INTIMATE PARTNER VIOLENCE: AN EPIDEMIC IN TANZANIA

Gender-based violence (GBV), and in particular intimate partner violence, is a reality that gravely affects the lives of many men and women in Tanzania. GBV reflects the power imbalances between men and women and is most commonly committed at home, with 44% of ever-married women reporting abuse—whether physical, emotional, or sexual—by their husband or intimate partner (NBS & ICF Macro, 2011). In addition, 54% of women and 38% of men aged 15–49 believe that a husband is justified in beating his wife under certain conditions, such as when she has burned food, yelled at him, gone out without telling him, or refused to have sex (Dahlberg & Krug, 2002; NBS & ICF Macro, 2011).

Gender, Violence, and Its Impact on Health and Development

Links between violence, HIV, and unequal gender norms have been widely established, and GBV can be both a cause and a consequence of HIV. Coerced and unprotected sex increases the risk of HIV transmission for both men and women (Bott et al., 2005). Women who experience violence are less likely to be able to negotiate condom use (Swan & O’Connell, 2012; Wingood & DiClemente, 1997), less likely to get tested for HIV (Maman et al., 2001), and less likely to use their preferred method of contraception (Fanslow et al., 2008; Williams, Larsen, & McCloskey, 2008). HIV-positive women who experience violence are also less likely to adhere to antiretroviral therapy (Maman et al., 2002).

In addition, GBV has serious consequences for women’s physical, mental (e.g., depression, alcohol abuse), and sexual and reproductive health (SRH) (e.g., unwanted pregnancy, unsafe abortion). Violence also has socioeconomic consequences—weakening productivity, straining economic resources to support health-sector and judicial responses to GBV, and decreasing community participation by survivors of GBV (Bott et al., 2005).
ECOLOGICAL APPROACH

Addressing widespread social acceptance of GBV requires a multilevel, multisectoral approach. Organized around an ecological model, the CHAMPION Project’s GBV-related activities spanned all levels and focused on factors that put people at risk for experiencing or perpetrating violence. Use of this model facilitated an examination of the complex interaction of factors at all levels—individual, relationship, community, and societal—that impede behavior and social change (Figure 1). CHAMPION contracted with Raising Voices of Uganda to provide technical assistance on the design of several of its GBV interventions, using its SASA! methodology, a tool for addressing violence against women and HIV by fostering critical reflection on gender and power, as well as instigating local-level activism.

CHAMPION’s GBV-related work included partnerships with 14 stakeholders to network and build local capacity, ensuring the scale-up and sustainability of programs at the community and institutional level.

GBV INTERVENTIONS

Individual and Relationship Level

Bringing about social change begins with the individual and the transformation of one’s attitudes, beliefs, and behaviors. Social change also necessitates a shift in interpersonal relationships. At the individual and relationship levels, GBV-related activities focused on raising awareness about GBV and included:

1. Integrating the SASA! methodology into the Men As Partners (MAP)® and CoupleConnect® group education workshop GBV modules

2. Conducting GBV sensitization sessions with local government authorities (LGAs) (e.g., ward and street executive officers, community development officers, social welfare officers, and other community leaders) (Figure 2)

3. Holding GBV-themed community outreach activities to commemorate national and international days (e.g., 16 Days of Activism against GBV)

4. Disseminating social and behavior change communication (SBCC) materials

5. Launching the Kuwa Msando wa Kuigwa (Be a Role Model) campaign to encourage people to speak out against GBV (This included national television and radio spots and community outreach in Iringa Municipal and Mufindi District.)

Community Level

In communities, CHAMPION conducted GBV sensitization sessions and community engagement training for Community Action Teams (CATs) (Figure 2). Following the training, CAT volunteers met with influential community members (e.g., arbitration council members, religious leaders, fathers, teachers, taxi drivers) and organized sensitization events using music, drama, posters, and poetry to convey three messages:

1. Beating your wife is never justified.
2. Forced sex, even with your partner, is violence.
3. Violence is everyone’s problem.

At the ward level, CHAMPION developed and piloted a three-day “bystander” training with 18 members of the Iringa Urban community change club (CCC) (Figure 2). The training equipped CCC members with the skills needed to intervene effectively and safely in cases of GBV. After their training, graduates continued to sensitize others in their communities to the need to become active bystanders. In addition, CCCs acted as community role models, conducted home visits for survivors, followed up on cases with LGAs, and escorted survivors to formal services, if needed.
Societal Level

The *Kuwa Mfano wa Kuigwa* (Be a Role Model) mass media and community awareness campaign—co-branded with the Ministry of Community Development, Gender and Children (MCDGC), the agency responsible for coordinating the response to GBV in Tanzania—was launched to influence the national dialogue around GBV. Spread through print and electronic media (e.g., television, radio), the campaign focused on key GBV messages coupled with motivational messages and a call to action for men to be role models in their communities. Additionally, CHAMPION trained 125 journalists on GBV (Figure 2). Other community outreach activities targeted places where men congregate, such as football matches and bars.

The project provided technical assistance and training for the MCDGC on effective strategies for addressing GBV, including coordinating multisectoral and civil society efforts to address violence. Further, CHAMPION worked with the MCDGC to develop a supplemental GBV module for the Community Development Technical Institutes’ curricula, as well as draft National GBV Interventions Coordination Guidelines.

**RESULTS**

GBV intervention results demonstrated the value of investing in the social and cultural environment to change attitudes and beliefs about gender, violence, HIV, and male involvement. CHAMPION’s GBV interventions reached nearly 90,000 community members with individual or small-group GBV prevention activities in target districts (Figure 3). Increased awareness of GBV also led to an increased number of people seeking support. Findings from a qualitative assessment indicate that community perceptions and dialogue around GBV have improved over time as a result of the project. The radio spots, posters, trainings, and community outreach programs contributed to most positive changes.

The *Be a Role Model* mass media campaign was successful in achieving its main behavior change objective: to increase dialogue about GBV and shift entrenched social norms surrounding GBV in Tanzania. Results showed that it is possible to alter opinions about GBV, such as whether a man is ever justified in hitting his wife, acts against GBV, and initiates a conversation about GBV with family and friends (CHAMPION Project, 2014).

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**Success Story: Popular Artist Changing Social Norms Surrounding GBV**

Mafinga is a small town in the Iringa Region of Tanzania; GBV is often a part of life there. In the region, more than half (54%) of ever-married women aged 15–49 have experienced spousal violence (physical or sexual) (NBS & IFC Macro, 2011). Andrew, 24, is a local resident and successful music artist. Growing up in a household where issues of gender and sex were not openly discussed, much of Andrew's knowledge was learned from his friends and based on myths.

In 2011, the CHAMPION Project held a community dialogue event on GBV in Mafinga, with support from CHAMPION’s local activists, the Community Action Team (CAT) members. As a popular artist in his community, Andrew was invited to entertain the crowds. The messages Andrew heard about gender, sex, and GBV during the event resonated deeply. Following the event, Andrew asked to become a CAT member and received training on GBV.

Now, Andrew plans events and talks to community members about issues related to GBV. As a CAT member, “I know that I am talking to people about good things and for a good cause” Andrew says. He also spreads CHAMPION’s messages by performing songs about GBV and the need for men to stand up to violence.

Over the past year, Andrew has sung about GBV for more than 5,000 community members in Mufindi District. Some of his biggest fans say that he has influenced the way they look at women and relationships. With Andrew, they stand strong together against GBV.
RECOMMENDATIONS
Use SBCC Materials to Reinforce Outreach Campaigns
SBCC materials help to reinforce GBV prevention messages conveyed through mass media channels and community outreach events. Qualitative findings showed that SBCC materials developed through CHAMPION’s GBV work were widely seen and well understood by community members. To make best use of such materials, programs should ensure that adequate amounts are printed and distributed.

Build Community Capacity to Address GBV
Providing community members with the knowledge, skills, and technical support needed to take action against GBV is critical to generating sustained behavior change and comprehensive support. Training CATs, LGA members, and other community leaders to act as agents of change significantly contributes to changing community perceptions and dialogue around GBV. When conducting IPV training, it is important to define basic gender concepts (and how gender norms affect individual attitudes and behaviors) early on, to ensure that all participants have the same foundational knowledge to build upon.

Support the Coordination of a National GBV Response
Through its GBV prevention and support work in Tanzania, CHAMPION collaborated with a number of international, national, and community-level partners. Effectively coordinating all stakeholder efforts is essential to harmonizing interventions and maximizing their impact. National-level coordination between the health, law enforcement, paralegal, and social work sectors helps not only to ensure that all stakeholders have the technical and material support they need to work efficiently, but further strengthens the national response to GBV.

Support the Coordination of a National GBV Response


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