ACCESSIBILITY TO HEALTHCARE SERVICES FOR GENDER-BASED VIOLENCE SURVIVORS IN RURAL AREAS OF TANZANIA: A CASE OF KASULU DISTRICT

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

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CERTIFICATION

The undersigned certify that they have read this dissertation and hereby recommend for acceptance by the Open University of Tanzania, this dissertation titled: **"Accessibility to Healthcare Services for Gender-Based Violence Survivors in Rural Areas of Tanzania: A Case of Kasulu District",** in partial fulfilment of the requirements for the Degree of Masters of Social Work.

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DECLARATION

I, **Taus Baraka,** 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 fulfilment of the requirements for the Degree of Master of Social Work of the Open University of Tanzania.

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Signature

…….

Date

DEDICATION

This dissertation is dedicated to my parents, Mr. Baraka Masigo and Ms. Aziza Mohamed, for their immense support in my life.

ACKNOWLEDGEMENT

My sincere gratitude goes to the Almighty God for giving me strength, knowledge, ability, and opportunity to undertake this study. I would like to express my heartfelt gratitude to my parents, Mr. Baraka Masigo and Ms. Aziza Mohamed, for their unwavering support and encouragement throughout my academic journey. Their sacrifices and belief in my potential have been instrumental in shaping my aspirations and achievements.

I extend my sincere appreciation to my supervisors, Dr. Johnas Buhori, and Dr. Fauzia Mohamedi, for their invaluable guidance, constructive feedback, and mentorship during this study. Their expertise and insights have significantly enriched my research experience and contributed to my personal and academic growth.

Finally, I wish to acknowledge the study participants for their willingness to share their experiences and insights. Their contributions have been vital in shedding light on the issues surrounding healthcare access for gender-based violence survivors and have made this research possible.

ABSTRACT

This study aimed to assess the accessibility of healthcare services for gender-based violence survivors in Kasulu District. This study was guided by three specific objectives, to identify the available healthcare service for GBV survivors, to explore the healthcare service-related challenges facing GBV survivors, to assess the impact of procedural challenges on the accessibility of healthcare services for survivors of GBV. The study was informed by the Ecological Systems Theory. Mixed method approach study designs were used. The sample size of 282 respondent were recruited in the study. The data were collected through Questionnaires, FGDs, and in-depth interviews. Quantitative data were analysed through SPSS while the qualitative data were analysed through the thematic analysis approach. The study findings revealed that 64% of GBV survivors accessed medical treatment, 36% accessed psychological counselling, and 31% accessed legal support. Key services provided include. These services are largely centralized at the One Stop Centre (OSC), a facility where survivors can access multiple forms of support within a single location. The study revealed significant challenges facing GBV survivors in accessing healthcare services; as lack of awareness of available services, financial barriers, understaffing, lack of enough medical equipment, long distance to the healthcare facilities, and long waiting times. The impact of these procedural challenge revealed that delayed access to care and the potential discouragement from seeking services altogether. Recommendations are made for government agencies, and other stakeholders to collaborate in creating a supportive environment that addresses the unique needs of survivors.

Key words: Healthcare services, Gender based Violence, GBV Survivors.

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LIST OF ABBREVIATIONS

AHO - Africa Health Organization

DHIS2 - District Health Information Software 2

EST - Ecological Systems Theory

FGD - Focus Group Discussion

GBV - Gender-Based Violence

IDI - In-depth Interview

KDC - Kasulu District Council

KI - Key Informant

MOHCDGEC- Ministry of Health, Community Development, Gender, Elderly, and Children

NGO - Non-Governmental Organization

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

OSC - One Stop Centre

OUT - Open University of Tanzania

PF3 - Police Form number 3

SADC - Southern African Development Community

SPSS - Statistical Package for Social Sciences

UNICEF	-	United Nations Children's Fund
VAC	-	Violence Against Children
VEO	-	Village Executive Officer
WB	-	World Bank
WEO	-	Ward Executive Officer
WHO	-	World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Chapter Overview

This study assessed the accessibility to healthcare services for gender-based violence survivors in rural Tanzanian areas. This section provides the background to the problem and the burden of gender-based violence in global, regional, and local contexts. It also covers the statement of the problem, the study objectives, the research questions, and the significance of the study.

1.2 Background of the Study

Gender-based violence (GBV) is both a global public health and social concern that remains persistently high in developing countries, especially in disadvantaged rural communities. GBV refers to violence directed at a person based on biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity (Simmons et al., 2016). According to the Ministry of Health, Community Development, Gender, Elderly, and Children (2016), GBV negatively affects women's physical and mental health and their general social well-being (Aubert & Flecha, 2021). GBV takes many forms, including physical, sexual, psychological, and economic violence, and disproportionately affects women and girls, although it also impacts men and boys (Malik & Nada, 2019; Goicolea, 2023).

More than 736 million women aged 15 years and above globally have been subjected to different forms of gender-based violence at least once during their lifetime (United Nations Women, 2023). Current or former husbands or intimate partners perpetrate most violence against women (United Nations Women, 2023). Less than 40% of

women who are victims of gender-based violence worldwide seek help of any kind from formal institutions like the police or health services in most nations where data on violence against women are available (United Nations Economic and Social Affairs, 2015). This low rate of help-seeking is often due to the inaccessibility of healthcare services, particularly in regions where the affordability of these services remains a significant barrier, and survivors lack the means of transport to reach healthcare facilities, further isolating them from the help they need (United Nations Women, 2023).

Evidence from studies conducted in most developing countries has shown multifaceted causes of GBV within communities. The causes can be attributed to traditional gender norms that give men more economic advantage and power, social norms that justify violence against women, traditional roles of women that hinder their public visibility, and marital conflicts (Mazula, 2019; Belay et al., 2021; Nkya, 2021). Other causes include poverty, illiteracy, lack of protection from social and legal systems, early age at marriage, male personality disorders, and alcohol consumption (Addo-Lartey et al., 2020; Migunde & Denije, 2021; Muluneh et al., 2021). These factors, combined with the inadequate accessibility and poor quality of healthcare services, particularly in rural areas like Kasulu, contribute to the persistence and severity of GBV, making it difficult for survivors to escape the cycle of violence and its health consequences. More than 42% of women in Eastern and Southern Africa have experienced physical or sexual abuse at some point in their lives (World Bank, 2023). According to estimates from the Africa Health Organisation (AHO), 51% of South African women have experienced gender-based

violence (GBV) at some point in their lives. Of those victims, only 1 in 5 reported that their partners had abused them (AHO, 2021). The Kenya Demographic Health Survey revealed that 4 out of 10 women experience GBV in their lifetime (Decker et al., 2022). In Uganda, 22% of women have been reported to be survivors of GBV (Ssanyu et al., 2023). In these regions, the accessibility of healthcare services is severely constrained by factors such as the availability of healthcare practitioners, the affordability of services, and the poor means of transport in rural and remote areas, leading to a significant gap in care for GBV survivors (Decker et al., 2022).

Tanzania, like any other developing African country, has been experiencing a higher prevalence of GBV cases. Gender-based violence in Tanzania is at unacceptably high levels, according to numerous studies done there (Mazula, 2019; Mtaita et al., 2021; World Bank, 2022). It is estimated that 44% of women have experienced GBV perpetrated by their intimate partners in the past few years, with the highest prevalence reported in rural areas (World Bank, 2022; UNICEF and SADC, 2023). According to the World Bank report in 2022, 40% of all women aged between 15 and 49 years reported having experienced physical violence, while 17% have been victims of sexual violence (World Bank, 2022). Based on the most recent data, gender-based violence (GBV) affects more than 40% of women aged between 15 and 49 years in Tanzania (World Bank, 2022).

The Kigoma region has the second-highest rate of gender-based violence in Tanzania. For instance, 61% of women aged between 15 and 49 years in Kigoma experienced physical, sexual, and emotional violence committed by their intimate partners (United Nations Tanzania, 2021). The highest magnitude of GBV in the

region reflects the situation in other remote and rural settings of the country. The prevalence is higher in rural areas (more than 52%), which is higher than in urban settings (45%) (World Bank, 2022). The barriers to accessing healthcare services in these areas, such as the unavailability of healthcare practitioners, the high cost of services, and the lack of reliable means of transport, further complicate the situation, leaving many survivors without the necessary medical and psychological support (United Nations Tanzania, 2021).

Accessibility to GBV healthcare services is limited by the availability of healthcare practitioners who are trained to provide comprehensive care for GBV survivors, which is crucial in addressing the immediate and long-term health impacts of GBV (World Bank, 2022). However, in many rural areas of Tanzania, including Kasulu, there is a shortage of adequately trained healthcare professionals, which exacerbates the challenges faced by survivors in accessing necessary medical and psychological support (WHO, 2021). The quality of healthcare services available to GBV survivors in Tanzania is a crucial determinant of their recovery and well-being. Moreover, evidence suggests that survivors of GBV don't seek healthcare services due to stigma and shame (Ssanyu et al., 2022).

High-quality care that is responsive to the needs of survivors is essential in addressing the physical and psychological trauma associated with GBV (WHO, 2021). However, in many rural areas, including Kasulu, healthcare services may be underfunded and lack the resources needed to provide comprehensive and effective care (Mtaita et al., 2021). In many developing countries, including Tanzania, the cost of healthcare services can be prohibitive, particularly for those living in rural and

impoverished areas (Goicolea, 2023). High out-of-pocket expenses deter many survivors from seeking necessary medical care, leaving them vulnerable to long-term health consequences (World Bank, 2021).

The implemented measures and policies identify healthcare services as instrumental tools in tackling the consequences of GBV. The World Health Organisation (WHO) offers a description of the six key components of the healthcare system's response towards the survivors of GBV. The key components are women-centred care, identification and care of victims or survivors, clinical care for sexual violence, training of healthcare professionals, policies and guidelines, and respecting women's wishes and rights (Goicolea, 2023; WHO, 2021).

In addressing gender-based violence (GBV), social work plays an important role by employing functions such as assessment, intervention, advocacy, and support services to meet the needs of survivors and communities. Social workers uphold core values of social justice, respect for human dignity, and integrity, guiding their ethical practice in providing counselling, crisis intervention, and facilitating access to essential services like healthcare and legal aid while ensuring confidentiality and respecting survivors' autonomy (Muuo et al., 2020).

1.3 Statement of the Problem

Ideally, timely access to healthcare services is crucial for survivors of gender-based violence (GBV) for addressing the immediate and long-term health consequences of GBV, promote sexual and reproductive health rights, supporting survivors' recovery, promote mental well-being, and prevent survivors against STDs (WHO, 2021). Further, a study conducted by Mtaita et al. (2021) stated that, timely accessibility of

health services can offer lifesaving prevention and treatment to the survivors which includes post-exposure prophylaxis (PEP) provisions, and psychosocial support.

However, in Kasulu District the situation is different and the data shows that a large percentage of GBV survivors do not reach health care services on time and this leads to the increasing of immediate and long-term health consequences for survivors of GBV. According to the DHIS2 report of 2021-2023 stated that, 2,051 GBV survivors accessed health care services in Kasulu District but only 72 GBV survivors reported within 173 hours. In 2022, 2,680 GBV survivors also accessed health care services but only 72 reported within 72 hours. In 2023 2,339 accessed but only 130 accessed healthcare service within 72 hours.

Kasulu District has taken various efforts to ensure GBV survivors are provided with health care services on time including the establishment of One Stop Center, establishment of child protection committees, Police Gender and Children's Desk, awareness rising and education campaign. Despite of all measures, but it still seems that there is a big challenge of accessibility of health care services for GBV survivors and this has influence the researcher to study in this particular topic in order to fill the existing gap.

1.4 Research Objectives

1.4.1 General Objective

The general objective of this study was to assess the accessibility to healthcare services for gender-based violence survivors in Kasulu District Council.

1.4.2 Specific Objectives

i. To identify the available healthcare service for gender-based violence survivors in Kasulu District Council

ii. To explore the healthcare service-related challenges facing gender-based violence survivors in Kasulu District Council

iii. To assess the impact of procedural challenges on the accessibility of healthcare services for survivors of gender-based violence in Kasulu District Council.

1.5 Research Questions

i. What healthcare services are available for gender-based violence survivors in Kasulu District Council

ii. What challenges do gender-based violence survivors in Kasulu District Council face in accessing healthcare services?

iii. What are the impact of procedural challenges on the accessibility of healthcare services for survivors of gender-based violence in Kasulu District Council

1.6 Significance of the Study

This study is of significant value to the Tanzanian government and policymakers as it highlights the gaps and challenges in the accessibility and utilization of GBV healthcare services in rural settings. The findings will provide critical insights into the effectiveness of current policies such as the Tanzania National Plan of Action to End Violence against Women and Children (NPA-VAWC), the Women and Gender

Development Policy of 2000, and the National Police Gender and Children's Desk National Plan of Action.

For the community, this study emphasizes the importance of addressing cultural norms and social factors that hinder GBV survivors from seeking healthcare services. Understanding these community-level barriers will enable local leaders, non-governmental organizations, and community-based initiatives to design and implement awareness programs and support systems that can break down the stigma associated with GBV. From the perspective of social workers and healthcare providers, this study will provide information on the practical challenges they face in delivering adequate care to GBV survivors in rural Tanzania. The findings guide the development of specialized training programs and resource allocation to improve the capacity of social workers and healthcare workers.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter present the chapter overview, definitions of key terms and concepts used in this study. It also includes the theoretical framework that informs this study, the empirical literature review, the knowledge gap, and the literature review.

2.2 Definition of Key Terms and Concepts

This section present the definitions of the key terms and concepts gender-based violence, survivors of gender-based violence, health services as applied in the context of this study.

2.2.1 Gender-based Violence

Gender-based violence (GBV) encompasses a range of harmful acts directed at individuals based on their gender, arising from power imbalances and gender inequalities (World Bank, 2019). This includes physical violence like hitting and slapping, sexual violence such as rape and harassment, psychological abuse involving emotional manipulation and threats, and economic violence that restricts access to financial resources and education (World Bank, 2019; Perrin et al., 2019; Ostadtaghizadeh et al., 2023). In this study, GBV is defined as any gender-based harm, including physical, psychological and sexual violence, with a focus on the challenges faced by survivors in rural Tanzania.

2.2.2 Survivors of Gender-based Violence

Survivors of Gender-Based Violence (GBV) are individuals who have endured harmful acts directed at them based on their gender, including physical violence, sexual assault, psychological abuse, and economic coercion (Bani-Fatemi et al., 2020). These survivors experience a range of impacts such as physical injuries, mental health issues like trauma and anxiety, and economic instability. In the context of this study, survivors of Gender-Based Violence (GBV) refer to individuals, primarily women and girls aged between 15 and 49, who have experienced physical, sexual, or psychological abuse due to their gender. These survivors have endured acts of violence such as intimate partner violence, sexual assault, and other forms of abuse that are deeply rooted in gender inequality.

2.2.3 Health Services

Health Services in the context of gender-based violence (GBV) refers to the comprehensive medical, psychological, and supportive services provided to survivors of GBV to promote their physical and mental well-being (WHO, 2018). These services include emergency medical care for physical injuries, forensic examinations for documenting abuse, and long-term medical treatments. Psychological support services, such as counselling and therapy, are crucial for addressing the trauma and mental health impacts of GBV (Schacht et al., 2023). In the context of this study, health services refer to the comprehensive range of medical, psychological, and support services available to survivors of Gender-Based Violence (GBV). These services include immediate medical care for physical injuries, sexual and

reproductive health services, psychological counselling and mental health support, forensic examinations, and legal assistance.

2.3 Theoretical Framework

This study was informed by the Ecological Systems Theory which was founded by Urie Bronfenbrenner in the 1970s (Bronfenbremer, 1977). Ecological Systems Theory assumes that individuals are influenced by various interrelated environmental systems, from immediate personal interactions to broad societal contexts (Ryan, 2012). It assumes that changes or disruptions in one system can affect other systems and the individual. Survivors of Gender-Based Violence (GBV) face numerous challenges in accessing essential healthcare services (Lyons et al., 2023). Applying Ecological Systems Theory provides a comprehensive framework to understand the accessibility to healthcare services among GBV survivors at multiple levels.

At the microsystem level, survivors often encounter stigma and lack of support within their immediate environments, such as their families and close social networks. This can discourage them from seeking help and exacerbate their isolation (Gausman et al., 2020). Within the mesosystem, the interaction between local health services and legal institutions often lacks coordination, making it difficult for survivors to navigate and access the services they need. Health centres may not have trained personnel or adequate facilities to handle GBV cases, while health services might be distant or insufficiently staffed, further complicating the support process (Chynoweth, 2020).

The ecosystem shows the broader community and systemic factors that impact survivors. In Kasulu District, community attitudes towards GBV can be influenced

by deeply rooted cultural norms and misconceptions, which can affect the responsiveness of community services and the legal system. The microsystem encompasses the prevailing health facility-based, cultural, societal, and legal frameworks that shape the response to GBV (Chynoweth, 2020). In Tanzania, while national policies and frameworks exist to protect to enable the provision of healthcare services to the GBV, their implementation in rural areas is often hindered by a lack of resources, inadequate transport infrastructures, and weak institutional support (United Nations Women, 2021).

One of the main strengths of Ecological Systems Theory is its holistic approach, which allows for the examination of the multiple layers of influence on GBV survivors. This includes personal relationships (microsystem), interactions between different systems like health and legal services (mesosystem), broader community and societal influences (exosystem), and prevailing cultural and legal frameworks (macrosystem) (Chynoweth, 2020). This comprehensive perspective helps identify intervention points at various levels, making it easier to design coordinated and effective support strategies. However, the theory also has limitations. Its broad scope can sometimes make it difficult to pinpoint specific factors that most urgently need addressing (Lyons et al., 2023).

2.4 Empirical Literature Review

This subsection reviews the existing empirical literature available on the topic of research. The empirical literature review was thoroughly conducted and presented as guided by the specific objectives. This review is essential as it helps to identify the knowledge gap as synthesised from the literature.

2.4.1 The Accessibility of Healthcare Services for Gender-based Violence Survivors

Henttonen et al (2008) conducted a study aimed to examine the status of health services available for survivors of gender-based violence (GBV) in the Gulu district of northern Uganda, which has been severely affected by a 20-year war resulting in significant displacement and vulnerability. Conducted in 2006, this qualitative research involved semi-structured interviews with 26 experts on GBV and general health providers. The availability of medical supplies was also reviewed. The Inter-Agency Standing Committee (IASC) guidelines on GBV interventions in humanitarian settings were used to prepare the interview guides and analyse the findings (Henttonen et al., 2008).

The results revealed several challenges within the health facilities in Gulu. Despite some existing legislation and programs on GBV, the facilities lacked adequately qualified staff and sufficient medical supplies necessary for the proper detection and management of GBV survivors. Confidential treatment and counselling were not guaranteed. While there was inter-sectorial collaboration, the study highlighted the need for increased resources to enhance the coverage and effectiveness of services. It was found that intimate partner violence, sexual abuse of girls under 18, sexual harassment, and early and forced marriage were possibly more prevalent than rape by strangers. Given that the IASC guidelines primarily focus on sexual violence by strangers and overlook other forms of GBV, the study suggests the need to expand the guidelines to encompass a broader concept of gender-based violence (Henttonen et al., 2008).

The study conducted by Reinhodz et al (2024) in the war-torn North Kivu province of the Democratic Republic of the Congo (DRC) aimed to describe the demographics, care-seeking patterns, and factors influencing timely care-seeking by survivors of sexual violence. Utilizing a retrospective file-based data analysis, the research focused on survivors who accessed care through two Médecins Sans Frontières (MSF) programmes supporting the Ministry of Health from 2014 to 2018.

The study population included individuals who sought help at specialized sexual violence clinics. Data collection involved analysing files to extract information on demographics, referral sources, and the timing of care-seeking, with statistical methods used to identify patterns and associations (Reinhodz et al., 2024). The findings revealed that most survivors (66%) sought care at specialized clinics, with a significant portion (51%) being self-referred. Timely care-seeking was prevalent, with 70% of survivors seeking care within three days of the incident.

The study by Randa et al. (2023) focused on exploring the experiences of women in South Africa who seek care from first-contact healthcare facilities after experiencing sexual violence, as well as during follow-up care. Recognizing the high prevalence of gender-based and sexual violence against women in South Africa, the study aimed to address the urgent need for effective support systems. A qualitative systematic review was conducted using the PRISMA checklist for systematic reviews, following a published protocol. The review involved searching six relevant databases in 2022, screening 299 sources, and synthesizing findings from five selected studies (Randa et al., 2023).

The results revealed two key themes related to women's experiences when seeking initial medical attention and during follow-up healthcare services. Despite the established legal framework in South Africa for prosecuting sexual violence and the existence of Thuthuzela Care Centres (TCCs) designed to support survivors, the review found that the needs of survivors are not identified or addressed during their initial contact with healthcare services (Randa et al., 2023). This gap extends to follow-up care, where appropriate support pathways are often lacking.

Mtaita et al (2021) conducted a study to assess the accessibility to gender-based violence health services for adolescent girls and young women in Tanzania. The study aimed to identify and describe the perceived barriers and facilitators of accessing gender-based violence (GBV) health services among adolescent girls and young women (AGYW) in Tanzania. The objectives focused on understanding the challenges these young women face in seeking GBV services, which include post-exposure prophylaxis (PEP), counselling, and referrals, as well as identifying factors that facilitate their access to these services. A qualitative methodology involved structured and in-depth interviews with 20 AGYW aged 15-24 years from the Temeke and Kinondoni districts of Dar-es-Salaam. The interviews, which explored participants' perspectives on barriers and facilitators to GBV health-service access, were audiotaped, transcribed, and translated. The data was analysed using the Social-Ecological Model and inductive content analysis to identify key themes (Mtaita et al., 2021).

The results highlighted several barriers, including a lack of knowledge about available GBV services, stigma, low self-esteem, negative attitudes, fear of HIV

testing, fear of disclosing perpetrators, and lack of parental support. Facilitators identified included community and parental support, positive prior experiences with GBV services, and peer support. These findings underscore the complexity of accessing GBV health services for AGYW, pointing to the need for interventions that address stigma and empower survivors. However, potential gaps in the study include limited sample size and geographic scope, suggesting the need for broader research to confirm these findings and explore additional context-specific barriers and facilitators in other regions (Mtaita et al., 2021).

2.4.2 The Healthcare Service-Related Challenges Facing Gender-Based Violence Survivors

Several studies have established the health service-related challenges facing gender-based violence survivors. For instance, Lambert and Kahindo (2019) conducted a study that aimed to understand the barriers women face in accessing modern healthcare in Goma, in the Democratic Republic of Congo. The research examined the experiences, perceptions, and representations of the population and caregivers through 66 semi-directive qualitative interviews.

The results revealed that in Goma, women often need the prior consent of their husbands or family heads to use healthcare facilities. Within hospitals and health centres, sexual harassment is reportedly common, which can prevent some girls and women from seeking care. Specific groups within the female population, such as young girls, single mothers, and victims of sexual violence, face unique obstacles. The study found that caregivers are influenced by prevailing cultural and religious norms, which affect the quality and neutrality of the care provided (Lambert & Kahindo, 2019).

The study by Ikuteyijo et al (2023) focused on identifying demand-side barriers to accessing healthcare services among young girls who are survivors of SGBV within intimate relationships in poor urban areas of Nigeria. An ethnographic approach was employed to gather information from health providers, adolescents, and young women (AYW) in 10 low-income communities across two major cities, Ibadan and Lagos (Ikuteyijo et al., 2023). The findings revealed several structural limitations within the primary healthcare (PHC) system that hinder survivors of SGBV from accessing necessary services. These limitations include the absence of counselling services, lack of rehabilitation centres, poor referral systems, and inadequate training for healthcare providers in handling SGBV cases. Moreover, healthcare providers often lack the necessary skills, negatively impacting the support services available to survivors. On the demand side, barriers such as poor knowledge of possible health-seeking pathways, lack of education, and insufficient social support prevent adolescent and young SGBV survivors from accessing appropriate services (Ikuteyijo et al., 2023).

Otero-Garcia et al. (2024) study aimed to analyse professionals' perceptions of the main barriers and facilitators encountered by young women aged 16-29 who are exposed to intimate partner violence (IPV) when accessing formal services in Spain. Using a qualitative research design, the study involved 17 in-depth interviews conducted in 2019 with professionals managing IPV resources in Madrid. These professionals represented various sectors, including social services, healthcare, security forces, women or youth issues offices, and associations. The data collected

from these interviews underwent qualitative content analysis to identify key themes and insights.

The findings revealed several barriers to accessing IPV services for young women. Professionals identified that young women often take time to recognize IPV due to the social construction of sexual-affective relationships being influenced by gender inequality. Additionally, the process of leaving an abusive situation presents significant challenges. Structural barriers within IPV services themselves further hinder access. To improve access to these resources, the study highlighted the need for enhancements in care services, and professional practices, and addressing the specific needs of young women. The conclusions emphasize that both psychosocial and structural barriers must be addressed to make IPV services more effective for young women, ensuring they can escape abusive situations.

Another study by Muuo et al (2020) emphasized that timely access to care is essential for GBV survivors, particularly in humanitarian settings where support services exist but are underutilized. Their study employed a mixed-methods design, examining women who accessed comprehensive GBV services. The research included a cohort study with 209 women and qualitative in-depth interviews with 34 purposively selected participants. The findings revealed that challenges included stigma from family and the community, fear of further violence from perpetrators, feelings of helplessness and insecurity, and being denied entry to service provision premises by guards (Muuo et al., 2020). These findings suggest that comprehensive interventions are required to ensure that all survivors of GBV in these settings can access the care they need (Muuo et al., 2020).

Tambo (2019) conducted a study to explore and describe these challenges for rape survivors in the Khomas region of Namibia. Utilizing a qualitative research approach, the study focused on applied research to address practical issues faced by survivors in their efforts to heal from the trauma of rape. A phenomenological design was chosen to delve into sensitive personal experiences of violence and its reactions, making the study both exploratory and descriptive. Data collection was conducted through unstructured one-on-one interviews. (Tambo, 2019). The findings revealed that rape survivors in the Khomas region face numerous challenges in accessing healthcare support services. These challenges stem from both the direct consequences of the rape and the nature of the support provided by healthcare centres, the police, the community, and their socioeconomic circumstances.

2.4.3 The Impact of Procedural Challenges on the Accessibility of Healthcare Services for Survivors of Gender-Based Violence

The study by Ikuteyijo et al (2023) focused on identifying demand-side barriers to accessing healthcare services among young girls who are survivors of SGBV within intimate relationships in poor urban areas of Nigeria. An ethnographic approach was employed to gather information from health providers, adolescents, and young women (AYW) in 10 low-income communities across two major cities, Ibadan and Lagos (Ikuteyijo et al., 2023). The findings revealed several structural limitations within the primary healthcare (PHC) system that hinder survivors of SGBV from accessing necessary services.

These limitations include the absence of counselling services, lack of rehabilitation centres, poor referral systems, and inadequate training for healthcare providers in handling SGBV cases. Moreover, healthcare providers often lack the necessary

skills, negatively impacting the support services available to survivors. On the demand side, barriers such as poor knowledge of possible health-seeking pathways, lack of education, and insufficient social support prevent adolescent and young SGBV survivors from accessing appropriate services (Ikuteyijo et al., 2023).

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2.5 Conceptual Framework

The conceptual framework, grounded in the Ecological Systems Theory founded by Urie Bronfenbrenner in the 1970s (Bronfenbrenner, 1977), illustrates the barriers to accessibility of healthcare services for gender-based violence (GBV) survivors in rural Tanzania. This framework explores how various ecological factors interact to shape GBV survivors' healthcare-seeking behaviour and access challenges. It considers the microsystem factors such as the availability, distance, affordability, and quality of healthcare services directly impacting individuals. It also examines the microsystem influences involving interactions between healthcare providers, community support systems, and cultural norms that affect survivors' willingness to seek healthcare services. It also considers macrosystem influences, including cultural norms, stigma surrounding GBV, and awareness levels within the community and healthcare systems.

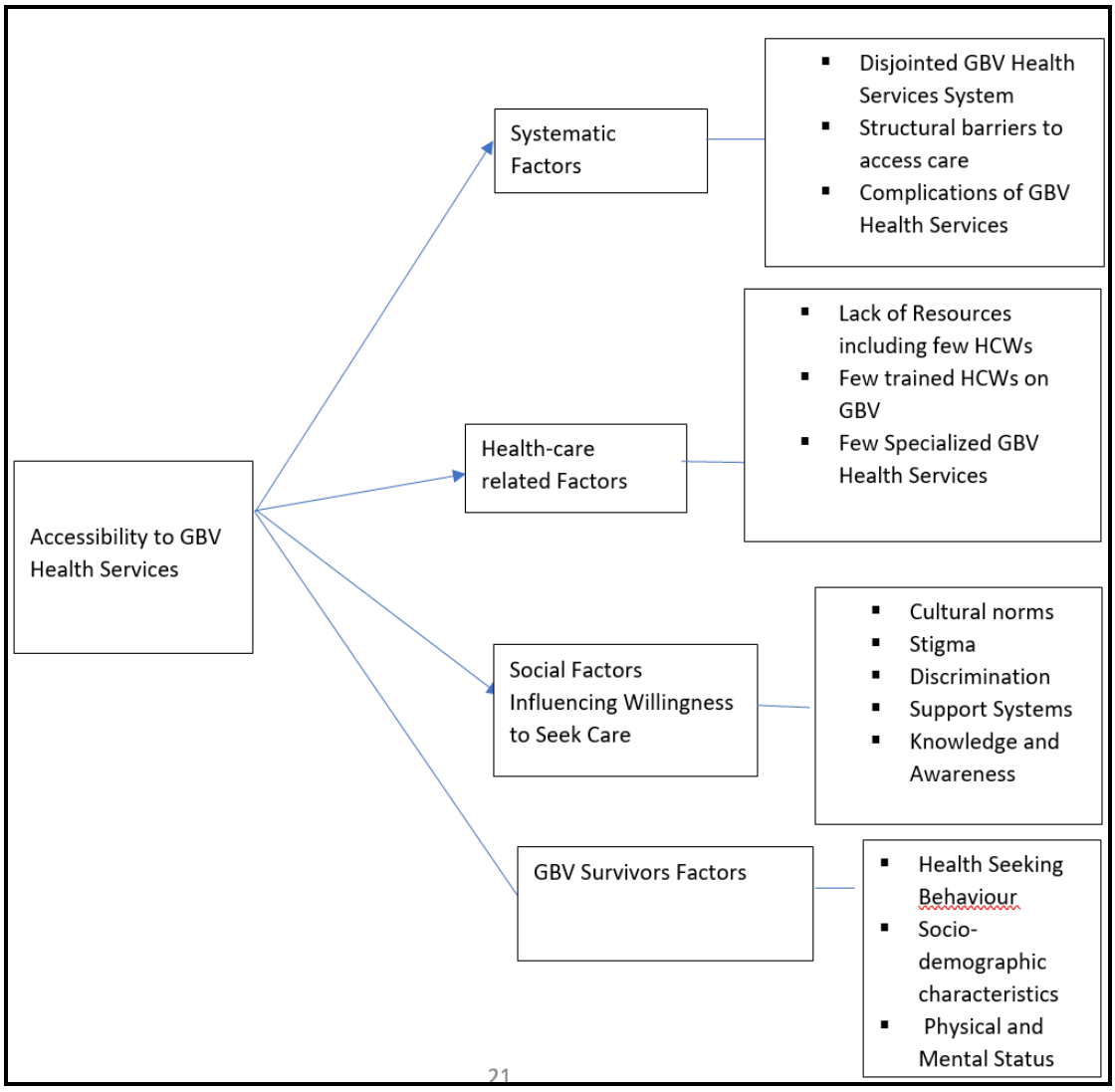

Figure 2.1: Conceptual Framework

Source: Researcher (2024)

2.6 Research Gap

The research gap concerning the accessibility of healthcare services for gender-based violence (GBV) survivors extend beyond individual barriers to a systemic level, including geographic, socioeconomic, and institutional challenges. While much of the literature has focused on urban populations, there is limited understanding of the unique obstacles that marginalised rural communities, such as those in Kasulu,

Kigoma region, face when attempting to access healthcare services (Mtaita et al., 2021). Geographic isolation, lack of transportation, and poorly resourced health facilities are significant factors that hinder GBV survivors from obtaining timely and adequate care (Mtaita et al., 2021; Randa, 2023; Ssanyu et al., 2022).

The emotional and psychological needs of GBV survivors require personalised, supportive care, but in many cases, healthcare workers may not be adequately trained to address these sensitive issues (WHO, 2021). Long wait times, procedural complexities, and insufficient follow-up services can discourage survivors from seeking or continuing care (Ikuteyijo et al., 2023). The existing literature in Tanzania does not consider the procedural challenges and their impacts in accessing healthcare services among the GBV survivors.

Furthermore, there is a lack of empirical research on the effectiveness of current policies, programs, and interventions aimed at improving healthcare accessibility for GBV survivors in regions like Kasulu. Investigating how existing healthcare frameworks can be enhanced to better serve the needs of GBV survivors, especially in rural and underprivileged areas, remains a key research priority

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

This section covers the research approach, research design, study area, study population, sample size and sampling procedure, data collection methods, and data analysis. In This section presents the Qualitative data rigour, validity and reliability for quantitative data and ethical considerations, inclusion and exclusion.

3.2 Research Philosophy

A research philosophy is a set of beliefs, values, and techniques that guide researchers in their approach to inquiry and the interpretation of data within a particular discipline (Keong et al., 2023). The pragmatic paradigm guided the study on challenges faced by gender-based violence (GBV) survivors in accessing health and legal services in rural areas of Tanzania, particularly within a mixed methods research design. In the context of this study, a pragmatic philosophy involved focusing on the practical implications of the findings and how they can be applied to improve services for GBV survivors, considering the influence of social, cultural, and contextual factors on both the researchers and the participants.

The rationale for incorporating a pragmatic approach lies in its flexibility and focus on outcomes, which allowed for a comprehensive understanding of the challenges faced by GBV survivors. This approach acknowledges the need for practical solutions and actionable recommendations while recognizing the limitations and biases inherent in any methodology (Creswell & Plano Clark, 2011).

3.2.1 Research Design

Research study design is a framework or set of methods and procedures used to collect and analyse data on variables specified for a particular research problem (Ranganathan & Aggarwal, 2018). This study employed an exploratory and explanatory research design. Eliman, Gerring, and Mahoney (2020) define exploratory research design as research that explores poorly understood phenomena. This research design enabled the researcher to gain a deeper understanding of the diverse factors influencing GBV survivors' access to health services, including individual, interpersonal, community, and structural determinants. Moreover, it allowed for identifying potential barriers and facilitators that may not have been previously considered, thereby informing the development of more targeted research questions and hypotheses for further investigation.

3.2.2 Research Approach

Bryman (2012) defines a research approach as a plan and procedure for research, from the broad assumption to the detailed methods of data collection, analysis, and interpretation. In this study a mixed methods approach was employed, because the study combines both qualitative and quantitative methods to provide a comprehensive understanding of the complex and multi-faceted nature of GBV and its impact on survivors. Mixed methods allow for a detailed exploration of survivors' experiences and the contextual factors influencing their access to services (Creswell & Plano Clark, 2011). This approach enabled the triangulation of data, enhancing the validity and reliability of the findings through cross-verification from different sources (Jick, 2009).

3.3 Study Location

A study location, also known as a study area, is defined as a delimited geographical or conceptual space where research activities are conducted to investigate specific phenomena or problems (Mitchell & Rapkin, 2019). This study was conducted in Kasulu District Council, in Kigoma region. Kasulu District Council's selection is justified based on its high rate of GBV cases compared to other parts of the region, more than 2339 GBV cases were reported in 2023 (DHIS2, 2023). Conducting a study on the challenges faced by gender-based violence (GBV) survivors in accessing healthcare services in Kasulu District was moreover justified due to the unique socio-economic and geographical factors prevalent in this rural area of Tanzania. Kasulu, characterized by its limited healthcare infrastructure, high levels of poverty, and cultural practices, presents a distinct environment where GBV survivors encounter significant barriers to accessing necessary medical and psychological support (Kasulu District Council, 2021).

3.4 Study Population

A study population refers to the total number of people who are involved in the study (Kothari, 2004). The population of the study included 282 GBV survivors 234, 40 healthcare service providers, local government leaders 10 Ward Executive Officers and 10 Village Executive Officers, 5 social welfare officers, and 2 gender desk officers (DHIS2, 2023; Kasulu District Council, 2024). From the GBV survivors, the study can capture firsthand accounts of their experiences and perspectives on accessing healthcare services, providing valuable insights into the barriers they face and the support they require. Involving healthcare service providers, local government leaders, and social welfare officers allows for an exploration of the

existing healthcare infrastructure, policies, and support systems in place, while also identifying potential areas for improvement and collaboration.

3.5 Sampling Procedures

This study adopted both probability and non-probability sampling procedures. The probability sampling involved a simple random sampling technique while non-probability sampling used purposive sampling.

3.5.1 Probability Sampling and Non-Probability Sampling

Probability sampling involves methods where every member of a population has a known, non-zero chance of being selected for the sample, ensuring representative and unbiased results (Creswell & Creswell, 2018). Examples include simple random sampling, stratified sampling, and systematic sampling. For convenience of conducting this study, simple random sampling was adopted as explained below:

3.5.1.1 Simple Random Sampling

Simple random sampling is a method of selecting a sample from a population where each individual or element has an equal probability of being chosen. This approach ensures that every member of the population has an unbiased chance of being included in the sample, making it representative of the entire population (Trochim, 2006). This method was used to sample the 234 GBV survivors. In this study, simple random sampling was applied by assigning each potential participant a unique number through a random selection method to choose individuals to participate in the study, ensuring that selection was unbiased and that every survivor had an equal opportunity to be included.

3.5.2 Non-Probability Sampling

Non-probability sampling methods involve selecting participants based on criteria other than random chance, such as convenience, purposive sampling, or snowball sampling (Vehohar et al., 2016). Unlike probability sampling, where each member of the population has a known and equal chance of being selected, non-probability sampling methods do not guarantee the representativeness of the population (Vehohar et al., 2016). Instead, they are often chosen for practical reasons or to target specific groups of interest, such as difficult-to-reach populations or those with unique characteristics.

3.5.2.1 Purposive Sampling

Purposive random sampling is the intentional selection of informants based on their ability to elucidate a specific theme, concept, or phenomenon (Robinson, 2014). Purposive sampling involved deliberately selecting participants based on specific criteria to meet the study's objectives. In this research, key informants included the healthcare service providers, local government leaders (WEO and VEO), social welfare officers, and gender desk officers were purposively selected. This was achieved by identifying individuals with extensive experience and knowledge of the research topic.

3.5.3 Sample Size

Sample size refers to the number of individual units or participants selected from a larger population to be included in a research study (Vehohar et al., 2016). It is determined based on statistical considerations and research objectives to ensure that the sample adequately represents the population and provides sufficient power to

detect meaningful effects or relationships. According to Kothari (2004), a sample size representing at least 10% of the study population is considered sufficient. Therefore, for a study population of 2,339 gender-based violence (GBV) survivors, a sample size of 234

The key informants will include 40 healthcare service providers, 25 local government leaders specifically for those found in Makere, Nyakitonto (10 WEO and 15 VEO), 5 social welfare officers, and 2 gender desk officers.

3.6 Inclusion and Exclusion Criteria

Eligible participants for this study included individuals who have experienced gender-based violence (GBV) in the form of physical, sexual, or psychological abuse. These participants were required to be able to communicate effectively in the language of the interview. In addition, survivors who received services in 2023-2024, aged 22 to 50 years, at four health centres, specifically on women aged 18 to 49 years who are attending the Kasulu One Stop Centre, Kasulu District Hospital, Makere health centre and Nyakitonto Health Centre for GBV-related healthcare services. Key informants, such as healthcare service providers, local government leaders (Ward Executive Officers and Village Executive Officers), and social welfare officers work at OSC and Kasulu District hospital, and police gender and children desk officers who work at Police gender women and children desk, were purposively selected for their extensive experience and knowledge of the research topic.

Furthermore, this study excluded those GBV survivors under the age of 21, the Social Welfare Officers who does not work on 3 Wards and Police Gender Desk Officers who have been working for less than five year were not included in the

study, Social Welfare Officers from outside the study area did not participate in the study.

3.7 Secondary Data Sources

Secondary data refers to information already collected, processed, and published by others for purposes other than the current research project (Ajay, 2017). These data sources include government agencies, such as census data and administrative records, research organizations that conduct studies and publish reports, non-governmental organizations' data used for monitoring and evaluation, published literature in books and journals summarizing research findings, online databases providing access to archived data, and media sources like newspapers and online platforms containing relevant statistics and reports (Ajay, 2017).

Documentary review, as a secondary data collection method, facilitates gathering essential information from written documents, reports, and articles related to the research area. This approach allows researchers to refine their conceptualization of the research problem, deepen their understanding of the study context, and identify gaps in existing knowledge (Lewis & Lindsay, 2000).

3.8 Primary Data Sources

Primary data source refers to first-hand information collected directly from participants or subjects in a research study, such as interviews, surveys, or observations, to investigate specific phenomena or answer research questions (Ajayi, 2017). In this study, primary data were gathered through interviews with gender-based violence (GBV) survivors in rural Tanzania, aiming to explore their experiences accessing healthcare services and understanding the barriers they face in

seeking support. Data will be collected through questionnaires, in-depth interviews, and focus group discussions.

3.8.1 Questionnaires

A self-administered questionnaire was used to collect primary data from the selected GBV survivors. This method is particularly suitable for sensitive topics like GBV, as it allows respondents to complete the questionnaire privately, reducing the potential for bias and encouraging more honest responses (Bowling, 2005). The questionnaire included both open-ended and closed-ended questions to capture a range of data, from detailed personal experiences to specific demographic information, ensuring a comprehensive understanding of the survivors' perspectives (Dillman, Smyth, & Christian, 2014).

3.8.2 Interview Guides

Key Informants were interviewed using an interview guide to collect qualitative data to provide more insights into the research phenomenon. An in-depth interview was selected because of its capacity to ensure that the predetermined research questions are responded to, and emerging issues are captured through a certain degree of flexibility (Cresswell, 2014). An interview of 30 to 35 minutes was conducted with each informant, and they were firstly informed on the purpose and specific objectives of the study.

3.8.3 Focus Group Discussions

Focus group discussions were conducted on four groups of selected GBV survivors. Focus group discussions with six members provide an ideal setting for gathering rich qualitative data and facilitating in-depth exploration of various perspectives,

experiences, and opinions on a specific topic (Cresswell, 2014). With a relatively small group size, each participant has ample opportunity to contribute to the conversation, ensuring that multiple viewpoints are represented. The small group size allowed for more focused and detailed discussions, enabling the exploration of research themes and issues.

3.9 Reliability and Validity

This sub-section presents the measures that have been employed by the researcher in enhancing the reliability and validity of the research findings.

3.9.1 Reliability

To ensure the reliability of the research findings, the researcher focused on the consistency and dependability of the data collection process, which are critical aspects of social research (Lincoln & Guba, 2014). This involved the use of multiple data collection methods to cross-check and corroborate the findings. The researcher used questionnaires and document reviews, in addition to focus group discussions and key informant interviews, to minimize bias and ensure that the data collected is consistent over time (Patton, 2012). This triangulation of methods helped in enhancing the dependability of the research, ensuring that the findings are stable and repeatable under similar conditions (Brink, 2016).

3.9.2 Validity

Ensuring the validity of the research is important for the accuracy and truthfulness of the scientific findings (Creswell & Poth, 2018). Validity in this context relates to how well the data collected represents the phenomenon under study and how truthful the findings are. The researcher enhanced validity by using a combination of data

collection methods—questionnaires, document reviews, focus group discussions, and key informant interviews (Denzin & Lincoln, 2011).

3.10 Rigor and Trustworthiness of Qualitative Data

Rigor and trustworthiness were enhanced by ensuring that the questions in the research instruments were aligned to the study's objectives. The researcher also assured to get assistance from the supervisors who were knowledgeable and experienced in the impacts of divorce upon child moral development. Dependability, credibility, transferability and conformability are among the criteria used to determine the rigor and trustworthiness of the qualitative data (Hadi and Closs, 2016).

3.10.1 Dependability

Lincoln and Guba (2004) justify dependability as emphasis the duplication of the study in another context and getting same results this including methodology. Therefore, although the general idea of dependability and reliability are almost the same, ensuring consistency is crucial to the study results. The researcher ensured the dependability of the research data by making sure involving multiple data collection tools and selecting carefully the participants of the study who realistically represent the study population.

3.10.2 Credibility

Credibility focuses with testing what it is anticipated in the study (Hadi *et al.*, 2016). In this study, credibility was achieved using different research instruments and sources that known as triangulation. Therefore, qualities of data were not only relying on single source and instruments but rather the different instruments and

sources. To ensure the credibility of the data of study, the data were collected using multiple tools such as interviews and focus group discussions.

3.10.3 Transferability

Transferability refers to the extent to which findings from a study conducted in one context can be applied or transferred to another context or setting (Polit & Beck, 2022). It emphasizes the relevance and applicability of research findings beyond the specific study participants and location. In this study on gender-based violence (GBV) survivors in rural Tanzania, transferability was assessed by examining the similarities and differences between the study context and other rural settings facing similar challenges (Polit & Beck, 2022).

3.10.4 Conformability

Conformability, on the other hand, refers to the degree to which the findings of a study are shaped by the participants' perspectives and the researcher's interpretations rather than external biases or preconceived notions. In this study, conformability was ensured through rigorous data collection and analysis methods that minimize researcher bias and uphold the integrity of participant perspectives (Lincoln & Guba, 2015).

3.11 Data Analysis and Presentation

This section under the chapter three describes the detailed data analysis and presentation for both the qualitative and quantitative data.

3.11.1 Data Analysis

The data analysis was performed depending on the nature of the data collected. The quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS) software while thematic analysis was used for the qualitative data.

3.11.1.1 Quantitative Data Analysis

The quantitative data collected were categorized and coded according to the specific research objectives and questions. The data were then analysed using the Statistical Package for Social Sciences (SPSS) software, which allowed for the computation of descriptive statistics such as frequencies and percentages. These statistics helped to quantify the responses, making it easier to interpret and present the findings clearly and concisely.

3.11.1.2 Qualitative Data Analysis

Data presentation in social science research involves organizing and sharing data in a way that effectively communicates the findings and insights of a study (Bui *et al.* 2023). Effective data presentation in social science research helps to simplify complex information, making it easier for researchers and readers to understand the findings. In this study, the data were presented by thematic order, paraphrasing and using the best quotation from the respondents and the best statement that summarised from the data collected.

3.11.2 Data Presentation

This subsection presents different quantitative and qualitative data presentation as applied in this study.

3.11.2.1 Quantitative Data Presentation

The results of the quantitative analysis have been presented in the form of tables, charts, and graphs to facilitate easy interpretation (Albers, 2017). Tables display the frequencies and percentages of responses, while bar charts, pie charts, and histograms have been utilized to visually represent the distribution of responses across different categories (Sheard, 2018).

3.11.1.1 Qualitative Data Presentation

The findings from the qualitative thematic analysis have been presented in a narrative format, supported by direct quotes from participants to illustrate the identified themes (Miles, 2014). These narratives are structured around the major themes and sub-themes that emerge from the data, providing a rich, detailed account of participants' experiences and perspectives.

3.12 Ethical Considerations

Ethical principles were observed Informed consent, Principles of confidentiality, privacy, and anonymity. Ethical clearance and research permits were sought from the relevant authorities.

3.12.1 Confidentiality

The confidentiality of all participants' information was strictly maintained throughout the study. Personal data were protected, and all collected information was handled with the utmost care. Respondents were interviewed in private settings to safeguard their privacy (Creswell & Creswell, 2018). After the data collection process, all questionnaires containing personal information were securely stored, and upon

completion of the research, these materials were carefully disposed of to prevent any unauthorized access to sensitive data (Bryman, 2016).

3.12.2 Anonymity

The anonymity of participants was guaranteed by ensuring that no identifying information, such as names or personal details, would be recorded in the questionnaires or during interviews. Participants were assigned unique codes, and any reporting of the data was done in such a way that individuals could not be identified (Wiles, 2012).

3.12.3 Non-Maleficence (Do No Harm) Principle

The researcher strictly adhered to the "do no harm" principle, ensuring that no participant was exposed to physical or psychological harm because of their involvement in the study. Careful attention was given to the nature of the questions asked, the environment in which interviews are conducted, and the whole process of handling of sensitive information.

3.12.4 Informed consent

Informed consent was obtained from all respondents before their involvement in the study. Respondents were fully informed about the research objectives, procedures, potential risks, and benefits. They were allowed to ask questions and would only participate if they voluntarily agreed to do so. A consent form outlining these details was provided, and respondents were asked to sign it to indicate their understanding and willingness to participate.

3.12.5 Voluntary participation

Participation in this study was entirely voluntary. Participants were informed that they had the right to withdraw from the study at any point without any negative consequences. This ensured that no participant felt coerced or obligated to continue their involvement if they chose not to. The researcher emphasised this right to ensure participants felt empowered and respected throughout the research process (Cacciattolo, 2015).

CHAPTER FOUR

PRESENTATION OF FINDINGS, AND DISCUSSION

4.1 Chapter Overview

This chapter covers the data presentation, analysis, and discussion according to the specific objectives of the study. The chapter is organized starting with the demographic characteristics of the study participants, data presentation and analysis, and discussion.

4.2 Demographic Characteristics

A total of 282 study respondents with varying socio-economic characteristics were included in this study. The respondents varied in terms of their age, education, occupation, religion and marital status. Therefore, the demographic characteristics are put in that order starting with age.

4.2.1 Age of the respondents

Age is an important variable in assessing the accessibility to healthcare services among GBV survivors in rural settings of Tanzania. The age of study participants has been organized into different age groups as summarized in the following table

Table 4.1: Age of the Study Participants

Age Range	Frequency	Percentage
18–25	58	20.56%
26–35	97	34.42%
36–45	61	21.64%
46–55	41	14.54%
56–65	15	5.31%
66+	4	1.41%
Total	282	100%

Source: Field Data, 2024

As summarized in Table 4.1, a total of 282 GBV survivors responded to this study. The age was categorized into six groups which were 18-25, 26-35, 36-45, 46-55, 56-65, and 66 years and above. Most of the study participants were aged between 26 and 35 years, 97 (34.42%); followed by the 36-45 age group, 61 (21.64%), and by the 18-25 age group, 58(20.56%). The mean age was 35.26 years. These findings reveal that most of the women who are affected by GBV are aged between 18 and 45 years.

4.2.2 Educational Level of Study Participants

The accessibility and utilization of healthcare services among the GBV survivors can be linked to the educational level of the survivors. Researchers and different stakeholders can be interested in the educational level of study participants to understand how the accessibility to GBV healthcare services varies with education to formulate a designed approach that considers this variable.

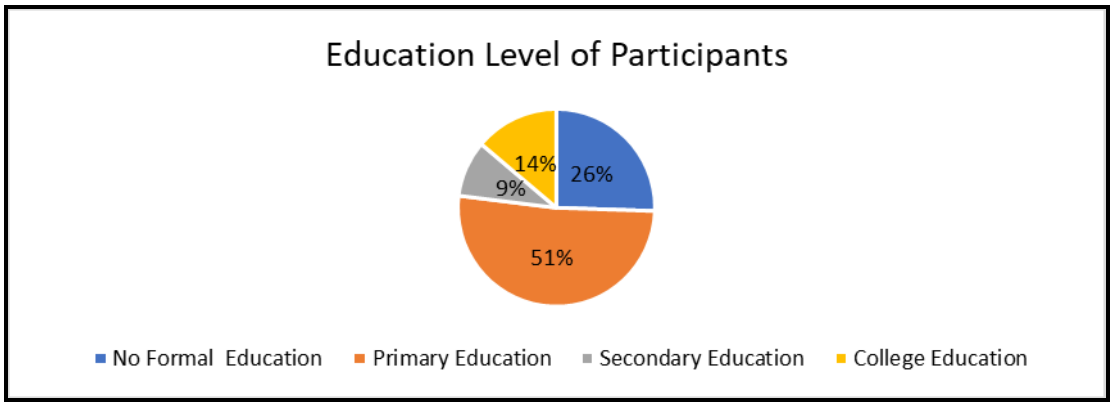

Figure 4.1: Educational Level of Study Participants

Source: Field Data, 2024

Figure 4.1 represents the educational levels of the study participants. The majority, 51.42% (145 participants), have completed primary school. A substantial portion, 25.53% (72 participants), has no formal education, while 13.83% (39 participants) have attained college-level education or higher. The smallest group, 9.22% (26 participants), has completed secondary school. This distribution suggests that most participants have a basic level of education, with fewer reaching higher education.

4.2.3 Marital Status of Study Participants

Studies suggest that the majority of GBV cases are perpetrated by intimate partners. This in turn may affect the accessibility to the healthcare services among the survivors after the incident. Therefore, the researcher was interested in establishing the marital status of surveyed GBV survivors in Kasulu District Council. The summary is displayed in the following chart.

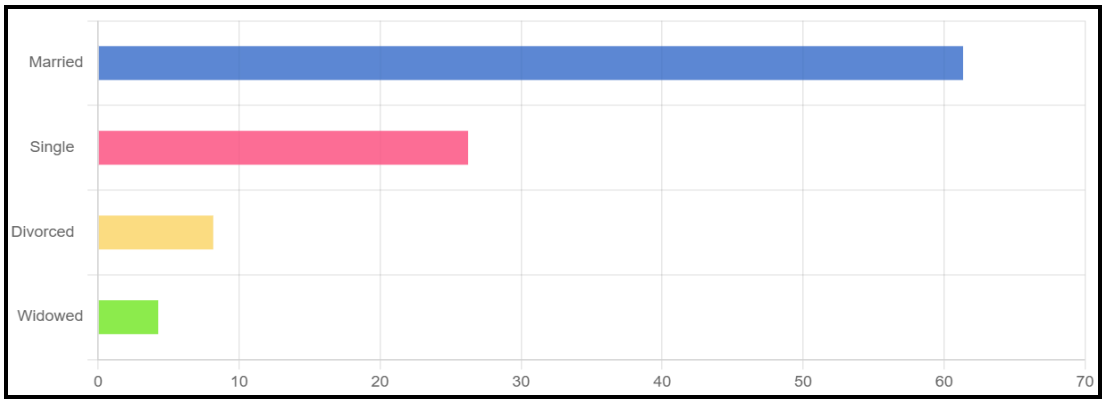

Figure 4.2: Marital Status of Study Participants

Source: Field Data, 2024

Most participants, 61.35% (173 individuals), are married, which may influence their healthcare access and decision-making processes due to factors like spousal support or constraints. Single individuals make up 26.24% (74 individuals) of the sample, possibly facing distinct challenges, such as reliance on individual resources or social stigma when seeking healthcare services.

The divorced group, comprising 8.16% (23 individuals), might encounter unique barriers, including economic hardship or limited family support, potentially impacting their ability to access healthcare. Widowed individuals, who represent the smallest group at 4.26% (12 individuals), may also experience vulnerabilities, such as isolation or economic challenges that can affect their access to necessary services.

4.2.4 Occupations of the Study Participants

The occupation and source of income of study participants are essential elements in understanding their socio-economic status and the accessibility of healthcare services among GBV survivors in Kasulu District Council. This demographic information

provides data into the diversity of employment situations, which can significantly impact individuals' ability to seek and afford necessary healthcare. Recognizing the various occupational categories is important for designing interventions that address the specific needs of different groups within the population. As shown in the figure 4.3 below.

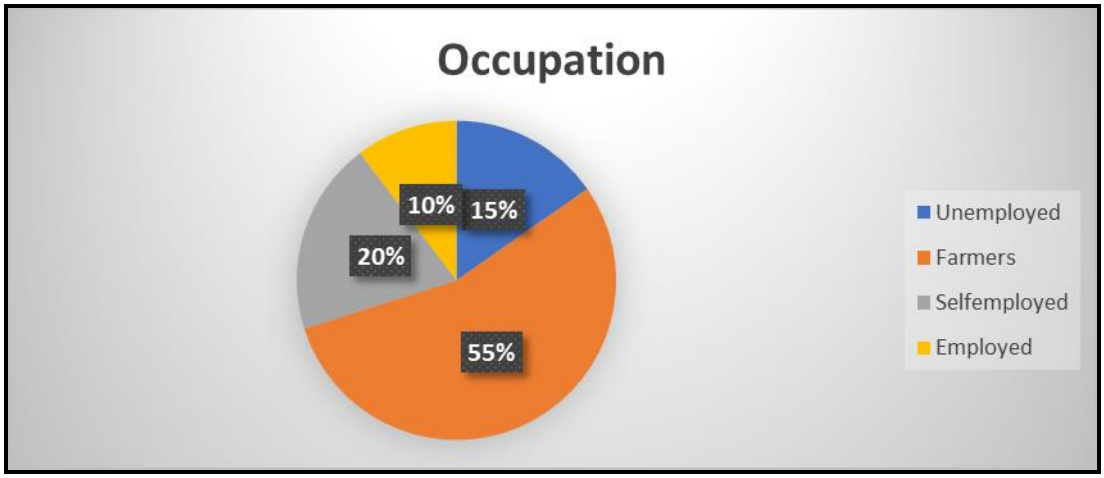

Figure 4.3: Occupations of Study Participants

Source: Field Data, 2024

Most participants, accounting for 54.61% (154 participants), are engaged in farming, which is a primary source of income in the region and may impact their availability and ability to seek healthcare services due to the demands of agricultural work. Self-employed individuals comprise 19.5% (55 participants), showing a level of entrepreneurial activity that may afford some financial independence but could also have instability in income.

Moreover, 15.25% (43 individuals) of participants are unemployed, highlighting a segment of the population that may face heightened vulnerabilities and barriers to

accessing healthcare due to economic constraints. Those in formal employment represent 10.28% (29 individuals), indicating that while a smaller proportion is employed in structured job settings, they may have better access to healthcare resources through employer-sponsored benefits such as insurance coverage.

4.2.5 Religion of the Study Participants

Most of the study participants were Christians, comprising 66.67% (188 participants), followed by Muslims who were 29.79% (84 participants), and other religions comprised of 3.19% (9 participants). This is shown in the following figure.

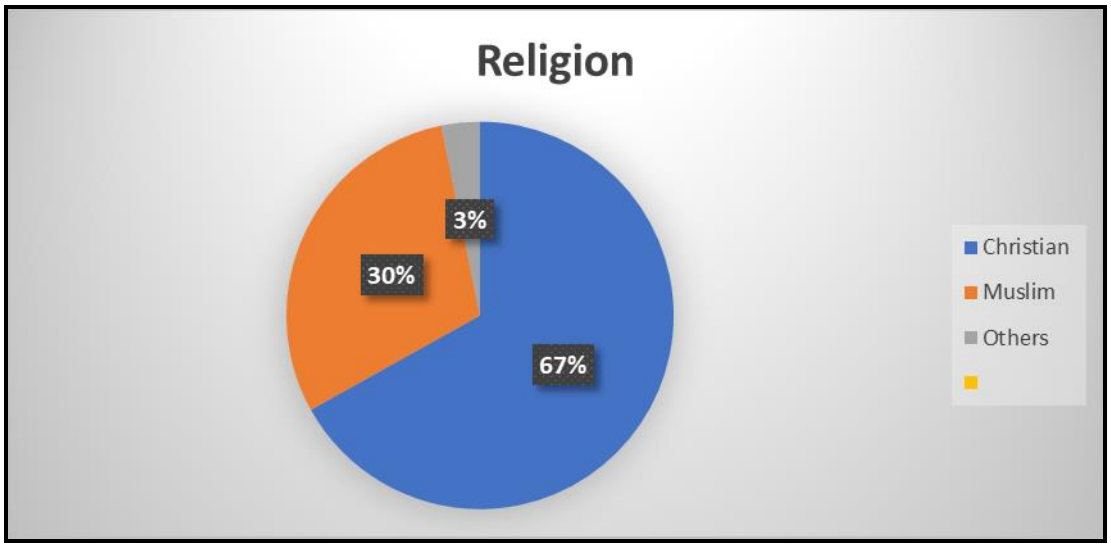

Figure 4.4: Religion of Study Participants

Source: Field Data, 2024

Christians make up the largest portion of the sample at 66.67% (188 individuals), which may reflect the predominant religious community in the area and potentially influence healthcare-seeking behaviours through shared values, community support, or local church initiatives. Muslims represent 29.79% (84 individuals) of the participants, indicating a significant minority group who's cultural and religious

beliefs could shape their perspectives on healthcare and their interactions with providers.

A small percentage, 3.19% (9 individuals), identified with other religions, underscoring the presence of diverse beliefs within the community. This diversity suggests that healthcare providers should be sensitive to varied religious practices and beliefs, which may impact survivors' comfort levels, trust in services, and willingness to seek healthcare for GBV-related issues.

4.3 Data Presentation and Analysis

This section for data presentation and analysis was guided by the three specific objectives of the study which were to identify the available healthcare service for gender-based violence survivors in Kasulu, to explore the healthcare service-related challenges facing gender-based violence survivors in Kasulu, and to assess the impact of procedural challenges on the accessibility of healthcare services for survivors of gender-based violence in Kasulu.

4.3.1 The available Healthcare Service for Gender-based Violence Survivors

The first objective of this study was to identify the availability of healthcare services for gender-based survivors in Kasulu, Tanzania. The data were collected through questionnaires, focus group discussions, and in-depth interviews with the key informants. The participants were randomly selected from three wards in Kasulu District Council with the highest burden of GBV cases.

The findings of the study revealed that the available healthcare services to the GBV survivors were medical treatment and psychological counselling. The medical

treatment was provided by the healthcare workers such as clinicians and nurses and the psychological counselling was provided mainly by the social welfare officers who also linked the GBV survivors to the healthcare and legal services. Moreover, the findings revealed that apart from the medical treatment and counselling, there were no specialized services provided to the GBV survivors in the study area.

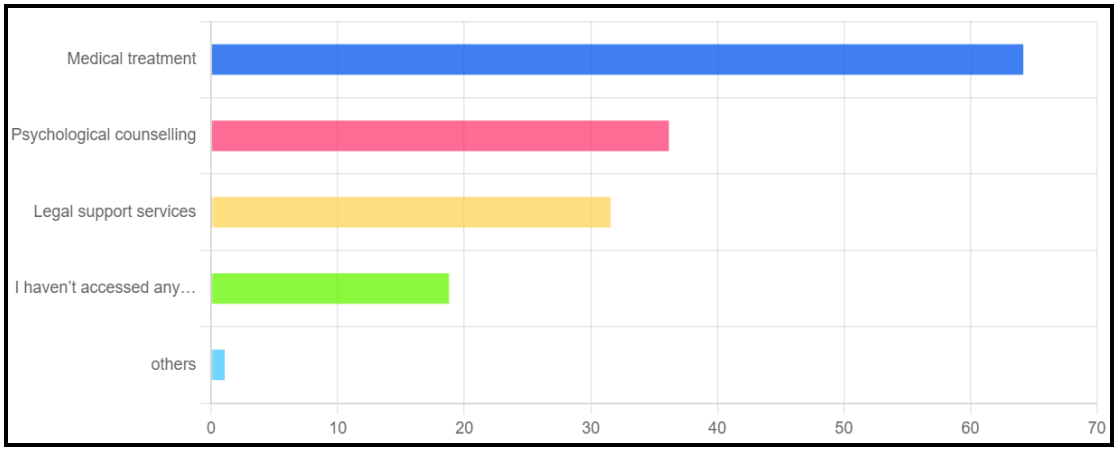

Figure 4.5: Types of Healthcare Services Accessed by GBV Survivors in Kasulu

Source: Field Data, 2024

The results further revealed that the majority of GBV survivors utilize medical treatment services followed by psychological counselling, and lastly legal supportive services. the types of services accessed by participants reveal important patterns of support following experiences of violence. A substantial majority, 64.18% (181 individuals), sought medical treatment, indicating a strong reliance on healthcare services for addressing physical injuries or health concerns related to GBV. Additionally, 36.17% (102 participants) accessed psychological counselling, highlighting the recognition of mental health needs among survivors. Legal support services were sought by 31.56% (89 individuals), reflecting an awareness of the need

for legal recourse and advocacy in the aftermath of violence. However, a concerning 18.79% (53 participants) reported that they had not accessed any services, suggesting significant barriers that may hinder survivors from obtaining the necessary support. Three participants reported to have sought traditional healing following the GBV incident.

Furthermore, the study findings revealed the majority, 63.83% (180 GBV survivors), accessed services from public hospitals/healthcare facilities, and likely due to their relative affordability and accessibility in the region. Health centres were utilized by 17.02% (48 individuals), indicating their role as secondary sources of healthcare in communities, possibly due to their proximity or specialization.

NGO facilities served 10.64% (30 individuals) of the respondents, showcasing the contribution of non-governmental organizations in providing healthcare services tailored to vulnerable populations, such as GBV survivors. Private hospitals, utilized by only 5.32% (15 individuals), likely reflect the financial limitations of many survivors, as private services are often more costly. A small percentage, 3.19% (9 individuals), reported accessing other types of facilities, which may include traditional healers or alternative forms of care, highlighting the need to consider varied healthcare options and cultural practices.

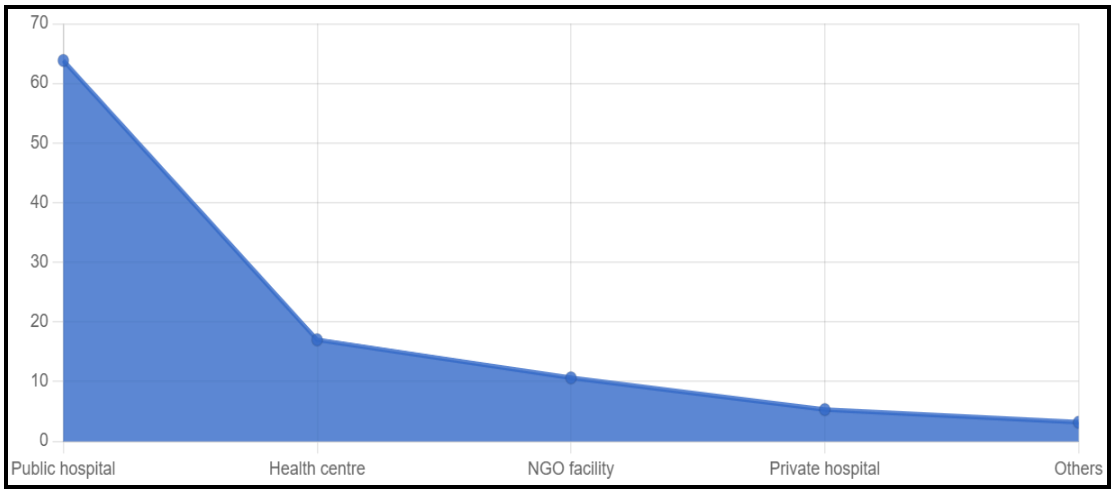

Figure 4.6: Type of Healthcare Facility Accessed by the GBV Survivors

Source: Field Data, 2024

The study also sought to identify with which GBV survivors in Kasulu District Council sought healthcare services, the data reveals varied response times following incidents. A significant proportion, 28.72% (81 individuals), accessed healthcare within 1–3 days, possibly due to logistical delays or initial hesitation in seeking assistance. Those who sought care within 24 hours comprised 23.76% (67 individuals), reflecting a relatively prompt response, while 22.7% (64 individuals) accessed healthcare immediately, indicating either urgent medical needs or greater ease of access to healthcare facilities.

A smaller segment, 15.6% (44 individuals), reported seeking services more than three days after the incident, potentially highlighting barriers such as fear, stigma, or limited resources that delayed timely care. Additionally, 6.38% (18 individuals) did not seek any healthcare services, which may point to underlying issues like lack of awareness, mistrust of healthcare systems, or socioeconomic limitations.

Table 4.2: Time Taken to Access Healthcare Services Among GBV Survivors

Value	Frequency	Percentage
1–3 days	81	28.72
Within 24 hours	67	23.76
Immediately (within a few hours)	64	22.7
More than 3 days	44	15.6
I did not seek healthcare services	18	6.38
Option 5	8	2.84

Source: Field Data, 2024

Further findings from the qualitative data analysis complemented the findings from the quantitative data. Participants in the focus group discussions. This was illustrated by one of the respondent who said that;

> *"After I reported the incident, I went to the public hospital, where I received medical treatment and counselling. It took about two days to get the first session of counselling after the initial medical treatment. I was thankful they had someone who could assist me, but the waiting period was challenging. I felt safe at the hospital." (a 27-year-old lady in FGD)*

Another GBV survivor added the following.

> *"The hospital was the only place I felt comfortable going. They provided counselling and helped me with legal advice. I didn't have to wait long, and I was able to start speaking with a counsellor the same day. They also offered me information about additional support services. This was helpful because it was not just medical care; they also made me aware of my rights and options moving forward." (a 32-year-old GBV survivor)*

The respondents also acknowledged the presence of medical treatment, psychological counselling and legal support to the GBV survivors in Kasulu District Council. The One Stop Centre (OSC) was responsible for providing all these services

in the same setting. Other health-care facilities provided medical treatment including first aid and provided a linkage to the higher facilities including the OSC for further services when needed.

> *"Our facility provides essential health services, and for survivors of violence, this includes a full medical assessment. For needs like counselling, we offer information on where they can find professional counsellors in the area, aiming to support their recovery journey as fully as possible." (Healthcare Provider1/2024)*

This was further supported by the social welfare officer who said that;

> *"Our primary healthcare facilities offer basic medical care, including first aid, to survivors. When additional services are required, we quickly refer them to the One Stop Centre, where they can receive comprehensive care in a supportive environment." (Social Welfare Officer1/2024).*

The findings of this study are supported by Reinhodz et al. (2024) who found that several legislation and programmes existed in Kivu, in the Democratic Republic of Congo to enable GBV survivors to access healthcare services. According to Reinhodz et al. (2024), most of the survivors were treated at private clinics, and they took 1-3 days to access the healthcare services as revealed in this study. This is also supported by a study conducted by Hentonnen et al. (2018) in Uganda.

The findings on healthcare-seeking behaviours among GBV survivors in Kasulu District Council align with Bronfenbrenner's Ecological Systems Theory, which emphasizes the interplay between individuals and their surrounding environments. Within the microsystem, factors such as immediate family, friends, and healthcare providers play a crucial role in influencing survivors' decisions to seek medical care (Mtatita, 2021). For example, individuals who accessed care within 24 hours or immediately may have had supportive social networks or accessible healthcare

services, facilitating a quick response. In contrast, those who delayed care for more than three days or did not seek services at all may reflect limitations within this microsystem, where lack of family support, fear of stigma, or limited trust in healthcare professionals deterred prompt action (Rodella et al., 2020).

At the mesosystem and exosystem levels, community structures, healthcare facilities, and broader social services interact with individual behaviours. Public hospitals and NGO facilities, which were the primary sources of healthcare for most survivors, highlight the community's reliance on these accessible resources (Bannister, 2018). However, survivors' delayed responses could also suggest structural barriers, such as long travel distances, financial constraints, or inadequate healthcare staff, which are rooted in the ecosystem's influence on healthcare accessibility. The macrosystem, encompassing cultural norms and societal attitudes towards GBV, may further impact healthcare-seeking behaviours, as societal stigma and traditional beliefs could discourage survivors from seeking timely medical assistance (Chynoweth et al., 2020). This ecological system theory thus explains the multi-layered influences that shape healthcare access for GBV survivors, suggesting the need for holistic, multi-level interventions to address these challenges effectively.

4.3.2 The Healthcare Service-Related Challenges Facing Gender-based Violence Survivors

The second specific objective of the study sought to explore the healthcare-related challenges facing gender-based survivors in Kasulu, Tanzania. The study established that several challenges exist in the healthcare system that interfere with the accessibility to healthcare services among the GBV survivors in the rural communities in Tanzania. The findings of the study revealed that the healthcare

service-related challenges include long distances for travelling to get services, financial barriers (cost of services/affordability), lack of awareness of services for GBV survivors, and long waiting times for getting services. As presented in the following chart.

4.3.1 Unaware of the Existence Available Services

The majority cited challenge, lack of awareness of services, suggests that many survivors are either unaware of the available healthcare services or lack information on how to access them, highlighting a critical need for improved outreach and education within the community.

In addition to this, another study participant revealed that she was not aware of the GBV-focused healthcare provided in the health facility.

> *"One challenge I had was not knowing exactly which services were available. I think there should be more awareness in the community, so people like me know exactly where to go and what to expect before even arriving at the facility*." (A-29-year-old GBV survivor)
> *"As local leaders, we act as a link between survivors and available services, but the awareness level is still low. Many survivors do not know they can receive free or subsidized services. If we could enhance awareness campaigns, it would help survivors feel more supported and encourage them to seek help sooner."* (VEO 3/2024)

4.3.2 Lack of Transportation

Lack of transportation is the second-most reported challenge, indicating that distance to healthcare facilities or the absence of affordable transport options presents a significant barrier for survivors, particularly in rural areas where healthcare resources may be limited.

> *"For me, transportation is a big problem. The health centre is far away, and sometimes, after what I went through, it felt impossible to arrange for transport. If there were ways to get affordable transportation or even transport provided by the community, I would have gone sooner."* (A 45-year-old GBV survivor)

4.3.2 Financial Barriers

Financial barriers also emerge as a notable obstacle, reflecting the impact of economic hardship on survivors' ability to access paid healthcare services.

4.3.3 Long Waiting Time

Furthermore, long waiting times suggest that survivors face delays in receiving care, potentially due to understaffed facilities or high demand, which may deter timely service utilization. A minority of respondents reported that they faced no challenges, indicating that some survivors might have access to supportive resources, live close to healthcare services, or have sufficient financial means. The findings reported above, were further supported by the participants in the focus group discussions who cited different challenges that hinder their access to healthcare services as revealed in the following excerpts.

> *"I did not know where to go for help at first. It wasn't clear who I could talk to, or which services were meant for people in my situation. I think if there were more information shared in our community, especially through local leaders or posters, it would help survivors like me to find the right place sooner."* (A 38-year-old GBV survivor)

Another participant revealed that there was a lack of linkage and clear referral for further services in higher-level facilities from the primary healthcare facilities. This may prevent the GBV survivors from accessing other form of services.

4.3.4 Insufficient Information about the Available Services

Additionally, respondents reported not receiving sufficient information, indicating that some facilities may still lack structured communication strategies or dedicated personnel to inform survivors about their options effectively. These findings suggest an overall positive trend in information provision, yet they emphasize the need for standardized communication practices to ensure all survivors are fully aware of the support services accessible to them.

> *"The healthcare facility did provide medical help, but I didn't receive any information about counselling or legal support. I had to ask around later to find out what else I could access. If all this information was available in one place, it would have been so much easier." (A-32-year-old GBV survivors)*

4.3.6 Feeling unsafe about their Safety.

However, reported feeling unsafe, while were unsure about their safety. These groups highlight areas for improvement, as feeling secure is crucial for GBV survivors who may already face heightened emotional vulnerability. Factors such as facility layout, privacy, staff training on trauma-sensitive approaches, and confidentiality measures could play a role in addressing these concerns.

4.3.8 Experiences of Discrimination or Stigma among GBV Survivors

Nevertheless, reported experiencing discrimination or stigma, which is a significant concern. For these survivors, negative interactions could discourage future engagement with healthcare services and potentially worsen their recovery process. Additionally, were uncertain about whether they experienced discrimination or stigma, which may suggest subtle or indirect behaviours that left survivors feeling uneasy but unsure. The qualitative data from the key participants revealed several

healthcare facility-related challenges that hinder GBV survivors from accessing healthcare services. The following are examples of the excerpts from the in-depth interviews.

On top of the lack of awareness of the availability of healthcare services, the service providers cite long distance to health facilities, lack of transport, and financial barriers to interfere with the accessibility to healthcare services among the GBV survivors.

> *"Our team is trained to offer medical treatment and first aid, but for cases requiring legal or psychological support, we must refer survivors to OSC or other specialized centres. However, not all survivors follow up on these referrals, possibly due to distance or financial constraints. If these services were more accessible, I believe utilization would increase." (Healthcare provider 8/2024)*

4.3.8 Limited Medical Equipment and Facilities

In addition to that, primary healthcare facilities are faced with limited medical equipment and facilities for the provision of comprehensive healthcare services to GBV survivors. One healthcare provider claimed that.

> *"In our facility, we do our best to provide medical treatment to GBV survivors as soon as they come in, but we are often understaffed, which impacts our response time. We also need more training on trauma-sensitive care to make sure we are offering support that addresses survivors' specific emotional and psychological needs." (Healthcare Provider 3/2024)*

Also, another social welfare added.

> *"Psychological counselling is an important need for survivors, but not all facilities have a designated counsellor. As social welfare officers, we sometimes must step in and provide basic counselling, but there's a need for trained mental health*

> *professionals dedicated to working with GBV cases." (Social Welfare Officer 4/2024)*

Findings in this study are supported by other studies, such as Mtaita et al. (2021), Randa et al. (2022), Kahindo (2019), and Ikuteyijo et al. (2023), who also found that lack of awareness, absence of counselling services, understaffing and lack of training for healthcare workers, and long distances to healthcare facilities are challenges hindering GBV survivors from accessing healthcare services. The data on challenges faced by GBV survivors in accessing healthcare services in Kasulu District Council reveals significant insights when viewed through the lens of the Ecological Systems Theory. The most frequently reported challenge within the microsystem is a lack of awareness of services, showing a gap in direct interactions with educational or healthcare resources, suggesting that individuals may not receive adequate information from immediate influences like family, peers, or local healthcare providers. Financial barrier and lack of transportation reflect the challenges survivors experience due to their socio-economic status, which is a direct outcome of their immediate environment and resources within the microsystem and mesosystem (Chynoweth et al., 2020). At the exosystem level, community infrastructure and economic conditions, such as the availability of transportation and the affordability of healthcare services, strongly influence survivors' ability to access timely care. For instance, long waiting times may stem from systemic issues within local healthcare facilities, such as staff shortages or limited-service availability, which are shaped by broader socioeconomic and policy factors within the exosystem (Bannister, 2015). Viewing these findings through Ecological Systems Theory emphasizes the

interconnectedness of individual, social, and structural factors that either facilitate or hinder access to essential healthcare services for GBV survivors in the district

4.3.3 The Impact of Procedural Challenges on the Accessibility of Healthcare Services for Survivors of Gender-based Violence

The third specific objective of the study intended to assess the impact of procedural challenges on the accessibility of healthcare services for survivors of gender-based violence in Kasulu, Tanzania. In this specific objective, firstly the researcher intended to inquire if there was any specific procedure that had to be followed by the GBV survivors before getting services. The finding revealed that the GBV survivors had to follow one of the following procedures: obtaining a PF3 form from the police station, registration at the healthcare facility, reporting to local government leaders, referral from another healthcare provider, and documentation of the incident.

4.4.1 Obtaining a PF3 form from the Police station

The data on the procedural steps taken by GBV survivors when seeking healthcare services in Kasulu District Council underscores the complexity of accessing care within a structured system. The most frequently reported procedure was obtaining a PF3 form from the police station, which indicates that many survivors feel compelled to formalize their experiences through legal channels before receiving medical attention. This requirement reflects the legal context in which healthcare is provided, suggesting a significant linkage between law enforcement and healthcare for GBV cases.

4.4.2 Registration at the Healthcare Facility

Registration at the healthcare facility follows as a critical step, highlighting the administrative processes involved in accessing services. This step may involve providing personal information and details about the incident, which can be daunting for survivors.

4.4.3 Reporting to Local Government Leaders

Reporting to local government leaders suggests that community leadership plays a role in the support network for survivors, potentially reflecting local governance structures that aim to address GBV.

4.4.4 Referral from Another Healthcare Provider

Referral from another healthcare provider points to a system of interconnected care, where previous healthcare encounters may influence access to additional services.

4.4.5 Documentation of the Incident

Documentation of the incident is another crucial step, emphasizing the importance of record-keeping in the context of healthcare and legal proceedings, as proper documentation can support survivors in seeking justice and appropriate care. Only indicated that they did not have to follow any specific procedures, which may reflect instances where survivors were able to access immediate care without the barriers typically associated with the system.

4.4.6 Procedural Requirements Delayed Access to Healthcare Services for GBV Survivors

The responses regarding whether the procedural requirements delayed access to healthcare services for GBV survivors in Kasulu District Council indicate a mixed

experience. A majority of respondents, reported that these procedures did not delay their access to healthcare services, suggesting that many were able to navigate the system effectively despite the complexities involved. However, indicated that the procedures did cause delays, which highlights significant barriers that some survivors may encounter. These delays could stem from the time-consuming nature of obtaining necessary documentation, navigating administrative processes, or waiting for referrals, all of which can be critical in situations where timely medical intervention is essential for the survivor's health and well-being.

The findings regarding whether GBV survivors in Kasulu District Council felt discouraged from seeking healthcare due to procedural requirements present a concerning picture of accessibility to necessary services. A significant majority of respondents.

4.4.7 Feeling Discouraged From Seeking Healthcare

Reported feeling discouraged from seeking healthcare because of these procedures. This high percentage underscores the potential psychological and logistical barriers that survivors may encounter when navigating a healthcare system that can appear overwhelming or inaccessible. Such discouragement may stem from the complexities and demands of procedural requirements, which can create a sense of helplessness and deter individuals from pursuing essential care.

4.4.8 Inadequate Awareness of the Implications of these Procedures

Expressed uncertainty about whether the procedures discouraged them from seeking healthcare, indicating a level of ambivalence that may reflect inadequate awareness of the implications of these procedures on their decision-making. Findings from the

focus group discussions and in-depth interviews further complement the findings from the quantitative data analysis. The bureaucracy in referral and documentation interferes with access to healthcare services by causing unnecessary delays, as supported by the 44-year-old GBV survivor in a focus group discussion,

> *"I went to the healthcare facility, but when I asked for help, I was told to bring some documentation from the police first. It felt like another hurdle, and I almost gave up. There should be some way for us to get immediate care without having to gather so many documents first."* (44-year-old GBV survivor).

Also, the Ward Executive Officer revealed the following during the in-depth interview,

> *"As local leaders, we see a need to streamline the procedural requirements for survivors seeking services. Requiring survivors to go to multiple offices for documentation is a challenge. If we could simplify the process, survivors would be able to get the help they need much faster and with less stress." (Ward Executive Officer 2/2024)*

This is also emphasized by the Gender Desk Officer,

> *"Our role includes ensuring that survivors receive appropriate referrals, but often the process is complex, especially if the survivor has not obtained a PF3 form from the police. The requirement for documentation can delay access to necessary services, and in some cases, survivors feel discouraged from continuing with the process." (Gender Desk Officer 1/2024)*

These findings emphasize the need for systemic reforms aimed at simplifying procedural requirements and fostering a more supportive environment for GBV survivors. Enhancing clarity in communication and providing comprehensive support within healthcare facilities could significantly improve the likelihood of survivors accessing the care they need without fear of discouragement or confusion.

The procedural challenges faced by GBV survivors in accessing healthcare services, as highlighted in the findings, can be analysed through the framework of Ecological Systems Theory. This theory, developed by Urie Bronfenbrenner, posits that individuals exist within a complex system of interrelated environments that influence their experiences and behaviours. The findings indicating that a significant portion of respondents felt discouraged by procedural requirements reflect the multifaceted nature of these challenges across different ecological levels.

At the microsystem level, the immediate interactions of survivors with healthcare providers and the healthcare facility's environment are critical. For many respondents, the procedural requirements such as obtaining a PF3 form from the police may create a perception of an unfriendly and complicated healthcare system. This complexity can lead to feelings of intimidation or anxiety, deterring individuals from seeking necessary care (Mtaita, 2021). The attitudes and behaviours of healthcare providers can further exacerbate these feelings; if survivors perceive a lack of understanding or support from staff, they may feel unwelcome and discouraged from pursuing services (Chynoweth et al., 2020).

In the mesosystem, the connections between different social systems, such as the relationship between law enforcement and healthcare, illustrate the compounded effects of procedural challenges. The requirement for documentation from law enforcement can create delays and additional burdens, particularly if survivors encounter a police system that is unresponsive or stigmatizing. This interplay can hinder timely access to healthcare, making survivors feel as though they must

navigate a labyrinth of bureaucratic hurdles that ultimately dissuade them from seeking help (Pickover, 2018).

At the macrosystem level, the broader societal attitudes towards GBV and the policies governing healthcare access further shape survivors' experiences. The societal stigma surrounding GBV may influence the development of procedures that are not survivor-centred, leading to a system that fails to adequately address the unique needs of this population. Moreover, if policies do not prioritize the urgency of healthcare access for GBV survivors, this can create systemic barriers that perpetuate feelings of discouragement and helplessness (Matoy et al., 2024).

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.1 Chapter Overview

This final part of the dissertation presents the summary of the study findings as presented in the previous chapter, conclusions of the study, and recommendations to the government, healthcare facilities, and different stakeholders. Lastly, the study will suggest areas for further research.

5.2 Summary of the Study Findings

This study employed a mixed-method study design to collect both quantitative and qualitative data through questionnaires, focus group discussions, in-depth interviews, and documentary reviews. The sample size included 282 study participants. The specific objectives of the study were to identify the available healthcare services for gender-based violence survivors in Kasulu, to explore the healthcare service-related challenges facing gender-based violence survivors in Kasulu, and to assess the impact of procedural challenges on the accessibility of healthcare services for survivors of gender-based violence in Kasulu. The following is the summary of the study findings as revealed during data analysis as per research objectives.

5.2.1 Available Healthcare Services for Gender-Based Violence Survivors

The study identified a range of healthcare services available to gender-based violence (GBV) survivors within the Kasulu District Council. Key services provided include medical treatment, psychological counselling, and legal support. These services are largely centralized at the One Stop Centre (OSC), a facility where survivors can access multiple forms of support within a single location. The OSC was

acknowledged by healthcare providers and local leaders as a primary point of care, offering essential services to address both immediate physical needs and ongoing psychological support. This centralized approach aligns with best practices in GBV care, aiming to minimize the number of locations survivors need to visit and streamline the assistance process.

In addition to the OSC, other healthcare facilities in Kasulu offer medical treatment, particularly first aid, and provide referrals to the OSC for further services when necessary. This structure reflects an integrated care approach where initial care is available locally, with more comprehensive support centralized in a designated facility. However, it was noted that while the OSC offers a broad spectrum of services, not all healthcare facilities are equally equipped. Some low-level primary health facilities lack psychological support or specialized legal aid, underscoring the importance of the OSC as the central hub for GBV services in the district.

The availability of services was generally regarded positively, though there is room for improvement in both the distribution and awareness of these services. Key informants and focus group participants emphasized the importance of community outreach to increase awareness of available services. Although primary services like medical treatment are accessible, the need for more resources, especially in areas distant from the OSC, remains apparent. Greater accessibility across the district would ensure that survivors, particularly in rural areas, receive timely and comprehensive care.

5.2.1 The Healthcare Service-Related Challenges Facing Gender-Based Violence Survivors

The study revealed significant challenges that hinder GBV survivors in Kasulu from accessing healthcare services. Lack of awareness of available services emerged as the most frequently cited barrier, with many survivors unaware of the specific support they could access. This gap in awareness contributes to the underutilization of services, as some survivors remain isolated due to a lack of knowledge about healthcare options. Furthermore, challenges related to transportation were identified, particularly for those in rural or remote areas. The difficulty of reaching healthcare facilities, combined with limited and costly transport options, was reported as a major obstacle, affecting survivors' ability to access immediate and follow-up care.

Financial constraints also pose a challenge, particularly when services require out-of-pocket payments. Although many services are intended to be free, additional costs related to transportation or specific procedures place a financial strain on survivors. Some participants expressed difficulty in managing these expenses, especially if they had no stable income. Such financial barriers may delay or prevent survivors from seeking timely assistance, as they may prioritize other immediate needs over healthcare costs. Another reported challenge was the long waiting times at healthcare facilities, which can deter survivors from accessing services when they need them most. Survivors expressed frustration over delays that result from understaffed facilities or high demand for services, which reduce the efficiency of care delivery. Long wait times can be particularly discouraging for survivors in crisis, potentially leading to delayed treatment or abandonment of services altogether. Overall, these

challenges underscore the need for targeted strategies to enhance service accessibility, awareness, and affordability for GBV survivors in Kasulu.

5.2.3 The Impact of Procedural Challenges on the Accessibility of Healthcare Services for Survivors of Gender-Based Violence

Procedural challenges present an additional layer of difficulty for GBV survivors seeking healthcare services in Kasulu. The study found that obtaining a PF3 form, a requirement for some types of care and legal processes, is a notable barrier. Many survivors reported that the requirement to visit police stations to obtain this form was both time-consuming and emotionally taxing. In addition, this procedural step can delay access to healthcare services, as survivors must complete it before receiving certain forms of assistance. The necessity of following specific procedures can deter survivors from seeking care, particularly if they are already dealing with trauma or lack transportation to the police station.

Further procedural barriers include registration at healthcare facilities, which is often necessary but may be time intensive. Registration processes can involve significant documentation, which some survivors find overwhelming. Some participants mentioned the need for referrals from local leaders or other healthcare providers, adding extra steps before accessing comprehensive care. These procedural requirements can delay treatment and, in some cases, discourage survivors from completing the healthcare-seeking process, especially if they perceive the procedures as complex or time-consuming. The impact of these procedural barriers is evident in the delayed access to care and the potential discouragement from seeking services altogether. Many survivors reported feeling discouraged by these procedural demands, as well as confused about the exact requirements. This finding suggests a

need for procedural reforms to simplify access to care for GBV survivors. Streamlining these processes, particularly by reducing the number of steps required to access essential services, would likely increase service utilization and improve the healthcare experience for survivors.

5.3 Conclusion

The findings from this study reveal that accessibility to healthcare services among gender-based violence (GBV) survivors in rural areas has improved over the years. This positive trend is evidenced by the increased availability of essential services, including medical treatment, psychological counselling, and legal support. However, despite these advancements, the provision of comprehensive healthcare services to GBV survivors in rural primary healthcare facilities remains challenging. Several individual, health facility-based, and systemic factors contribute to these ongoing issues, which can be effectively understood through the lens of the Ecological Systems Theory. At the individual level, survivors often face barriers such as a lack of awareness about available services, stigma associated with seeking help, and financial constraints that limit their ability to access necessary care.

At the health facility level, inadequate staffing, insufficient training for healthcare providers on GBV issues, and limited resources exacerbate the difficulties faced by survivors. Many facilities may be ill-equipped to address the complex needs of GBV survivors, leading to delays in treatment and referrals. Systemically, broader issues such as insufficient funding for rural healthcare infrastructure and a lack of coordinated responses among service providers hinder the delivery of comprehensive care. The Ecological Systems Theory illustrates how these interconnected factors

influence the accessibility and quality of healthcare services for GBV survivors. Addressing these challenges requires a multifaceted approach that promotes greater awareness, improves service delivery, and ensures that survivors receive the compassionate care they need to recover and rebuild their lives.

5.4 Recommendations

The following are recommendations of the study to the government, healthcare facilities, and the stakeholders in improving the accessibility to healthcare services among GBV survivors,

The government should prioritize the improvement of healthcare services for gender-based violence (GBV) survivors by allocating adequate funding to rural healthcare facilities. This funding should be directed toward improving infrastructure, increasing the availability of trained healthcare professionals, and ensuring that essential medical supplies and resources are readily accessible. The government should also implement public awareness campaigns to educate communities about the available services for GBV survivors, empowering them to seek help without fear of stigma. Healthcare facilities must adopt a survivor-centred approach to care for GBV survivors, ensuring that their needs are met with empathy and sensitivity. This includes providing specialized training for healthcare providers on the identification and treatment of GBV cases, as well as establishing protocols for handling disclosures in a supportive manner. Facilities should also work to reduce waiting times by optimizing patient flow and ensuring that adequate staff are available to meet the demand for services. Stakeholders, including community leaders, NGOs, and local organizations, play an important role in supporting GBV survivors. They

should collaborate to create a network of resources that improves access to healthcare services and social support. Initiatives could include establishing partnerships with healthcare facilities to facilitate referrals and provide transportation services for survivors who face challenges in reaching care.

5.5 Areas for Further Research

Future research should explore the long-term outcomes of healthcare interventions for gender-based violence (GBV) survivors, particularly in rural settings. Investigating how access to comprehensive healthcare services impacts survivors' physical and mental health over time can provide data on the effectiveness of current programs and inform improvements.

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APPENDICES

QUESTIONNAIRE FOR GENDER-BASED VIOLENCE SURVIVORS ON HEALTHCARE SERVICES IN KASULU

Introduction

My name is Tausi Baraka, a student from the Open University of Tanzania pursuing Masters of Arts in Social Work. I am conducting research titled Accessibility To Healthcare Services For Gender-Based Violence Survivors In Rural Areas Of Tanzania: A Case Of Kasulu District. Kindly feel free to participate.

Section 1: Demographic Information

1. Age of the respondent _____ years

2. Highest level of education you attained (Tick one)

☐1. No education

☐2. Primary school

☐3. Secondary school

☐4. College and above

3. The main source of income (Tick one)

☐1. Farming

☐2. Employment

☐3. Self-employed

☐4. Unemployed

4. Marital status (Tick one)

☐1. Single

☐2. Married

☐3. Divorced

☐4. Widowed

5. Religion (Tick one)

☐1. Christian

☐2. Muslim

☐3. Other (specify: _____)

Section 2: Identifying Available Healthcare Services for GBV Survivors

6. Which healthcare services have you accessed after experiencing gender-based violence? (Select all that apply)

[ ] 1. Medical treatment

[ ] 2. Psychological counselling

[ ] 3. Legal support services

[ ] 4. Other (please specify): _____

[ ] 5. I haven't accessed any services

7. Where did you receive healthcare services after the incident?

[ ] 1. Public hospital

[ ] 2. Private Hospital

[ ] 3. Health centre

[ ] 4. NGO facility

[ ] 5. Other (please specify): _____

8. How soon after the incident did you seek healthcare services?

[ ] 1. Immediately (within a few hours)

[ ] 2. Within 24 hours

[ ] 3. 1–3 days

[ ] 4.More than 3 days

[ ] 5. I did not seek healthcare services

9. Were the healthcare professionals supportive and understanding when you sought help?

[ ] 1. Yes

[ ] 2. No

[ ] 3. Not sure

Section 3: Healthcare Service-Related Challenges in Accessing Healthcare Challenges

10. What challenges did you face when accessing healthcare services after the incident? (Select all that apply)

[ ] 1. Long waiting times

[ ] 2. Lack of transportation

[ ] 3. Financial barriers (cost of services)

[ ] 4. Lack of privacy/confidentiality

[ ] 5. Stigma from healthcare providers

[ ] 6. Lack of awareness of services

[ ] 7. Other (please specify): _____

[ ] 8. I faced no challenges

11. Did the facility have all the necessary equipment for treating GBV cases?

[ ] 1.Yes

[ ] 2. No

[ ] 3. Not sure

12. Were you provided with sufficient information about the services available to GBV survivors at the healthcare facility?

[ ] 1. Yes

[ ] 2. No

[ ] 3. Not sure

13. Did you feel safe and secure when accessing healthcare services?

[ ] 1. Yes

[ ] 2. No

[ ] 3. Not sure

14. Were the healthcare services you received affordable?

[ ] 1. Yes

[ ] 2. No

[ ] 3. Not sure

15. Did you feel any discrimination or stigma from healthcare providers when seeking services as a GBV survivor?

[ ] 1.Yes

[ ] 2. No

[ ]3. Not sure

Section 4: Procedural Challenges

16. What procedures did you have to follow to access healthcare services? (Select all that apply)

[ ] 1. Registration at the healthcare facility

[ ] 2. Obtaining a PF3 form from the police station

[ ] 3. Reporting to local government leaders

[ ] 4. Referral from another healthcare provider

[ ] 5. Documentation of the incident

[ ] 6. I did not have to follow any specific procedures

17. Did these procedures delay your access to healthcare services?

[ ] 1. Yes

[ ] 2. No

[ ] 3. I don’t know

18. Were you ever discouraged from seeking healthcare due to these procedures?

[ ] 1. Yes

[ ] 2. No

[ ] 3. I don’t know

DODOSO KWA WAATHIRIKA WA UKATILI WA KIJINSIA KUHUSU HUDUMA ZA AFYA KASULU

Utangulizi

Jina langu ni Tausi Baraka, mwanafunzi kutoka Chuo Kikuu Huria cha Tanzania nikisomea Shahada ya Umahiri ya Sanaa katika Ustawi wa Jamii. Ninafanya utafiti unaoitwa Upatikanaji Wa Huduma Za Afya Kwa Waathirika Wa Ukatili Wa Kijinsia Katika Maeneo Ya Vijijini Tanzania: Kesi Ya Wilaya Ya Kasulu. Nakuomba ushirikiano wako.

Sehemu ya 1: Taarifa Binafsi

1. Umri wa mhojiwa _____ miaka

2. Kiwango cha juu cha elimu ulichokipata (Weka tiki moja)

☐1. Hakuna elimu

☐2. Shule ya msingi

☐3. Shule ya sekondari

☐4. Chuo na zaidi

3. Chanzo kikuu cha kipato (Weka tiki moja)

☐1. Kilimo

☐2. Ajira

☐3. Kujiajiri

☐4. Hana ajira

4. Hali ya ndoa (Weka tiki moja)

☐1. Sijaoa/Sijaolewa

☐2. Nimeoa/Nimeolewa

☐3. Nimeachika

☐4. Mjane

5. Dini (Weka tiki moja)

☐1. Mkristo

☐2. Mwislamu

☐3. Nyingine (Tafadhali eleza: _____)

Sehemu ya 2: Utambuzi wa Huduma za Afya Zinazopatikana

6. Ni huduma zipi za afya ulizopata baada ya kupitia ukatili wa kijinsia? (Chagua zote zinazofaa)

[ ] 1. Matibabu ya kiafya

[ ] 2. Ushauri wa kisaikolojia

[ ] 3. Huduma za msaada wa kisheria

[ ] 4. Nyingine (tafadhali taja): _____

[ ] 5. Sijapata huduma yoyote

7. Ulipata wapi huduma za afya baada ya tukio hilo?

[ ] 1. Hospitali ya umma

[ ] 2. Hospitali ya binafsi

[ ] 3. Kituo cha afya

[ ] 4. Taasisi ya mashirika yasiyo ya kiserikali (NGO)

[ ] 5. Nyingine (tafadhali taja): _____

8. Ni baada ya muda gani tangu tukio lilipotokea ulitafuta huduma za afya?

[ ] 1. Mara moja (ndani ya masaa machache)

[ ] 2. Ndani ya masaa 24

[ ] 3. Siku 1–3

[ ] 4.Zaidi ya siku 3

[ ] 5. Sikutafuta huduma za afya

9. Je, wahudumu wa afya walikuwa na msaada na kuelewa hali yako ulipotafuta msaada?

[ ] 1. Ndiyo, walinisaidia sana

[ ] 2. Walinisaidia kiasi

[ ] 3. Sina maoni

[ ] 4. Hawakusaidia

[ ] 5. Sikuonana na wahudumu wa afya

Sehemu ya 3: Changamoto Zinazohusiana na Huduma za Afya

10. Ni changamoto zipi ulizokutana nazo wakati wa kupata huduma za afya baada ya tukio hilo? (Chagua zote zinazofaa)

[ ] 1. Muda mrefu wa kusubiri

[ ] 2. Ukosefu wa usafiri

[ ] 3. Vikwazo vya kifedha (gharama za huduma)

[ ] 4. Ukosefu wa faragha/usiri

[ ] 5. Unyanyapaa kutoka kwa wahudumu wa afya

[ ] 6. Kukosa uelewa wa huduma zinazopatikana

[ ] 7. Nyingine (tafadhali taja): _____

[ ] 8. Sikukutana na changamoto yoyote

11. Je, kituo hicho kilikuwa na vifaa vyote muhimu vya kutibu kesi za ukatili wa kijinsia?

[ ] 1. Ndiyo

[ ] 2. Hapana

[ ] 3. Sijui

12. Je, ulipewa taarifa za kutosha kuhusu huduma zinazopatikana kwa waathirika wa ukatili wa kijinsia katika kituo cha afya?

[ ] 1.Ndiyo

[ ] 2. Hapana

[ ] 3. Sijui

13. Je, ulijisikia salama na kuhakikishiwa unapotafuta huduma za afya?

[ ] 1. Ndiyo

[ ] 2. Hapana

[ ] 3. Sijui

14. Je, huduma za afya ulizopata zilikuwa na bei nafuu?

[ ] 1. Ndiyo

[ ] 2. Hapana

[ ] 3. Sijui

15. Je, ulipata ubaguzi au unyanyapaa kutoka kwa wahudumu wa afya ulipokuwa ukitafuta huduma kama mwathirika wa ukatili wa kijinsia?

[ ] 1. Ndiyo

[ ] 2. Hapana

[ ] 3. Sijui

Sehemu ya 4: Changamoto za Kitaratibu

16. Ni taratibu zipi ulilazimika kufuata ili kupata huduma za afya? (Chagua zote zinazofaa)

[ ] 1. Kujisajili kwenye kituo cha afya

[ ] 2. Kupata fomu ya PF3 kutoka kituo cha polisi

[ ] 3. Kuripoti kwa viongozi wa serikali za mitaa

[ ] 4. Kuelekezwa na mhudumu mwingine wa afya

[ ] 5. Kuripoti tukio hilo rasmi

[ ] 6. Sikulazimika kufuata taratibu zozote maalum

17. Je, taratibu hizi zilichelewesha upatikanaji wako wa huduma za afya?

[ ] 1. Ndiyo

[ ] 2. Hapana

[ ] 3. Sijui

18. Je, uliwahi kukatishwa tamaa ya kutafuta huduma za afya kutokana na taratibu hizi?

[ ] 1. Ndiyo

[ ] 2. Hapana

[ ] 3. Sijui

INTERVIEW GUIDE FOR KEY INFORMANTS

Introduction

My name is Tausi Baraka, a student from the Open University of Tanzania pursuing Masters of Arts in Social Work. I am conducting research titled Accessibility To Healthcare Services For Gender-Based Violence Survivors In Rural Areas Of Tanzania: A Case Of Kasulu District. Kindly feel free to participate.

Section 1: Demographic Characteristics

Age: _____

Sex: _____

Level of Education: _____

Years of Experience: _____

Cadre :_____

Section 2: Identifying Available Healthcare Services for Gender-Based Violence Survivors

1. Can you describe the healthcare services available to survivors of gender-based violence in Kasulu?

2. Are these facilities easily accessible to survivors?

3. What services are available (e.g., medical, psychological, legal)?

4. What role do healthcare professionals (doctors, nurses, social workers) play in assisting GBV survivors?

5. Are there specialists trained to handle GBV cases?

6. Are there any specific programs or initiatives to improve healthcare services for GBV survivors in Kasulu?

Section 3: Exploring Healthcare Service-Related Challenges for GBV Survivors

1. What challenges do GBV survivors face when accessing healthcare services in Kasulu?

2. Are there any financial, cultural, or geographical barriers?

3. How do survivors of GBV perceive the quality of healthcare services provided to them?

4. Do they feel the care is adequate and professional?

Section 4: Assessing the Impact of Procedural Challenges on Healthcare Accessibility

1. What procedural steps must GBV survivors take to access healthcare services in Kasulu?

2. How do these procedures affect the survivors' ability to receive timely healthcare?

3. Do survivors face delays or difficulties in accessing treatment?

4. Are they discouraged from seeking care due to complex procedures?

MWONGOZO WA MAHOJIANO KWA WAHUSIKA WAKUU

Utangulizi

Jina langu ni Tausi Baraka, mwanafunzi kutoka Chuo Kikuu Huria cha Tanzania nikisomea Shahada ya Umahiri ya Sanaa katika Ustawi wa Jamii. Ninafanya utafiti unaoitwa Upatikanaji Wa Huduma Za Afya Kwa Waathirika Wa Ukatili Wa Kijinsia Katika Maeneo Ya Vijijini Tanzania: Kesi Ya Wilaya Ya Kasulu. Nakuomba ushirikiano wako.

Sehemu ya 1: Taarifa Binafsi

Umri: _____

Jinsia: _____

Kiwango cha Elimu: _____

Miaka ya Uzoefu: _____

Kada: _____

Sehemu ya 2: Kubaini Huduma za Afya Zinazopatikana kwa Waathirika wa Ukatili wa Kijinsia

1. Unaweza kuelezea huduma za afya zinazopatikana kwa waathirika wa ukatili wa kijinsia hapa Kasulu?

2. Je, vituo hivi vya afya vinapatikana kwa urahisi kwa waathirika?

3. Ni huduma zipi zinazopatikana (mfano: matibabu, ushauri wa kisaikolojia, msaada wa kisheria)?

4. Ni jukumu gani watoa huduma za afya (madaktari, wauguzi, wafanyakazi wa kijamii) wanacheza katika kuwasaidia waathirika wa ukatili wa kijinsia?

5. Je, kuna wataalamu waliopata mafunzo maalum ya kushughulikia kesi za ukatili wa kijinsia?

6. Je, kuna programu au mipango maalum ya kuboresha huduma za afya kwa waathirika wa ukatili wa kijinsia Kasulu?

Sehemu ya 3: Kuchunguza Changamoto Zinazohusiana na Huduma za Afya kwa Waathirika wa Ukatili wa Kijinsia

1. Ni changamoto gani waathirika wa ukatili wa kijinsia wanakutana nazo wanapojaribu kupata huduma za afya hapa Kasulu?

2. Je, kuna vikwazo vya kifedha, kitamaduni, au kijiografia?

3. Waathirika wa ukatili wa kijinsia wanazungumziaje ubora wa huduma za afya wanazopokea?

4. Je, wanahisi huduma wanazopata zinatosheleza na ni za kitaalamu?

Sehemu ya 4: Kutathmini Athari za Changamoto za Kisheria Katika Upatikanaji wa Huduma za Afya

1. Ni hatua zipi za kisheria au kiutaratibu waathirika wa ukatili wa kijinsia wanapaswa kupitia ili kupata huduma za afya Kasulu?

2. Je, taratibu hizi zinaathirije uwezo wa waathirika kupata huduma za afya kwa wakati?

3. Je, waathirika wanakutana na ucheleweshaji au ugumu wowote katika kupata matibabu?

4. Je, taratibu ngumu zinawakatisha tamaa waathirika wa ukatili wa kijinsia kutafuta huduma za afya?

FOCUS GROUP DISCUSSION (FGD) GUIDE FOR GENDER-BASED VIOLENCE (GBV) SURVIVORS ON HEALTHCARE SERVICES IN KASULU

Introduction

My name is Tausi Baraka, a student from the Open University of Tanzania pursuing Masters of Arts in Social Work. I am conducting research titled Accessibility To Healthcare Services For Gender-Based Violence Survivors In Rural Areas Of Tanzania: A Case Of Kasulu District. Kindly feel free to participate.

Section 1: Identifying Available Healthcare Services for GBV Survivors

1. What healthcare services did you access after experiencing gender-based violence?

2. Where did you go for help (e.g., hospital, health centre, NGO, or traditional healer)?

3. What services were available to you (e.g., medical, psychological, legal)?

4. How accessible were these services in terms of distance and transportation?

Section 2: Exploring Healthcare Service-Related Challenges for GBV Survivors

1. What challenges did you face when trying to access healthcare services after the incident?

2. Did you experience any financial, cultural, or transportation-related difficulties?

3. Did you feel that healthcare providers treated you differently because of the violence you experienced?

Section 3: Assessing the Impact of Procedural Challenges on Healthcare Accessibility

1. What steps did you have to go through to access healthcare services (e.g., registration, obtaining a PF3 form, reporting to local government)?

2. How did these procedures affect your ability to get timely healthcare?

3. Did the requirement to follow certain procedures discourage you from seeking help?

4. How can the procedures for accessing healthcare be improved to make the process easier for GBV survivors?

MWONGOZO WA MAHOJIANO KWA VIKUNDI

Utangulizi

Jina langu ni Tausi Baraka, mwanafunzi kutoka Chuo Kikuu Huria cha Tanzania nikisomea Shahada ya Umahiri ya Sanaa katika Ustawi wa Jamii. Ninafanya utafiti unaoitwa Upatikanaji Wa Huduma Za Afya Kwa Waathirika Wa Ukatili Wa Kijinsia Katika Maeneo Ya Vijijini Tanzania: Kesi Ya Wilaya Ya Kasulu. Nakuomba ushirikiano wako.

Sehemu ya 1: Kubaini Huduma za Afya Zinazopatikana kwa Waathirika wa Ukatili wa Kijinsia

1. Ni huduma gani za afya ulizopata baada ya kukumbana na ukatili wa kijinsia?

2. Ulifika wapi kuomba msaada (mfano: hospitali, kituo cha afya, NGO, au mganga wa jadi)?

3. Ni huduma zipi zilipatikana kwako (mfano: matibabu, ushauri wa kisaikolojia, msaada wa kisheria)?

4. Huduma hizi zilikuwa na upatikanaji rahisi kwa suala la umbali na usafiri?

Sehemu ya 2: Kuchunguza Changamoto Zinazohusiana na Huduma za Afya kwa Waathirika wa Ukatili wa Kijinsia

1. Ni changamoto gani ulizokutana nazo ulipokuwa ukijaribu kupata huduma za afya baada ya tukio hilo?

2. Je, ulikumbana na changamoto zozote za kifedha, kitamaduni, au usafiri?

3. Je, ulihisi kwamba watoa huduma za afya walikutendea tofauti kutokana na ukatili uliopitia?

Sehemu ya 3: Kutathmini Athari za Changamoto za Kisheria Katika Upatikanaji wa Huduma za Afya

1. Ni hatua zipi ulizopitia ili kupata huduma za afya (mfano: usajili, kupata fomu ya PF3, kuripoti kwa viongozi wa serikali za mitaa)?

2. Je, taratibu hizi ziliathiri uwezo wako wa kupata huduma za afya kwa wakati unaofaa?

3. Je, mahitaji ya kufuata taratibu hizi yaliwahi kukukatisha tamaa ya kutafuta msaada?

4. Ni jinsi gani taratibu hizi zinaweza kuboreshwa ili kurahisisha upatikan

CONSENT FORM

Introduction

My name is **Tausi Baraka**, a student from the Open University of Tanzania pursuing Masters of Arts in Social Work. I am conducting research titled **ACCESSIBILITY TO HEALTHCARE SERVICES FOR GENDER-BASED VIOLENCE SURVIVORS IN RURAL AREAS OF TANZANIA: A CASE OF KASULU DISTRICT**

Participation in the study

You are kindly requested to participate in this study and if you participate, the information provided by you will only be used for the study mentioned above and not otherwise.

Confidentiality

You are highly assured that the confidentiality of your information will be observed when collecting and using data. Any information identifying you, e.g., names, will not be included in the study and hence will not appear in the questionnaires.

Risk to participant

No anticipated risk or harm that may result from participating in this study.

Right of participation in the study

Your participation in the study is voluntary and nothing bad may result from refusal. You are free to ask questions or stop to participate in the study at any time.

Contact of the researcher

The researcher, **Tausi Baraka (0764479741)** is the person to contact at any time when queries about this study arise. If you have any further concerns about the study, you may contact Dr. Johnas Buhori, my research supervisor via 0757210969

Signing of the consent form

I have read and understood the content of this form and hereby I agree to participatein this study.

Signature of the interviewee …….. Date ……

Signature of the interviewer ……. Date ……..

FOMU YA UKUBALI

Utangulizi

Jina langu ni **Tausi Baraka**, mwanafunzi kutoka Chuo Kikuu Huria cha Tanzania nikisomea Shahada ya Umahiri ya Sanaa katika Ustawi wa Jamii. Ninafanya utafiti unaoitwa **UPATIKANAJI WA HUDUMA ZA AFYA KWA WAATHIRIKA WA UKATILI WA KIJINSIA KATIKA MAENEO YA VIJIJINI TANZANIA: KESI YA WILAYA YA KASULU**.

Ushiriki Katika Utafiti

Unakaribishwa kwa heshima kushiriki katika utafiti huu. Ukikubali kushiriki, taarifa utakayotoa itatumika tu kwa ajili ya utafiti huu na si vinginevyo.

Usiri

Unahakikishiwa kuwa usiri wa taarifa zako utazingatiwa wakati wa kukusanya na kutumia data. Taarifa yoyote inayokutambulisha, kama vile majina, haitajumuishwa katika utafiti na haitatokea kwenye dodoso.

Hatari kwa Mshiriki

Hakuna hatari au madhara yanayotarajiwa yatakayotokana na kushiriki katika utafiti huu.

Haki ya Kushiriki Katika Utafiti

Kushiriki kwako ni kwa hiari na hakuna jambo lolote baya litakalotokea kutokana na kukataa kushiriki. Una uhuru wa kuuliza maswali au kuacha kushiriki katika utafiti wakati wowote.

Mawasiliano ya Mtafiti

Mtafiti, Tausi Baraka (0764479741), ndiye mtu wa kuwasiliana naye wakati wowote endapo utakuwa na maswali kuhusu utafiti huu. Kama una maswali zaidi kuhusu utafiti huu, unaweza kuwasiliana na Dk. Johnas Buhori, msimamizi wa utafiti, kupitia 0757210969.

Kutia Saini Fomu ya Ukubali

Nimesoma na kuelewa maudhui ya fomu hii na ninakubali kushiriki katika utafiti huu.

Sahihi ya Muhojiwa …….. Tarehe ……

Sahihi Ya Mhoji ……. Tarehe ……..

RESEARCH CLEARANCE LETTER

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/PG2022001026 **22nd October, 2024**

District Executive
Director (DED), Kasulu
District Council,
P.O.Box 97, KIGOMA.

Dear Director,

RE: RESEARCH CLEARANCE FOR MS. TAUS BARAKA, REG NO: PG2022001026

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007.In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. Taus Baraka, Reg.No: PG2022001026),** pursuing **Master of Social Work (MSW).** We here by grant this

clearance to conduct a research titled **"Accessibility to Healthcare Services for Gender-Based Violence Survivors in Rural Areas of Tanzania: A Case of Kasulu District.** She will collect her data at your area from 23rd October to 30th November 2024.

4. In case you need any further information, kindly do not hesitate to contact the

Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA

Prof.Gwahula Raphael Kimamala

For: VICE CHANCELLOR

MKOA WA KIGOMA
HALMASHAURI YA WILAYA YA KASULU
(BaruazoteziandikwekwaMkurugenziMtendaji)

Simu Na. +255 028 2810339
Fax Na. +255 028 2810339
E-Mail/Baruapep:ded@kasuludc.go.tz
Website:www.kasuludc.go.tz

Ofisi ya Mkurugenzi Mtendaji,
S. L. P 97,
Kasulu — Kigoma,
TANZANIA.

Kumb. Na. KSDC/P.40/65/142 **07 Novemba, 2024**

Makamu Mkuu wa Chuo,
Chuo Kikuu Huria cha Tanzania,
S.L.P 23409,
DAR ES SALAAM.

YAH: KIBALI CHA KUFANYA UTAFITI KWA MWANAFUNZI BI. TAUS BARAKA

Tafadhali rejea somo tajwa hapo juu.

Aidha rejea barua yako yenye Kumb Na. **OUT/PG2022001026** ya tarehe 22 Oktoba, 2024 ikihusu mada tajwa hapo juu.

Kwa barua hii kibali kimetolewa kwa Mwanafunzi wa Shahada ya Uzamili **Bi. Taus Baraka** ili aweze kufanya utafiti katika halmashauri ya Kasulu unaohusu **"Accessibility of Healthcare Services for Gender –Based Violence Survivors in Rural Areas of Tanzania: A case of Kasulu District"**

Kibali hiki kitakuwa cha muda wa mwezi Mmoja (01) kuanzia tarehe 23 Oktoba 2024 hadi 30 Novemba 2024

Nakutakia utekelezaji mwema.

Magreth Sylidion
Kny. MKURUGENZI MTENDAJI
HALMASHAURI YA WILAYA
KASULU

MKURUGENZI MTENDAJI
HALMASHAURI YA WILAYA
KASULU

Nakala: Mkurugenzi Mtendaji (W) – **Aione kwenye jalada.**

Explore the Healthcare Service-related Challenges Facing Gender-Based Violence Survivors in Kasulu District

Taus Baraka[1] Dr. Johnas Buhori[2] and Dr. Fauzia Mohammed[3]

The Open University of Tanzania (OUT), P.O Box 23409, Dar es Salaam Tanzania.
Email: barakatausi317@gmail.com

Abstract

This study aimed to explore the Healthcare Service-related Challenges Facing Gender-Based Violence Survivors in Kasulu District.The study was informed by the Ecological Systems Theory. The FGDs and interview were used as data collection methods for 234 research participants. The findings of this study revealed that lack of awareness of available services, financial barriers, understaffing, lack of medical equipment, long distance to the healthcare facilities, and long waiting times are the significant challenges facing GBV survivors in accessing healthcare services in Kasulu District. The study recommended that the government and other key stakeholders should create a supportive environment that addresses the unique needs for GBV survivors in order to promote accessibility of timely health care services. Additionally, the current study used a cross-sectional methodology, for the future studies can carried out the longitudinal approach for gathering more information regarding a study topic.

KEYWORDS: Healthcare Service-related Challenges, GBV Survivors

Introduction

Gender-based violence (GBV) survivors in Kasulu District face numerous healthcare service-related challenges that hinder their access to necessary health care services (DHIS2, 2023). Accessibility of healthcare services is crucial for survivors of GBV for addressing the immediate and long-term health consequences of GBV, promote sexual and reproductive health rights, supporting survivors' recovery, promote mental well-being, and preventing survivors against STDs (WHO, 2021). Further, a study conducted by Mtaita et al. (2021) stated that, timely accessibility of health services can offer lifesaving prevention and treatment to the survivors which includes post-exposure prophylaxis (PEP) provisions, and psychosocial support.

However, in Kasulu District the situation is different and the data shows that a large percentage of GBV survivors do not reach health care services on time and this leads to the increasing of immediate and long-term health consequences for survivors of GBV. According to the DHIS2 report of 2021-2023 stated that, 2,051 GBV survivors accessed health care services in Kasulu District but only 72 GBV survivors reported within 173 hours. In 2022, 2,680 GBV survivirs also accessed health care services but only 72 were reported within 72 hours. In 2023 2,339 accessed but only 130 accessed healthcare service within 72 hours.

Theoretical Framework

This study was informed by the Ecological Systems Theory (EST) which was founded by Urie Bronfenbrenner in the 1970s. The main assumption of (EST) is that human development is influenced by a series of interconnected environmental systems which representing different levels of environmental influences on an

individual's growth and behavior (Ryan, 2012). In the context of healthcare service-related challenges facing GBV survivors, the theory highlights the interconnectedness of different environmental systems, which is crucial for addressing GBV. For instance, a survivor's ability to access healthcare might be influenced by family support (microsystem), community attitudes (mesosystem), and societal norms (macrosystem)

Theoretical Literature Review

Empirical Literature Review

Ikuteyijo et al (2023) focused on identifying demand-side barriers to accessing healthcare services among young girls who are survivors of SGBV within intimate relationships in poor urban areas of Nigeria. An ethnographic approach was employed to gather information from health providers, adolescents, and young women (AYW) in 10 low-income communities across two major cities. The findings revealed that absence of counselling services, lack of rehabilitation centres, poor referral systems, and inadequate training for healthcare providers in handling SGBV cases negatively impacting the support services available to survivors.

Mtaita et al. 2020 conducted qualitative study on barriers and facilitators on access to GBV health services among adolescent girls and young women in Temeke and Kinondoni Districts. The interview guide was employed for AGYW (15-24 years old) and audio tapes were transcribed and later transcribed. Transcripts were analyzed using inductive content analysis. The findings of this study revealed that stigma among HCW, poor GBV services, negative attitudes, fear and self-esteem,

lack of community and parental support were identified as challenges facing GBV survivors on accessing the heath care services at Kinondoni and Temeke Districts.

Methodology

Interpretivism philosophy and exploratory research design was employed in this study. The researcher used these methods because the topic under the study being very sensitive and more qualitative data are needed to bring out hidden information in deeper understanding of the issues through qualitative exploration. This argument was supported by Eliman *et al.* (2020) who stated that these methods allows researcher to delve into the subjective experiences and meanings that participants assign to their experiences, providing a rich and nuanced understanding of complex social phenomena.

This study employed qualitative research approach and being conducted in Kasulu District. The researcher selected this location due to the significant number of cases of GBV reported and most of them were reported outside of 72 hours, which affects the accessibility of health care services to survivors of GBV as described at the introductory part (DHIS2, 2021; 2022; 2023). The target population of this study were 234 GBV survivors who were selected according to their specific characteristics that distinguish them from the general population as indicated on exclusion criteria. The study only considered GBV survivors who received services in 2023-2024, aged 22 to 50 years, at four health centers, namely Nyakitonto Health Center, Makere Health Center, Kasulu District Hospital and Kasulu One Stop Center. The participants of the study were selected purposively and interview and FGDs were used to obtain the data. Purposive sampling technique was recommended for

this study because it helps the researcher to obtain insights into phenomena and maximize understanding of the underlying phenomena and flexibility with cost efficient (Makuu, 2019).

The data were analyzed by using the thematic analysis technique, whereby data were organized and summarized into different themes based on the conceptual descriptions of ideas. Also, the data was presented using the best quotation or statement which summarized in FGDs and interviews. The researcher adhered various fundamental ethical principles such as university clearance for data collection from the OUT and requested data collection permit from the Second Vice President's Office, anonymity and confidentiality by ensuring the data collected were kept in a safe and privacy-protected, informed consent from the participants before enrolling, voluntary participation and do not harm principle.

Findings and Discussion

The Healthcare Service-related Challenges Facing Gender-Based Violence Survivors

The study found that the GBV survivors in Kasulu District face several challenges in accessing health care services. These challenges revealed into six sub-themes namely: unawareness of available services, financial barriers, understaffing, shortage of medical equipment, long distance to the healthcare facilities and long waiting times.

Unaware of the existence available services

The participants have stated that many of GBV survivors in Kasulu District are unaware of the existence and availability of specialized services designed to support them, such as one-stop centers and psychosocial support programs. This challenge has limits their ability to seek help and access necessary care. This was illustrated by one of the participants who said that;

> *"It is true that many of us are not aware of the services provided at health facilities, which is why most of us only know that when you experience a GBV challenge, you are obliged to report it to an administrator or police station to obtain your legal rights"* ***(Source: GBV survivor, Nyakitonto HC).***

Another participant had this to say;

> *"Many people delay accessing health services on time because we are not aware of the procedure in advance, and only when you encounter a challenge are you told that you should have reported to the health center earlier to receive services sooner" (Source: GBV survivor, Kasulu District Hospital**)***

This finding concurs with the study by Ikuteyijo et al (2023) focused on identifying demand-side barriers to accessing healthcare services among young girls who are survivors of SGBV within intimate relationships in poor urban areas of Nigeria. This study stated that, lack of awareness among the community members of existing services is among the biggest concern in Nigeria.

Financial barriers

Financial barriers are among the challenges identified in this study. Financial constraints can prevent survivors from traveling to healthcare facilities or paying for services, even when they are aware of them. Many of the participants said that this

challenge leads to delays in reaching service centers on time as stated by one of the participant during the FGD session;

> *"Financial barriers are among the biggest obstacles that prevent us from reaching a service center on time. For example, sometimes when you experience a GBV challenge, you find yourself without even the money for transportation. As a result, many of us fail to access services on time compared to our income" (**Source: GBV Survivor at Makere H/C).***

Long distance to the healthcare facilities

In rural areas like Kigoma, the distance to healthcare facilities is a significant barrier, making it difficult for survivors to access timely care. The finding of the study revealed that most of them live far away from health care facilities where it leads to arrive late or completely stopping to the facilities. This was explained to some participants as quoted that;

> *"……for example, where I live, it is almost 67 kilometers to reach a service center, so due to that distance, it is sometimes difficult for GBV survivors to access those services, due to this challenge, many of us fail to reach them and give up"*

This finding concurs with the study by Lambert and Kahindo (2019) conducted a study that aimed to understand the barriers women face in accessing modern healthcare in Goma, in the Democratic Republic of Congo.This study stated that, long distance to the healthcare facilities is a significant barrier facing the GBV survivors to access timely health care services in DRC.

Conclusion

The study findings has reported that, GBV survivors in Kasulu District face several challenges in accessing health care services. These challenges include unawareness of available services, financial barriers, shortage of medical equipment and long

distance to the healthcare facilities. The study conclude that the government and other key implementing partners have the role to play in order to address these issues as they affecting the accessibility of health care services to GBV survivors in Kasulu District.

Recommendations

The study recommended that the government and other key stakeholders should create a supportive environment that addresses the unique needs for GBV survivors in order to promote accessibility of timely health care services. Additionally, the current study used a cross-sectional methodology, for the future studies can carried out the longitudinal approach for gathering more information regarding a study topic.