveness of GBV Response Services

Respondents indicated they were aware of gender-based violence incidents that happen in their community. However, lack of awareness on relevant laws and categories of gender-based violence hinders them to effectively take appropriate measures on time. Due to lack of awareness, majority of cases are handled in family levels or community level. Few cases are taken into serious measures against the perpetrators. Respondents mentioned domestic violence (beating/ hitting), sexual violence, family abandonment, psychological assault, economic assault and physical assault as common gender-based violence in Ilula village.

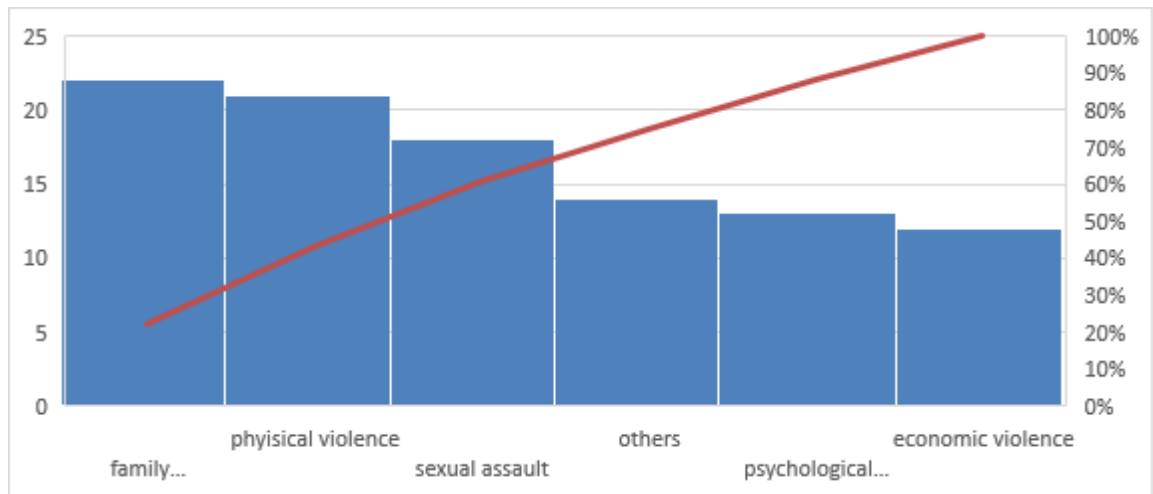


Figure 4. 1 Respondents’ response on GBV prevalence in the study area

Source: Field data 2021

From the interview responses, the respondents showed their awareness on the existing GBV violence as follows;

One service provider said that,

“Currently the existing GBV response services are moderate in-service provision, this is due to the fact that the society awareness on reporting occurring crimes still moderate and even if when are reported are too late. This factor leads to the delay of response service to GBV as service providers need to find detailed evidence that becomes difficult to obtain”.

This implies that, the community members still need more trainings so as to increase their awareness on what to do when they GBV problems. The emergence of fear among GBV victims is harmful for the program of anti-GBV.

Further, one of GBV victims during interview told the researcher that,

“There are no enough services dedicated to fulfil the needs of the community especially for the gender based-violence victims, especially legal services, timely police assistance, timely social services and shelter”.

This show that, it is also for the responsible bodies to help the government on anti-GBV by ensuring that, the service for GBV is available timely when needed. This will allow the community to increase the level of reporting variety of crimes.

One GBV victim added that,

“Still there are very few lawyers available in rural areas to serve GBV victims, nevertheless when they are available their services are more expensive which most of the GBV victims are compelled to pay, hence continuing of the problem”.

This shows that, the available lawyers to serve the community when members are fighting for their rights are expensive. This limits the community to benefit and lose their rights. The members still demand an alternative way for that solution; hence they will be able to get service. Furthermore, one GBV victims said that,

“The police stations are not widely distributed to village areas as large population depends to use a single police station in facilitating gender-based violence cases against perpetrators. This factor is too harmful to the GBV victims; hence they opt to remain with their problems”.

The findings imply that, remoteness increase in police stations need to be implemented so as to assure that the community is able to get timely service when needed. This will make community members to increase awareness on the GBV.

One service provider to GBV victims told the researcher that;

“There is no court of law in the village areas a factor forcing most cases associated with GBV to be withdrawn by survivors/victims fearing much time and high costs to follow up their cases in the nearby village (Mazombe) where primary court is located”.

This reveals that, even the court of law in the village areas are required to be built in order to ensure the service is nearby the community members. Still the government need to increase special budget allocation to village areas. Despite delayed case reporting, one GBV victim reported that,

“Health care and treatment is more effective in responding to gender-based violence, particularly for domestic violence, physical assault and sexual violence incidents. The service is offered by Kilolo Designated District Hospital, formerly named Ilula Hospital”.

The study shows that, when health sectors and other government offices responsible to serve the community are responsive to the people, their good performance is well

noted by the community. This is due to the fact that, at that time the GBV victims need to satisfy from the provided service.

4.5 Community's Awareness and Effectiveness of GBV Response Services and Trainings

From questionnaires results, the study observes that 39(65.0%) of the respondents who answered questionnaires were aware of gender-based violence problem and effectiveness of Gender Based Violence response services while 21(35.0%) of the respondents know nothing about gender-based violence problems and effectiveness of Gender based violence response services.

Table 4. 3 Service providers, GBV victims and community members' responses on community's awareness and effectiveness of GBV response services

Response on awareness and effectiveness of GBV response services	Frequency	Percentage
Yes	39	65,0%
No	21	35.0%
Total	60	100%

Source: Field data 2021

The findings from Table 4.3 above shows that, 39respondents out of 60 respondents comprising 65.0% are aware oneffectiveness of GBV response servicesabout gender-based violence problem and effectiveness of Gender based violence response services. The purpose of training workshops in these manuals was to improve the skills of media professionals and communication officers in reporting gender-based violence in humanitarian crisis settings; to enhance the quality of reporting by instilling ethical principles; and to increase awareness among the general population

and decision makers on the importance of gender-based violence as a health and human rights problem and its common occurrences.

The findings in Table 4.3 imply that, the community still miss the important education to increase their awareness and understandings on the gender-based response services. In order to increase community awareness, the whole community members are required to get this important education including both who are in gender-based violence groups and other community members. This will increase awareness among the whole community; hence decreasing in violence cases will be inevitable. Unfortunately, other gender-based violence victims are not aware on effectiveness of the response services to them. This highlights the need for the government and development stakeholders to put more insights to ensure the whole community is aware on GBV responsive services.

One GBV victim said that,

“Always the opportunities to attend trainings are provided but the challenge becomes that the GBV victims goes to find their daily basic needs, hence failure to attend. This results to the never-ending lack of GBV awareness, hence limiting society’s development”.

The findings show that, the community awareness on GBV is low as they are not attending periodic trainings that are provided. Most of peoples depend on daily activities so as to serve their families, hence they face difficult to attend those trainings.

Table 4. 4 Respondents response on training and objectives of trainings

Respondents' Response on Training	Frequency	Percentage
Attending training	28.0	46.7%
Not attending training	32.0	53.3%
Total	60	100%

Source: Field data, 2021

The findings from the above Table 4.4 show that, it is only 28(46.7%) of the respondents who attended trainings concerning with GBV education. While, 32(53.3%) of the respondents never attended any training. This reveals that, many of the community members and leaders of various NGO's they have little understanding towards GBV response services. This is due to the fact that, they little hear GBV matters in social media but they never attended to any training on how to care gender-based victims. This shows a great that, after this study finding reach the community, the level of awareness and understanding among whole society will increase, they will be able to attend various trainings which are provided towards variety of community development matters. Further through the interview conducted by the researcher, respondents mentioned the following objectives of the seminars and trainings they attended:

Two respondents mentioned that,

“The provided trainings to the community are helpful to us as peoples becomes able to understand and describe gender-based violence in its humanitarian context; and recognize the consequences of gender-based violence on women and girls, family members and the wider community’.

This shows that, continuing providing trainings to the community members has great impact on rising awareness towards gender-based violence. The victims are able to report on bad things which are affecting their psychology negatively.

One community member said that,

“GBV based trainings attendances are helpful to the community as people become able to identify specific types of gender-based violence as well as their root causes and contributing factors particular by focusing on the humanitarian crises in ILULA village”.

The study revealed that, when community members are aware on the causatives of gender-based violence, they are able to report those causes so that they are solved.

The government becomes able to get useful regulations that are responsible to reduce or to end community unethical conducts.

One service provider said that

“Community members by attending periodically to the provided GBV trainings receive useful recommendations on ethical standards for reporting on issues related to the prevention of and appropriate response to gender-based violence”.

Due to the fact that, some of community members fear to report on GBV, they are trained on how report crimes in accordance without the community members to know on that report. Help them remains safe after reporting.

Further, one community service provider said that,

“The provided trainings are helpful to the society as people become able to identify new angles for reporting on gender-based violence by focusing on the issue from a number of broader perspectives including human and women’s rights”.

The findings reveal that, continuously education provision to the community is required. The society increase their awareness on how to deal with the people dealing GBV, therefore it is liberation of the community.

For the community service providers,

“Attending trainings is helpful as helps team members to acquire essential techniques for conducting interviews with women and girls including gender-based violence survivors based on international standards and UNFPA guidelines”.

The community members themselves after attending GVB trainings, they become aware on new ways of fighting against the problem, they are able to sit with women encountered GBV and other victims so as to help them in solving variety of problems.

4.6 Commitment and perceptions toward enhancement of GBV response services in Ilula village, Iringa

The respondents were asked to rate on their perceptions towards commitment of the government and other responsible groups in playing part to enhance GBV response services in Ilula village. The findings revealed that, from questionnaires responses, 23(38.3%) of respondents said that they are aware on the government and other responsible groups towards their commitment on GBV response services. While, 30(50.0%) said that the government and other responsible groups are not playing fully their part towards gender-based violence responsive services. Further, the findings show that, 7(11.7%) of respondent said they don't know if government and other responsible stakeholders plays their part on enhancing GBV response service.

Table 4. 5 Commitments and perceptions toward gender-based violence response services in Ilula village, Iringa

Perceptions Toward Gender-Based Violence	Frequency	Percentage
Yes	23	38.3%
No	30	50.0%
Don't know	7	11.7%
Total	60	100%

Source: Field data, 2021

The findings in Table 4.5 reveals that, regardless of some community members to receive trainings towards GBV response services, among them and those who have never attended those trainings are not aware if the government and other development stakeholders plays a role in enhancing GBV response services.

The researcher found that, regardless of some community members to be aware on the strategies to responsive services to be provided to GBV victims, they need to know their implementations physically. This shows that, under this circumstance, the government and other responsible development stakeholders have failed to reduce GBV cases, still GBV survivors are suffering.

4.7 Challenges facing GBV response services in Ilula village in Iringa

The study identified challenges facing GBV response services in the study area; the question was directed to all respondents by accepting or rejecting the statements. Lack of accurate information from victims, it was reported by majority of the respondents that, victims do not share enough information to service providers due to fear, secrecy, being shy and some fear revenge from perpetrators. It was found that, 36% respondents mention such a thing which leads to less report about gender-based violence incidents.

Some victims face stigma in their respective society. The researcher revealed that, majority of those affected by stigma is sexual violence victims. The findings show that, 16% of respondents mentioned that problem as a challenge facing GBV victims to access GBV response services. This reveals that, when GBV victims report sexual exploitation and abuse cases, some community members would laugh at them, but this is different. This forces some of the victims and survivors to stay shy reporting such kind of cases, hence increasing of this problem in the community.

Lack of cooperation from survivors/victims, the findings show that the data collected from the study area, 8.0% of respondents says that, some victims/survivors do not cooperate fully with service providers. According to one of the service provider respondents, when cases such as domestic violence and physical assault among intimate partners arise, the victim does not want to press charges against the perpetrator. There is a feeling of losing a partner if one is imprisoned or fined in the courts of law.

Responses from 16.0% out of 25 respondents show that, corruption is the main hindrance in effective gender-based violence response. For example, when cases are filed in police stations or in the courts of law some perpetrators corrupt unfaithful police and court officers in order the cases to be decided in their favour. In some situations, significant pieces of evidence are mishandled by the investigators after receiving bribes from perpetrators or perpetrators' associates. This situation affects the efficiency of gender-based violence response services.

Lack of community awareness on gender-based violence categories was mentioned by 44.0% of the respondents to be one of the challenges that affect response services to gender-based violence. When some cases occur, due to ignorance of some members of community, those cases are not reported. According to respondents, majority does not know how to categorize gender-based violence incidents. For instance, sexual harassment seems to confuse many people due to nature of the offence ranging from physical contact or non-contact.

Culture of silence/unreported cases was reported as a challenging factor in GBV in Ilula village. Often victims fear the perpetrators hence do not opt to report cases to third parties. The study found that, 24.0% of 25 respondents reported that many

survivors of domestic violence are affected because of family issues. There is a perception that once they report to police or community leaders, their partners will be arrested and the family would face isolation from either the perpetrator.

The findings show that, 12% out of 25 respondents indicated that, transportation is among of the challenges especially to the community living in rural areas. Due to transportation problems, some victims lack services such as timely health care and treatment. This situation risks the lives of gender-based violence victims/survivors.

Further, 32.0% of the respondents mentioned that, fear to lose safety and security is among the challenges facing GBV victims. When cases are reported, the families end and all people who have assisted the GBV victims to react for those who made violence remains in fear of losing their safety and security. Due to rural areas environment, it is a challenge to guarantee safety and security of the service providers, especially those activists who are not employed by the government.

The study found that, 28.0% of respondents pointed out that, confidentiality is one of the main challenges affecting gender based violence victims. It was revealed that, victims/survivors are usually disclosed by some of the service providers, especially community services actors. Service providers respondents indicated, due to nature of trainings provided, some of the community services actors does not act properly when handling GBV cases. They easily share with their fellow leaders some cases which require confidentiality. For instance, there is a challenge to respect the wishes, the rights, and the dignity of the victims/survivors and considering the best interests of the child, when making any decision against the perpetrator. Some community leaders tend to use the existing traditions/customs to handle GBV cases to avoid family separation.

Table 4. 6 Responses from service providers on challenges facing GBV response services in Ilula village in Iringa

Responses	Number of respondents	Frequency	Percent %
Lack of accurate information from victims	25	9	36.0
Stigma	25	4	16.0
Lack of cooperation from survivors/victims	25	2	8.0
Corruption	25	4	16.0
Lack of community awareness on gender-based violence categories	25	11	44.0
Culture of silence/unreported cases	25	6	24.0
Transportation problem	25	3	12.0
Safety and security	25	8	32.0
Confidentiality	25	7	28.0
Culture and Traditions	25	7	28.0
Mediation after incidents	25	2	8.0

Source: Field data 2021

Data collected shows that 28.0% of respondents indicated that, believing in cultural and traditional practices affect people from reporting gender-based violence cases. At some point, service providers feel uncomfortable to take serious measures against the perpetrator due to religion, culture or belief centred within their society. Some feel reporting gender-based violence incidents like domestic violence is a taboo. To a great extent this situation affects prevention and response services in society.

The findings shows that, 8.0% of respondents indicated that some community leaders had views that mediation is important to first offenders while repeated offenders

require stiff punishment. Community leaders use mediation as part of strategies to solve community conflicts. In gender-based violence, this mechanism has been widely used in domestic violence cases and when the cases involve minors.

4.8 Analysis of Results

The analysis of results focused on addressing the four major research objectives, which are:

4.8.1 Response services available to survivors and victims of GBV incidents in Ilula village in Iringa

The study notices there are response services to GBV in Ilula village which are services and interventions. Services and interventions are categorized into five sectors: health/psychosocial, security/justice, legal, youth/education, and multispectral. Within each sector, the report summarizes initiatives or interventions (where they exist), according to the following: laws/policies, delivery and reform of services, and finally, community mobilization and/or individual behaviour change.

While several policy reforms are necessary to address GBV in the health sector, few initiatives are taking place. The gender focal point at the Ministry of Health was not aware of any policies and protocols on GBV for the health sector. However, the WHO, which works with the Ministry of Health, has recently developed guidelines for integrating gender into HIV programs, which were piloted in Tanzania. Because the guidelines have yet to be released, the extent to which they address GBV is not known. Nonetheless, the guidelines could be a starting point for a specific policy or protocol on GBV.

4.8.2 Challenges facing GBV response services in Ilula Village in Iringa

The study identified challenges facing GBV response services in the study area. Respondents stated that, victims do not share enough information to service providers due to fear, secrecy, being shy and some fear revenge from perpetrators. This situation leads to less report about gender-based violence incidents. Some victims face stigma in their respective society. Majority of those affected by stigma are sexual violence victims. When people report sexual exploitation and abuse cases, some community members would laugh at them. This causes some of the victims and survivors to stay shy reporting such kind of cases.

Lack of cooperation from survivors/victims was mentioned as among the challenges facing GBV response services. The data collected from the study area from both interview and questionnaire shows some victims/survivors do not cooperate fully with service providers. According to respondents, when cases such as domestic violence and physical assault among intimate partners arise, the victim does not want to press charges against the perpetrator. There is a feeling of losing a partner if one is imprisoned or fined in the courts of law. In addition, when cases such as early marriages and sexual violence involve close families, the perpetrators and survivor/victim are mediated even though some cases are brought in the courts of law. In the evidence, the key witness drops out and does not attend court session, leading to disposal of cases by lack of evidence.

Some respondents mentioned corruption as main hindering factor in effective gender-based violence response. For example, when cases are filed in police stations or in the courts of law some perpetrators corrupt unfaithful police and court officers in order for the cases to be decided in their favour. In some situations, significant pieces

of evidence are mishandled by the investigators after receiving bribes from perpetrators or perpetrators' associates. This situation affects the efficiency of gender-based violence response services.

Lack of community awareness on gender-based violence categories mentioned to be one of the challenges that affect response services to gender-based violence. When some cases occur, due to ignorance of some members of community, cases are not reported. According to respondents, majority does not know how to categorize gender-based violence incidents. For instance, sexual harassment seems to confuse many people due to nature of the offence ranging from physical contact or non-contact.

The study found that, victims fear the perpetrators hence do not opt to report cases to third parties. According to respondents, many survivors of domestic violence are affected because of family issues. There is a perception that once they report to police or community leaders, their partners will be arrested and the family would suffer isolation from either the perpetrator.

Some respondents indicated transportation challenge especially to the community living in rural areas. Due to transportation problems, some victims lack services such as timely health care and treatment. This situation risks the lives of gender-based violence victims/survivors. Some of the service providers indicated challenge to ensure the physical safety of the victims/survivors of gender-based violence. When cases are reported, perpetrator tend to react against those who have assisted the victim while seeking further support from the community. Due to the environment, in rural areas, it is challenges to guarantee safety and security of service providers,

especially those who are not employed by the government like police or doctors/nurses.

Confidentiality is one of the main challenges addressed by the respondents. Victims/survivors are usually disclosed by some of the service providers, especially community services actors. Respondents indicated, due to nature of trainings acquired, community services actors does not act properly when handling GBV cases. They can share with their fellow leaders some cases which require confidentiality. For instance, there is a challenge to respect the wishes, the rights, and the dignity of the victims/survivors and considering the best interests of the child, when making any decision against the perpetrator. Some community leaders tend to use the existing traditions/customs to handle GBV cases to avoid family separation.

Data collected show, believing in cultural and traditional practices affect people from reporting gender-based violence cases. At some point, service providers feel uncomfortable to take serious measures against the perpetrator due to religion, culture or belief centred within their society.

4.8.3 Identification of the Community's Awareness on GBV Response Services in the Study Area

The study observes that 39(65.0%) were aware of gender-based violence problem and effectiveness of gender-based violence response services, while 21(35.0%) people know nothing about gender-based violence problem and effectiveness of Gender based violence response services. These indicate poor awareness of gender-based violence problem and effectiveness of Gender based violence response services.

These research findings were also supported by study conducted by (Department of State, (2017) which indicated that poor awareness on existing police gender desks

and general public resistance to improving Gender Based Violence are some of the obstacles to addressing the problem in Kenya. These obstacles are also exacerbated in countries subject to chronic conflict and government instability.

For instance, a study in Rwanda which focused on physical and psychological torture and sexual violence committed during the genocide indicated that eighty point nine (80.9%) percent of women in the sample had symptoms of trauma, sixty seven percent (67%) of survivors were HIV positive, thirteen percent (13%) had broken vertebrae, twelve percent (12%) lost leg movement and seven point nine percent (7.9%) had amputated legs (UNPFA, 2017).

4.8.4 Enhancement of GBV Response Services in Rural areas in Tanzania

The question to find out response services available to survivors and victims of GBV incidents in Ilula village was asked to both service providers and individuals. The study found that, the responses from questionnaires responses, 23(38.3%) of respondents were aware on the government and other responsible groups towards their commitment on GBV response services. While, 30(50.0%) pointed out that the government and other responsible groups are not playing fully their part towards gender-based violence responsive services. Further, 7(11.7%) of respondents they are not aware if government and other responsible stakeholders plays their part on enhancing GBV response service.

The study further revealed that, psycho-social support to victims and survivors is common and people receive from psycho-social support specialists and other community leaders. Other services include medical care and treatment, specifically those who suffer physical assault, sexual violence and other forms of violence requiring medical attention; police support such as statement taking, arrest of

perpetrators and offering police form number 3 (PF3) to victims/survivors requiring further attention.

This is done through gender-based violence desk established in Tanzania Police Force to enhance response to gender-based violence in community. In addition, shelter is provided by the community leaders to victims where necessary and some cases are referred for further attention with different service provided when need arise.

4.9 Discussion of the findings

The study was revealed that service available to survivors and victims of gender-based violence is not enough to enhance them move from their challenges. The study found that, still in Ilula village, Kilolo district gender-based victims still they are not well served under all 100%. The study correlate with the principal UN instrument (CEDAW, 2019) was set to fight against gender-based violence in three aspects; equality, peace and development. The report stressed that the African continent still suffer from GBV incidents.

Further AU, (2009) on the Africa's Agenda 2063 commits AU Member States to end violence and discrimination against women and girls as well as to end all harmful social norms and customary practices that promote violence and discrimination against women and girls in Africa. After international health and development agencies became involved in the late 1990s, research on the scope and prevalence of the violence and its correlation with health, education and economic indicators has burgeoned (WHO, 2015).

The study found that in Ilula village gender-based victims sometimes do not report violence's occurring to them due to fear from community bad responses. Hence, the

challenges still exist as a factor that limiting some of Tanzanians to lose their rights. The study argues with Bloom, (2015) who revealed that, even though there has been much effort to address gender-based violence through campaigns, sensitization of the public through media, workshops, and seminars, peer groups and drama on the need to fight gender-based violence, the problem of GBV continues to persist and in some areas, the services are not friendly to allow victims and survivors to report. Further, the ICRW collected data through interviews with male and female participants in the Dar es Salaam, Iringa, and Mbeya regions of Tanzania, "physical violence is largely viewed as part of marriage. Women explained that they come to expect and even accept this violence because of prevailing community norms.

The same study indicated that the majority of participants claim that being beaten by a partner, depriving a wife of basic needs, including clothing and food, and name calling, yelling and threats towards a partner in the home, are all acceptable behaviours within domestic spaces (CRPD,2018). Furthermore, the study is in line with TFP, (2018) highlighted the reasons on why women do not report incidents of domestic violence including the fear of retaliation from their husbands, the fear of losing economic support and the desire to protect their children. That, female victims of domestic violence rarely report incidents to the authorities due to cultural, social, and family pressures.

The study found that, still few community members are aware on gender based violence response services, this found to be limited lack on knowledge on their rights. The study argue with Barnaba, (2015) who conducted a study on sexual violence emerging from domestic violence in Tanzania. The findings indicate a large number of women who are harassed by men under sexual relations. Despite the study

being limited in Manyoni District, it represents a large number of women around the world.

Further, Mosha, (2018) studied on reasons for gender violence being the unequal power relation between men and women, jealousy, and negative beliefs about women in the society. The author's analysis revealed that, violence against women is gendered and can be understood in the context of gender inequality. Furthermore, WHO, (1997) argue that, gender-based violence is arguably the most widespread human rights violations. It pervasive and systemic public health issue affecting all socio-economic and cultural groups throughout the world at a high cost to the individual and society.

The study revealed that, the need to be more educated on gender-based response services so that they become aware on the existing challenges. Progressive trainings found to be the panacea to reduce the impact of bad traditional norms leading to increase in gender-based violence.

The study corresponds with Askin, (2014) who revealed that, the international framework against gender-based violence. That the framework has significant variations in the scope and type of protection afforded. Gender crimes are covered by international humanitarian, criminal, and human rights. The widespread inclusion of a prohibition of gender-based violence in international and regional treaties and declarations, its recognition and application by the international tribunals, as well as its prevalence in the national legislation of the majority of States indicates that this prohibition represents a consensus in the international community about the normative force of a prohibition on gender-based violence.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the main findings, implication of the findings, conclusion, recommendation, limitation of the study and suggested areas for further studies.

5.2 Summary of the main Findings

The study aimed to assess the effectiveness of response services to victims of gender-based violence in Ilula village in Kilolo District in Iringa region. The study detected availability of response services, prevalence of the problem and awareness in the community on gender-based violence issues. The study exposed various challenges that affect GBV response services in the study area. These challenges require effective measures to address in order to help the community towards accurate GBV services. The challenges include: safety to victims/survivors, corruption by perpetrators, fear of victims to report the incidents, stigma when persons report and withdrawal of want of prosecution by the victims and harmful traditional practices. These issues need to be addressed in all levels of the community. Collaboration amongst key stakeholders such as health, legal, social and community services and law enforcement is indispensable. These services require quality, compassionate care and support to victims.

5.3 Implications of the findings

This study is helpful in advocating of activities against gender-based violence and GBV response services in community. There are great chances to affect policies that address GBV in community, especially by emphasizing the promotion of gender equality and ending violence against women and girls without leaving men who suffers same effects. The study also will be used to address multi-sectoral response on GBV and behaviour change.

5.4 Conclusion

GBV remains an issue of great concern to many countries in the world today. As it has been noted to be both public health and a human right, it has drawn global attention. The victims and survivors of acts of violence continue to suffer in aspects of health such as physical, sexual and reproductive, mental and behavioural health and for others loss of lives.

Even though government and international community continue to address GBV in different settings, the actual gender-based violence threat in the community has remained persistent. Hence, it is necessary to study the effectiveness of response services to victims of gender-based violence in Ilula village in Kilolo District in Iringa region. This area was a case study reflecting rural areas in Tanzania.

5.5 Recommendations

Strengthen coordination of services between the medical (care and treatment), law enforcement (such as reporting and protection), and legal (such as a survivor's access to justice). The response to GBV survivor must ensure safety, effective prosecution of cases and uphold perpetrator rights to a fair trial.

Create procedures to allow for a robust and harmonized chain of custody of evidence across the medical, police and legal levels that ensures the credibility of cases in court. This will minimize the risk of losing the cases due to lack of evidence in the courts of law.

The lead stakeholder must share information on national gender-based violence survivor's protection and referral system.

Set up a functional multi-sectoral coordination mechanism with stakeholders and ensure regular meetings between service providers are conducted to enhance services. Strengthening coordination mechanisms between sectors and programmes, and between institutions and agencies, will help build synergies with other organizations to support GBV programming.

Identify gender-related issues affecting women, men, girls, and boys. Through gender analysis, different issues affecting them will be exposed. Key issues include: Access to resources, knowledge, beliefs and perceptions, practices and participation, legal rights and status and power, control and decision-making. The analysis will also indicate the prevalence of GBV incidents in a particular community

Establish monitoring and evaluation. Through monitoring indicators over time, the stakeholders will be able to determine whether the programs are effective or ineffective in GBV response services.

Community sensitization targeting men and boys is important in addressing/responding to gender-based violence. The approach will help to change community's attitude and behaviour towards women and girls.

The study recommends for the service providers to cooperate together in terms of service provision to community so that the service gender-based violence responses will reach the community timely. This will encourage development of the country whereby people will leave under gender balance.

The study also recommends for the community members to increase their awareness when opportunities of attending trainings occurs, this will help to increase their knowledge on how to avoid associated negative impacts of gender-based violence.

5.6 Limitations of the study

There are influences that the researcher cannot control and taken as limitation. They are the shortcomings, conditions or influences that cannot be controlled by the researcher that place restrictions on your methodology and conclusions.

Bureaucracy is the first limitation especially in time of data collection whereby there are some office and organization which do not allow researcher to inter and finding some data. There are some workers in organization or company even asks for money in order to give you some relevant information during data collection.

Uncooperative attitude of respondents: Some respondents acted reluctantly and or sometimes uncooperative to respond due to various reasons including being busy and ignoring. Due to this, the researcher had to design a specific timetable, which ensured effective follow-up of the respondents in order to increase the chance of completing all the interviews.

5.7 Suggested areas for further studies

- A study should be conducted to investigate access to justice for sexual violence survivors in both rural and urban areas in Tanzania. The findings

will help to address specific challenges faced by the community when comes to legal remedy.

- A study should be conducted to investigate how domestic violence cases are handled to partners with strong partnership in community. This will help to gain new insight if Alternative Dispute Settlement mechanism is used mostly to handle GBV cases that filing legal channels.

It is my hope the areas above will continue to add literature that will be beneficial when dealing with GBV issues in all settings of community.

REFERENCES

- Anthony, I. S. (2014). *A critique of functionalism as a theory of the contemporary Nigerian social system. September, 10–11.*
- Askin, K. (2014). A Decade of the Development of Gender Crimes in International Courts and Tribunals. *Human Rights Brief, 16-19.*
- AU. (2009). *Gender Policy.* Africa Union Press.
- AU. (2016). Journey to Gender Equality: Compendium of Reports on the. *Compendium of Reports on the Implementation of the Solemn Declaration on Gender Equality in Africa (SDGEA)2005-2015.*
- Barbara S. (2001). Domestic Violence and International Law. *Good-Bye Earl (Hans, Pedro, Gen, Chou,) etc., Rev.255.*
- Bloom. (2015). “*Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.* North Carolina: Carolina Population Center, MEASURE Evaluation, Chapel Hill.
- Brink, H. I. (1996). *Foundations of Research Methodology.* Kenwyn: Jutta.
- Burrowes, C. P. (1993). The Functionalist Tradition and Communication Theory. *Paper Presented at the Annual Meeting of the Association for Education in Journalism and Mass Communication 76th, Kansas City.*
- CEDAW. (2019). Lobbying for a law against domestic violence and Inheritance. *The law against adaomestic violence and Inhritance.*
- CRPD. (2018). Human Rights. *Committee on the Rights of Persons with Disabilities.*

Department of State, U. (2017). Bureau of Democracy, Human Rights, and Labor.,
Country Reports on Human Rights Practices for 2017.

Group, S. (2016). *Women in the armed forces : promoting equality , putting an end to gender-based violence. June, 1–18.*

Heise L, G. (1999). *Ending Violence Against Women.* Baltimore MD: Johns Hopkins
Universty Press.

Heise L., E. M. (2017). Ending violence against women. *Population reports, 27(4).*

Hopkins, G. &. (1984). *Descriptive Research.* Baltimore, Maryland.

IRC. (2015). *A Safe Space Created By and For Women: Sexual and Gender.* Geneva:
IRC press.

IRC. (2017). Pain Too Deep for Tears. *Assessing the Prevalence of Sexual and Gender-Based Violence Against Women and Girls refugees in Tanzania.*

Irish-Aids. (2019). *Domestic Violence Agaist Women and Girls.* Uganda.

Journaljpri, (2017). Research Methodology and Guiding Philosophies.

Kishor, S. a. (2004). *Profiling domestic violence. A multi-country study.* Maryland,
Carlverton: ORC Macro.

Kothari, C. (2004). Research Methodology. *Methods and Techniques, 95-112.*

McCleary, S. (March,2014). Help-Seeking Pathways and Barriers for Survivors of
Gender-Based Violence in Tanzania. *Results from a Study in Dar es Salaam,
Mbeya, and Iringa Regions., 1876-2001.*

- MHCDGEC. (August,2011). National Study on Violence Against Children. *Sexual, physical and emotional violence against children.*
- Mosha, E. S. (2018). Discourse analysis of gender-based violence in contemporary Kiswahili fiction. *A case study of selected novels of the past three decades.*
- National Bureau of Statistics (Tanzania), M. (2005). Tanzania Demographic and Health.
- Njau, A. (2014). Gender and Development in Tanzania. (Mruma, Ed.) *Past, Present and Future WRDP*, 205-215. Retrieved 11 20, 2018, from <http://www.businessdictionary.com>
- Raditloaneng, W. N. (2019). An analysis of gender-based domestic violence and reactions In Southern Africa. *Journal of Sociology and Anthropology*, 060-071.
- Russo, N. F., & Pirlott, A. (2018). *Gender - Based Violence Gender-Based Violence. September.* <https://doi.org/10.1196/annals.1385.024>
- Saunders, M. (2016). *Understanding research philosophies and approaches. October.*
- Sheikh, L. (2002). TAMWA: Levina's song: Supporting women in Tanzania. In Composing a new song. (H. Chigudu, Ed.) *Stories of empowerment from Africa*, 152-172.
- Teresa Carlдова, C. M. (January 1981). Research. *Primary Data Introduction*, P31.
- TFP. (2018). Human right. *right of expression and learn.*

The Secretary-General, T. (2006). *In-depth Study on All Forms of Violence Against Women*. General Assembly, U.N.

U.N(Women). (2012). *Knowledge Centre to end violence against women and girls*. New york: U.N General Assembly.

UN. (18 May 2018). *Convention on the Elimination of All Forms of Discrimination Against Women* (Vols. vol.1249,). Newyork: United Nations.

UNHCR. (1998). *Introduction to International Protection*. Geneva: UNHCR offices.

UNHCR. (1999). *Protecting Refugees* . UNHCR.

UNHCR. (2008). How to Guide. *Monitoring and Evaluation of Sexual and Gender*, 58-97.

UNICEF. (2014). *Communities Care Programme: Transforming Lives and Preventing Violence*. Newyork: UNICEF.

UNICEF. (2016). Female Genital Mutilation/Cutting. In *A global concern*. Newyork: UNICEF.

UNICEF. (October 2017). Female Genital Mutilation/Cutting. *What might the future hold?*, 7-15.

UNICEF, U. U. (2017). Gender Equality. *UN Coherence and You*.

UNIFEM. (2017). Women Peace and Security. *Supporting Implementation of Security Council Resolution, 1325*.

UNPFA. (2017). Strategic Plan 2017. *Violnce against Children*, p37.

- Vyas, S., & Jansen, H. A. F. M. (2018). Unequal power relations and partner violence against women in Tanzania: a cross-sectional analysis. *BMC Women's Health*, 18(1), 1–12. <https://doi.org/10.1186/s12905-018-0675-0>
- WHO. (1997). *Violence Against Women*. Geneva: World Health Organization.
- WHO. (2016). Annotated Bibliography on Violence against Women. *A Healthy and Human Right Concern*, 67-93.
- WHO. (2018). *WHO Multi-country study on Women's Health and Domestic Violence Against Women*. Geneva: World Health Organization.
- Willman, A. (2018). *Valuing the impacts of Domestic Violence: A review by sector*. Washington DC: The World Bank.
- World-Bank. (2016-2023). Gender Equality, Poverty Reduction and Inclusive Growth. *Gender Strategy*, p31.
- World-Bank. (2017). Gender Data Portal. *Gender Strategy*, p33.
- Young M, a. N. (2014). Prevalence of abuse of women with physical disabilities. (C. G. Howland C.A, Ed.) *Archives of Physical Medicine and Rehabilitation*, 50-76.

ANNEXES

Annex I:

Questionnaire Guideline

I) Questionnaire for law chambers/government/NGOs and another mouthpiece

Background information

Questionnaire number: _____ **Institution** _____

District: _____ **Ward:** _____ **Street** _____

1. What are the causes of GBV in your area?
2. Are you aware with the government commitment in enhancing gender-based violence response service to help victims?
Yes () No ()
3. What are the challenges facing GBV victims to fail in reporting GBV cases they encounter?

Appendix 02: Questionnaire for the victims and their surrounded society

Background information

Questionnaire number: _____

District: _____ Ward: _____ Street: _____

Name of the institution: _____

Sn	Questions	Responses	Codes
1.0	Background information		
1.1	Sex of the respondent	Male Female	1 2
1.2	How old are you?	Age:	
1.3	What is your education level	Incomplete primary education Primary education Secondary education College education	1 2 3 4
2.0	Knowledge about Gender Based Violence		
2.1	What do you understand about Gender Based Violence?		
2.2	Basing on the nature of activities you are doing, what do you think are required to protect your health?		
2.3	Which of these forms of gender-based violence are you experiencing frequent?	Physical violence, Sexual assault, Economic violence, Psychological, violence and others (mention them)	
3.0	Effectiveness of response services to victim of gender-based violence		
3.1	Have you ever received any training or instructions on gender-based violence?	Yes No	1 2
3.2	If you have attended any training how many times?	Ones Two More than two	1 2 3

3.3	Do norms, attitude, stereotype and perception be the cause of gender-based violence in most of the area in Tanzania especially Ilula village, Kilolo district, Iringa region?	Yes No I don't know	1 2 3
3.4	Is legal support the problem to the victims of gender-based violence in Ilula village?	Yes No I don't know	1 2 3
3.5	Are there any other gender-based violence response services in your village apart from those provided by the Government?	Yes No I don't know	1 2 3
3.6	Are there any challenge facing actors of GBV response services? <i>(If yes mention them)</i>	Yes No	1 2
4.0	Commitments and perceptions toward gender-based violence		
	<i>For the following questions, please rate the statements in a scale of 1 to 5. Note that 1 is the smallest score and 5 is the highest score.</i>		
	Statements	Scales	
4.1	Gender based violence is caused by perception in large scale such as superstition, witchcraft and stereotype.	1 5	2 3 4
4.2	Most people are victims of gender-based violence but they don't report to the concerned place such as Police and other mouthpiece	1 5	2 3 4
4.3	Not only women and children are victims of gender violence but also men who feel inferior to report Police or to another mouthpiece	1 5	2 3 4
4.4	Most of the gender-based violence cases are solved and cleared in family level locally not reported to the police or other mouthpiece	1 5	2 3 4
4.5	How would you rate mechanisms or ways used by government or concerned organ to enhance GBV response services in Ilula village?	1 5	2 3 4

Appendix 3: Interview guide questions to victim of GBV, government and other stakeholders

District: _____ Ward: _____ Street:

Name of the institution: _____

1.	What do you understand by the term gender-based violence?
2	What are the reasons of gender-based violence in Ilula?
3	What mechanisms are used to evaluate effectiveness of response services to the victim of gender-based violence in Ilula village, Kilolo district, Iringa region
4	What is your opinion towards the eradication of gender-based violence in your community and society at large?
5	What are the existing services help in despondence to gender-based violence problem at Ilula village, Kilolo district, Iringa region?
6	What are the mechanisms and policies governing gender-based violence?
7	What measures should be in place to enhance gender-based violence response services in rural area in Tanzania?
8	What is the challenges facing gender based violence response services in your `village?
9	What is the perception of people and society at large towards gender-based violence?
10	Is there any clear policy governing the issue of gender-based violence?