



Social Institutions and Gender Index

SIGI Country Report for Tanzania



SIGI

TANZANIA

Social Institutions and Gender Index

SIGI Country Report for Tanzania

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Preface

The Constitution of the United Republic of Tanzania recognises that all human beings are born free and equal. It enshrines equality of all persons without any discrimination on the basis of their nationality, tribe, place of origin, political opinion, colour, religion, sex or station in life. It further advocates for equal opportunity in various rights including, among many others, the right to life, the right to participate in public affairs, the right to education, the right to work, the right to fair remuneration and the right to own property. Several legal provisions have been enacted and institutions established to safeguard the provision of equal opportunities based on these rights for all persons living in Tanzania.

Since independence, the country has made substantial advances and achieved numerous successes in this regard. However, in certain areas obstacles to the enjoyment of these rights still persist, including gender inequalities rooted in social, economic and institutional factors. More concretely, many perceptions, attitudes and practices within communities, families and households continue to hamper the full achievement of gender equality.

The Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar firmly believe that gender is an important dimension of development at all levels of society. For this reason, Tanzania embarked on a Social Institutions and Gender Index (SIGI) country study. This endeavour highlights Tanzania's commitment to investigate and understand the factors that still constrain women's empowerment and obstruct gender equality.

The results from the SIGI Tanzania country study depict an encouraging situation. Policy, legal and institutional reforms targeting gender equality have contributed to improve the situation, while national and international partners have also played a critical role, notably through gender policy advocacy, awareness and sensitisation efforts across society. Our hope is that the findings from the study and from the present report will continue to inform policy formulation and review in the future, accelerating change towards gender equality and helping to fulfil national and global aspirations for sustainable development for all.

The Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar will persevere with their efforts in favour of gender equality, seeking to address negative perceptions, attitudes and practices that still constrain women's empowerment. To attain these objectives, Tanzania will continue to rely on collaboration and support from national and international partners. In this regard, the government offers its most sincere thanks to UN Women Tanzania, the Embassy of Ireland in Tanzania and the OECD, whose contributions to the SIGI Tanzania are greatly acknowledged and appreciated.



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Foreword

Since 2009, the OECD Development Centre has shed light on the structural and multiple barriers affecting women's and girls' lives in developing and developed countries through the Social Institutions and Gender Index (SIGI). At the global level, the SIGI measures discrimination against women in social institutions across 180 countries. By taking into account laws, social norms and practices, the SIGI captures the underlying drivers of gender inequality in order to promote gender-transformative policies that are built on data and evidence. The SIGI is also one of the official data sources for monitoring Sustainable Development Goal (SDG) indicator 5.1.1.

Drawing on the conceptual framework developed for the global SIGI, the *SIGI Country Report for Tanzania* presents new evidence and primary data on the level of gender-based discrimination in the country's social institutions at sub-national level – specifically the attitudes and practices that restrict women's empowerment. Using quantitative data collected through a household survey statistically representative at the national and regional level, as well as qualitative data from focus groups discussions and key informant interviews, the *SIGI Country Report for Tanzania* provides an in-depth look at how attitudes and practices create gaps between women and men in terms of opportunities and outcomes, with particular attention to women's economic empowerment, intra-household dynamics and women's physical autonomy.

Acknowledgements

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The OECD Development Centre and UN Women are grateful for the strong and long-standing support of the SIGI Tanzania country study from the Embassy of Ireland in Tanzania. The OECD Development Centre is also grateful to UN Women Tanzania for funding the project under the UN Women's flagship programme *Make Every Woman and Girl Count* (MEWC).

UN Women Tanzania offered extensive technical guidance and co-ordination between the partners throughout the project. Sadananda Mitra (UN Women Tanzania) provided invaluable technical and logistical co-ordination in Tanzania, in particular regarding survey design, preparation of methodological and technical documents and fieldwork supervision. The project also benefited from the guidance and support of Isabella Schmidt, UN Women Regional Statistics Advisor, Jessamyn Encarnacion, UN Women Inter-regional Statistics Advisor, Papa A. Seck, UN Women Chief of Statistics and Research and Hodan Addou, UN Women Tanzania Representative. Pielina Lamba and Marilyn Dominique (UN Women Tanzania) provided essential administrative and operational support to the project.

The conceptual framework, the data collection material and the report benefited from insights from several OECD and non-OECD colleagues, including Nelson Amaya (OECD), Chris Clarke (OECD) and Gaele Ferrant (OECD) as well as Ruti Levitov (Promundo-US) and Ravi Verma (ICRW).

The OECD Development Centre and UN Women are particularly grateful to NBS and OCGS for their leadership and critical role in conducting primary data collection through household surveys and focus group discussions as well as for drafting the *SIGI Tanzania Survey Report*. In particular, special thanks go to Sylvia Meku (NBS) and Khadija Khamis (OCGS) for their valuable comments and technical guidance throughout the survey. Special thanks also go to Mariam Kitembe (NBS), Dadi Kolimba (NBS), Ramla Hassan (OCGS) and Oliva Kinabo (Embassy of Ireland) for the precious co-ordination and technical support. The OECD Development Centre and UN Women would also like to acknowledge Dr. Albina Chuwa, Statistician General (NBS), Mayasa Mwinyi, Chief Government Statistician (OCGS) and Ruth Minja, Director (NBS) for their overall guidance and support which were instrumental for the successful completion of the SIGI Tanzania household survey.

The OECD Development Centre and UN Women would like to thank the Ministry of Community Development, Gender, Women and Special Groups of the United Republic of Tanzania and the Ministry of Health, Social Welfare, Elderly, Gender and Children of the Revolutionary Government of Zanzibar.

Finally, the OECD Development Centre and UN Women would like to extend their sincere gratitude to all the members of the Technical Advisory Group who participated in the meetings and guided the implementation of the project through their regular feedbacks and advice. Special thanks go to John Mapunda (MoCDGWSG), chair of the TAG and to Selemani Mbuyita for completing the *SIGI Tanzania Qualitative Report*.

Editorial

Tanzania has made significant strides in its efforts to promote women's empowerment and gender equality. The 2005 revision to the Constitution created momentum for the government to "accord equal opportunities to all citizens, men and women alike" and to eradicate discrimination. National development plans in Mainland Tanzania and Zanzibar have prioritised women's empowerment and taken a gender sensitive approach, while gender has been mainstreamed in selected sectoral policies. Yet, persistent challenges continue to negatively affect women's and girls' opportunities and rights.

At the heart of the gender-based discrimination that women and girls face every day lie discriminatory social norms, preconceived ideas, biased attitudes and harmful customary practices. For the past 13 years, the OECD Development Centre has concentrated its efforts on identifying and analysing social institutions and showing how discrimination within them may have long-lasting impacts on women's outcomes across a diverse range of areas, including health, employment, education and governance. At the same time, in line with its mandate, UN Women has relentlessly supported the Government of Tanzania in generating quality data and evidence on social norms and practices in order to better inform policies and programmes.

Discriminatory social norms account for a large proportion of gender inequality, yet often remain invisible. If left unaddressed, no real and definitive progress in favour of equality between men and women will be made. For this reason, the *SIGI Country Report for Tanzania* unpacks and analyses these challenges in order to provide policy makers with concrete and actionable insights based on evidence and data. This report paints a complex situation consisting of substantial progress and persistent challenges. For instance, over the past 50 years, Tanzania has succeeded in cutting the girl child marriage rate by half. Yet, out of all women aged 20-24 years, 16% have been married before the age of 18. Likewise, women's access to the labour market is high but they continue to undertake a disproportionate share of unpaid care and domestic work due to traditional views that shape the roles of men and women within the household.

It is our sincere hope that the recommendations laid out in this report will help inform the design and implementation of laws, policies and programmes in the country with a view to transform social norms and make gender equality a reality. The real value and strength of these robust recommendations lies in the fact that they represent a collaborative process between all the partners of the project and build on the inputs provided by the members of the Technical Advisory Group. Partnerships, close collaboration and local ownership is essential and the SIGI Tanzania is no exception.

The evidence presented in the *SIGI Country Report for Tanzania* will undoubtedly have important implications for advancing national understanding of the relationship between discriminatory social institutions, gender equality and development. Equipped with this, the next step will be to take action that will bring about concrete changes to the lives of women and men in Tanzania.



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Abbreviations and acronyms

BPfA	Beijing Declaration and Platform for Action
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil society organisation
EAC	Eastern African Community
FGM/C	Female genital mutilation/cutting
GDP	Gross domestic product
GID-DB	Gender, Institutions and Development Database
HSSP	Health Sector Strategic Plan
ILO	International Labour Organization
IPV	Intimate partner violence
MoCDGWSG	Ministry of Community Development, Gender, Women and Special Groups
MoHSWEGC	Ministry of Health, Social Welfare, Elderly, Gender and Children
NBS	National Bureau of Statistics
NEEC	National Economic Empowerment Council
NGO	Non-governmental organisation
NHS	National Household Survey
NSOs	National Statistical Offices
OCGS	Office of the Chief Government Statistician
OECD	Organisation for Economic Co-operation and Development
PPP	Purchasing power parity
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SIGI	Social Institutions and Gender Index
SOSPA	Sexual Offences Special Provisions Act
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WVS	World Values Survey

Executive summary

Discrimination in social institutions – the established set of formal and/or informal laws, norms and practices that govern behaviour in society – continue to severely hamper empowerment opportunities for women and girls in Tanzania. Results show that discrimination in social institutions is higher in Zanzibar than in Mainland Tanzania as well as in rural areas than in urban ones. Large variations exist across Tanzania's 31 regions, which reflect the persistence of certain discriminatory social norms and practices in certain areas of the country, an understanding of which should guide the design and implementation of policies to promote women's and girls' empowerment across all aspects of their lives.

The analysis presented in the *SIGI Country Report for Tanzania* also shows that discrimination persists in the family sphere and also affects women's civil and economic liberties. Deeply entrenched barriers to gender equality manifest in the form of girl child marriage and bride price, unequal intra-household dynamics, violence against women, and lack of reproductive autonomy, access to agricultural land, freedom of movement and access to justice. Despite impressive progress over the last 20 years – for example, lower prevalence of girl child marriage and growth in the political representation of women – Tanzania still has a long road ahead to achieve the Sustainable Development Goals (SDGs) and the targets related to gender equality. The issues measured by the *SIGI Country Report for Tanzania* are at the root of the restrictions that women and girls face, and underpin unequal outcomes across all spheres of life including employment, entrepreneurship, health and education. A holistic approach is therefore critical in addressing them.

Women are expected to work but under the authority of men and have limited control over assets

Women's participation in paid work is socially accepted and translates into a high level of labour force participation, albeit slightly lower than that of men. Yet, several underlying factors continue to constrain women's employment in Tanzania, either by imposing limitations or regulating women's opportunities and access to certain types of jobs. In particular, social norms dictate that men should control whether a woman is allowed to work outside the household. Social norms and views on traditional gender roles in the household also dictate that men should be breadwinners and that women should undertake the majority of unpaid care and domestic work. As women are still expected to work for pay, these norms impose a double burden of paid and unpaid work, often forcing them to make labour-related choices that offer a degree of flexibility in order to balance paid work with household duties. As a consequence, unpaid family workers or own-account workers account for a significant proportion of women's employment, exposing them to a high degree of vulnerability. Meanwhile, women's lower levels of education compared to men limit their access to quality jobs and formal employment. Evidence suggests that these educational differences stem partly from norms favouring the education of boys over that of girls. Finally, social norms and biases ascribe certain types of professions to women – for instance, being a maid, a housekeeper or a midwife. In the non-agricultural sector, these biases result in a segregated labour force with a high

concentration of women in sectors of low productivity, such as food and accommodation services or wholesale and retail activities. All of these sectors have been severely affected by the COVID-19 crisis.

In Tanzania, where agriculture accounts for one-third of the national output and two-thirds of total employment, ownership of agricultural land is essential. Yet, significantly fewer women than men own agricultural land, particularly in rural areas and regions dominated by the agricultural sector. In cases where women do own land, they are more likely than men to be joint owners, which entails a lower degree of control. Women's low ownership of land primarily results from two distinct discriminatory social norms: (i) customs dictating that land belongs to men shape inheritance practices by favouring sons over daughters and other male family members over widows; and (ii) social norms influence intra-household dynamics and establish the man as the family's primary decision maker. Furthermore, evidence suggests that as women marry, formal ownership of agricultural land is partly transferred to their husband, limiting their control over critical productive assets.

Girl child marriage and unequal intra-household dynamics, roles and responsibilities limit women's empowerment

Achieving gender equality in the private and family spheres is a prerequisite to realising women's empowerment in other key areas. However, discriminatory social norms and traditional roles are often strongest and the most difficult to challenge in the household and the family. In Tanzania, gender discrimination at the family level is particularly significant in three areas: girl child marriage, uneven distribution of unpaid care and domestic work, and unequal decision-making power.

Despite progress in eradicating girl child marriage, the practice remains prevalent in certain parts of Tanzania, with serious consequences for women's and girls' health and human capital accumulation, notably through higher adolescent pregnancy rates and lower educational attainment. At the national level, 19% of women aged 15 years and older have been married before the age of 18, and 16% of women aged 20-24 years have been married before the age of 18. Social acceptance of child marriage plays a fundamental role in upholding this harmful practice, particularly in rural areas. Discriminatory social norms that limit women's agency and autonomy in decisions over their own marriage also increase the likelihood of child marriage. At the same time, norms guiding social perceptions of what being a "real" woman entails play an important role in the persistence of girl child marriage. Marriage as an institution provides a social status, which encourages girls to marry at a very young age.

Meanwhile, severe imbalances between men and women exist within the household. As noted above, Tanzanian women shoulder a disproportionate share of unpaid care and domestic work, particularly basic and routine household tasks, spending three times more time on such tasks than men. They also undertake a significant share of paid work, albeit under the control of men. Men are also the primary decision makers within the household including on critical decisions related to children's health and education, household spending and purchases, and control of the household's income. These imbalances stem directly from deeply entrenched discriminatory attitudes and traditional views of women's and men's roles in the household. Expectations regarding unpaid care and domestic work are transmitted from a young age with many young girls helping their mothers with basic household tasks. Social norms also place men in charge of the household and task them with protecting and exercising guardianship over female family members.

Women's and girls' physical autonomy is a fundamental dimension of women's empowerment

Addressing violence against women and girls is a key policy priority in Tanzania, with national action plans in both Mainland Tanzania and Zanzibar dedicated to addressing this issue. More than half of all women in Tanzania have suffered from at least one form of violence in their lifetime – either intimate partner violence (IPV) and/or non-

partner violence. In concrete terms, 23% of ever-partnered women in Tanzania reported experiencing some form of IPV over the past year, and 48% of women reported experiencing such violence at least once in their lifetime. Younger women and those with children are particularly at risk. Persistent violence against women and girls is rooted in social norms justifying violence, which are even stronger among women than men. Half of the population believes that a man can be justified in hitting or beating his wife under certain circumstances. Persistent non-partner violence committed by family members and authority figures such as teachers, likely during childhood, may also perpetuate wide acceptance of violence and cycles of violence. Restrictive masculinities that support men's control over women underpin these high prevalence rates of violence against women and broad social acceptance of this trend across Tanzania.

A specific and extreme form of violence against women, female genital mutilation and cutting (FGM/C), is confined mainly to certain regions of the country, and is practised particularly in northern Tanzania. Overall, more than 2 million Tanzanian women report having been excised or having experienced FGM/C, but the practice is being progressively abandoned. This decrease is underpinned by attitudes that support its abandonment and general awareness and support for legislation that prohibits FGM/C, which stems from recent efforts on behalf of the government to enforce the ban.

Discriminatory social norms and gendered power imbalances also restrict women's and girls' reproductive autonomy. Many women of reproductive age continue to face unmet needs for family planning. This issue is particularly acute among young women who are also more likely to use less effective methods of contraception. Women's unmet needs are partly explained by attitudes restricting their ability to decide whether to use contraception and norms rooted in restrictive masculinities which dictate that "real" men control sexual and reproductive choices. In the face of such limited decision-making power, limited agency and spousal opposition, many women use contraceptives covertly. These inequalities and power imbalances between women and men and boys and girls often result in unwanted pregnancies and high rates of adolescent pregnancy, both of which are widespread in Tanzania.

A path towards gender equality: Key policy recommendations

Specific actions and policies in the different areas highlighted by the *SIGI Country Report for Tanzania* are essential to address the current gender gaps and inequalities that women and girls face. The thematic chapters of the report suggest immediate as well as long-term actions and policies that Tanzania could develop and implement to achieve its gender-related objectives.

Beyond these thematic recommendations, holistically addressing discriminatory social institutions is critical to reinforcing and achieving the ambitious gender equality goals laid out in the Tanzania Development Vision 2025 and the Zanzibar Development Vision 2050. To fully integrate gender equality into the country's policies and programmes, Tanzania should therefore take into consideration the following four recommendations:

- Update laws and eliminate legal provisions that discriminate against women and girls, notably regarding access to agricultural land, inheritance, girl child marriage, violence against women and female genital mutilation.
- Design, implement and support initiatives that seek to transform discriminatory social norms into gender-equitable norms. More specifically, recognise that the transformation of social norms takes time and consistent commitment, prioritise multisectoral programmes alongside structural interventions, leverage existing educational structures such as schools and health centres, engage with all relevant stakeholders at all levels, include multiple programme components and ensure that interventions are delivered by trained facilitators and in the local language.
- Integrate a gender perspective across all government ministries and sectors, including gender-responsive budgeting.
- Continue investment in sex-disaggregated data collection to identify gender gaps and gain a better understanding of how social norms evolve.

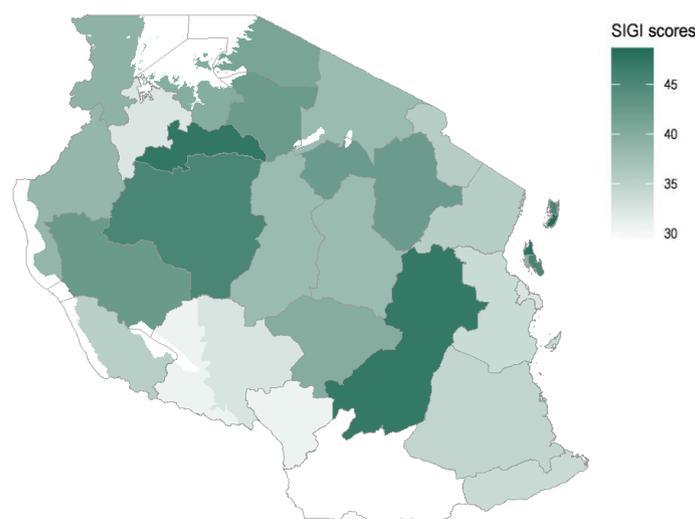
Assessment and recommendations

SIGI Tanzania reveals high levels of discrimination in social institutions

The SIGI Tanzania shows that women and girls in Tanzania face high levels of discrimination in social institutions – the established set of formal and/or informal norms and practices that govern behaviour in society. SIGI Tanzania’s average score is 35.¹ Furthermore, results show that discrimination in social institutions is higher in Zanzibar, with a score of 44 than in Mainland Tanzania, which has a score of 35. Similarly, women and girls encounter higher levels of discrimination in social institutions in rural areas (38) than in urban ones (32). Across Tanzania’s 31 regions, there are large variations in levels of discrimination among social institutions (Figure 1). This variation reflects the persistence of certain discriminatory social norms and practices in certain areas of the country, an understanding of which should guide the design and implementation of policies to promote women’s and girls’ empowerment in different regions.

Figure 1. Discrimination in social institutions vary across Tanzania's regions

Scores for SIGI Tanzania at regional levels



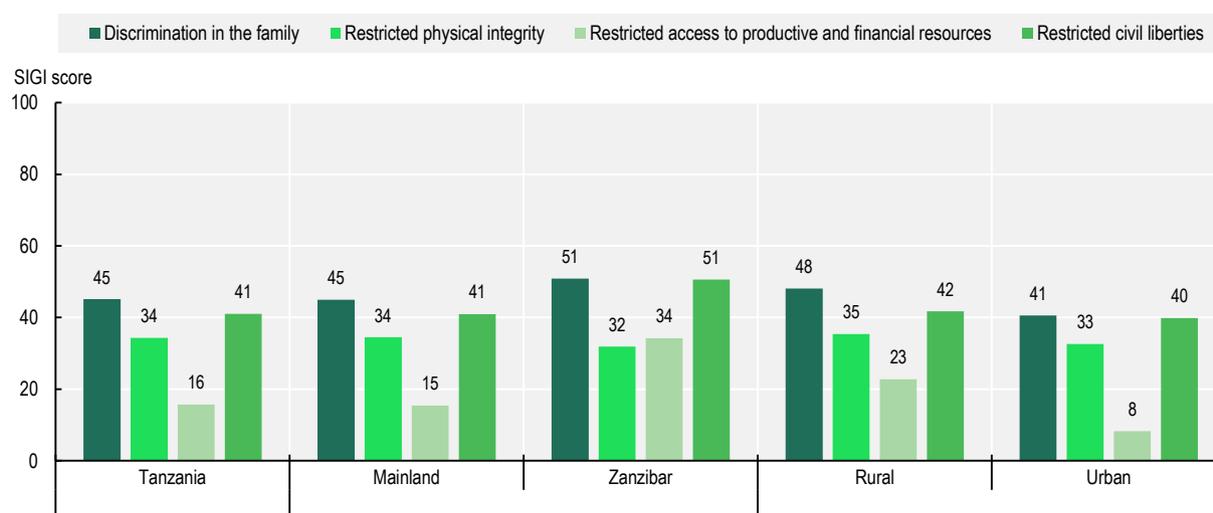
Note: SIGI scores range from 0 to 100, 0 indicating no discrimination and 100 indicating absolute discrimination.
Source: (OECD, 2021^[1]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/9nfu6d>

The SIGI Tanzania findings show that certain discriminatory social norms and practices are more salient in the country. The most acute levels of discrimination were found in the “Discrimination in the family” and the “Restricted civil liberties” dimensions (Figure 2). At a more granular level, some of SIGI Tanzania’s 17 indicators reveal higher levels of discrimination: these pertain to intra-household dynamics, the practice of bride price, violence against women, women’s reproductive autonomy and freedom of movement.

Figure 2. Discrimination in social institutions in Tanzania is more acute in the family sphere

Scores for SIGI Tanzania dimensions at national, Mainland/Zanzibar and rural/urban levels



Note: SIGI scores range from 0 to 100, 0 indicating no discrimination and 100 indicating absolute discrimination.

Source: (OECD, 2021^[1]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/brwok5>

High scores for indicators in the family sphere – specifically, “Decision-making”, “Household responsibilities” and “Bride price” – are the product of discriminatory practices and social norms. Across Tanzania, men remain the primary decision makers within the household including decisions related to children’s health and education, household spending and purchase and household income. 37% of Tanzania’s population identifies the male household head as the sole decision maker for basic consumption spending, such as buying food or clothes, and 74% of the population agrees that men should have the final word on important decisions in the home. Regarding household responsibilities, women in Tanzania spend on average more than three times as much time as men on unpaid care and domestic work, with the majority (more than 60%) of the population believing that tasks such as cooking for the household, cleaning the household, cleaning the bathroom/toilet and washing clothes are exclusively women’s responsibilities. Finally, the practice of bride price remains widespread: for 90% of married women in Tanzania, marriage negotiations involved the payment of a bride price. While the practice of bride price may not directly disfavour women, the view that paying a bride price entails a degree of ownership negatively affects women’s status in society and the family. Indeed, three-quarters of the population in Tanzania agree that a man gains ownership of his wife by paying the bride price.

High levels of discrimination are also found in regard to women’s physical autonomy – specifically concerning the indicators for “Violence against women” and “Reproductive autonomy” – and women’s freedom of movement. Gender-based violence against women is widespread in Tanzania with half of all Tanzanian women having survived some form of violence at least once in their lives. The findings of the SIGI Tanzania show that 48% of women in Tanzania have survived intimate partner violence (IPV) over

their lifetime, and one in four women has experienced IPV over the past 12 months (23%). This violence is encouraged by the widely held belief that IPV against women can be justified. Half of Tanzania's population agreed with the view that a husband is justified in hitting or beating his wife if she burns food, goes out without telling him, neglects the children or argues with him. Women in Tanzania also face restrictions on their freedom of movement, a social prescription with strong link with violence. Half of Tanzania's women do not feel safe when walking alone at night in the neighbourhood where they live, and more than 90% of the population agrees that a woman should ask her husband or partner for permission if she wants to go to public places.² Finally, women's control over their bodies, notably their fertility, is constrained. In Tanzania, 38% of women who are not trying to have a child with their partner are not using any method of contraceptive to avoid or delay pregnancy, and 32% of the population disagrees or strongly disagrees that a woman should have the right to decide whether to use contraception.

Discriminatory social institutions have a profound impact on women's empowerment in Tanzania

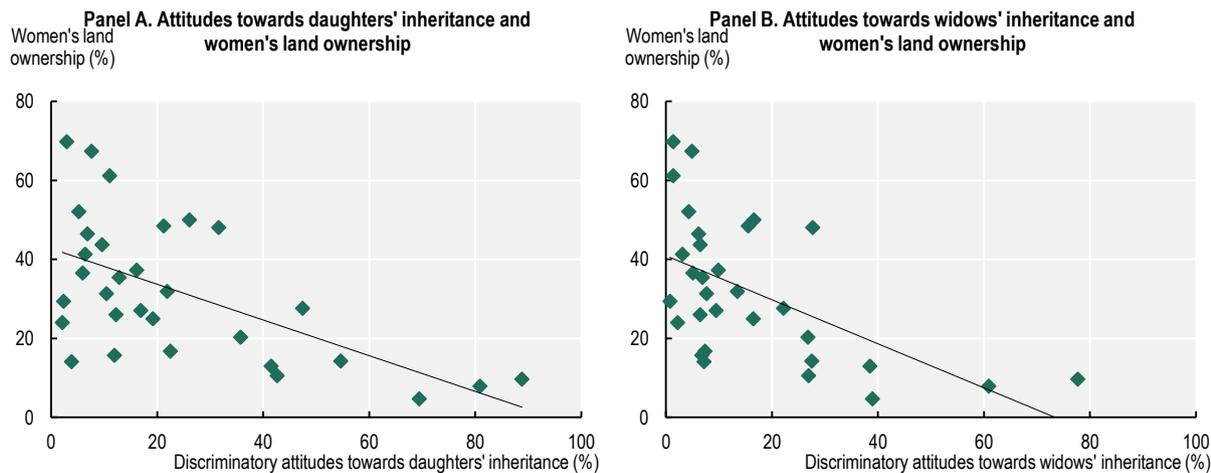
Despite impressive progress over the last 20 years, Tanzania still faces significant barriers to the achievement of the SDGs and its gender equality-related targets. Among these challenges are discriminatory social institutions – formal and informal laws, social norms and practices – that restrict women's and girls' empowerment and access to rights and opportunities. Such discriminatory social institutions underpin unequal outcomes across all spheres of life including employment, entrepreneurship, health and education.

Women's economic empowerment is constrained in Tanzania by discriminatory social norms, attitudes and stereotypes

Women's economic status in Tanzania is characterised by marginalisation in the labour market, lower job status compared to men, and limited ownership of agricultural land and financial assets. In Tanzania, women's labour force participation rate³ stands at 65%, with 58% of women employed. In comparison, 78% of working-age men are in the labour force and 71% are employed. A significant proportion of women work as unpaid family workers or own-account workers. Such vulnerable and informal employment leaves many women with limited social protection, poor contract stability and diminished access to benefits such as maternity leave. Furthermore, the labour force is segregated along gendered lines. Women are overrepresented in the wholesale and retail sector and accommodation and food services, while men are overrepresented and significantly more likely to work in the manufacturing, construction and transportation sectors. Women are also marginalised in the agricultural sector, which accounts for one-third of Tanzania's GDP and two-thirds of all employment. Women's rates of ownership of agricultural land remain significantly lower than those of men, especially in rural areas and regions where the agricultural sector is dominant.

Discriminatory social norms, barriers to education and traditional views of gender roles all undermine women's status and position in the labour market. Social norms positioning men as the main decision makers over women's economic activities hinder women's autonomy in the economic sphere and may affect their choice of economic activities. For instance, 88% of the population agrees with the view that women should ask for their husband's permission to have a paid job outside the home. Such traditional practices and beliefs also reinforce women's responsibilities for unpaid care and domestic work in addition to paid labour, which limits their ability to pursue economic and educational activities aimed at advancement. Discriminatory social norms are also at the root of serious inequalities in land ownership. In particular, customs stipulating that land must be owned and controlled by men shape persistent inheritance practices by favouring sons over daughters and other men in the family over widows, while social norms simultaneously establish men as the primary decision makers in families (Figure 3).

Figure 3. Discriminatory social norms undermine women's inheritance rights and limit their ownership of agricultural land



Note: Panel A and B present fitted values from two OLS regressions performed at the regional level on the share of women who own agricultural land. The main independent variables are the share of the population holding discriminatory attitudes towards the equal inheritance rights of daughters (Panel A) and the share of the population holding discriminatory attitudes towards the equal inheritance rights of widows (Panel B). Control variables include urbanisation rate and localisation in Mainland or Zanzibar. Coefficients and marginal effects of discriminatory attitudes towards the equal inheritance rights of widows of daughters are significant at 10%.

Source: (OECD, 2021^[1]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/27ziyd>

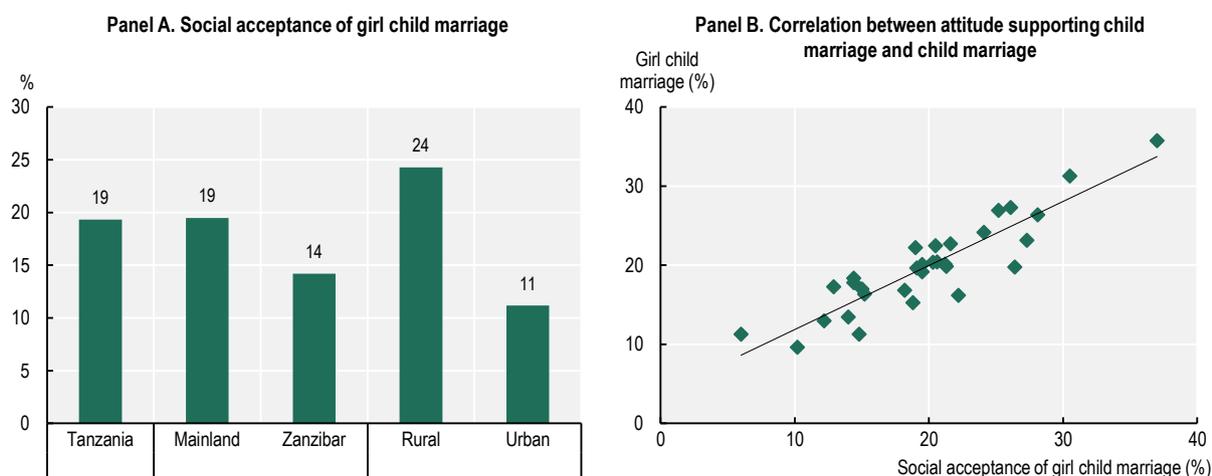
Discriminatory social norms in the private sphere uphold imbalances between women and men and girls and boys within the household

The domestic sphere is characterised by deeply embedded inequalities between women and men and girls and boys. High rates of girl child marriage, gendered divisions of unpaid care and domestic work, and unequal decision-making practices reveal the extent of these inequalities. Although the prevalence of girl child marriage has declined over the last 50 years, the practice remains an acute problem in Tanzania, especially in rural areas. On average, 19% of women aged 15 years and older have been married before the age of 18 years. In regard to unpaid care and domestic work, women in Tanzania spend 4.4 hours per day on unpaid care and domestic work, compared to just 1.4 hours for men. While this work ensures women play a key role in household functioning, they remain marginalised from critical decisions concerning the household, its members and its finances.

Regarding girl child marriage, high rates of social acceptance of child marriage and bride price contribute to the persistence of this practice (Figure 4). At the national level, 19% of the population believe that it is appropriate for a girl to marry before the age of 18 years, while only 6% of the population consider this custom appropriate for boys of the same age. Moreover, the practice of bride price, which is widespread in Tanzania, may encourage the practice of girl child marriage, especially in contexts where economic resources are limited, as girl child marriage may be perceived as a means to alleviate a family's economic burden. Furthermore, social norms guiding decision-making around marriage marginalise both women and girls, placing the authority and final say in the hands of men. These decision-making norms extend across all household decisions and are widely supported in Tanzania: about three-quarters of the population agree with the view that men should have the final word on important decisions in the home. Finally, there is also wide support for gendered concepts of unpaid care and domestic work, ensuring that these critical tasks

fall mainly on the shoulders of women and girls. More than 60% of the population believes that tasks such as cooking and cleaning should be the responsibility of women, and not men, within the household.

Figure 4. Girl child marriage is perpetuated by social acceptance of the practice



Note: In Panel A, social acceptance of girl marriage is calculated as the share of the population considering that the minimum age at which a girl should be allowed to marry is below 18 years. Panel B shows the correlation between social acceptance of girl child marriage and girl child marriage rates. Data presented are fitted values from an OLS regression at the regional level with social acceptance of girl child marriage as the dependent variable and child marriage rates as the main independent variable. Child marriage rates are calculated as the share of all women aged 15 years and older who have been married before the age of 18 years. Coefficient and marginal effects are significant at 10%. Control variables include urbanisation rate, localisation in Mainland or Zanzibar, levels of education and wealth levels.

Source: (OECD, 2021^[1]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/t8ih32>

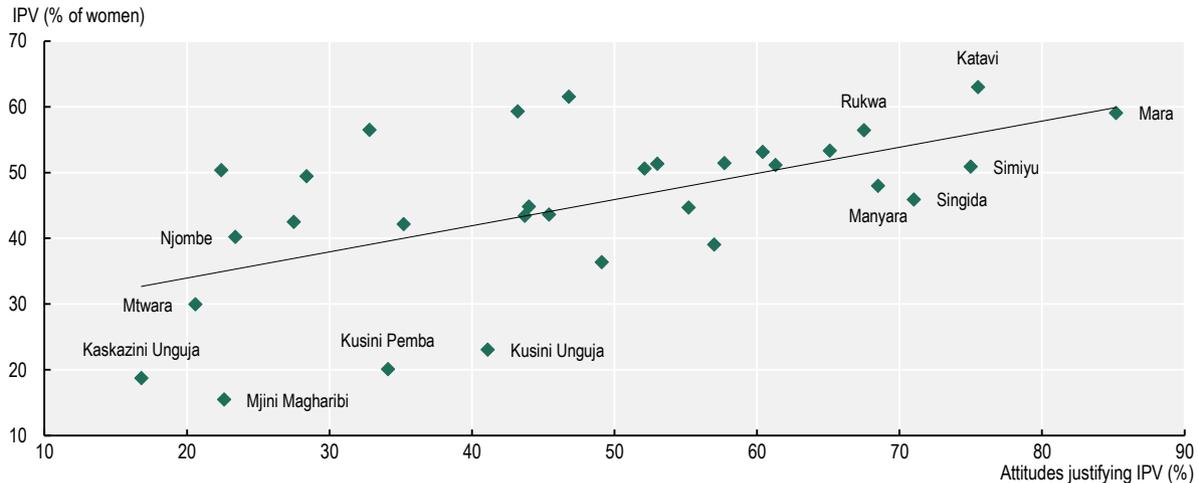
Discriminatory social norms are at the root of restrictions on women's and girls' physical autonomy

Violence against women and girls is widespread in Tanzania. More than half of all women in the country have suffered from at least one form of violence in their lifetime. Over the past year, 23% of ever-partnered women in Tanzania have experienced some form of IPV, and 48% of women have experienced this form of violence at least once in their lifetime. Female genital mutilation/cutting (FGM/C) is a specific form of gender-based violence used against women and girls which is being progressively abandoned in Tanzania but remains prevalent in some of the country's regions. More than 2 million Tanzanian women report having experienced FGM/C. In six regions,⁴ the prevalence rate of FGM/C exceeds 30%. Finally, rates of unmet needs for family planning as well as adolescent pregnancy remain high in Tanzania reflecting limitations on women's reproductive autonomy. On average, 38% of women of reproductive age report having an unmet need for family planning in Tanzania, and among women who have at least one child, 33% had their first child before they were 20 years of age.

At the root of violence against women and girls are social norms and practices promoting the acceptance of this violence as well as power imbalances between women and men. Indeed, IPV is seen as acceptable under various circumstances⁵ by half of the population. This wide social acceptance of violence against women perpetuates violence and is strongly associated with higher prevalence rates of IPV (Figure 5). Also underpinning violence is wide acceptance of restrictive masculine norms that promote men's control over women and women's bodies. These norms also extend to reproductive choices – 37% of the

population declared that women should not have the right to decide whether to use contraception. In the face of limited decision-making power and spousal opposition, many women in Tanzania use contraceptives covertly.

Figure 5. Attitudes justifying IPV are closely related to higher rates of violence against women



Note: Attitudes justifying IPV are calculated as the share of the population who strongly agrees or agrees that a man is justified in hitting or beating his wife for at least one of the following circumstances: if she burns the food, if she goes out with telling him, if she neglects the children or if she argues with him. IPV is defined as the share of women aged 15 years and above who have survived intimate partner violence over their lifetime. Data presented are predicted values from OLS regression performed, at the regional level, on the share of women who have survived intimate partner violence over their lifetime. The share of the population justifying the use of intimate partner violence is the main independent variable. Control variables include urbanisation rate, average age of the population, average number of children, several variables on marriage status and type of marriage, variables on educational level and variables on level of wealth in the regions. Coefficients and marginal effects of attitudes justifying violence against women are significant at 1%.

Source: (OECD, 2021^[1]), SIGI Tanzania database, <https://stats.oecd.org>.

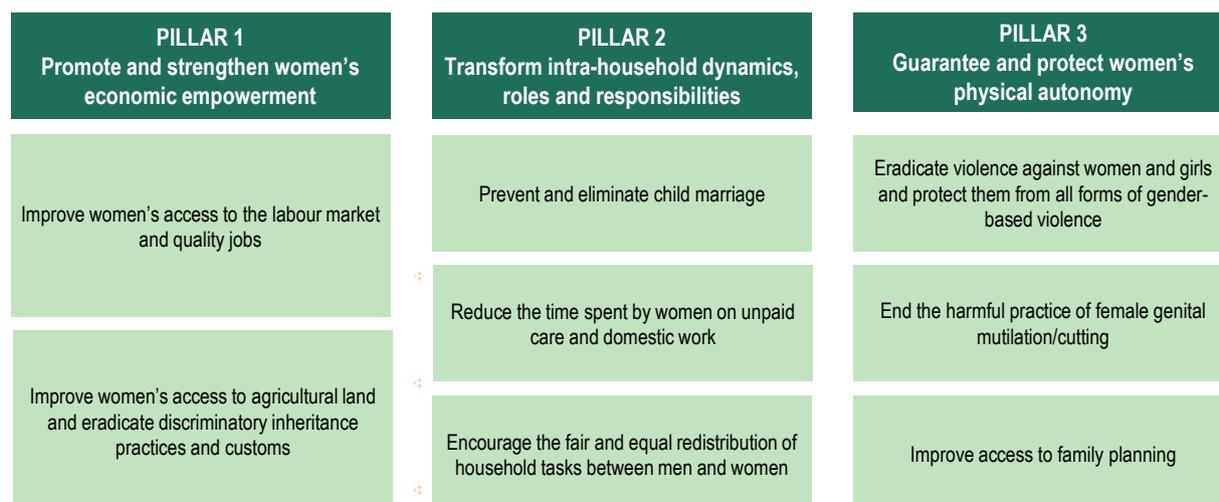
StatLink  <https://stat.link/rp1djs>

Policy recommendations to address gender inequalities and promote women's empowerment in Tanzania

Despite important progress made by Tanzania on various fronts – for example, on girl child marriage and female genital mutilation/cutting – gender equality is still far from being achieved. Since 2000, the country has made great strides and has strengthened its policy framework, notably through dedicated national development plans that prioritise women's empowerment and take a gender-sensitive approach. Yet, significant structural challenges continue to negatively affect women's and girls' opportunities and rights and constrain their empowerment. To address current gender gaps and inequalities, Tanzanian policy makers, in co-ordination with all stakeholders, need to reinforce efforts to harness the potential of women and girls across three thematic areas: women's economic empowerment, intra-household dynamics and women's physical autonomy. The thematic analysis developed in Chapters 2, 3 and 4 provide specific recommendations for the Government of Tanzania to address current gender gaps and inequalities in these three areas. The thematic chapters also provide specific actions organised around three foundational pillars and eight objectives (Figure 6).

Figure 6. Thematic policy recommendations

Structure of thematic policy recommendations from Chapters 2, 3 and 4 of the *SIGI Country Report for Tanzania*



Beyond these thematic recommendations, the *SIGI Country Report for Tanzania* highlights the key role played by discriminatory social norms and practices in perpetuating women's inferior position. To address these deeply embedded discriminatory norms, the present report proposes four high-level and long-term actions to guide Tanzania's policy design.

- Update laws and eliminate legal provisions that discriminate against women and girls.
- Design, implement and support initiatives that seek to transform discriminatory social norms into gender-equitable ones.
- Integrate a gender perspective across all government ministries and sectors, including gender-responsive budgeting.
- Continue investment in sex-disaggregated data collection to identify gender gaps and gain a better understanding of how social norms evolve.

Update laws and eliminate legal provisions that discriminate against women and girls

Discriminatory social institutions are rooted in and upheld by formal laws that establish unequal conditions for women and men. Ensuring that legal frameworks do not create inequalities between men and women and do not erect formal barriers to women's empowerment is therefore a fundamental prerequisite to addressing deeply entrenched discriminatory social norms. Analysis of the *SIGI Country Report for Tanzania* reveals that legislative action is required across specific indicators. Legislators and policy makers in Tanzania should focus in particular on laws covered by the following indicators:

- **Access to agricultural land.** Ensure that legal provisions in favour of gender equality established by the Land Act and the Village Land Act are not undermined by other policies such as the National Land Policy.
- **Inheritance.** Consider a full review of inheritance laws and regimes to enact uniform legislation that protects the equal rights of women, especially widows and daughters, to inherit assets, in particular agricultural land.
- **Girl child marriage.** Revise Education Act No. 25 (1978) to prohibit child marriage while at school, and amend the Law of Marriage Act to increase the age of marriage of girls from 14 to 18 to align it with the minimum age for boys (18 years). Consider enacting legislation in Zanzibar to legally

introduce a minimum age for marriage of 18 years for boys and girls in alignment with international standards.

- **Violence against women.** Enact legislation to amend the definition of domestic violence to cover physical, sexual, psychological and economic abuse, and ensure that the legal definition of rape provides protection from marital rape. Consider expanding the statute of limitations on sexual harassment beyond 60 days to allow victims/survivors more time to file complaints and to access justice. To address school-related violence, enact legislation to ban all corporal punishment in schools.
- **Female genital mutilation/cutting.** Consider expanding current legislation prohibiting the practice of FGM/C on girls aged less than 18 years to cover women over the age of 18 years.
- **Abortion.** Align the national legal framework on abortion with the Maputo Protocol.

Design, implement and support initiatives that seek to transform discriminatory social norms into gender-equitable ones

Addressing the root causes of gender inequality requires the transformation of social norms and the creation of an environment supportive of gender-equitable norms. In particular, the goal should be to promote gender-equitable norms of masculinities and a shift in girls' and women's status and roles within society. Particular attention should be paid to domains where women and girls in Tanzania face the strongest barriers, such as the priority areas identified in Chapter 1. However, regardless of the area of concern, all policies and programmes that seek to address discriminatory social norms and to induce transformative change share some common design and implementation features. These characteristics are essential preconditions for ensuring the progressive elimination of persistent discriminatory social norms:

- Recognise that the transformation of social norms takes time and consistent commitment.
- Prioritise multisectoral programmes alongside structural interventions.
- Leverage opportunities for engagement within existing educational structures such as schools and health centres.
- Engage with all relevant stakeholders at all levels – including gatekeepers – beyond specific target groups.
- Include multiple programme components ranging from workshops and training to campaigns and so forth.
- Ensure that programmes, activities and/or components are delivered by trained facilitators in the local language.

Recognise that the transformation of social norms takes time and consistent commitment

Realising gender equality through the transformation of discriminatory norms and attitudes requires time and consistent commitment. Funders of programmes and initiatives – notably the international donor community as well as private sector entities – must work closely with the entities in charge of designing and implementing specific interventions to allow for long-term programming over several years. This includes close co-operation not only with governmental structures but also civil society organisations. From the outset, any programme should budget for follow-up phases once the intervention has ended in order to monitor changes in attitudes and behaviours to ensure they are sustained over time.

Since 2015, i.e. for over five years, the “Land Tenure Activity” program has been implemented in Tanzania’s southern agricultural region with the aim to create stronger customary land rights and address the documentation gap on land. With the help of a digital mobile application, the participating district land offices demarcated land parcels and registered land certificates (certificates of customary right of occupancy). Results

of the program evaluation show success in increasing women's tenure security, alongside with decreased concerns about land grabbing and land boundary disputes (Persha and Patterson-Stein, 2021^[2]).

Prioritise multisectoral programmes alongside structural interventions

Discriminatory social norms and practices have multidimensional impacts that often cut across different sectors – education, health, politics, the economy, etc. – requiring co-ordinated and multisectoral responses. To create positive synergies, Tanzania, alongside donors and development partners, should prioritise funding and implement interventions that address the shared drivers of discrimination. For instance, interventions aimed at addressing social norms that perpetuate girl child marriage may also yield benefits for and positive spill overs on women's health and education given the intertwined nature of these issues (see Chapters 3 and 4).

At the same time, policies and programmes that seek to transform discriminatory social norms and promote gender-equitable norms should be complemented with structural programmes designed to ensure that shifts in attitudes result in changes in practice. For example, changes in the attitudes of parents regarding the importance of schooling for girls compared to boys, while important, would not be sufficient unless complemented by structural programmes to improve access to, and the affordability of, secondary schools across the country (Girls Not Brides, n.d.^[3]).

The “Berhane Hewan” intervention was first implemented in Ethiopia and later scaled up in rural Tanzania, in the region of Tabora, as well as in Burkina Faso. Recognising the intertwined nature of girl child marriage and educational attainment, the objectives of the programme were two-fold: to delay girls' age at marriage and to increase their secondary school attainment. The success of the programme was primarily attributable to community dialogues, the provision of free school material, the creation of school clubs and the implementation of a conditional asset transfer component whereby a goat was distributed to the participating family after the completion of the programme (Erulkar et al., 2020^[4]).

Leverage opportunities for engagement within existing educational structures such as schools and health centres

Successful programme delivery requires effective partnerships. Stakeholders involved in designing and implementing programmes and policies that seek to sustainably change rigid gender norms and power imbalances should seek effective co-operation with existing educational structures and facilities including schools, health centres, community centres and more. These structures, which are already geared to provide knowledge, are well-positioned to offer gender-transformative programmes and services with adequate support and resources. Equipping schools, health centres and other community structures with knowledge on discriminatory social norms and gender transformative approaches, including through capacity building of teachers, school administrators, health care providers, and more, can be a key element in promoting a whole-of-society approach.

Launched in 2020, the “Scaling Up Family Planning Programme” will be implemented over five years in Zanzibar and Mainland Tanzania to strengthen existing structures' capacity to provide integrated sexual and reproductive health services. To this end, the implementing NGO EngenderHealth partners with the Tanzanian Government to provide training to public healthcare providers, train healthcare workers on post-abortion care services, support health facilities to effectively allocate resources and train service providers on gender-transformative approaches (EngenderHealth, 2020^[5]).

Engage with all relevant stakeholders at all levels – including gatekeepers – and beyond target groups

Both men and women in equal proportions adhere to discriminatory social norms that constrain women's empowerment. Transforming attitudes, therefore, requires a whole-of-society approach that targets all individuals at all levels – from individuals and communities to national structures. In this regard,

programmes and interventions designed to transform discriminatory social norms into gender-equitable ones should be carefully crafted to ensure all relevant stakeholders are taken into account and included from the outset. Among potential stakeholders, it is critical to engage systematically with both men and boys as well as women and girls, either together or separately. In addition, interventions should be aware of the key role played by gatekeepers such as traditional and/or religious leaders, teachers, health care providers and youth leaders. The social status of these individuals places them in a position to promote changes in social norms or maintain the status quo. Because social norms are collectively enforced, programmes limited to working with a single target group will be insufficient to achieve transformative change.

Since 2009, Uzikwasa, a civil society organisation, implements behaviour change campaigns in coastal Tanzania to reduce intimate partner violence. An evaluation of the programme showed that the awareness-raising campaigns, workshops and training for community leaders resulted in behaviour change at the individual level as well as the community level. The intervention provoked a change in attitudes and behaviour among women and girls, mostly with respect to knowledge about their rights and that violence is not justified, while men reported lower levels of use of violence as they learnt about what is classified as violence and its harmful effects. A general change of mind from blaming the victim towards blaming the perpetrator was reported. Community leaders played an important role in encouraging the reporting of violent incidents and providing support to victims/survivors (Lees, Marchant and Desmond, 2019^[6]).

Engaging with men and boys as allies is particularly critical for the success of any policy or programme aiming to transform deeply entrenched discriminatory social norms. It is essential to delineate the benefits that gender equality may yield, not only for women and girls but for society as a whole, including men and boys. In this regard, it is critical to focus on norms of restrictive masculinities in order to transform them into gender-equitable masculine norms that promote healthy models of manhood. This approach requires the collection of specific data and the integration of these norms into the design of programmes and policies (OECD, 2021^[7]).

MenEngage Africa (MEA), a regional network of the MenEngage Global Alliance, is comprised of 22 country networks spread across Africa, representing more than 300 NGOs working at the grassroots, national and regional levels. MEA members including MenEngage Tanzania work to promote positive masculinities and women's and children's rights while addressing issues such as gender-based violence, sexual abuse and child abuse by working directly with men and boys. MenEngage Tanzania creates an important community of practice and space for exchange among its 29 member groups and organisations (MenEngage, n.d.^[8])

Include multiple programme components ranging from workshops and training to campaigns and so forth

Policies and programmes that seek to transform discriminatory norms and behaviours need to combine an array of different interventions to be effective. Intervention packages consisting of multiple components, including example workshops, leadership training, mentorship programmes, theatre, group discussions, communications campaigns and more, have proven effective in introducing more gender-equitable norms at both the community and individual levels (Lees, Marchant and Desmond, 2019^[6]). Approaches that offer participants multiple ways to engage with gender-transformative learning sound be prioritised, whether undertaken by the public sector, civil society, the private sector and/or in partnership with these actors.

The "Lake Zone Youth Empowerment" programme supports marginalised young people, especially adolescent girls and young mothers, to improve their access to employment opportunities. The programme seeks to address and challenge negative attitudes towards adolescent mothers to reduce stigma and social isolation within communities. During focus group discussions, participants are encouraged to identify their "life aspirations". Capacity development programmes, workshops, seminars, apprenticeships and outreach schemes are implemented to help the participants develop relevant skills, gain confidence and become valued members of their community (VSO, n.d.^[9]).

Ensure that programmes, activities and components are delivered by trained facilitators in the local language

Activities and programmes that seek to transform social norms should be delivered by trained facilitators familiar with the material at hand and who understand the implications of the attitudes they are working to address. Capacity building in this regard is critical and will require strong partnerships with organisations or entities with proven experience in the field of interest. Moreover, it is essential that, when using pre-existing toolkits or procedures, they are adequately translated into Swahili or the local language and are adapted to the Tanzanian context.

The WARIDI project (2016–2021) was a five-year project implemented in the Wami-Ruvu and Rufiji river basins in Tanzania which aimed to promote, among other things, women's participation in water-related decision making. The project's Uplifting Women's Participation in Water-Related Decision-Making initiative specifically aimed to change social norms in this area and included the training of Community Facilitation Teams (CFTs) composed of three women and three men. The training of these CFTs was critical as they were tasked with facilitating sessions with community leaders and with community groups as well as community-wide sessions on topics related to gendered social norms to change these and support women's voice in water-related governance (Eaton et al., 2021^[10]).

Integrate a gender perspective across all government ministries and sectors, including gender-responsive budgeting

Tanzania's government should maintain its efforts to systematically incorporate a gender perspective into national development strategies. Existing strategies and implementation plans such as Tanzania's National Development Vision 2025 and the Zanzibar Development Vision 2050 already integrate gender equality as part of their core objectives but as a stand-alone objective, and thus fail to establish meaningful connections between gender equality and other objectives or priorities. Gender equality should be embedded into future strategies and plans from the outset as a fundamental cross-cutting element that feeds into each objective and policy priority, whether concerning the national economy, the environment, employment, natural resources or social services.

To guarantee effective implementation of gender-related objectives and priorities, each structure, branch and ministry of Tanzania's different levels of government (national and local) should be responsible and accountable for women's rights and gender issues within the range of its mandate. In order to efficiently account for the multi-dimensional aspect of gender inequality, including interconnections with social, environmental and economic factors, it is essential to ensure collaboration across multiple policy areas (health, education, social, economic) and different sectors (public and private), with the involvement of local and religious leaders. Line ministries in charge of specific areas (e.g. the workplace environment for the Ministry of Labour and education for the Ministry of Education) should work with local governments, civil society organisations, unions, associations, private companies and others to strengthen gender equality in their respective area of responsibilities, and address specific barriers that women and girls face. They should also collaborate closely with other line ministries to address multidimensional challenges or issues that fall under the purview of several ministries and stakeholders. For instance, it is essential that Tanzania's Ministry of Health work closely with the Ministry of Education on the issue of adolescent pregnancies and school dropout rates as they are closely intertwined (see Chapter 3). This approach requires a clear division of responsibilities at the technical as well as the managerial level, encompassing planning, resource allocation, implementation, monitoring, evaluation, reporting and dissemination.

To guide and co-ordinate these efforts, a national technical advisory group on gender could be established with a mandate to provide support on women's rights, capacity development, research and policy advice to line ministries and government bodies. Line ministries and bodies in charge of co-ordinating Tanzania's gender mainstreaming efforts may not necessarily possess the adequate capacities, experience or knowledge to fully accomplish these tasks. For example, Tanzania's National Economic Empowerment

Council (NEEC) has put in place Gender Mainstreaming Guidelines, but these are limited to women's economic empowerment – as gender mainstreaming is not NEEC's core mandate. To overcome the potential weaknesses of line ministries, a national technical advisory group on gender placed under the umbrella of the NEEC, but focusing exclusively on gender mainstreaming, could provide direct advice to line ministries and other bodies. In particular, the group could leverage a network of appointed focal points in each of these structures to take charge of mainstreaming gender and ensure that a gender perspective is incorporated. Such a mechanism would allow for efficient assessment of the needs and objectives of different ministries and government structures with a view to developing comprehensive capacity-building plans and strategies with clear roles and responsibilities.

Tanzania should reinforce its commitments and efforts related to gender budgeting to effectively support gender mainstreaming across all levels of government – from national to local. The country has been a pioneer in East Africa and Africa as a whole in implementing gender-responsive budgeting and initiatives (OECD, 2021^[11]). Since 2000, significant progress has been made with the establishment of a core gender budgeting team within the Ministry of Finance, the provision of gender-specific instructions to national and local government agencies in developing their budget, and the earmarking of funds by the Ministry of Agriculture and Ministry of Labour to pilot the implementation of gender budgeting. Yet, assessment of Tanzania's progress shows that gender budgeting has not been fully embedded in the government budget and that progress made by Zanzibar in adopting any kind of gender budgeting is limited (Stotsky, Kolovich and Kebhaj, 2016^[12]). Renewed efforts involving all levels of government are therefore required.

Maintain investment in sex-disaggregated data collection to identify gender gaps and gain a better understanding of how social norms evolve

Tanzania must continue and strengthen ongoing efforts to produce more and better sex-disaggregated and gender data. Since 2008 and the development of the Tanzania Statistical Master Plan 2009/10 - 2013/14, Tanzania has recognised the importance of producing sex-disaggregated statistics that capture and measure gender-related issues and concerns in the country. The country's national statistical system has made great progress in embedding and mainstreaming gender data within its main surveys and in generating regular key sex-disaggregated indicators, notably through Demographic and Health Surveys (DHS), Household Budget Surveys (HBS) and/or Labour Force Surveys (LFS). These efforts should be continued, and additional human and financial support should be provided to the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician (OCGS) to ensure that the quality of data produced remains high.

Integrating social norms and tracking their evolution over time is also critical. The SIGI Tanzania constitutes a first attempt from NBS and OCGS to measure discrimination in social norms and identify the deeply rooted barriers that constrain women's empowerment. To monitor the changes emerging from interventions and policies aimed at addressing these discriminatory social norms and to ensure that efforts are sustained over the long term, NBS and OCGS should start integrating certain indicators collected for by the SIGI Tanzania on a systematic basis. This would allow for time-series analysis and comparison between different years. Collection of certain thematic social norms could also be embedded into certain specific surveys. For instance, Labour Force Surveys conducted by NBS and OCGS could incorporate a specific module dedicated to attitudes and social norms regarding women's access to the labour market.

Notes

¹ SIGI scores range from 0 to 100, with 0 indicating no discrimination and 100 indicating absolute discrimination.

² Including a market place, a cinema, a restaurant, a bar, a hospital or health centre, a sports field, a religious place or a community meeting.

³ The labour force participation rate is calculated as the labour force divided by the total working-age population. The labour force refers to both employed and unemployed individuals. The working-age population refers to people aged 15 to 64 (ILO, n.d.^[13]).

⁴ Arusha, Dodoma, Kilimanjaro, Manyara, Mara and Singida.

⁵ Specifically that a man can be justified in hitting or beating his wife if she burns the food, if she goes out without telling him, if she neglects the children or if she argues with him.

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1 Results of the SIGI Tanzania

This chapter presents the main national and sub-national results of the SIGI Tanzania composite index. The first section shows how discriminatory social norms and practices constrain women's and girls' position particularly in the family sphere as well as their civil liberties. Based on the results of the index, the second section of the chapter identifies key areas in need of urgent action: girl child marriage and bride price, unequal intra-household dynamics (in terms of unpaid care and domestic work, and decision making), violence against women, reproductive autonomy, access to agricultural land, freedom of movement and access to justice.

Key takeaways

- Discrimination in social institutions – the established set of formal and/or informal norms and practices that govern behaviour in society – continue to severely hamper Tanzanian women’s and girls’ empowerment. Deeply entrenched barriers are particularly persistent in the following areas: girl child marriage and unequal intra-household dynamics – both in terms of unpaid care and domestic work and decision making – violence against women, reproductive autonomy, access to agricultural land, freedom of movement and access to justice.
- Discrimination in social institutions is higher in Zanzibar than in Mainland Tanzania, as well as it is higher in rural areas than in urban settings. As the large majority of the population lives in rural settings, a large share of Tanzanian women are exposed to higher levels of social discrimination.
- The most pervasive forms of discrimination in social institutions tend to occur at the household and community levels:
 - In the SIGI sample, 19% of the population considers that the appropriate age for a woman to get married is before the age of 18. The prevalence of child marriage accounts for 16% among Tanzanian women aged between 20 and 24 years old who were married or in a union before the age of 18. The practice has declined for the past 50 years. In contrast, 2019 data from the global SIGI estimated that girl child marriage stood at 24% in East Africa and 23% in Africa. .
 - On average women spend 3.1 times more time on unpaid care and domestic tasks than men, undertaking four-and-a-half hours per day of unpaid care and domestic work compared to one-and-a-half hours for men. This ratio is lower than for East Africa (3.6) and is close to the global average of 3.2.
 - Two out of five people live in households where a male head is the sole decision maker on basic consumption spending (i.e. food and clothes) and large purchases such as buying or renting a house, agricultural land or transportation vehicles. Three-quarters of the population believe that men should have the final word regarding important decisions in the home.
 - More than half of all Tanzanian women have survived violence at some point in their lives: 23% of women have experienced intimate partner violence (IPV) over the past 12 months, 48% have experienced IPV at least once in their lifetime and 30% have suffered from non-partner violence during their lifetime. Half of the population believes that a husband is justified in hitting or beating his wife if she burns food, goes out without telling him, neglects the children or argues with him.
 - 38% of women of reproductive age¹ have unmet needs for family planning, and 32% of the population disagrees or strongly disagrees with a woman having the right to decide whether to use contraception.
 - At the national level, 33% of women own agricultural land compared to 47% of men – a gender gap of 14 percentage points. The gap reaches 17 percentage points in rural areas where agriculture is the primary source of employment.
 - Half of Tanzania’s women do not feel safe when walking alone at night in the neighbourhood where they live. At the same time, more than 90% of the population shares the opinion that a woman should ask her husband or partner for permission if she wants to go to certain public places including the market, cinema, restaurant, bar, hospital or health centre, sports field, religious sites or community meetings.

Discriminatory social institutions – formal and informal laws, social norms and practices that restrict women’s and girls’ access to rights, justice and empowerment opportunities – are at the heart of the inequalities faced by women and girls. Social institutions delineate legally and socially acceptable ways to think, do, express or act in relation to gender. When these social institutions discriminate against women and girls, they establish multiple structural barriers which span and affect the course of their lives. For instance, discriminatory laws permitting child marriage can affect girls’ level of education, health and economic empowerment; discriminatory attitudes condoning intimate partner violence (IPV) promote its continued practice; and discriminatory practices may hinder women’s access to and ownership of productive resources, including agricultural land. Discriminatory social institutions also function as the root causes of more visible forms of inequality such as women’s lower enrolment in tertiary education, differences in revenue between men and women, women’s concentration in jobs of lower status, and unbalanced political representation based on sex.

Since 2009, the Development Centre of the Organisation for Economic Co-operation and Development (OECD) has measured discrimination in social institutions globally through the Social Institutions and Gender Index (SIGI). In 2019, Tanzania ranked 103rd out of the 120 countries classified by the SIGI, highlighting the existence of deeply entrenched barriers that hamper gender equality in the country (OECD, 2019^[11]). However, this analysis, which allows for comparison among countries, remains limited in terms of the identification of issues at the sub-national level.

To this end, the *SIGI Country Report for Tanzania* aims to measure discriminatory social institutions, in particular attitudes and social practices that constrain women’s empowerment in Tanzania at the sub-national level. By providing policy makers with concrete and actionable recommendations to eliminate these discriminatory social institutions, this country report seeks to improve the rights and well-being of women and girls in Tanzania and to advance gender equality. The *SIGI Country Report for Tanzania* employs a holistic approach consisting of a household survey that is statistically representative at both national and regional levels and a qualitative study involving focus group discussions and key informant interviews (see Annex B). Based on the quantitative data collected through the household survey, the OECD Development Centre developed a composite index (hereafter the ‘SIGI Tanzania’), which builds on a dedicated conceptual framework. This conceptual framework incorporates the specificities of the country and aims to capture discrimination faced by women and girls at both national and regional levels (see Annex A for more details of the conceptual framework).

The SIGI Tanzania’s conceptual framework contains 17 indicators grouped into four dimensions that measure how attitudes and practices create gaps between women and men in terms of opportunities and outcomes. The design of the conceptual framework seeks to span major socio-economic areas that affect the entire lifetimes of women and girls:

- The “Discrimination in the family” (DF) dimension captures social institutions that limit women’s decision-making power and undervalues their status in the household and the family spheres.
- The “Restricted physical integrity” (RPI) dimension captures social institutions that increase women’s and girls’ vulnerability to a range of forms of violence and limit women’s control over their bodies and reproductive autonomy.
- The “Restricted access to productive and financial resources” (RAPFR) dimension captures women’s restricted access to and control over critical productive and economic resources and assets.
- The “Restricted civil liberties” (RCL) dimension captures discriminatory laws and practices restricting women’s access, participation and voice in the public and social spheres.

Results of the SIGI Tanzania

Since 2000, Tanzania has made strides towards gender equality illustrated by the strong commitments and legal reforms implemented by the country's government. The Tanzanian Constitution (1977), amended in 2005, obliges the government and its entities to “accord equal opportunities to all citizens, men and women alike without regard for their colour, tribe, religion or station in life”, and to eradicate “all forms of injustice, intimidation, discrimination” and more (Article 9). The country's commitment to providing equal rights and eliminating discrimination is enshrined in numerous policy frameworks (Box 1.1). Moreover, recent legal revisions have paved the way for greater gender equality. For instance, in order to strengthen the response to gender-based violence against women and girls, Tanzania enacted Evidence Act 6/2016, Penal Act 6/2018, Legal Aid Act 13/2018 and Criminal Procedure Act 7/2018, while in Zanzibar the Kadhi's Court Act 9/2017 became law (Government of Tanzania, 2019^[2]) (see Chapter 4). Furthermore, the Employment and Labour Relations Act of 2004 stipulates that “every employer shall take positive steps to guarantee equal remuneration for men and women for work of equal value” (Article 7), outlines harassment as a form of discrimination (Article 7), establishes pregnancy as unfair grounds for termination (Article 37) and institutes paid paternity leave period of three days (Article 34) (Government of Tanzania, 2004^[3]).

Box 1.1. Gender equality is a key feature of Tanzania's national policy landscape

Mainland Tanzania and Zanzibar have developed various policies and strategies aimed at promoting gender equality.

The **Tanzania Development Vision 2025** has been central to the policy landscape in Mainland Tanzania (United Republic of Tanzania, 1999^[4]). Operationalisation of this plan, including most recently through the National Five Year Development Plan III (2021/22–2025/26), involves a number of indicators, targets and strategies related to gender equality. Efforts have focused in particular on leveraging women's economic contribution through support for women entrepreneurs and promoting women's access to financial services (United Republic of Tanzania, 2021^[5]). Similarly, the National Strategy for Gender Development (NSGD), launched in 2008, aims to ensure effective implementation of the country's Women and Gender Development Policy and forms the core of Tanzania's strategy to eradicate gender inequality (United Republic of Tanzania, 2008^[6]).

The **Zanzibar Development Vision 2020-2050**, builds on the previous Zanzibar Vision 2015-2020, and includes among its aspirations the aim to create a society that “protects and empowers women” (Government of Zanzibar, 2020^[7]). The Zanzibar Strategy for Growth and Reduction of Poverty (2016–2020) (MKUZA III), launched in 2017, included gender as a crosscutting theme, with gender-responsive climate change adaptation and gender-responsive governance listed among the key results areas. The plan also cited the “attainment of gender equality and equity, social inclusion and empowerment of women, girls, youth, people with disabilities, and people in vulnerable situations” as a key outcome (Government of Zanzibar, 2017^[8]).

However, persistent gaps and challenges remain in key areas affecting women's and girls' rights. These stem from the presence of deeply entrenched discrimination, which prevents the country from achieving full and unhindered gender equality. They also represent a key impediment to the country's development and the achievement of the Sustainable Development Goals (SDG) by Tanzania. In terms of outcomes, Tanzania still has a long way to go to achieve gender equality. For instance, in 2019, Tanzania scored 63% on the African Gender Index (AGI), developed by the African Development Bank (AfDB) and the United Nations Economic Commission for Africa (UNECA).² This means that women in Tanzania benefit from only two-thirds of the opportunities available to men (AfDB and UNECA, 2020^[9]). At the global level, the Gender Inequality Index of the United Nations Development Programme (UNDP), which includes

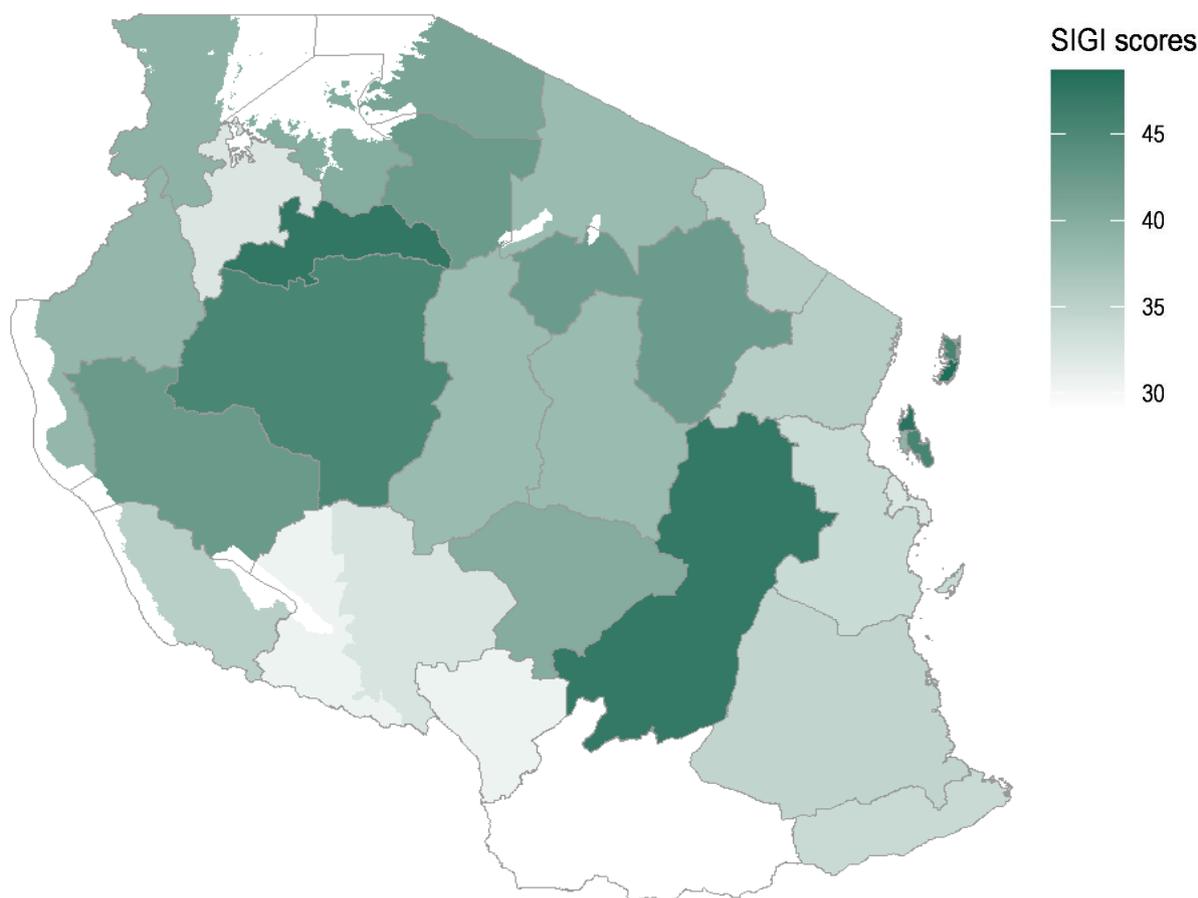
measures of inequalities between men and women in terms of educational level or labour force participation rate, ranked Tanzania 140th out of 162 countries in 2020 (United Nations Development Programme, 2020_[10]).³

Discriminatory social norms and practices that hamper women's and girls' empowerment remain significant

Against this backdrop, the results from the SIGI Tanzania show that women and girls in Tanzania continue to face significant levels of discrimination in social institutions. The results show that discrimination in social institutions is more acute in Zanzibar, which obtains a score of 44, than in Mainland Tanzania, which obtains a score of 35.⁴ Likewise, discrimination in social institutions faced by women and girls is more acute in rural areas (38) than in urban areas (32).

Figure 1.1. Discrimination in social institutions vary across Tanzania's regions

Scores for SIGI Tanzania at regional levels



Note: SIGI scores range from 0 to 100, 0 indicating no discrimination and 100 indicating absolute discrimination.

Source: (OECD, 2021_[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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Wide variations exist at the sub-national level, indicating that discriminatory social institutions are particularly entrenched in certain regions, while substantial progress has been made in others (Figure 1.1).

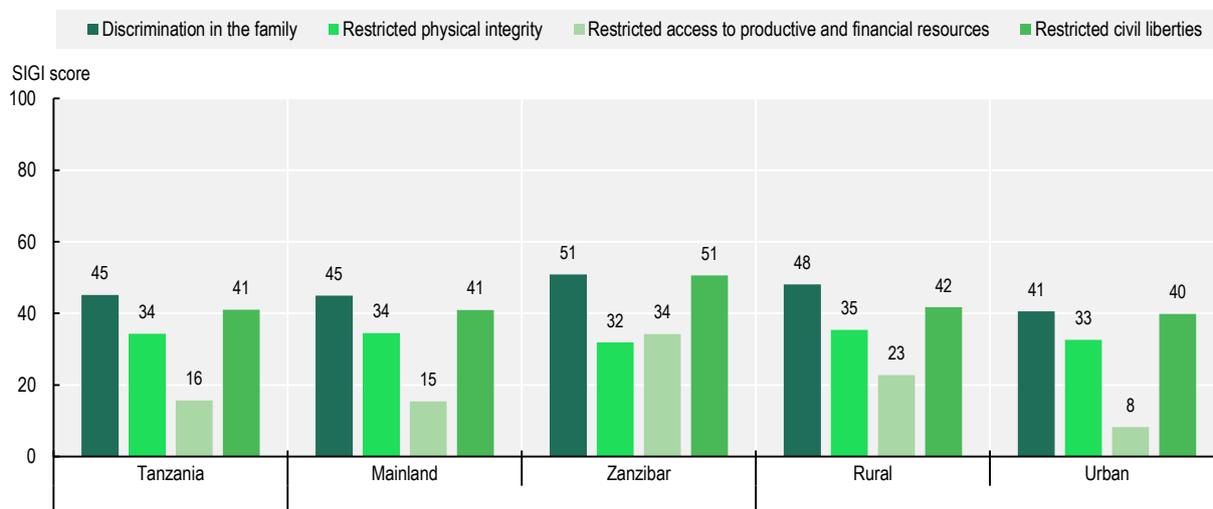
Overall, nearly 2.5 million women aged 15 years and older live in regions that obtain SIGI scores above 45, and an additional 2.2 million live in places where scores range from 40 to 45. Out of 31 regions, only one region – Ruvuma – displays a score below 30. Conversely, Kusini Pemba obtains a score of 49 denoting the highest level of discrimination in the country. These scores reflect a high degree of variation in discrimination among social institutions from one region to another. They also reveal specific, persistent and sticky discriminatory social norms and practices in certain areas. This variation should have a strong impact on the design of policies. Evidence that certain discriminatory social norms and practices are more salient in some regions also sheds light on the need for tailored programmes and policies with a particular focus on regions and issues where discrimination is highest.

Discrimination is most pronounced in the family sphere and women’s enjoyment of their civil liberties

The results of the SIGI Tanzania find the highest level of discrimination in the “Discrimination in the family” and the “Restricted civil liberties” dimensions. Scores in these two dimensions are the highest across all regions of Tanzania, except for Manyara and Mbeya, where the highest scores are found in the “Restricted physical integrity” dimension. Across the country, 16 regions obtained their highest score in the “Discrimination in the family” dimension, while 13 obtained their highest score in the “Restricted civil liberties” dimension. Scores for discrimination in the “Restricted physical integrity” dimension were more uniform across the country, whereas discrimination faced by women and girls in the “Restricted access to productive and financial resources” dimension appears more pervasive in Zanzibar and rural areas (Figure 1.2).

Figure 1.2. Discrimination in social institutions in Tanzania are more acute in the family sphere

Scores for SIGI Tanzania dimensions at national, Mainland/Zanzibar and rural/urban levels



Note: SIGI scores range from 0 to 100, 0 indicating no discrimination and 100 indicating absolute discrimination.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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More importantly, the results obtained for the 17 indicators of the conceptual framework highlight several key issues faced by women and girls in the country, which need to be addressed by policy makers. At the national level, several key indicators exhibit significant levels of discrimination primarily concentrated

around intra-household dynamics – including women’s disproportionate unpaid care and domestic work burden and ability to make decisions, women’s physical autonomy – including violence against women and women’s ability to make independent reproductive choices, and women’s freedom to move in the public space. The results from the SIGI Tanzania at indicator level also uncover important variations at the sub-national level. For instance, discrimination against women and girls is found to be more acute in rural than urban areas for the indicators “Child marriage”, “Access to financial services” and “Access to labour market”. Likewise, levels of discrimination are higher in Zanzibar than in Mainland Tanzania for the indicators “Inheritance”, “Access to agricultural land”, “Access to houses”, “Access to financial services” and “Freedom of movement” (Table 1.1).

Table 1.1. Results of the SIGI Tanzania

Scores for SIGI Tanzania’s indicators at national, Mainland/Zanzibar, rural/urban and regional levels

	Child marriage	Household responsibilities	Decision making	Bride price	Inheritance	Violence against women	Female genital mutilation	Missing women	Reproductive autonomy	Access to agricultural land	Access to houses	Access to businesses	Access to financial services	Access to labour market	Freedom of movement	Political voice	Access to justice
Tanzania	18	41	49	82	22	38	11	30	53	17	17	15	17	13	68	18	31
Mainland	18	41	49	82	21	39	11	31	53	16	17	15	16	13	68	18	31
Zanzibar	13	37	57	75	62	25	7	17	67	49	41	15	42	20	85	21	35
Rural	24	42	53	85	23	40	12	31	54	19	20	16	39	18	69	19	31
Urban	7	39	43	78	21	36	8	29	52	11	10	13	2	5	67	16	30
Arusha	20	49	52	85	32	50	40	53	51	23	19	24	8	16	64	1	23
Dar Es Salaam	3	47	44	75	19	41	4	40	54	15	14	12	1	2	65	14	36
Dodoma	23	54	51	87	9	43	20	44	54	20	17	17	8	17	73	15	36
Geita	16	49	43	86	3	26	0	18	57	10	1	17	27	17	66	13	36
Iringa	3	37	41	77	43	33	21	26	50	27	29	19	34	68	57	20	57
Kagera	31	43	56	90	8	44	4	40	46	17	24	22	27	18	76	21	40
Katavi	22	30	68	75	12	54	4	29	55	47	31	25	61	1	79	30	40
Kigoma	31	56	52	82	23	28	0	8	61	27	33	18	62	0	72	14	38
Kilimanjaro	8	40	53	77	27	43	19	22	53	6	14	11	2	2	76	25	47
Lindi	11	50	48	95	4	22	0	14	47	2	0	68	24	17	73	8	32
Manyara	6	39	58	94	39	53	42	79	55	27	25	21	30	12	48	20	29
Mara	27	31	55	94	49	59	25	46	66	23	11	18	11	11	74	15	21
Mbeya	7	39	35	83	13	45	4	68	55	6	4	10	4	6	58	15	28
Morogoro	24	51	52	79	50	29	28	52	49	27	51	17	31	54	92	21	46
Mtwara	21	52	46	92	10	17	5	33	43	4	6	12	44	20	72	7	31
Mwanza	13	47	38	76	3	25	5	49	66	32	10	20	33	64	65	20	54
Njombe	14	60	38	77	26	17	6	28	51	1	9	9	18	3	72	9	23
Pwani	11	35	45	79	21	50	1	21	46	24	21	13	5	7	70	15	44
Rukwa	27	30	57	71	14	47	3	28	47	21	25	17	7	9	66	29	45
Ruvuma	16	34	39	77	25	27	7	18	45	4	11	9	2	3	72	13	29
Shinyanga	31	82	56	87	30	45	4	77	55	37	31	20	49	9	75	26	38
Simiyu	43	41	62	98	27	52	3	37	65	25	41	21	35	5	79	13	21
Singida	13	47	40	78	10	48	29	24	59	11	7	16	32	26	70	22	52
Songwe	13	56	42	81	10	51	0	32	55	6	4	7	36	2	56	3	13
Tabora	22	60	62	84	21	44	7	72	49	35	35	19	40	36	62	30	52

Tanga	17	42	54	80	26	39	11	21	48	13	14	22	16	11	70	25	39
Kaskazini Unguja	11	44	58	67	79	11	4	36	73	50	61	15	58	44	88	26	39
Kusini Unguja	8	28	58	82	49	34	1	53	49	66	66	20	59	9	87	11	36
Mjini Magharibi	6	33	53	74	60	18	0	18	61	51	24	15	35	25	82	20	33
Kaskazini Pemba	31	49	64	83	40	49	23	0	78	41	38	17	34	16	88	24	36
Kusini Pemba	25	53	63	74	85	28	22	15	77	44	57	21	54	2	92	20	36

Note: SIGI scores range from 0 to 100, 0 indicating no discrimination and 100 indicating absolute discrimination.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

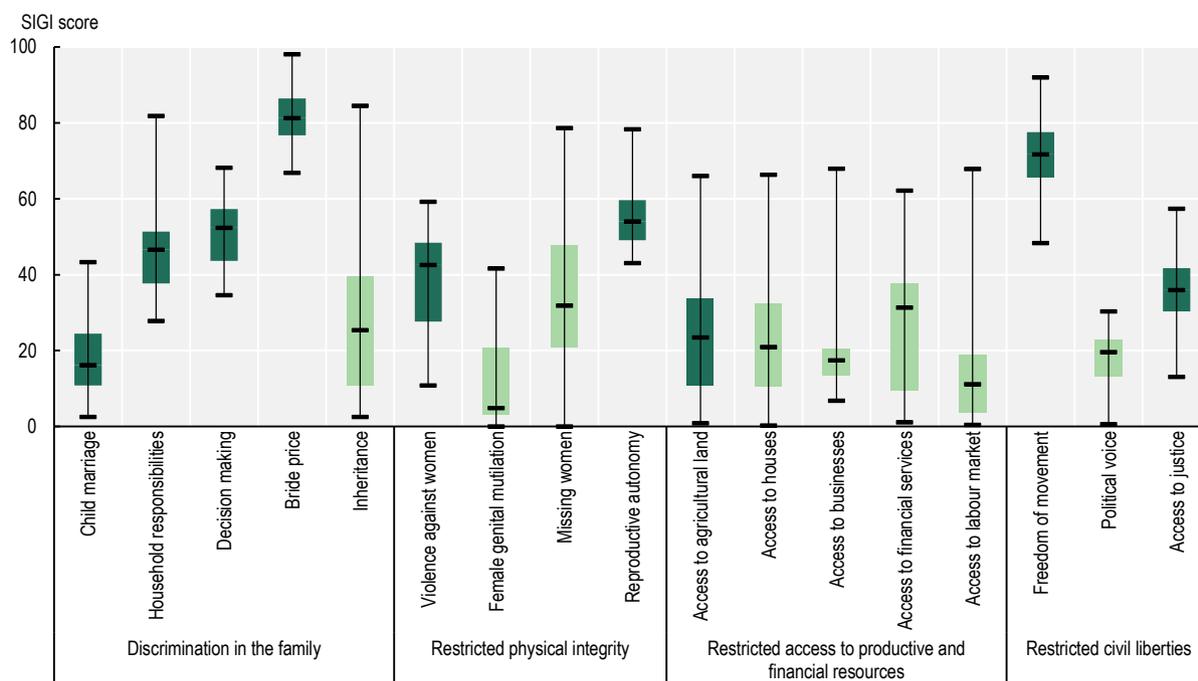
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Main issues identified by the SIGI Tanzania

All the discriminatory social institutions faced by women and girls in Tanzania, as measured by the 17 indicators of the SIGI Tanzania framework, matter to their empowerment. Yet, in a context of limited resources and urgency to address the issues women face, the results of the SIGI Tanzania enable the government to prioritise policy actions by focusing on key issues that stand out. The SIGI Tanzania results combined with insights from the qualitative survey and consultations with local stakeholders have led to the identification of nine indicators that call for particular and urgent attention from policy makers (Figure 1.3). For example, “Bride price”, “Reproductive autonomy” – which includes access to contraception and women’s ability to make decisions over their own body – and “Freedom of movement” were identified as particularly problematic. Given their low regional variance, these issues are likely to be present throughout the country. Other indicators, such as “Child marriage”, were included because they constitute a key objective of Tanzania’s gender policy and were identified as an important issue by the members of the SIGI Tanzania Technical Advisory Group.⁵ Given the importance of agriculture in Tanzania’s economy and the role of agricultural land for economic empowerment, some indicators, such as “Access to agricultural land” were included.

Figure 1.3. Indicators scores from the SIGI Tanzania highlight specific areas where discriminatory social institutions are more acute

Distribution of scores in Tanzania's regions for each indicator of the SIGI Tanzania



Note: The figure presents the distribution of indicator scores across the regions of Tanzania. For each indicator, the lower and upper boundaries indicate the minimum and maximum scores. For each indicator, boxes contain scores from the lower quartile up to the upper quartile. The means and the variances for the regions' scores in each indicator reveal the areas in which discrimination are either high – identified by large median values – or probably specific to certain regions – identified by large variance or large distance between the first and third quartile. Dark green colours represent indicators included in the analysis in Chapter 1.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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Although not specifically analysed in Chapter 1, the other indicators of the SIGI Tanzania framework are no less important to women's empowerment and improved gender equality, also because they interact closely with each other. For instance, discriminatory inheritance practices, which are particularly prevalent in Zanzibar, have a profound bearing on women's ability to acquire land (see Chapter 2). Likewise, deeply entrenched views on the role of women and men in the household largely determine how women access the labour market, with consequences ranging from the sectors in which they may work to the status of employment they hold (see Chapter 2). Meanwhile, female genital mutilation remains a deeply concerning form of violence against women in certain specific regions of Tanzania with potentially severe implications for women's health and well-being (see Chapter 4).

The issues measured by the SIGI Tanzania have numerous negative spillover effects that further compound the barriers that women and girls face. For instance, the combination of discriminatory inheritance practices and traditional power structures governing the use and control of land further restrict women's access to productive assets and capital. This limited access, in turn, constrains women's ability to provide collateral when seeking a loan, which may further curb their ability to start a business. These limitations may also have further downstream negative implications for women. For instance, women's lack of financial independence and control over resources may impede victims of intimate partner violence (IPV)

from leaving a violent household. These issues are fundamental to women's empowerment and are profoundly intertwined. Addressing them in a holistic manner is therefore a pre-requisite to achieving gender equality.

All these limitations not only negatively affect women but also have long-term effects for society as a whole. For instance, girl child marriage is a discriminatory practice with long-term and profound effects not only on women's human capital and women themselves, but also on society and economic growth (Mitra et al., 2020^[12]). Likewise, social norms and traditional gender roles that confine women to unpaid care and reproductive roles in the household have a profound impact on their ability to seek work outside the household and become financially independent, which may limit economic growth as a whole (Ferrant, Pesando and Nowacka, 2014^[13]).

The following section covers nine indicators that the results of the SIGI Tanzania identify as critical. It aims to provide a succinct but comprehensive overview of the main issues faced by women and girls in Tanzania as well as the underlying discriminatory social norms and attitudes that support them. Scores at the national and sub-national levels are presented for each indicator, followed by key results and data related to discriminatory practices and attitudes.

Child marriage

The "Child marriage" indicator captures discrimination in terms of the share of women aged between 20 and 24 years who have been married, divorced or widowed before the age of 18 years. It also captures discriminatory attitudes in terms of the share of the population who endorse marriage for girls under the age of 18 years. Girl child marriage has far-reaching consequences on many key dimensions of women's and girls' empowerment. In particular, it has an impact on girls' health, notably through adolescent pregnancies and increased risks of maternal mortality, morbidity and infant mortality, and it is associated with lower educational attainment – especially at the secondary school level. This, in turn, curbs women's and girls' empowerment, their decision-making power, their financial independence, as well as their ability to contribute to the socioeconomic development of their households, communities and, hence, society as a whole. Results for this indicator vary widely across Tanzania's 31 regions and between rural and urban areas. The scores show that discrimination is significantly more acute in rural areas with a score of 24, than in urban areas where the score is 7. Across the country, results range from a score of 3 in the regions of Dar es Salaam and Iringa, to a score of 43 in Simiyu.

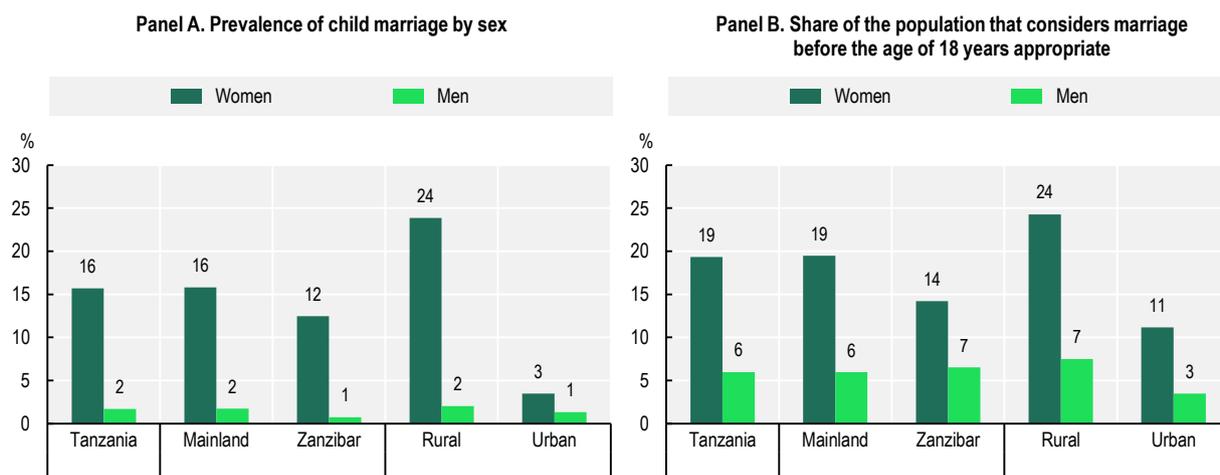
Data show that girl child marriage is a serious problem in Tanzania with high prevalence rates concentrated in certain regions and rural areas. In 2021, 16% of Tanzania's women aged between 20 and 24 years had been married, divorced or widowed before the age of 18 years. In 2019, data from the global SIGI estimated that girl child marriage stood at 24% in East Africa and 23% in Africa (OECD Development Centre/OECD, 2019^[14]). In contrast, only 2% of men aged 20 to 24 years were in the same situation (Figure 1.4, Panel A). However, these averages conceal wide variation across regions. In rural areas, the girl child marriage rate reaches 24% compared to 3% in urban areas. Moreover, in four regions – Mara, Morogoro, Shinyanga and Simiyu – the girl child marriage rate is above 30%. When looking at all women, the data show that 19% of Tanzanian women aged 15 years and older have been or were married before the age of 18 years. These high rates of girl child marriage indicate that women in Tanzania tend to marry significantly younger than men – about five years earlier – regardless of where they live. The average age of marriage for women in the country is 20.2 years, compared to 25.4 years for men. Such spousal age differences can have an impact on power imbalances in the context of marriage promoting unequal decision-making power between men and women, and even IPV (see Chapter 4).

Girl child marriage is perpetuated by widespread social acceptance of the practice. A significant proportion of the population considers it appropriate for a woman to marry before the age of 18 years, with significant differences in attitudes regarding the appropriate age of marriage for men and for women. At the national level, 19% of Tanzanians consider that it is appropriate for a girl to marry under 18 years of age, a share

rising to 24% in rural areas (Figure 1.4, Panel B). On average, individuals tend to consider 18 and a half years the minimum appropriate age for women to get married, compared to almost 22 years for men.

Figure 1.4. Girl child marriage is widespread and an accepted issue in Tanzania

Share of women and men aged 19-24 years old married before the age of 18 years (Panel A); and share of the population that considers marriage before the age of 18 years appropriate for women and men (Panel B)



Note: In Panel A, the difference between women's and men's child marriage rates is significant at 1% for Tanzania, Mainland, Zanzibar, rural areas and urban areas. In Panel B, the difference between the share of the population stating that men can marry before the age of 18 years old and the share of the population stating that women can marry before the age of 18 years old is significant at 1% for Tanzania, Mainland, Zanzibar, rural areas and urban areas.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org/>.

StatLink  <https://stat.link/3zwnb5>

Household responsibilities

“Household responsibilities” is a composite indicator that measures the discrimination faced by women in Tanzania in terms of the unequal division of unpaid care and domestic work and gender roles within the household. The indicator looks at differences between women and men in terms of time spent on a set of care and domestic tasks.⁶ With regard to attitudes, the indicator assesses the extent to which the population believes that certain care and household tasks should be the exclusive responsibility of women.

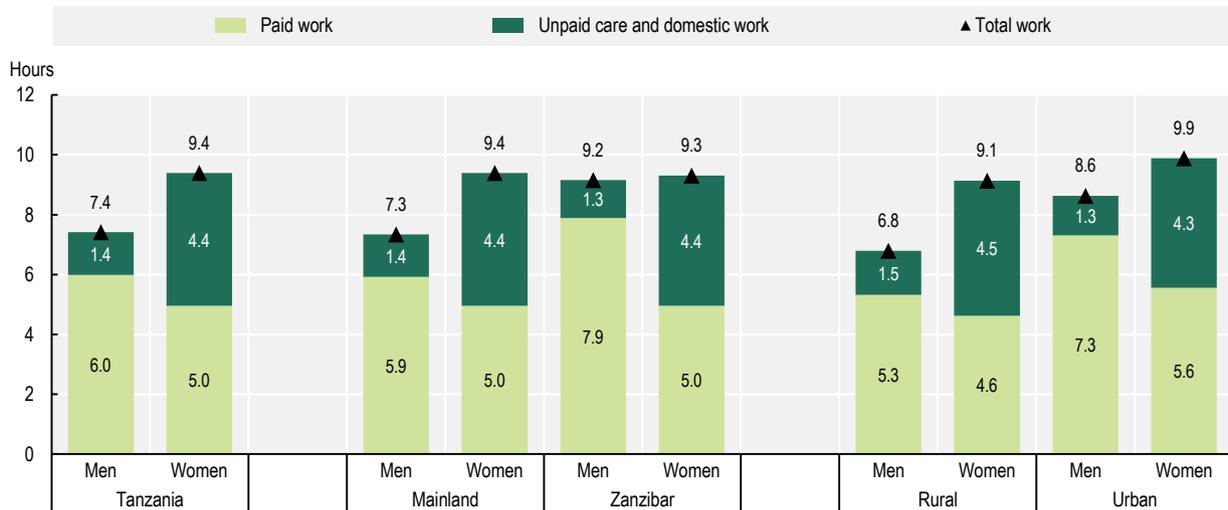
In Tanzania, women spend more time on unpaid care and domestic work than men. At the national level, women spend on average 3.1 times more time on unpaid care and domestic tasks than men – while men spend on average 1.4 hours per day on unpaid care and domestic tasks, women dedicate 4.4 hours per day to unpaid care and domestic tasks. This ratio is close to the global average of 3.2 as measured by the global SIGI in 2019 (OECD Development Centre/OECD, 2019^[14]). The women-to-men ratio is similar across both urban (3.3) and rural (3.1) areas as well as across Mainland Tanzania (3.1) and Zanzibar (3.5). Nevertheless, some regions such as Mara or Simiyu exhibit much smaller ratios where the women-to-men ratio of time spent on unpaid care and domestic work hovers around 1.5. Conversely, women spend about 10 times more time on unpaid care and domestic work than men in Kusini Pemba and Shinyanga.

Women face a double burden as they carry out significantly more unpaid care and domestic work than men and also undertake a large amount of paid work. In addition to the disproportionate share of unpaid care and domestic work shouldered by women, they also undertake a large amount of paid work across

all regions and areas. On average, at the national level, women in the labour force work 5 hours per day compared to 6 hours for men. As a result, women bear a significantly larger share of the total workload, spending, on average, a total of 9.4 hours a day on paid and unpaid work compared to 7.4 hours for men. The situation differs slightly between Mainland Tanzania and Zanzibar. In Zanzibar, although women also spend 5 hours a day on paid work, the large amount of time that men spend on paid work results in a similar total workload for both men and women (Figure 1.5).

Figure 1.5. Women face a double burden of paid and unpaid work

Average daily hours spent on paid work and unpaid care and domestic work by sex



Note: Difference between average time spent on unpaid care and domestic work by men and by women is significant at 1% for Tanzania, Mainland, Zanzibar, rural areas and urban areas. The difference between average time spent on paid work by men and women is significant at 1% for Tanzania, Mainland, Zanzibar, rural areas and urban areas. The difference between average time spent on total work by men and by women is significant at 1% for Tanzania, Mainland, rural areas and urban areas.

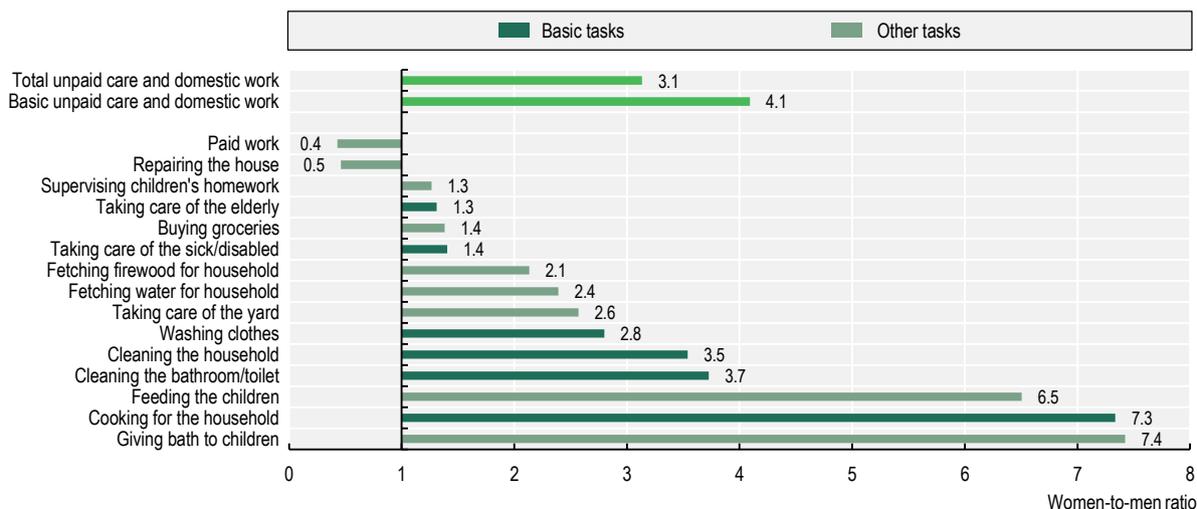
Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/gwb915>

Imbalances between men and women in terms of time spent on unpaid care and domestic work are particularly large for tasks related to the care of children or basic household duties such as cleaning and cooking. At the national level, women spend, on average, around seven times more time than men on feeding the children or giving them their baths as well as on cooking for the household – a central, time-consuming and basic household activity. In a context of large informal employment in the agricultural sector, and the absence of a strong social protection system providing support through subsidised childcare facilities, the care for children massively falls on women's shoulders. Similarly, they spend about four times more time cleaning the household as well as the bathroom or toilets than men. Conversely, the only unpaid task on which men spend more time than women is repairing the house (Figure 1.6). This distribution pattern is similar across both rural and urban areas as well as Zanzibar and Mainland Tanzania, while differences are not significant.

Figure 1.6. Women perform the bulk of unpaid care and domestic work

Women-to-men ratio of time spent on a selection of household tasks



Note: Tasks identified as basic tasks are used to compute the basic unpaid care and domestic work ratio. A ratio inferior to 1 implies that men spend more time than women on this task. The difference between average hours spent by men and average hours spent by women is significant at 1% for all tasks except “taking care of the elderly”, “taking care of the sick” and “repairing the house”. The difference for “taking care of the sick” and “repairing the house” is significant at 5%, while the difference for “taking care of the elderly” is not significant.

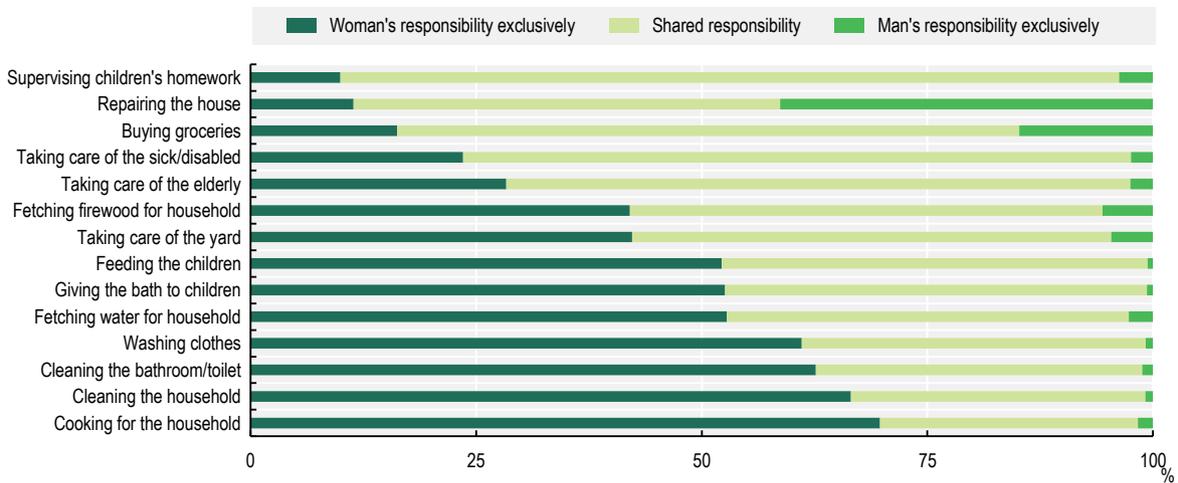
Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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High levels of discrimination in the “Household responsibilities” indicator reflect significant discriminatory attitudes towards the distribution of labour within the household and gender task associations. Measures of opinions regarding whether a task is considered solely a woman’s responsibility, a shared responsibility or solely a man’s responsibility show that a large majority of the population consider certain routine household tasks to be the exclusive responsibility of women. These opinions reflect norms of restrictive masculinities that uphold unpaid care and domestic work as the domain of women and stigmatise men’s active participation at home (OECD, 2021^[15]). More than 60% of the population considers cooking for the household, cleaning the household, cleaning the bathroom/toilet and washing clothes as women’s exclusive responsibilities (Figure 1.7). At the same time, less than 1% of the population declared that these tasks are the sole responsibility of men. Norms that ascribe gendered associations to these tasks appear slightly more salient in rural than urban areas. In the former, the share of the population declaring that these household tasks are the exclusive responsibility of women is higher than in the latter.

Figure 1.7. A large number of routine household tasks are considered to be the exclusive responsibility of women

Share of population considering that a household task should be a woman's responsibility, a shared responsibility or a man's responsibility



Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/a7pmbk>

Bride price

Bride price refers to the payment made by the groom or his family to the bride's family at the time of marriage – in the form of money, property or valuable assets. It is an essential element in marital arrangements in all sub-Saharan Africa, and particularly in East Africa (Anderson, 2007^[16]). Given its transactional nature, bride price tends to “commodify” women, raising questions about ownership. Bride price may therefore have severe implications for the level of discrimination faced by women, not only at the time of their marriage but also throughout their lifetime – affecting their status and role in their marriage, their household and wider society (Anderson, Beaman and Platteau, 2018^[17]). The “Bride price” indicator of the SIGI Tanzania measures the proportion of married women whose marriage involved a bride price and population attitude regarding whether the payment of a bride price confers ownership of the bride on the husband. The score for the bride price indicator in Tanzania stands at 91. The scores do not vary significantly between urban and rural areas or across regions ranging from 83 in Njombe to 100 in Mjini Magharibi. However, Zanzibar obtains a significantly higher score compared to Mainland Tanzania, suggesting that the practice and acceptance of bride price are particularly elevated in the former.

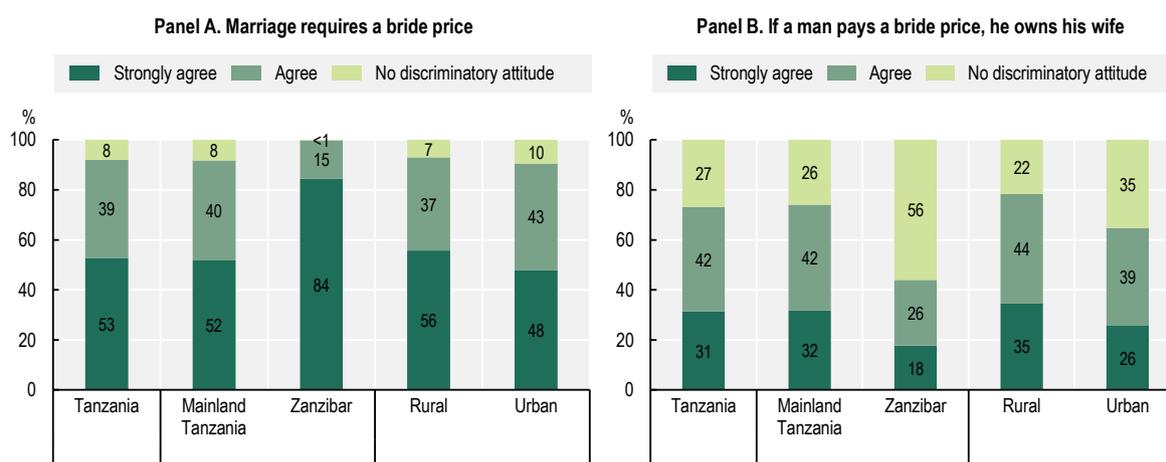
Bride price is a dominant practice in Tanzania. At the national level, bride price has played a role in the marriages of 90% of married women. This is the case regardless of the woman's age or her location – whether she lives in a rural or urban area, or in Zanzibar or Mainland Tanzania. In the large majority of cases (84%), the parents of the bride receive the payment, which is made either by the groom's parents or by the groom himself.

Beyond social acceptance of the practice, a large share of the population believes that paying a bride price implies that the husband owns his wife. The practice of bride price is widely endorsed and supported by Tanzanian society, with 92% of the population of the opinion that a marriage requires a bride price (Figure 1.8, Panel A). Beyond social acceptance of bride price, the central issue is how bride price affects women's status within their couple and/or household. In Tanzania, nearly three-quarters of the population

agree that a man gains ownership of his wife by paying the bride price. Significantly more people living in rural than in urban areas, as well as in Mainland Tanzania than in Zanzibar, share these discriminatory attitudes (Figure 1.8, Panel B). Conversely, men and women are equally likely to hold attitudes which consider that a man who pays the bride price owns his wife. Underpinning these attitudes are strong norms of restrictive masculinities that promote men’s role as protectors and guardians of household members, and particularly the women in their family. These guardianship role of men implies women’s obedience (OECD, 2021^[15]).

Figure 1.8. Bride price is a largely supported practice in Tanzania

Share of the population agreeing (or not) that marriage requires a bride price (Panel A), and share of the population agreeing (or not), that paying a bride price makes the man the owner of his wife



Note: Differences in attitudes between Mainland Tanzania and Zanzibar, as well as urban and rural areas are significant at 1% for Panel A and Panel B.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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Decision-making power

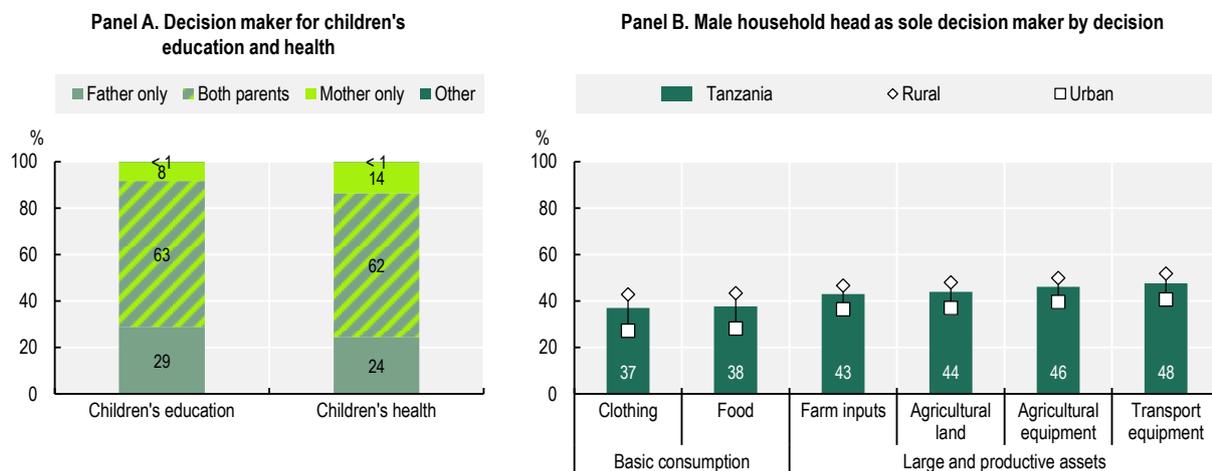
Unequal decision-making power within the household is an important source of discrimination against Tanzanian women. The “Decision-making power” composite indicator seeks to determine who takes important decisions for household members – including on children’s health and education – as well as basic consumption expenditure and investment in productive assets. The indicator also measures opinion regarding the man as sole decision maker in the home. Although no significant differences exist between rural and urban areas, or between Zanzibar and Mainland Tanzania, regional differences are more pronounced with the lowest score reported in Mbeya (34) and the highest in Katavi (66).

In the majority of Tanzanian households (60%), decisions regarding children’s health or education – regardless of the sex of the child – are taken together by both parents. However, in more than one-quarter of all households, the father takes such decisions alone, without consulting the mother (Figure 1.9, Panel A). This is particularly true for children’s education where fathers are frequently the main and sole decision maker. For instance, in 32% of rural households, the father is the sole decision maker on matters concerning children’s education and does not seek the opinion of the mother.

Decision-making power over spending and purchases is largely the purview of men. In Tanzanian households, men tend to be solely responsible for decisions relating to basic consumption spending on food and clothing as well as large and/or productive purchases such as a house, land, equipment or farming inputs. Specifically, 37% of Tanzania's population identifies the male household head as the sole decision maker for basic purchases such as food or clothes. In the case of productive assets, more than 40% of the population identifies the male household head as having the last word on important decisions such as choosing farm inputs, buying or renting a house or purchasing transportation vehicles. Although no significant differences exist between Zanzibar and Mainland Tanzania, men are more often the sole decision maker in households in rural areas, where the share of households in which men occupy this role is significantly higher than in urban areas (Figure 1.9, Panel B).

Figure 1.9. Decision-making power in the household is skewed towards men

Primary decision maker over children's education and health (Panel A); and share of the population living in households where the male household head is the sole decision maker for basic consumption or large/productive assets (Panel B)



Note: Differences between urban and rural areas are significant at the 1% level for Panel A and Panel B. Panel B presents the share of the population living in households where the sole decision maker for the types of decisions listed is a male household head.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

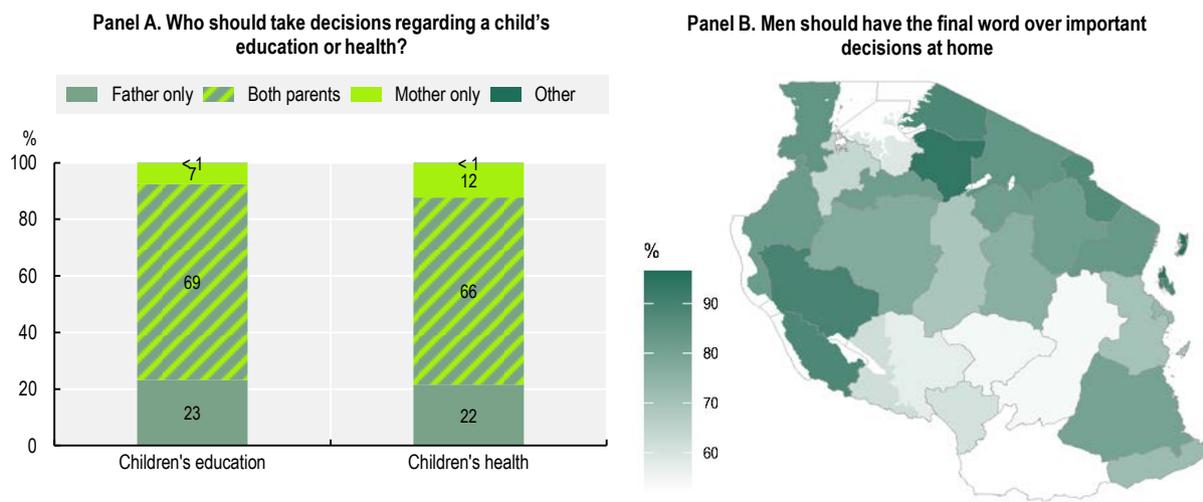
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Most Tanzanians hold the view that men should be ultimately responsible for important decisions in the home. While the majority believe that decisions concerning children's education or health should be taken by both parents together rather than by either parent alone, more than 20% of the population take the view that fathers should be solely responsible for such decisions (Figure 1.10, Panel A). Furthermore, a large majority of Tanzania's population (74%) agrees that men should have the final word in important decisions in the home – a proportion that is significantly higher in rural areas and Zanzibar than in urban areas and Mainland Tanzania. Discriminatory attitudes related to decision-making power within the household are also more acute for individuals with lower levels of education. While 79% of the population without any formal education believe that men should have the final word on important decisions in the home, this proportion falls to 65% among those with a completed secondary education, and to 56% among those with a university-level education. Important variations also exist across regions, ranging from 52% of the population in Ruvuma to 97% in Kaskazini Pemba (Figure 1.10, Panel B). These dominant and widespread discriminatory attitudes undermine women's independence and status beyond the scope of pure

household decisions, limiting their ability to exercise their own opinion in life-determining areas such as their own health or education, or their choice of job.

Figure 1.10. Most Tanzanians believe that men should be responsible for important decisions in the home

Share of views on responsibility for decisions concerning children's education and health (Panel A); and share of the population stating that men should have the final word over important decisions at home, by region (Panel B)



Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/euys7m>

Violence against women

The “Violence against women” indicator measures discrimination against Tanzanian women in terms of their vulnerability and exposure to gender-based violence. The indicator looks at the share of ever-partnered women who have experienced IPV over the last 12 months as well as the proportion of women who have survived any kind of violence perpetrated by someone other than their partner during their lifetime. The indicator also measures the population's opinion regarding whether a husband may be justified in hitting or beating his wife under certain circumstances – namely, burning the food, going out without telling him, neglecting the children or arguing with him. Tanzania scores 38 against this indicator. However, the results suggest that violence against women is a more acute problem in Mainland Tanzania, which scores 39, than in Zanzibar, which obtains a score of 25. In addition, wide variations exist across regions, ranging from a low level of discrimination in Kaskazini Unguja (11) to a high level in Mara (59).

Overall, more than half of all Tanzanian women have survived some form of violence at some point in their lives (Figure 1.11, Panel D). Taking into account both IPV and non-partner violence, the data show that 55% of Tanzanian women older than 15 years have survived violence at some point in their lives (Box 1.2). The level of violence is significantly higher in Mainland Tanzania, where 56% of women have survived some form of violence, than in Zanzibar, where the rate is 38%. Although men are less exposed to IPV throughout their lives, the rate of non-partner violence is higher, with 44% of Tanzanian men having survived some form of violence.

Box 1.2. Levels of violence against women and girls measured by the SIGI Tanzania

Violence against women and girls is a complex phenomenon that takes different forms and may occur in different places – ranging from the family sphere to public places and the political realm. Violence may have occurred at different moments in a woman’s life including relatively recently – within the last 12 months – or earlier. To capture these multiple dimensions of violence against women and girls, the SIGI Tanzania relies on four main indicators aligned with definitions adopted by the country (United Republic of Tanzania, 2016^[18]):

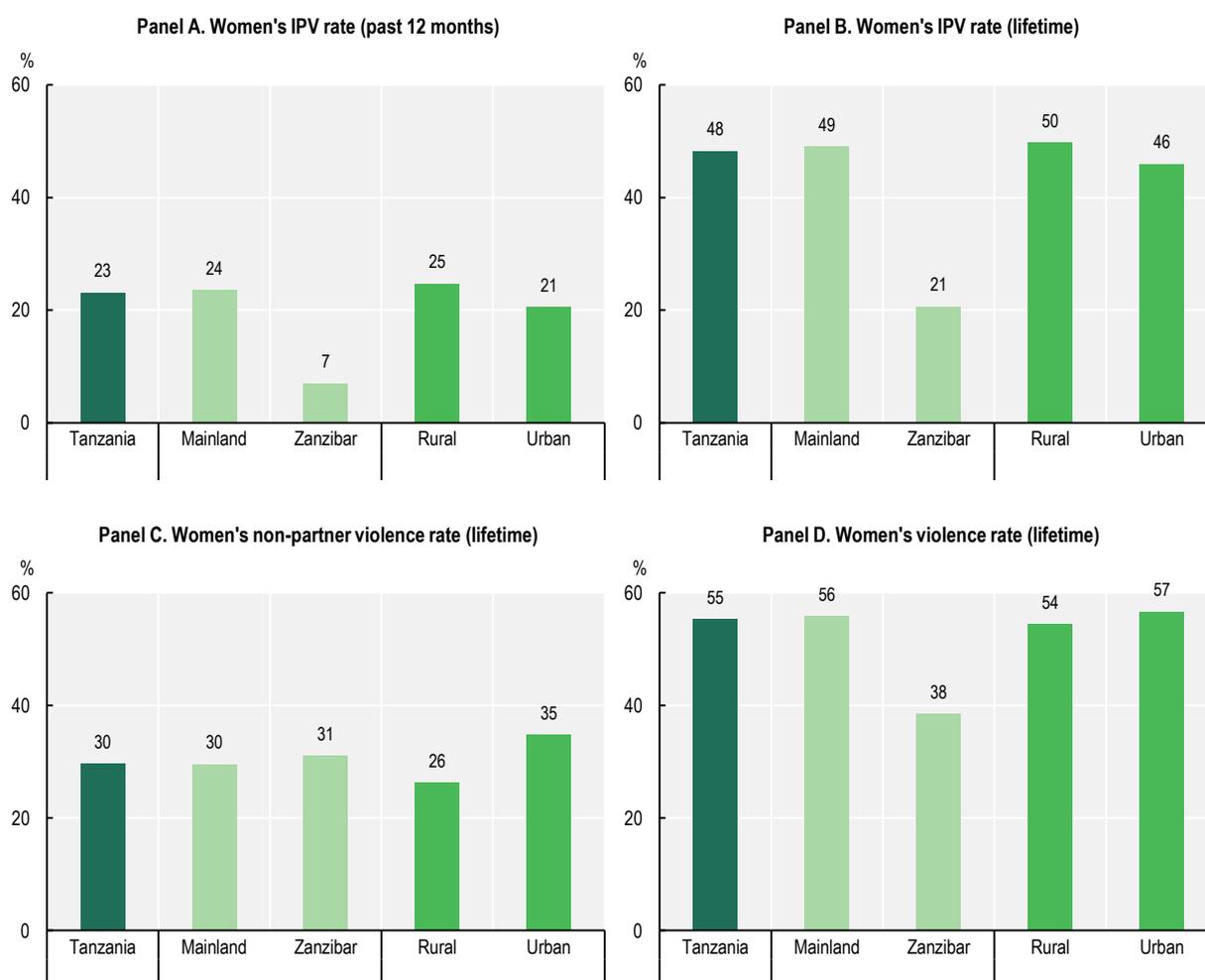
- The rate of **intimate partner violence (IPV) over the past 12 months** is defined as the share of ever-partnered women aged more than 15 years who have survived any of the four forms⁷ of IPV during the last 12 months.
- The rate of **IPV over the lifetime** is defined as the share of ever-partnered women aged more than 15 years who have survived any of the four forms of IPV at least once in their lifetime.
- The rate of **non-partner violence over the lifetime** is defined as the share of all women aged more than 15 years who have survived any form of violence inflicted by someone else than their partner or spouse.
- The rate of **violence over the lifetime** is defined as the share of all women aged more than 15 years who have survived either IPV or non-partner violence at least once in their lifetime.

About half of women in Tanzania have survived IPV during their lifetime (48%), and one in four women has experienced IPV over the last 12 months (23%) (Figure 1.11, Panel A and B). In comparison, 36% and 33% of women have survived IPV during their lifetime in East Africa and Africa, respectively (OECD Development Centre/OECD, 2019^[14]). The proportion in both cases is significantly higher for women living in rural areas than in urban settings, and for women in Mainland Tanzania rather than in Zanzibar. On average, women suffered primarily from psychological and emotional violence (e.g. humiliations or insults by their husband or partner) followed by physical and sexual violence (e.g. forced sexual intercourse) (Box 1.2). The share of women exposed to economic violence by an intimate partner (e.g. the partner or husband damaging or sabotaging a woman’s work) was smaller over the last 12 months.

Meanwhile, one in three women in Tanzania has survived non-partner violence during their lifetime (i.e. when the perpetrator was not their husband or a partner) (Figure 1.11, Panel C). Physical violence is the most frequent type of violence women experienced, followed by sexual harassment and sexual violence. In particular, the rate of non-partner violence is higher for women living in urban settings than in rural areas, a reversal of the trend identified for IPV. Very large variations exist across regions, with women’s rate of non-partner violence ranging from 4% in Lindi to 78% in Kaskazini Pemba. Importantly, men are equally exposed as women to non-partner violence. At the national level, 34% of men have experienced non-partner violence at least once in their lifetime compared to 30% of women.

Figure 1.11. More than half of Tanzanian women have experienced violence

Share of women having suffered from IPV over the past 12 months (Panel A), from IPV over their lifetime (Panel B), from non-partner violence over their lifetime (Panel C) and from any type of violence over their lifetime (Panel D)



Note: Panel A presents the share of ever-partnered women aged more than 15 years who have survived any of the four forms of IPV during the last 12 months. Panel B presents the share of ever-partnered women aged more than 15 years who have survived any of the four forms of IPV at least once in their lifetime. Panel C presents the share of all women aged more than 15 years who have survived any form of violence inflicted by someone other than their partner or spouse. Panel D presents the share of all women aged more than 15 years who have survived either IPV or non-partner violence at least once in their lifetime.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/3zrspu>

Social acceptance of violence against women is widespread across the country. Half of Tanzania's population agrees with the statement that a husband is justified in hitting or beating his wife if she burns food, goes out without telling him, neglects the children or argues with him. Acceptance of physical violence is highest in relation to women who argue with their husbands or neglect the children (Figure 1.12). Importantly – and perhaps counterintuitively – social acceptance of violence against women also tends to be higher among women than men; at the national level, a larger share of women than men consider that a husband is justified in hitting his wife given the abovementioned reasons. In addition, these discriminatory

attitudes are significantly higher in rural areas than in urban settings, as well as in Mainland Tanzania than Zanzibar, where 50% and 29%, respectively, of the population agree that it is justifiable for a husband to hit or beat his wife under these circumstances.

Figure 1.12. Social acceptance of violence against women is very high in Tanzania

Share of the population of the opinion that it is justifiable for a man to hit his wife when she argues with her husband, neglects the children, goes out without telling her husband or burns the food



Note: The figure presents the share of the population that strongly agrees, agrees or is not sure whether it is justifiable for a man to hit his wife under the four selected circumstances.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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Reproductive autonomy

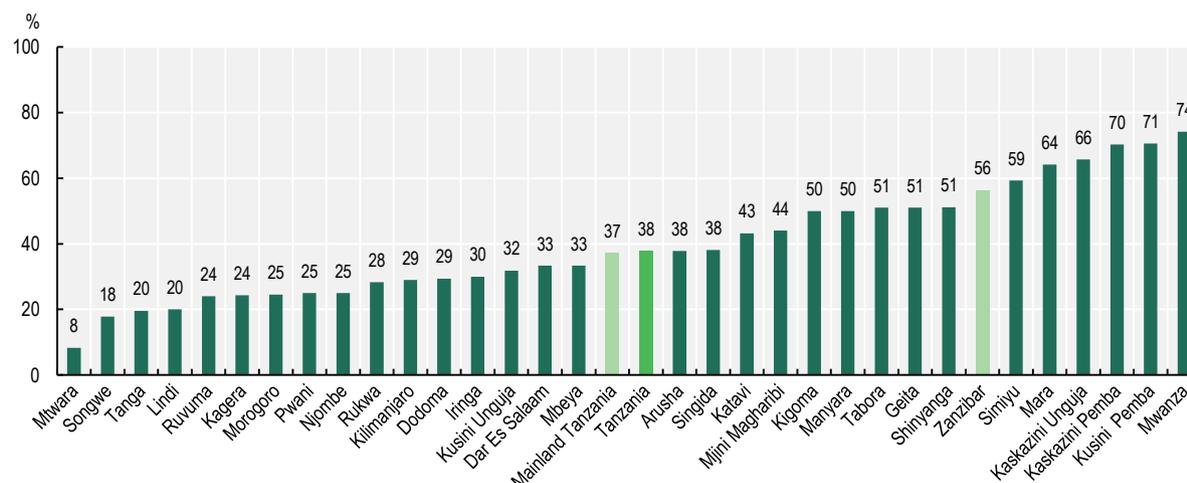
Women's reproductive autonomy refers to women's ability to decide and control contraceptive use, pregnancy and childbearing. The indicator "Reproductive autonomy", however, measures women's unmet family planning needs in terms of the share of women with a partner or spouse who are not trying to have children but do not use contraception. The indicator also measures attitudes among the population regarding women's right to use contraception, as well as attitudes towards abortion. Overall, Tanzania scores 53 for "Reproductive autonomy", with Zanzibar (67) scoring higher than Mainland Tanzania (53). There is significant variation between regions with scores ranging from 43 in Mtwara to 77 and 78 in Kusini Pemba and Kaskazini Pemba, respectively.

More than one-third of Tanzania's women of reproductive age – between 15 and 49 years old – report having an unmet need for family planning. In other words, 38% of women who are not trying to have a child with their partner are not using any contraceptive method to avoid or delay pregnancy. No differences were found for this rate between rural and urban areas, or between younger or older women. However, the share of women reporting unmet family planning needs is much higher in Zanzibar (56%) than in Mainland Tanzania (37%). Moreover, the share of women with an unmet need for family planning drops significantly as their educational attainment increases. While 52% of women without any formal education report unmet needs, this proportion decreases to 32% for women who have completed secondary education and to just 2% for women with a university-level education. Women's unmet needs also vary greatly across regions: 8% of women living in Mtwara report not using a contraceptive method despite

being with a partner and not wanting a child, compared to more than 70% of women living in Kusini Pemba, Kaskazini Pemba and Mwanza (Figure 1.13).

Figure 1.13. Women's unmet family planning needs vary across regions

Share of women aged 15-49 years who are with a partner but do not want a child and do not use any contraceptive method to delay or avoid a pregnancy



Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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About one-third of the population holds discriminatory attitudes towards women's use of contraception. At the national level, 32% of the population disagrees or strongly disagrees with a woman having the right to decide whether or not to use contraception. These discriminatory attitudes are more widespread in rural than in urban areas (38% and 34%, respectively) and are higher in Zanzibar (51%) than in Mainland Tanzania (36%). Moreover, more men (39%) than women (34%) hold the view that a woman should not have the right to decide whether to use contraception.

The vast majority of the population is opposed to the legalisation of abortion, although attitudes vary depending on the reasons cited. At the national level, regardless of sex, age or residential area, 90% of the population opposes passing a law that would legalise abortion under at least one of the following circumstances: to preserve a woman's physical health; following a rape, statutory rape or incest; because of foetal unviability; or to prevent the woman from dying. However, attitudes towards abortion vary greatly depending on the circumstances. 76% of the population holds the view that abortion should be allowed to save a woman's life and 79% believes it should be allowed in cases of foetal unviability. Conversely, 75% of the population believe that abortion should not be permitted to preserve the mental health of the woman, 72% maintain that it should not be allowed to preserve a woman's physical health, and 74% believe it should not be permitted in cases of rape, statutory rape or incest. Some variations exist across regions. For instance, in Ruvuma, 56% and 69% of the population believes that abortion should be permitted to preserve a woman's mental and physical health, respectively. In Tabora and Dodoma, more than 60% of the population would support a law allowing abortion in cases of rape.

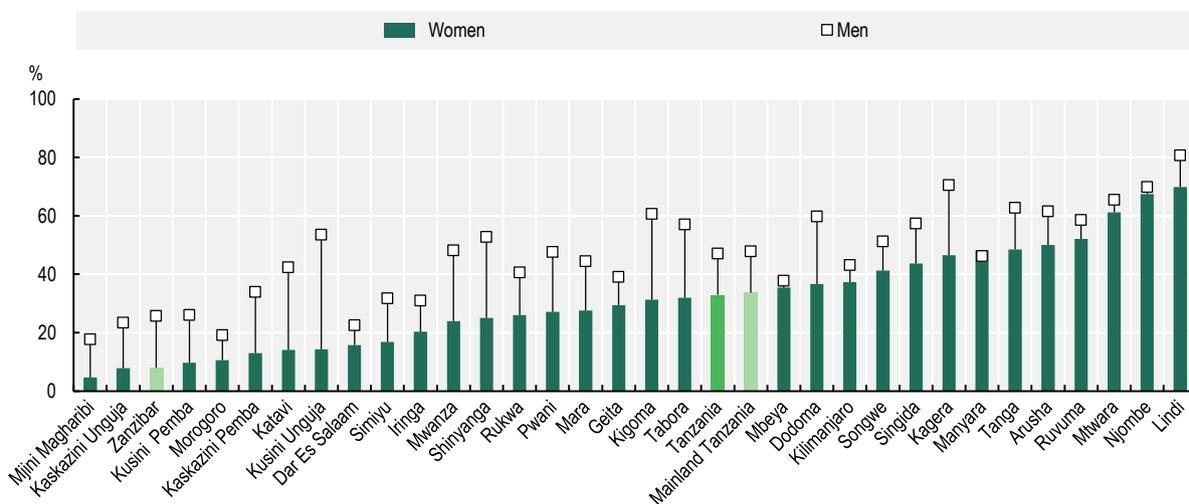
Access to agricultural land

“Access to agricultural land” is a composite indicator that measures discrimination against Tanzanian women in terms of ownership of, use of and control over agricultural land. The indicator looks at the share of agricultural landowners who are women as well as the proportion of these women who are authorised to sell, rent and use the land as collateral to borrow money. The indicator also measures the population’s attitudes towards women’s equal ownership of agricultural land and associated decision-making power. Tanzania’s score of 17 hides wide variations at the regional level where scores range from 1 in Njombe to 66 in Kusini Unguja. Scores are significantly higher in Zanzibar (49) than in Mainland Tanzania (16), indicating the presence there of important structural barriers constraining women’s ownership of and control over agricultural land.

Women’s ownership of agricultural land is significantly lower than that of men. At the national level, 33% of women own agricultural land, compared to 47% of men, translating into a gender gap of 14 percentage points. As the agricultural sector accounts for about one-third of the country’s Gross Domestic Product (GDP) and around two-thirds of employment for both men and women, women’s lower level of ownership of critical productive assets such as agricultural land may have long-lasting consequences for their economic empowerment (World Bank, 2020^[19]; World Bank, 2017^[20]). In rural areas, in particular, this gender gap reaches 17 percentage points. The gender gap is consistent across all regions of Tanzania and reaches more than 20 percentage points in nine regions⁸ (Figure 1.14). Some of these regions are among the most rural in the country. For instance, the gender gap reaches 24 percentage points in Kagera where 89% of the population lives in a rural area. Likewise, the gender gap reaches 39 percentage points in Kusini Unguja, where 86% of the population lives in rural areas.

Figure 1.14. Fewer women than men own agricultural land across all Tanzanian regions

Share of women and men owning agricultural land



Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

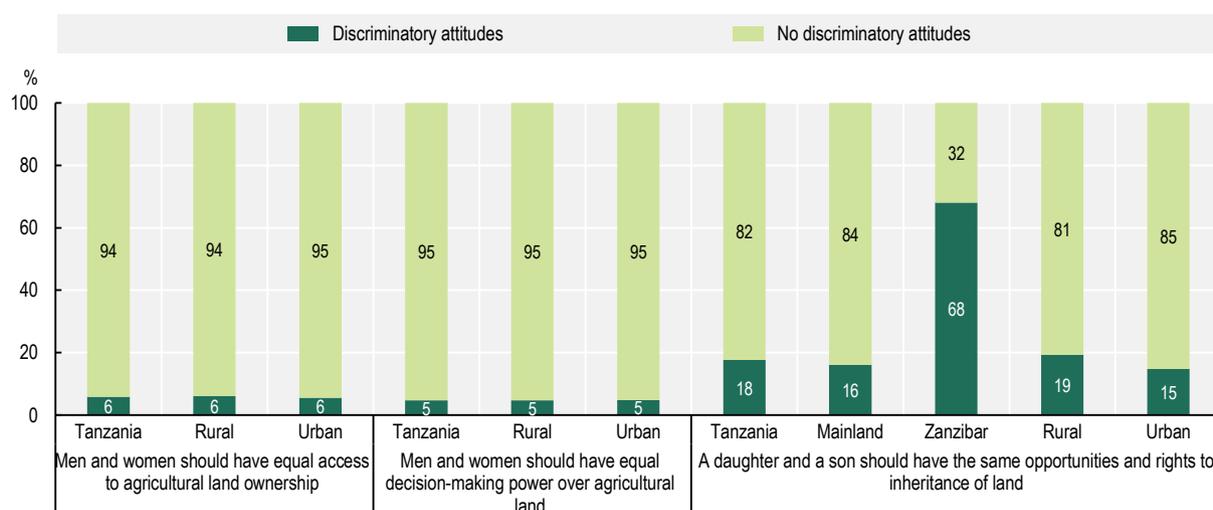
StatLink  <https://stat.link/lu9cn5>

Nevertheless, a large part of the population seems to be supportive of women’s equal access to ownership and control over agricultural land. Regardless of the area or region of residence, a significant majority of Tanzania’s population considers that men and women should have equal access to agricultural land ownership (94%) and should enjoy equal decision-making power over the land owned (95%). Yet, attitudes

regarding inheritance practices indicate that discriminatory social norms continue to hinder women's ownership and control over land. Nearly one-fifth of the country's population believes that a daughter should not have the same opportunities and rights as a son towards inheritance of land. In Zanzibar, the share of the population holding discriminatory attitudes towards the inheritance of land by daughters reached 68% (Figure 1.15). As inheritance constitutes one of the primary channels through which land is transmitted and acquired by individuals, these discriminatory attitudes likely reflect deeply entrenched structural barriers that constrain women's equal ownership of land.

Figure 1.15. A large proportion of the population supports women's full and unhindered access to agricultural land ownership

Share of the population agreeing (or not) with the selected statements



Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/6p2an0>

Freedom of movement

“Freedom of movement” refers to discrimination faced by women that impinges on their ability to move independently and of their own will in public spaces. This composite indicator measures women's feeling of security when walking alone at night as well as the population's opinion as to whether a woman requires her husband's permission to go to certain public places.⁹ Tanzania scores 68 overall for this indicator. Discrimination is higher in Zanzibar than Mainland Tanzania, scoring respectively 85 and 68. Levels of discrimination also vary across regions: Manyara's score of 48, although the lowest across all regions, remains relatively high, while Morogoro and Kusini Pemba both obtain an extremely high score of 92.

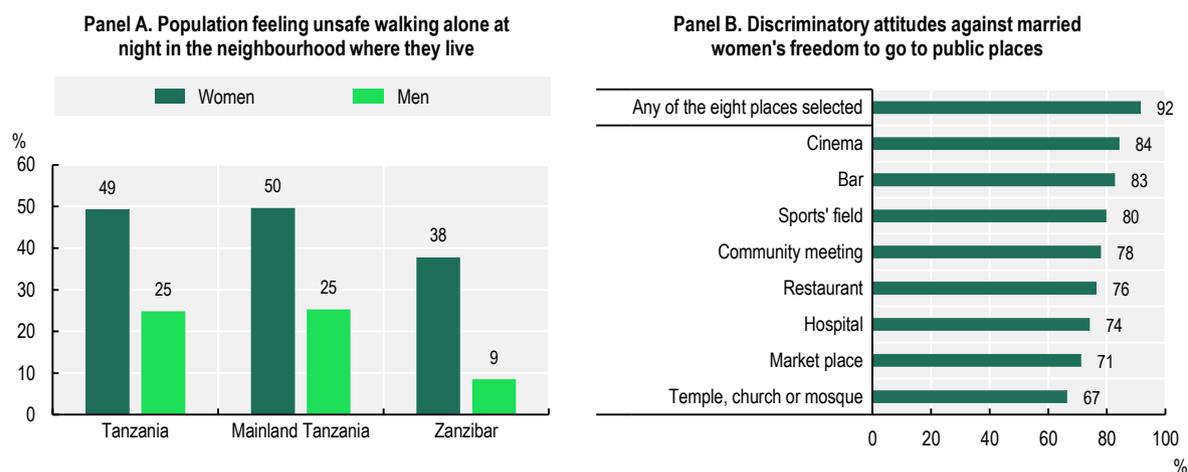
Half of Tanzanian women do not feel safe when walking alone at night in the neighbourhood where they live, compared to one-quarter of all men. As a result, 68% of the population who do not feel safe walking alone at night are women. This pattern is consistent across urban and rural areas, but differs between Mainland Tanzania and Zanzibar. Whereas 50% of women in Mainland Tanzania do not feel safe walking alone at night, this rate falls to 38% for women in Zanzibar (Figure 1.16, Panel A). While women across all regions express a relatively low feeling of security, the situation is most acute in Singida, Dodoma and Kagera, where 75% or more women declare feeling unsafe. At the national level, the three most commonly cited reasons why women do not feel safe are fear of robbery (66%), physical assault (57%) and rape

(51%). Men mostly do not feel safe because they are afraid to be robbed (69%), to be physically assaulted (68%) or to be kidnapped (36%).

Discriminatory attitudes towards women's freedom of movement are extremely high and are widespread throughout the country. More than 90% of the population shares the opinion that a woman should ask her husband or partner for permission if she wants to go to at least one of the following places: a market place, a cinema, a restaurant, a bar, a hospital or health centre, a sports field, a place of religious worship or a community meeting. The limited variation in these discriminatory attitudes found across regions, as well as between urban and rural areas, underscores how deeply entrenched they are. Attitudes opposing women's ability to go to public places without asking their husband's permission are most acute when related to leisure activities, such as going to a sports field, a cinema or a bar (Figure 1.16, Panel B).

Figure 1.16. Half of women feel unsafe walking alone at night and discriminatory attitudes against women's freedom of movement are very high

Share of men and women who do not feel safe walking alone at night in the neighbourhood where they live (Panel A); and share of the population agreeing that a woman needs her husband's or partner's permission to go to a selection of public places (Panel B)



Note: In Panel A, the differences between men and women for Tanzania, Mainland Tanzania and Zanzibar are statistically significant at 1%.
Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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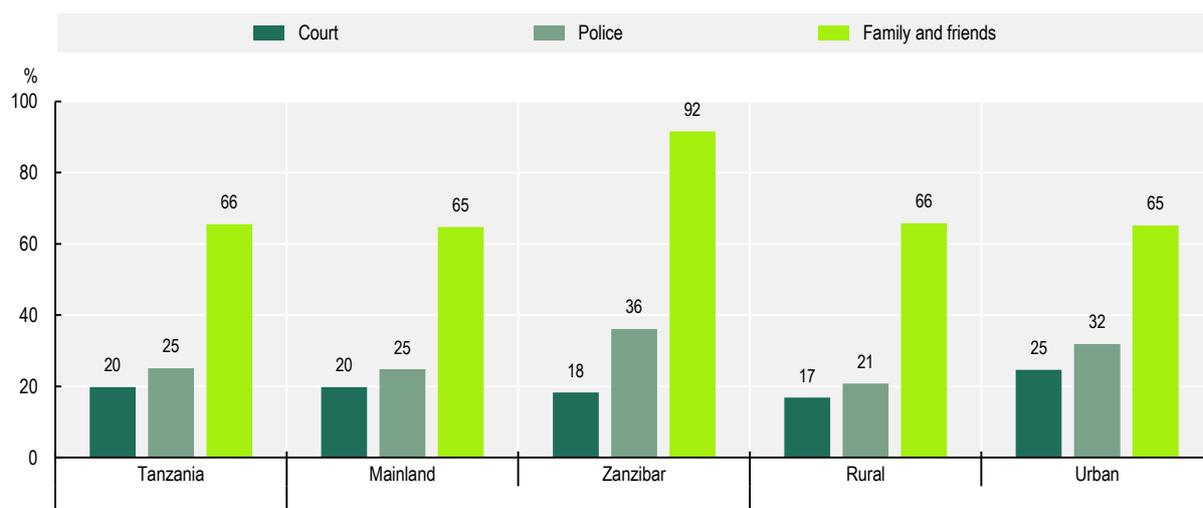
Access to justice

The indicator "Access to justice" measures discrimination against women in terms of their access to justice. For both discriminatory practices and attitudes, the indicator looks at women's ability to access the country's justice system from the plaintiff's perspective, measuring their confidence and trust in the police or judiciary in cases of conflict. The indicator also assesses the population's attitudes towards women's opportunities to become a judge as well as a set of attitudinal variables designed to measure the population's attitudes towards women's ability to go to court or the police freely.¹⁰ Tanzania scores 29 on the "Access to justice" indicator, while at the regional level Songwe reports the country's lowest level of discrimination with a score of 13, and women's access to justice is most limited in the regions of Iringa, Mwanza and Tabora.

Women's ability and willingness to resort to the courts and the police are limited. In situations of conflict, only 20% of women would seek access to the lowest court in the judicial hierarchy – Primary Courts in Mainland and Khadi Courts in Zanzibar – and just 25% would seek help from the police. Likewise, only 27% of them would turn to religious or traditional leaders. In contrast, about two-thirds of women in Tanzania would turn to relatives or friends (Figure 1.17). About 70% of women also declare that they would turn to local government authorities in case of conflict. Although differences between men and women are limited and not significant, where a person lives matters. Overall, both men and women living in urban areas are significantly more likely to solicit the help of a court or police to settle a conflict than in rural areas.

Figure 1.17. Women's ability and willingness to resort to courts and the police are limited

Share of women who would turn to a court, the police, or family and friends in cases of conflict



Note: Courts include Primary Courts in Mainland Tanzania and Khadi Courts in Zanzibar.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

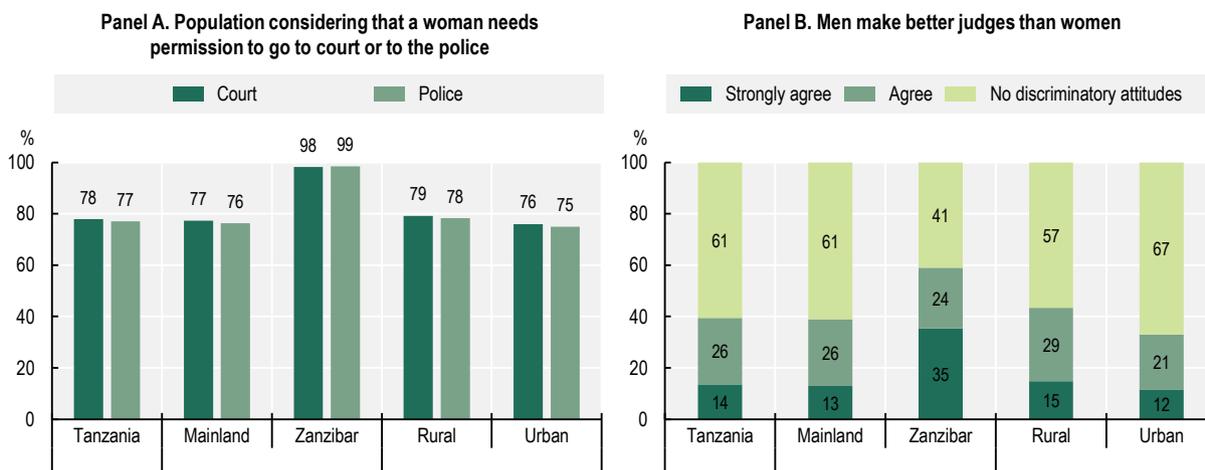
StatLink  <https://stat.link/aevj91>

Discriminatory social norms and attitudes restrict women's ability to access the justice system and to seek redress through Tanzania's legal institutions. Although a large majority of the population believes that men and women should have equal opportunity to file a complaint at a police station, more than three-quarters hold the opinion that a woman needs her husband's or partner's permission if she wants to contact the police (77%) or a court (83%). These attitudes reflect norms of restrictive masculinities that promote men's role as protectors and guardians of the household and are internalised by society as a whole, including women themselves. This internalisation and wide acceptance of these norms regarding the guardianship of women in the household is reflected in behaviours that constrain women's agency, including men controlling their wives/partner's mobility and determining if and when they may go to public places such as police stations and/or to the courts (OECD, 2021^[15]). Although these discriminatory attitudes are widely held across all regions of the country – in no region does the share of the population holding such discriminatory attitudes drop below 50% – they are particularly high in Zanzibar (Figure 1.18, Panel A).

At the same time, norms opposing women's representation in the system as judges remain high. At the national level, 39% of the population agrees or strongly agrees that men make better judges than women (Figure 1.18, Panel B). In Zanzibar, this share reaches 59%, indicating the presence of deeply entrenched social norms that view the ability to administer justice as a privilege of men.

Figure 1.18. Discriminatory attitudes constrain women's representation in the justice system and restrict their ability to access justice

Share of the population agreeing that a woman needs her husband's or partner's permission to access the courts or the police (Panel A); and share of the population agreeing (or not) that men make better judges than women (Panel B)



Note: In Panel A, courts include Primary Courts in Mainland Tanzania and Khadi Courts in Zanzibar.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/mdoi0p>

Conclusion

Discriminatory social norms and practices function as major barriers for Tanzanian women and girls. The results of the SIGI Tanzania show that discrimination is particularly acute in the areas of girl child marriage and bride price, unequal intra-household dynamics – both in terms of unpaid care and domestic work and decision making – violence against women, reproductive autonomy, access to agricultural land, freedom of movement and access to justice.

The link between these discriminatory social norms and women's empowerment is complex and multidimensional. Discriminatory social norms and attitudes, as measured by the SIGI, are at the root of discriminatory practices. For instance, the prevalence of violence against women is closely associated with higher social acceptance of domestic violence (see Chapter 4). These underlying, and often concealed, norms and practices, in turn, have an impact on more visible outcomes for women. For example, high rates of girl child marriage have a profound effect in terms of increased adolescent pregnancies and reduced educational attainment for women (see Chapter 3)

At the same time, underlying factors may have their own underlying root causes that are grounded in discriminatory social norms. For instance, discriminatory inheritance practices are encouraged by traditional perceptions of the role of women and men within the family, as well as traditional views which hold that land belongs to men. These norms and practices have profound impacts on women's access to agricultural land, which, in a country such as Tanzania whose economy remains largely dependent on agriculture, has critical downstream consequences on women's economic empowerment (see Chapter 2). Likewise, traditional views of the role of men and women within the household strongly determine the unbalanced distribution of unpaid care and domestic work between men and women. These imbalances

within the household themselves have negative repercussions on women's access to the labour market (see Chapters 2 and 3).

Insights provided by the conceptual framework of the SIGI Tanzania and different analyses uncovering the link between discriminatory norms and practices and reduced empowerment outcomes provide evidence of wide variation across Tanzania. The type of barriers and discrimination faced by women and girls may vary depending on the location and their intensity may differ by region. For instance, female genital mutilation, although not a severe issue at the national level, remains a critical problem in specific regions of Mainland Tanzania that needs to be addressed (see Chapter 4). These results uncovered by the SIGI Tanzania at the sub-national level call for a targeted and tailored policy response. Structured and specific policy recommendations aimed at addressing the most problematic and entrenched obstacles faced by Tanzania women and girls are presented in the following chapters of the report.

Notes

¹ Women of reproductive age are defined as women aged between 15 and 49 years old.

² The African Gender Index is a composite index jointly developed by the African Development Bank (AfDB) and the United Nations Economic Commission for Africa (UNECE). It seeks to measure how women fare in comparison to men across three dimensions of human wellbeing: (i) economic, (ii) social and (iii) empowerment – including political and institutional representation. The index includes 26 indicators that cover parity outcomes across labour market participation, income, access to resources, representation in management, education, health, political representation, and land and house ownership.

³ The Gender Inequality Index is an inequality index and a composite measure developed by the United Nations Development Programme (UNDP). It seeks to quantify the loss of achievement within a country due to gender inequality. It measures gender inequalities in three important aspects of human development: (i) reproductive health, (ii) empowerment and (iii) economic status. The Gender Inequality Index builds on the same framework as the Human Development Index and includes five indicators: maternal mortality ratio, adolescent birth rates, representation in parliaments, levels of secondary education and labour force participation rate.

⁴ SIGI scores range from 0 to 100, with 0 indicating no discrimination and 100 indicating absolute discrimination.

⁵ The Technical Advisory Group (TAG) of the SIGI Tanzania offers technical and conceptual guidance to the SIGI Tanzania. To provide a multi-dimensional perspective to the SIGI Tanzania, the TAG is composed of a limited number of recognised practitioners and experts in the different areas covered by the SIGI Tanzania, ranging from economists and statisticians to anthropologists, lawyers, sociologists and representatives from the government. The SIGI Tanzania TAG is co-chaired by the Ministry of Health, Community Development, Gender, Elderly and Children of Mainland Tanzania and the Ministry of Labour Empowerment Elderly, Women and Children (MLEEWC) of Zanzibar.

⁶ The set of domestic tasks used to calculate the women-to-men ratio of time spent on unpaid care and domestic work includes: cooking for the household, cleaning the household, washing clothes, cleaning the bathroom/toilet, taking care of the elderly, taking care of the sick/disabled, repairing the house, taking care of the yard, buying groceries, fetching water for the household, fetching firewood for the household, supervising children's homework, giving baths to children and feeding children.

⁷ The four forms of IPV assessed were: (i) physical – being beaten, slapped or kicked, or being physically assaulted with use of an object; (ii) psychological and emotional – being humiliated, threatened, insulted or frightened in private or in front of others; (iii) economic – having work or tools used for work damaged, sabotaged or destroyed; and (iv) sexual – being forced to have sexual intercourse without consent.

⁸ Kusini Unguja (39 percentage points), Kigoma (29 p.p.), Katavi (28 p.p.), Shinyanga (28 p.p.), Tabora (25 p.p.), Mwanza (24 p.p.), Kagera (24 p.p.), Dodoma (23 p.p.), Kaskazini Pemba (21 p.p.) and Pwani (21 p.p.).

⁹ The set of public places for which attitudes were measured included the market, cinema, restaurant, bar, hospital or health centre, sports' field, religious sites or community meetings.

¹⁰ More precisely, the “Access to justice” indicator contains three variables that measure (i) the share of respondents who disagree or strongly disagree with the statement “Women and men should have equal opportunity to access courts of law”; (ii) the share of respondents who disagree or strongly disagree with the statement “Women and men should have equal opportunity to file a complaint at the police station”; and (iii) the share of respondent declaring that a wife or partner should ask permission to her husband or partner to go to the police or the court.

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2 Women's economic empowerment

This chapter focuses on women's economic empowerment in Tanzania, building on data collected within the framework of the SIGI Tanzania. The first section explores different aspects of women's participation in the labour market, ranging from access to employment to the type of jobs and sectors in which they work. The section also highlights how social norms, including those limiting women's education, and traditional views of women's roles, affect their status and position in the labour market. The second section of the chapter examines women's access to agricultural land, a critical productive asset in Tanzania. It assesses the current situation of women regarding ownership and control over agricultural land, highlighting recent legal changes that may yield positive benefits. The section also shows how women's low ownership and control over land results from discriminatory customs, inheritance practices and norms that establish men as the majority owners and decision makers in this area. The chapter concludes with some concrete and actionable policy options aimed at improving women's access to the labour market and land ownership in Tanzania.

Key takeaways

Access to the labour market

- Women's participation to the labour force is high at 80% in 2019. However, it remains below that of men with a gender gap of 7 percentage points, which is in line with Tanzania's neighbour countries and lower than sub-Saharan Africa average at 12 percentage points (ILO, 2021^[11]). Among respondents to the SIGI Tanzania, 63% of women were in the labour force compared to 75% of men.
- Women's high rate of labour force participation is rooted in social norms that expect women to work and support their participation in income-generating activities, albeit under the control of men.
- Women's employment, as with that of men, is concentrated primarily in the agricultural sector, reflecting the structure of Tanzania's economy.
- Non-agricultural sectors are characterised by horizontal segregation in Tanzania. Women are significantly more likely to work in the wholesale and retail sector and accommodation and food services, where they are overrepresented. Conversely, men are more likely to work in the manufacturing, construction and transportation sectors, where they are overrepresented.
- Women are more likely than men to work as unpaid family workers or own-account workers. Consequently, their work often involves vulnerable and informal arrangements with limited social protection, no formal contracts and low access to benefits such as maternity leave.
- Discriminatory social norms curtail women's access to the labour market and affect their job status and positions through four main factors:
 - Social norms that associate men's role with guardianship and control over women limit women's agency and choice of activities.
 - Social norms and traditional forms of masculinity dictate that men should be breadwinners, while women should undertake the brunt of unpaid care and domestic work (see Chapter 3).
 - Women have lower levels of education than men due to norms that favour the education of boys over girls.
 - Social norms that ascribe certain types of professions to women perpetuate occupational segregation.
- On average, young and married men with low levels of education and from poorer households are more prone to hold discriminatory norms that curtail women's access to labour. For instance, 79% of men without formal education believes that men should decide whether a woman can work outside the house, compared to 62% of men who went to university.

Access to agricultural land

- In a context where agriculture accounts for one-third of Tanzania's Gross Domestic Product (GDP) and two-thirds of total employment, women's ownership of agricultural land is significantly lower than that of men, particularly in rural areas and regions dominated by the agricultural sector.
- When women do own land, they are more likely than men to have joint ownership, which entails a lower degree of control over the land in question.
- Most landowners do not possess any formal legal documentation testifying to their ownership.
- Women's low ownership of land results primarily from two types of discriminatory social norms:

- Despite existing formal and/or religious laws that may protect women's rights, informal and customary practices dictate that land belongs to men and shape inheritance practices by favouring sons over daughters and other male family members over widows.
- Social norms shape intra-household dynamics and establish the man as the family's primary decision maker.

The economic dimension is central to women's empowerment and includes the ability to participate in the labour market and earn an income, as well as the ability to access, inherit and control productive land and financial resources. Women's economic empowerment encompasses a wide set of issues, notably control over their own time, lives and bodies, and meaningful participation and representation in economic decision-making processes at all levels – ranging from within the household to the highest economic and political positions (UN Women, 2020^[2]). While such empowerment focuses primarily on women's capacity to make strategic choices and exercise agency in the economic sphere, it also paves the way for changes in other dimensions of their lives related to well-being, social empowerment, health and education (Kabeer, 2015^[3]; Kabeer, 2009^[4]).

Both Mainland Tanzania and Zanzibar have dedicated strategies and action plans to promote women's economic empowerment. The National Strategy for Gender Development (NSGD), launched in 2006, focuses, inter alia, on women's access to education, training and employment as well as economic empowerment and poverty eradication. In Mainland Tanzania, the policy framework for women's economic empowerment is governed by the Five Year Development Plan (FYDP) III (2021/2022 – 2025/26) and the Tanzania Development Vision 2025. The FYDP III aims to realise the country's vision to become a semi-industrialised middle-income country by 2025 (The United Republic of Tanzania, 2021^[5]). Vision 2025 is organised around four priority areas – economic transformation, human capital and social services, governance and resilience, and infrastructural linkages – and seeks, among other goals, to ensure that by 2025 economic activities cannot be classified by gender (The United Republic of Tanzania, n.d.^[6]). In Zanzibar, efforts to strengthen women's economic empowerment are guided by the Strategy for Growth and Reduction of Poverty – MKUZA III (2016–2020), and the Zanzibar Development Vision 2050, which prioritise inclusive and pro-poor policies with economic, social, political and environmental dimensions. Sector-specific policies and strategies further aim at promoting women's and girls' economic empowerment (The Revolutionary Government of Zanzibar, 2020^[7]). These include Zanzibar's Education Development Plan (2017/18 – 2021/22), the Zanzibar Land Policy (2017) and Zanzibar's Economic Empowerment Policy (2019). The latter promotes women's increased participation in trade sectors that are currently male-dominated but considered as drivers for economic development.

The present chapter is divided into two main sections. The first examines women's access to the labour market in Tanzania; the second assesses women's access to productive assets, specifically agricultural land and financial services. Both sections commence with an overview of the current situation of women in Tanzania and across the country's 31 regions. They then explore the role played by discriminatory social institutions, notably social norms, attitudes and stereotypes, in explaining Tanzania's unequal outcomes, specifically women's marginalisation in the labour market, their lower job status compared to men, and their limited ownership of agricultural land and financial assets. Finally, they uncover some of the main determinants of these discriminatory social norms and attitudes that constrain the economic outcomes of Tanzanian women.

Access to the labour market

Women's access to the labour market, and specifically to quality jobs, is an essential dimension of their empowerment. Access to the labour market provides women with an income and control over economic resources, while generating numerous positive externalities. For instance, controlling an income of their own enables women to leave a violent situation in the home, if necessary, while women's control over economic resources increases investment in children's education and health. The gains benefit not only women but society as a whole. Given a similar distribution of innate abilities among women and men, sex-driven labour imbalances artificially reduce the pool of skilled workers from which economic actors can draw, thereby reducing the overall economic growth of a given country (Ferrant and Kolev, 2016^[8]). In this regard, increasing women's participation to the labour market and ensuring that no structural barriers create artificial imbalances can yield significant economic gains for Tanzania. In an effort to implement

different national action and priority plans to enhance women's employment, Tanzania has supported various programmes and services (Box 2.1).

Box 2.1. Programmes and services supporting women's access to labour markets and financial services in Tanzania

Enhancing women's economic activity and their access to labour markets

Tanzania has implemented infrastructure programmes with the objective of reducing the time burden of domestic work that women face and increasing women's productivity and livelihoods. These include the Rural Electrification Programme, which aims to electrify all villages in Tanzania by 2021 and the development of road networks by the Tanzania Rural Roads Agency. The latter seeks to facilitate women's transportation and access to market places outside of their communities.

The Public Procurement Act of 2011 (amended in 2016) directly supports women's economic activity by foreseeing an allocation of 30% of total procured services for women and youth. Specific economic groups receive support: the Zanzibar Economic Empowerment Fund (ZEEF), for example, provides financial support, entrepreneurship and marketing training for women-run vegetable and fruit projects.

Entrepreneurship among women is fostered throughout the country, for example via the Zanzibar Technology of Business Incubation Centre launched in 2015. Since its establishment, a total of 1 117 youths, the majority of whom are girls, have been trained in bakery skills, entrepreneurship, preparation of business plans, agro-processing and the preparation of soap, resulting in the establishment of 40 business companies. In Mainland Tanzania, 449 vocational training centres have been set up to enhance entrepreneurial and business skills. Vocational Trainings and Focal Development Colleges have also been established to enhance the education and skills of youth including adolescent girls.

Promoting women's access to financial services

The 2018 amendment of the Local Government Authority Financial Act aims to ensure women's financial inclusion and access to credit. Specifically, the newly added Section 37A requires all local government authorities to set aside 10% of their revenue collection to fund interest-free loans for women (4%), youth (4%) and persons with disabilities (2%).

In Zanzibar, the ZEEF provides soft loans to women entrepreneurs. In Mainland Tanzania, soft loans are provided to women via the Women Development Fund. The government's contribution to the fund increased from TZS 3.4 billion (EUR 1.3 million) in 2014 to TZS 16.3 billion (EUR 6.2 million) in 2018.

The Market Infrastructure, Value Addition and Rural Finance (MIVARF) programme was implemented across the country to enhance access to formal financial services for Mainland Tanzania's and Zanzibar's rural population. Under the programme participants are provided with agricultural processing machines, equipment and training, as well as capacity building on agricultural or value chain issues.

Source: (Government of Tanzania, 2019^[9]), Country Report on the Review and Progress made in Implementation of the Beijing Declaration and Platform for Action – Beijing +25, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/64/National-reviews/United-Republic-of-Tanzania-en.pdf>.

Women in Tanzania have less access to the labour market than men, remain confined to certain sectors of the economy and occupy positions of lower status

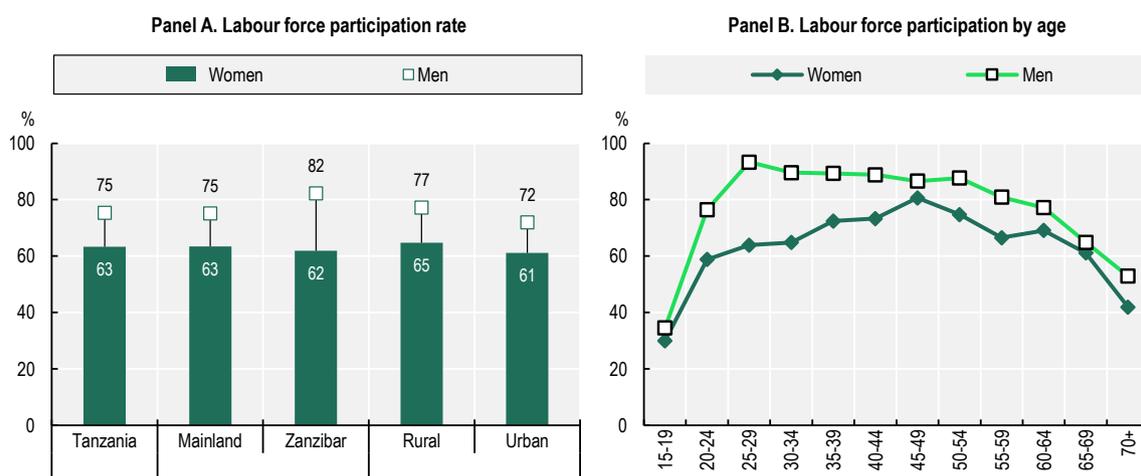
Women's access to the labour market is high, but still lower than that of men. Controlling for various socio-demographic factors, men are significantly more likely than women to be employed.¹ At the national level,

80% of working-age women are in the labour force² and 78% are employed. In comparison, 87% of working-age men are in the labour force and 86% are employed (ILO, 2021^[1]). In the SIGI Tanzania sample, 63% of working-age women are in the labour force³ and 58% are employed, compared to 75% and 69% of men, respectively. Differences are particularly marked in Zanzibar where the gender gap in labour force participation reaches 20 percentage points and the employment gap stands at 28 percentage points (Figure 2.1, Panel A).

The gender gap in labour force participation in the SIGI Tanzania sample is particularly wide among young men and women, reaching 29 and 25 percentage points for individuals aged 25 to 29 years and 30 to 34 years, respectively. However, the labour force participation gap between men and women is much smaller for older generations (Figure 2.1, Panel B). Furthermore, data show that women attain their employment peak later than men. Across all age brackets, the age at which women's labour force participation rate is highest is older than for men. Men attain their employment peak between the ages of 25 and 29 years old. During this period, 93% of men are in the labour force and 84% are employed. In contrast, women attain their employment peak between the ages of 45 and 49 years, with 81% in the labour force and 75% employed. These distinct age profiles suggest that many women delay their entry into the labour market, most likely due to childbearing and childcare. Cross-country⁴ evidence indicates that marriage and increase in women's domestic responsibilities can have a strong negative effect on women's labour characteristics (Dieterich, Huang and Thomas, 2016^[10]).

Figure 2.1. Women's participation in the labour market is significantly lower than that of men

Labour force participation rate of men and women



Note: Labour force participation is calculated for the population aged 15 years and above. Differences in men's and women's mean rate of labour force participation are significant at the 1% level in Tanzania, Mainland Tanzania, Zanzibar, rural and urban areas.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

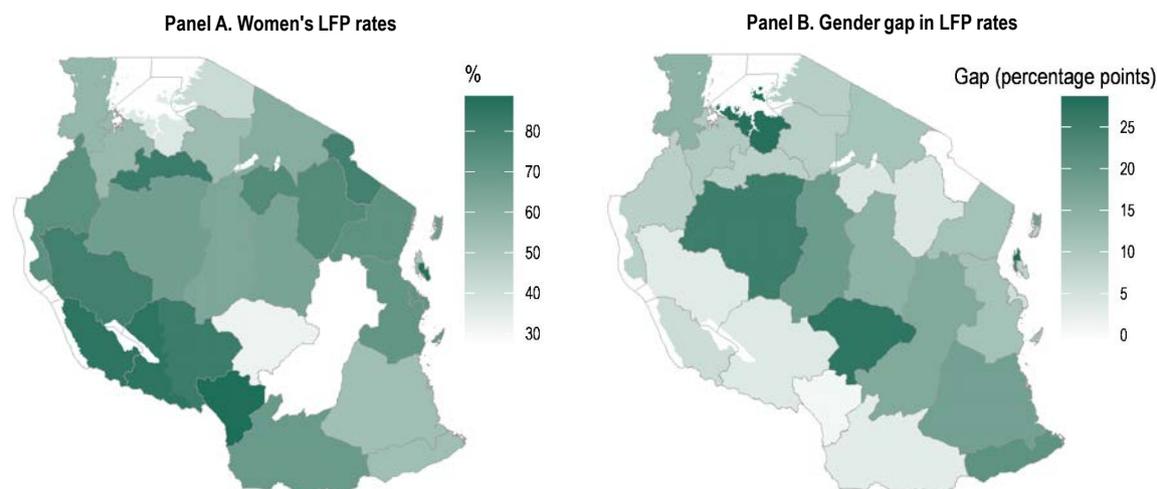
StatLink  <https://stat.link/aot9jk>

Wide variations in labour force participation exist across regions reflecting the fact that women's inclusion in the labour market is higher in urban than in rural areas and in Mainland Tanzania than in Zanzibar. While more than 80% of women form part of the labour force in seven regions⁵ of Tanzania, in 11 other regions,⁶ this rate falls below 60% (Figure 2.2, Panel A). Incidentally, many of these 11 regions are also among those where the difference in labour force participation between men and women is the highest. For instance, in Mwanza, the gender gap in labour force participation reaches 28 percentage points. Likewise,

in five other regions – Iringa, Kaskazini Unguja, Mjini Magharibi, Mtwara and Tabora – the difference in labour force participation between men and women is greater than 20 percentage points (Figure 2.2, Panel B). Women’s employment rate follows a similar pattern with more than 80% employed in some regions, while in others less than 50% of women are employed.

Figure 2.2. Women's labour force participation varies widely across Tanzania's regions

Women’s labour force participation (LFP) rate and gender gap in labour force participation



Note: The gender gap in labour force participation (LFP) rates is calculated as the difference between men's LFP rates and women's LFP rates.
Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

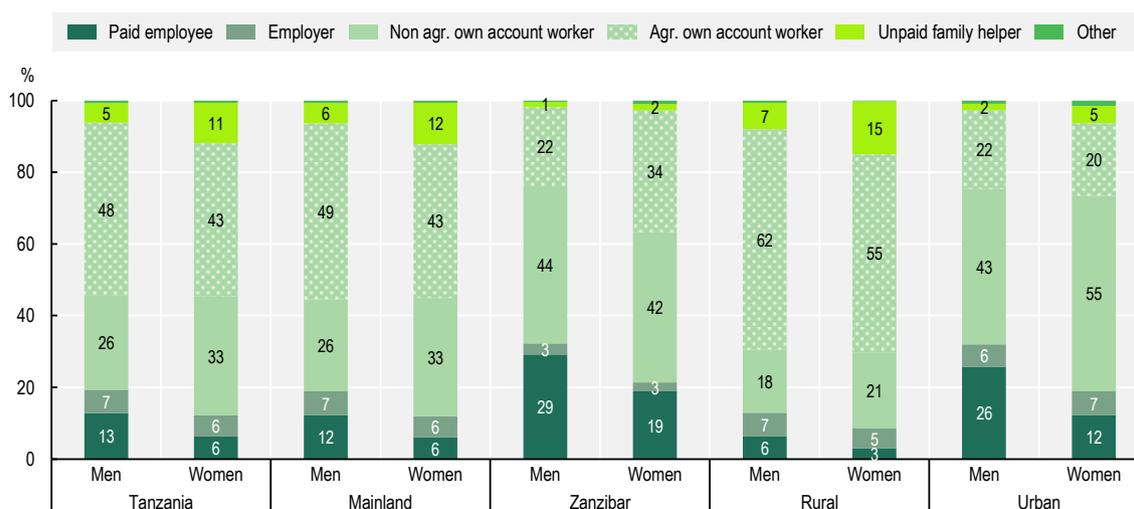
The agricultural sector remains the main source of employment for both women and men, and accounts for about one-third of Tanzania’s GDP (World Bank, 2020^[12]; World Bank, 2017^[13]). At the national level, 61% of employed women in the SIGI Tanzania sample work in agriculture, compared to 65% of men. Not surprisingly, the proportion of men and women working in this agricultural sector is much higher in rural areas than in urban areas, although the proportion of the urban population reaches 30%. Overall, women engaged in agricultural activities are more disadvantaged than men and face higher constraints. They tend to own smaller plots than men, have lower levels of education, enjoy lower yields, have more limited access to markets, use less improved seeds and rely less on agricultural technologies (World Bank Group, 2017^[14]). Agricultural employment is also more limited in Zanzibar where other sectors – mostly related to tourism – provide a more important source of employment for men and women.

Women’s employment is also characterised by certain specific forms of employment such as unpaid family workers or own-account workers. Women’s waged employment is extremely limited with only 6% of working women in paid employment compared to 13% of working men. Conversely, 11% of women work as unpaid family helpers compared to 5% of working men (Figure 2.3). Overall, women work primarily as own-account workers, either in the agricultural sector (43% of working women) or in non-agricultural sectors (35%). Women’s employment is slightly different in Zanzibar, due primarily to differences in the economic structure. Because Zanzibar’s economy is less dependent on agriculture and much more oriented towards tourism and services, women are less prone to work as own-account agricultural workers or as unpaid family helpers – which usually involves farming work on the household’s plots. As a result, 19% of working women are employed as paid employees – a share that is lower than that of men (29%). Conversely, the share of women working as own-account workers in the agricultural sector is lower than in Mainland Tanzania and only 2% of working women are unpaid family workers.

The extremely limited proportion of workers engaged in waged employment means that only a very small share of the working population is entitled to paid paternity or maternity leave schemes, which, by law, are provided by the employers.⁷ At the national level, only 4% of respondents from the SIGI Tanzania survey confirmed an entitlement to paid paternity and maternity leave, with the proportion between men and women being similar. The share of workers entitled to such leave was significantly higher in urban areas than in rural areas (9% and 2%, respectively) as well as in Zanzibar compared to Mainland Tanzania (14% and 4%, respectively). These differences directly mirror distinct situations in terms of waged and formal employment.

Figure 2.3. Women’s employment is characterised by lower forms of employment such as unpaid family worker or own-account worker

Share of men and women employed by job status



Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

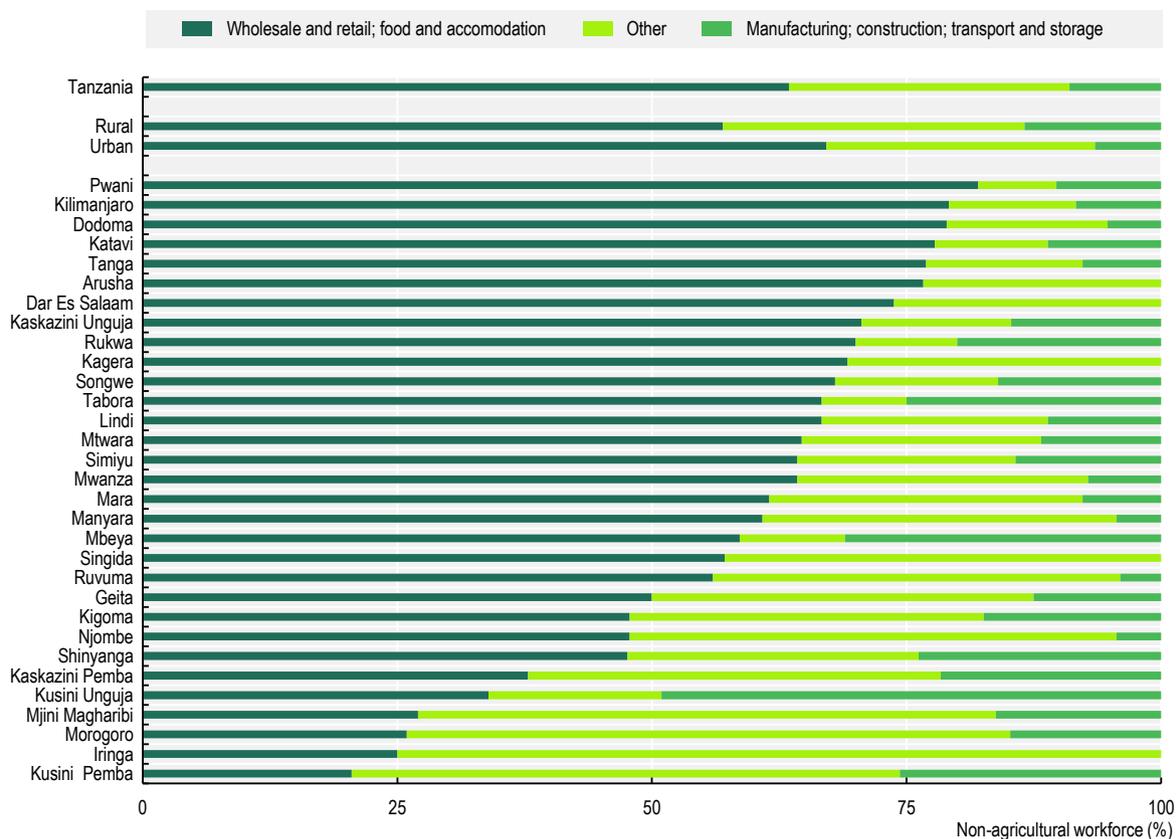
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In non-agricultural sectors, horizontal segregation⁸ results in the concentration of women in sectors with low productivity. Controlling for various socio-demographic factors, the likelihood of women working in the wholesale and retail sector and accommodation and food services is significantly higher than for men.⁹ Excluding the agricultural sector, at the national level, 45% of women work in the wholesale and retail sector compared to 23% of men, while 19% of women work in the accommodation and food sector compared to 3% of men. In urban areas, in particular, 48% of women from the non-agricultural workforce are employed in the wholesale and retail sectors. Likewise, in 22 out of Tanzania’s 31 regions, more than 50% of women from the non-agricultural workforce are employed in wholesale and retail or the accommodation and food sectors (Figure 2.4). Conversely, men are more likely to work in the manufacturing, construction and transportation sectors, in which they are overrepresented compared to women. In 24 regions, the share of women from non-agricultural sectors working in the manufacturing, construction or transportation sectors is below 20% (Figure 2.4). This high horizontal segregation has notable downstream consequences since the sectors in which women are overrepresented are also those where value-added per worker is the lowest, leading to differences in economic gains between men and women – in salaries or in profits (World Bank Group, 2017^[14]). In the context of the COVID-19 pandemic and its socio-economic consequences, this horizontal segregation also has disproportionate effect on

women's employment as sectors such as wholesale and retail or food and accommodation services have been the hardest hit.

Figure 2.4. Horizontal segregation of the non-agricultural workforce is significant

Share of women not working in agriculture by sectors of work



Note: Sectors are classified by three categories. Women working in the wholesale and retail sector and the accommodation and food services sector (considered as more appropriate for women) are grouped into one category. Women working in the manufacturing, construction, transportation and storage sectors (considered as more appropriate for men) are grouped into a second category. Women working in all other sectors (considered as relatively gender neutral) are grouped into a third category.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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Discriminatory social norms, barriers to education and traditional perceptions of gender roles affect women's status and position in the labour market

The high female labour force participation rate in Tanzania is linked to the absence of strong discriminatory social norms opposing paid work for women. However, as with many other African and/or lower middle-income countries, women in Tanzania are also responsible for unpaid care and domestic labour, while expected to contribute to the household income alongside men (Kabeer, 2015^[31]). This is particularly true in rural areas and in households engaged in agricultural activities, where women often represent a valuable resource for labour-intensive activities. This dynamic results in relatively high rates of female labour force participation, with 80% of Tanzanian working-age women employed in the workforce (ILO, 2021^[11]). The population appears to be fairly of women's right to work, regardless of their place of residence. For

instance, 87% of the population agrees or strongly agrees with the statement: “It is perfectly acceptable for any woman in your family to have a paid job outside the home if she wants one” (Figure 2.5, Panel A). Discriminatory attitudes relating to women’s right to work are almost non-existent in Zanzibar and only slightly higher in rural areas than in urban ones.

However, several underlying factors constrain women’s employment in Tanzania by limiting their opportunities and access to certain types of jobs. Although other factors may operate, data and analysis of the SIGI Tanzania highlight the role played by the four following factors in limiting women’s labour outcomes:

- Social norms, and notably norms of restrictive masculinities, associate men’s role with guardianship and control over women.
- Social norms and views on traditional gender roles in the household dictate that men should be breadwinners, while women should undertake the brunt of unpaid care and domestic work.
- Women have lower levels of education than men partly due to a combination of multiple discriminatory social norms, including girl child marriage, adolescent pregnancies and long-established trends and choices at the household level favouring the education of boys over girls.
- Social norms ascribe certain types of professions to women.

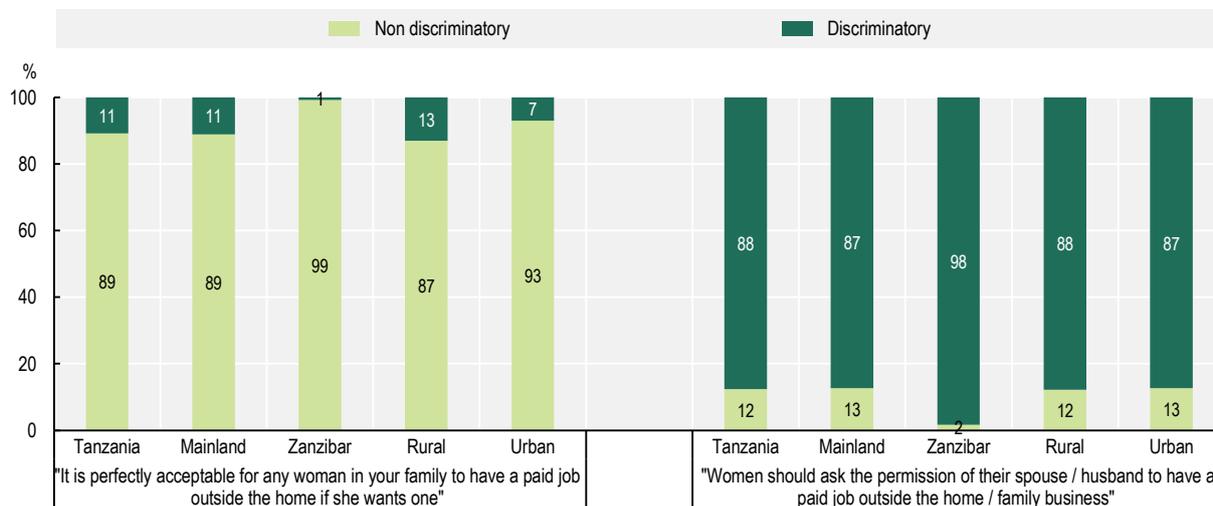
Social norms that associate men’s role with guardianship and control over women limit women’s agency

In Tanzania, social norms dictate that men should control whether a woman is allowed to work outside the household. Discriminatory attitudes restricting women’s free choice to have a job are widespread, with 88% of the population agreeing or strongly agreeing with the statement “Women should ask the permission of their spouse/partner to have a paid job outside the home/family business” (Figure 2.5, Panel B). This share reaches 98% in Zanzibar, where qualitative research has found that cultural and religious norms do not prohibit a woman from seeking work as long as she has the permission of her husband – or her parents if she is not married (Mbuyita, 2021^[15]).

Adherence to such social norms associated with men’s guardianship of the household and control over women reinforces existing gender inequalities in the public and economic spheres and severely constrains women’s agency (OECD, 2021^[16]). These restrictive norms go beyond men’s control over women’s economic activity. For instance, 93% of the population who believe that women should ask permission from her husband or partner to have a paid job outside the home, also hold the view that a woman should seek permission to travel to another city or abroad. Likewise, 87% are of the opinion that a woman should ask permission to visit her family. Restricting women’s mobility may also serve as a means to maintain traditional gender divisions of labour, ensure that women stay at home and preserve control over women’s sexuality by limiting external social contact (Porter, 2011^[17]).

Figure 2.5. Social norms support women's labour force participation but dictate that women should ask permission

Share of the population holding discriminatory attitudes against women's ability to work outside the household (Panel A); and share of the population holding discriminatory attitudes requiring that women ask permission to work outside the household (Panel B)



Note: Discriminatory attitudes regarding women's ability to work outside the household are measured as the share of the population strongly disagreeing or disagreeing with the statement "It is perfectly acceptable for any woman in your family to have a paid job outside the home if she wants one." Discriminatory attitudes regarding women having to ask permission to work outside the household are measured as the share of the population strongly agreeing or agreeing with the statement "Women should ask the permission of their spouse/husband to have a paid job outside the home/family business."

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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Social norms view men as breadwinners and dictate that women should undertake the brunt of unpaid care and domestic work

In Tanzania, traditional social norms also dictate that men are the breadwinners of the household – a salient characteristic of being a “real” man that persists across time, space and cultures (OECD, 2021^[16]). Despite the significant shares of women participating in paid labour, norms associating masculinities with paid work and the role of financial provider remain strong: 92% of the population considers that a “real man” should be the breadwinner. Likewise, a large share of the population (16%) considers that working for pay should be the exclusive responsibility of a man, whereas only 6% of the population considers it the exclusive responsibility of women – and 78% perceives it as a shared responsibility. In Zanzibar and rural areas, the share of the population that considers working for pay to be the sole responsibility of men is 20% and 17%, respectively.

These restrictive norms of masculinities have a significant impact on whether individuals believe that men should have priority in terms of employment or not. Individuals considering that paid work should be a man's exclusive responsibility or that a “real man” should be the breadwinner are significantly more prone to believe that men should have priority over women where employment is concerned.¹⁰

At the same time, social norms and views on traditional gender roles in the household dictate that women should undertake the brunt of unpaid care and domestic work (see Chapter 3), with women's place largely believed to be in the household. Focus group discussions in Zanzibar highlighted the view that women are

expected to stay at home, give birth, and take care of the husband and family (Mbuyita, 2021^[15]). At the national level, women undertake the lion's share of unpaid care and domestic work, spending three times more time on unpaid care and domestic work than men. Moreover, their unpaid work burden consists largely of basic and routine household tasks such as cleaning, cooking and taking care of the children (see Chapter 3).

This has consequences for women's choices regarding the labour market. Although women undertake the majority of unpaid care and domestic work, social norms in Tanzania also expect them to work, which translates into a double burden of paid and unpaid work. As a result, women undertake, on average, 4.4 hours of unpaid care and domestic work per day compared to 1.4 hours for men and also work 5 hours per day daily compared to 6 hours for men. In total, women spend 9.4 hours every day on unpaid and paid work compared to 7.4 hours for men (see Chapter 3). At the global level, women's disproportionate burden of unpaid care and domestic work is closely associated with their low participation in the labour market, notably by constraining the allocation of their time, their mobility and their employment opportunities (OECD, 2021^[18]; OECD, 2019^[19]). However, in Tanzania, no association has been found between women's labour force participation and the female-to-male ratio of unpaid care and domestic work. Even in regions where the sharing of household tasks is the most unequal, women's participation in the labour market remains high. This double hardship often requires women to make labour choices that allow them to remain flexible in regard to their household duties, such as working in the informal sector or close to the home.

Women's lower levels of education limit their access to quality jobs and formal employment

Women's employment is constrained by their low level of education. In Tanzania, women's likelihood of becoming part of the workforce or being employed rises significantly as their educational level increases.¹¹ While 59% of women with no formal education are in the workforce, this share increases to 65% and 85%, respectively, for those with a primary education and a university degree. Yet, women's level of education remains significantly lower than that of men. At the national level, 20% of women have no formal education, compared to only 9% of men. In contrast, 11% of women have completed secondary education compared to 17% of men.

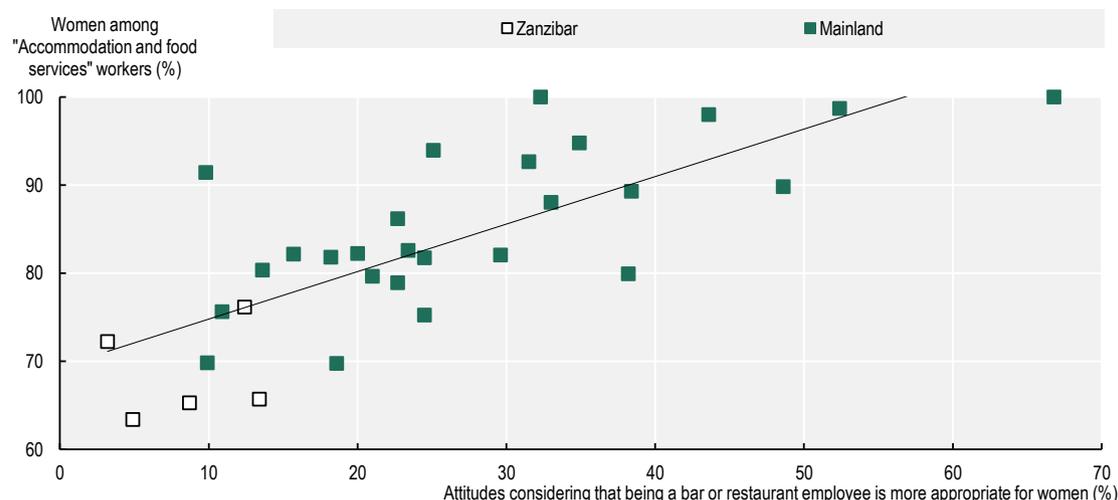
These differences in educational attainment between men and women stem from multiple factors, including girl child marriage, adolescent pregnancies and long-established trends and choices at the household level favouring the education of boys over girls. In Tanzania, girls who are married young are more likely to achieve lower educational attainment and in many instances, child marriage may lead to the interruption of girls' schooling (see Chapter 3). Because it is unlawful in Mainland Tanzania for any person to marry a girl who attends primary or secondary school, families that desire to marry their daughters might be tempted to remove them from school before organising the marriage. A husband may also oppose his young bride attending school and may expect her to care for the household instead. At the same time, girl child marriage significantly increases the likelihood of adolescent pregnancies (see Chapter 3). Constraints resulting from adolescent pregnancies and related to childrearing can impede girls from continuing their education. Qualitative research also uncovers that past behaviours that only started to change recently and that denied girls the opportunity to attend school have contributed to a high number of women having no or low levels of formal education today (Mbuyita, 2021^[15]). These low levels of education have profound impacts on women's ability to join the formal public or private sectors.

Social norms ascribing certain types of professions to women perpetuate labour segregation

Social norms that ascribe certain types of professions to women perpetuate the horizontal and vertical segregation of Tanzania's labour market. Biases and stereotypes regarding the type of job that may be fit or appropriate for a woman or a man tend to confine women to certain sectors or positions. For instance, results at the regional level show that the share of the population who believes that being a bar or a

restaurant employee is a job more appropriate for women, is reflected in the larger share of women among workers in the “Accommodation and food service” sector (Figure 2.6).

Figure 2.6. Gendered views and stereotypes regarding jobs and occupations lead to horizontal segregation



Note: The figure shows the correlation between the share of women among workers in the “Accommodation and food services” sector and the share of the population considering that being a bar or a restaurant employee is more appropriate for women. Data presented are fitted values from an OLS regression with women’s share among workers in the “Accommodation and food services” sector as the dependent variable. Attitudes considering that being a bar or a restaurant employee is more appropriate for women is the main independent variable. Coefficient and marginal effects are significant at 10%. Control variables include the urbanisation rate, localisation in Mainland or Zanzibar, and wealth levels. Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

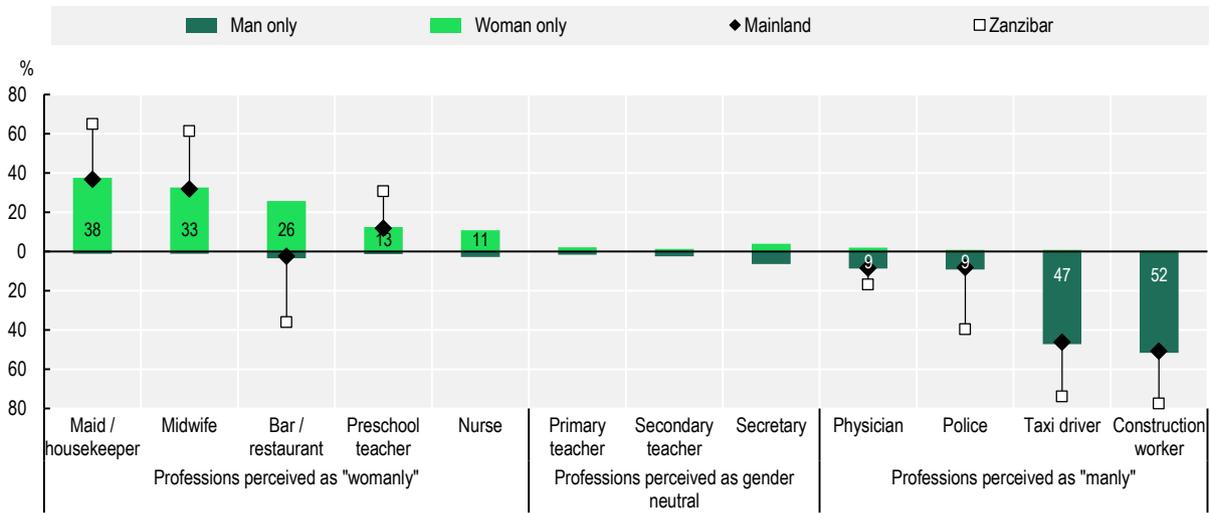
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As in many cultures and countries across the world, views on jobs and occupations are highly gendered in Tanzania. On the one hand, some jobs are perceived as “womanly”. For instance, 38% of the population considers being a maid or a housekeeper to be a job for women, 61% believe that the profession may be appropriate for both men and women, and only 1% consider it to be a job for men. Likewise, 33% and 26% of the population, respectively, consider that being a midwife and working in a bar or a restaurant to be more appropriate jobs for women. On the other hand, some jobs are perceived as “manly”. More precisely, 47% and 52% of the population, respectively, believe that being a taxi driver and working in construction are jobs more appropriate for men. Less than 1% of the population thinks that these occupations are more appropriate for women (Figure 2.7). These patterns highlight a defining feature of restrictive masculinities in Tanzania that is also found in many other cultures and countries. The social definitions of jobs as either “manly” or “womanly” correspond not only to the sex to which these jobs typically apply but also to sex-based associations about the traits that make an individual suited for the work (OECD, 2021^[16]; Buscatto and Fusulier, 2013^[20]). In this regard, jobs such as fishers, taxi drivers, masons and carpenters are viewed as more suitable for men based on the belief that physical strength is a masculine trait. Conversely, occupations such as midwives, nurses, housekeepers and preschool teachers are seen as more appropriate for women based on their association with care and attentiveness to others, which are typically viewed as feminine traits (OECD, 2021^[16]).

These stereotypes are not uniform across Tanzania and tend to be stronger in Zanzibar. For instance, 65%, 61% and 31% of the population there consider that being a maid or housekeeper, a midwife or a preschool teacher, respectively, is more appropriate for women. Perceptions of certain jobs as more suited

to men are also more polarised. For example, about three-quarters of Zanzibar's population considers that being a taxi driver and working in construction are jobs more appropriate for men (Figure 2.7). Interestingly, the case of Zanzibar shows that social norms may vary significantly across places. Culture and customs shape how people associate certain traits with certain occupations, resulting in opposite results for the same norms. While 26% of the population in Mainland Tanzania considers that being a restaurant or bar employee is more appropriate to women, this share drops to 7% in Zanzibar. Conversely, while only 3% of Mainland Tanzania's population perceives working in bars or restaurants as "manly", 36% of Zanzibar's population believes that this type of work is more appropriate for men (Figure 2.7).

Figure 2.7. Certain jobs are highly gendered



Note: The figure presents the share of the population that considers certain jobs to be more appropriate for women only or for men only. Shares considering that a given job is more appropriate for women only shown in the top half of the figure; shares considering that a given job is more appropriate for men only are shown in the bottom half. Mainland – Zanzibar differences are indicated only for jobs and sizes that are relevant. The difference between the shares considering a job to be more appropriate for women or man only is the share of the population that considers a job appropriate for both men and women.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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The consequences of these stereotypes and opinions are far reaching, as jobs deemed more appropriate for women also have lower levels of income than those traditionally held by men. During focus group discussion, many female respondents stated that only a few women currently hold professional positions (e.g. medical doctors, engineers, lecturers, teachers, etc.) or are engaged in types of work that in the past used to be perceived as masculine (e.g. construction and mining) (Mbuyita, 2021^[15]). However, value-added per worker in sectors such as utilities, construction or finance in Tanzania is found to be much higher than in sectors such as commercial activities, including wholesale and retail (World Bank Group, 2017^[14]). As a result, stereotypes regarding the sector or type of jobs deemed appropriate for women tend to naturally orient women towards low productivity sectors characterised by lower wages, perpetuating women's economic disempowerment.

Married men and young men with low levels of education and from poorer households are more likely to hold discriminatory norms that curtail women's access to labour

In the SIGI Tanzania sample, men were more likely to hold discriminatory attitudes that constrain women's participation in the labour market. More specifically, men are less likely than women to consider that it is perfectly acceptable for a woman to pursue a paid job outside of the home, and are also more likely than women to think that women should ask their partner or spouse for permission if they want to have a paid job outside of the home or family business. In addition, men are also more likely to consider that they should take decisions regarding women's economic activity outside the house (Table 2.1).

Table 2.1. Determinants of discriminatory attitudes curtailing women's labour participation

Marginal effects and significance of key characteristics on discriminatory attitudes

		Dependent variable: discriminatory attitudes regarding the statements		
		(i) "It is perfectly acceptable for any woman in your family to have a paid job outside the home if she wants one"	(ii) "Women should ask the permission of their spouse or partner to have a paid job outside the home or family business"	(iii) "Men should decide whether a woman can work outside the house"
Independent variables				
Being a woman		↓	↓	↓
Living in urban areas		o	o	o
Age		↓	↓	↓
Age squared		↑	↑	↑
Education (omitted: no formal education)	Primary incomplete	↓	o	o
	Primary complete	↓	o	o
	Secondary complete	↓	o	↓
	University complete	o	o	↓
Marital status (omitted: married)	Living together	o	o	o
	Single	↓	↓	↓
Size of the household		o	o	↑
Wealth (omitted: 1st quintile)	2nd quintile	o	o	o
	3rd quintile	↓	o	o
	4th quintile	↓	o	↓
	5th quintile	↓	o	↓

Note: The table reports the sign of independent variables from three probit models where the dependent variables are (i) the share of the population who strongly disagrees or disagrees with the statement "It is perfectly acceptable for any woman in your family to have a paid job outside the home if she wants one"; (ii) the share of the population who strongly agrees or agrees with the statement "Women should ask the permission of their spouse or partner to have a paid job outside the home or family business"; and (iii) the share of the population who strongly agrees or agrees with the statement "Men should decide whether a woman can work outside the house". Additional control variables include regional dummies. o = no significant effect; ↑ = a significant positive effect; ↓ = a significant negative effect.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

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Age, marital status, education and wealth are key determinants of discriminatory social norms and attitudes. For all three attitudes measured, the likelihood of holding discriminatory attitudes towards women's access to labour seems to decrease as age increases. Marital status also appears to constitute a strong determinant of holding discriminatory attitudes: individuals who are single are significantly more

likely to hold attitudes favourable to women's access and labour market participation compared to those who are married or living together (Table 2.1).

The likelihood of holding discriminatory social attitudes decreases with increasing educational levels. Individuals with higher educational attainment are more likely to find it acceptable for a woman to have a paid job outside the home, as well as to disagree with the fact that men should take decisions over women's economic activity outside the house (Table 2.1). This effect becomes stronger as education increases and is found to be strongest among individuals with secondary education and/or university education level. For instance, 95% of individuals who have completed secondary education find it acceptable for a woman to have a paid job outside the household if she wants, compared to 83% for individuals with no formal education. Likewise, 80% of individuals with no formal education believe that men should decide whether a woman can work outside the house, compared to 69% and 59% of individuals with complete secondary schooling and university-level education, respectively.

Similar to education, individuals from wealthier households are less likely to hold discriminatory attitudes that restrict women's access to the labour market. This is particularly the case in regard to acceptance of women having a paid job outside the house (column (i) in Table 2.1) and not believing that men should take decisions over women's economic activity (column (iii) in Table 2.1). In both cases, the effect is strongest for individuals belonging to the two highest wealth quintiles. These results are not surprising given the strong interlinkages between education and wealth.

Access to agricultural land

In Tanzania, the agricultural sector continues to account for about one-third of the country's GDP and around two-thirds of employment for both men and women (World Bank, 2020^[12]; World Bank, 2017^[13]). Against this backdrop, women's ownership of productive assets such as agricultural land is critical to their economic empowerment. The essential link between livelihoods, food security, nutrition and agriculture in Tanzania puts access to and control over land at the heart of poverty eradication and sustainable development. In the context of climate change and increased risks of adverse climate episodes, such as droughts or floods, secured ownership of land becomes vital to limit women's vulnerability to the socio-economic effects of these events. At the same time, female land owners can become active and effective agents and promoters of adaptation and mitigation of climate change, notably through knowledge and expertise (Merrow, 2020^[21]; Osman-Elasha, n.d.^[22]).

Women's access to and ownership of land may also have important consequences for other aspects of their economic empowerment such as access to financial services and the ability to seek and obtain credit. The gender gap persists in the banking system – which remains heavily fragmented and weak in terms of capital – with 45% of women having a bank account, microfinance account or mobile money services compared to 57% of men (OECD, 2021^[11]). Improving women's access to agricultural land and providing them with secured land rights would help strengthen their access to financing, with positive spillovers for business creation and economic growth.

In this context, evidences show that women continue to face severe constraints. It is worth noting, however, that some legal obstacles have recently been abolished. In 2019, Tanzania adopted the Village Land Act and the Land Act which, respectively, govern the management and administration of land collectively owned by villages and allocated to individuals, and the management and administration of general land. The Village Land Act establishes clearly that customary law or decisions regarding land held under customary tenure are void if they deny women's lawful access land ownership (Government of Tanzania, 2018^[23]; Government of Tanzania, 2018^[24]). Nevertheless, conflicts with other legal instruments may arise as the National Land Policy of 1997 clearly reinforces customary practices of property ownership which, in most cases, discriminate against women and girl children. In particular, the National Land Policy states that inheritance of clan land will continue to be governed by custom, and states that this is not contrary to

the Constitution (Government of Tanzania, 1997^[25]). Other obstacles are structural in nature and relate to representation in decision-making bodies. At the village level, the dominance of men in local governance structures such as land tribunals and councils, which are instrumental in land adjudication processes, lessens women's voice in important decisions. Women are also frequently excluded from specific processes related to land use planning, parcelling and land registration, which effectively obstructs their involvement in the overall process of land administration and the provision of land titles. Heavy bureaucratic land administration processes associated with high related costs and extended periods of time may also impose limitations on women's ownership (UN Women, 2018^[26]).

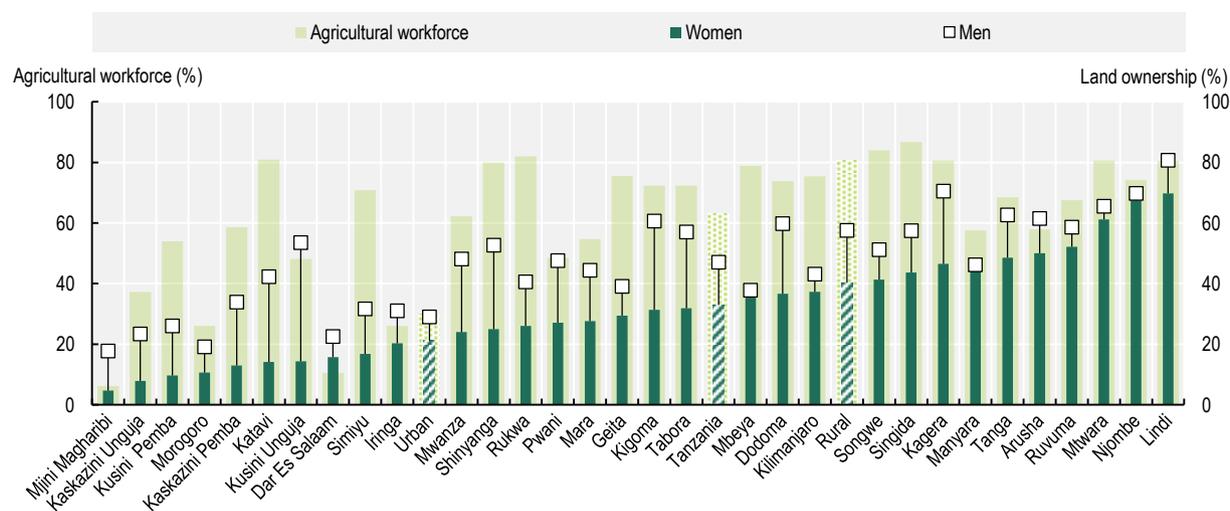
Women's low ownership of agricultural land and related decision-making power affects their economic empowerment and food security

Women's ownership of agricultural land is significantly lower than that of men. At the national level, controlling for various socio-demographic factors, men are significantly more likely than women to own agricultural land:¹² 33% of women own agricultural land compared to 47% of men. This disparity translates into a gender gap of 14 percentage points.

Differences in land ownership between men and women are larger in rural areas and in regions where the majority of the population relies on agriculture. In rural areas, where 81% of the workforce works in the agricultural sector – and 78% of employed women – the gender gap in agricultural land ownership reaches 17 percentage points. This gender gap is found systematically across all regions of Tanzania and reaches more than 20 percentage points in 10 regions.¹³ It is particularly elevated in regions where a large share of the population relies on agriculture as the main source of employment. For instance, in Katavi, Shinyanga and Kagera, the gender gap reaches 28, 28 and 24 percentage points, respectively. In these regions, more than 80% of the labour force works in the agricultural sector (Figure 2.8).

Figure 2.8. Women's ownership of agricultural land is significantly lower than that of men

Share of men and women owning agricultural land and share of the total workforce working in the agricultural sector



Note: "Agricultural workforce" (left-hand axis) represents the share of the total workforce employed in the agricultural sector.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

Women are significantly more likely than men to share ownership of agricultural land with someone else, rather than being the sole owner. Whether women and men share the ownership of agricultural land with someone else, and with whom this ownership is shared, is of critical importance as the form ownership takes often has important repercussions for the ability of individuals to make meaningful decisions regarding the land owned. To obtain a clearer picture, the SIGI Tanzania collected information on land ownership, with a focus on whether agricultural land was owned solely or jointly held with someone else (Box 2.2). Among individuals that own land, 56% of men own agricultural land on their own compared to 45% of women. A similar proportion of men and women (respectively 8% and 7%) own land both solely and jointly with someone else. Finally, while 36% of men own land jointly with someone else, this share reaches 48% for women. For both men and women, in 90% of the cases where agricultural land is jointly owned with someone else, the ownership is shared with the spouse.

Box 2.2. How the SIGI Tanzania measures agricultural land ownership

Ownership of agricultural land is a complex phenomenon to measure. To capture a full picture of land ownership, the data gathered must extend beyond the simple fact of whether individuals own or do not own a plot of land. To obtain a more granular picture of agricultural land ownership, it is essential to collect information on characteristics related to the surface owned, the way the land is used, the number of different owners, the identities of those who can make decisions over its use and so forth.

Sole ownership vs joint ownership

Knowing whether women and men share ownership of agricultural land with someone else, and with whom this ownership is shared, is critical. The SIGI Tanzania collected this information by asking successively whether respondents (i) owned agricultural land on their own, and (ii) owned agricultural land jointly with someone else. For each of these types of ownership, the survey contained specific follow-up questions related to the possession of a formal ownership document, the identity of those who have the right to sell or rent the land, and more.

This approach enabled statistics on land ownership to be disaggregated by three types of ownership.

- Individuals who are the sole owners of all agricultural land plots they own.
- Individuals who co-own agricultural land jointly with at least one other official owner.
- Individuals who own agricultural land solely and jointly with someone else.

Land in Tanzania is obtained through three main channels – purchase, inheritance or allocation by the family, clan or traditional authorities. A large amount of land in Tanzania is subject to customary tenure systems and is held in village settings (UN Women, 2018^[26]). Data from the SIGI Tanzania show that, on average, around 40% of the agricultural land has been purchased, 30% has been inherited, 20% has been allocated by the family, clan or another traditional authority, and the rest has been acquired through other means. The importance of inheritance as a channel of acquisition is slightly greater in Zanzibar where 38% of the owners of land held alone (43% of women) and 65% of the owners of land held jointly (61% of women) had inherited the agricultural land they owned. The modes of acquisition are similar for both land owned alone and land owned jointly.

A lack of formal documentation may leave individuals, and especially women, vulnerable to land grabbing and other unlawful practices. At the national level, only 38% of agricultural landowners have a formal document that can legally prove their ownership of the land. The proportion is similar for men and women owners, regardless of whether they live in urban or rural areas. This lack of formal documentation exposes owners of agricultural land to several risks, including the enforcement of customary and traditional practices to the disadvantage of women. Women may be particularly vulnerable to these threats as they have less means to uphold their rights. For instance, women's limited representation on land tribunals and

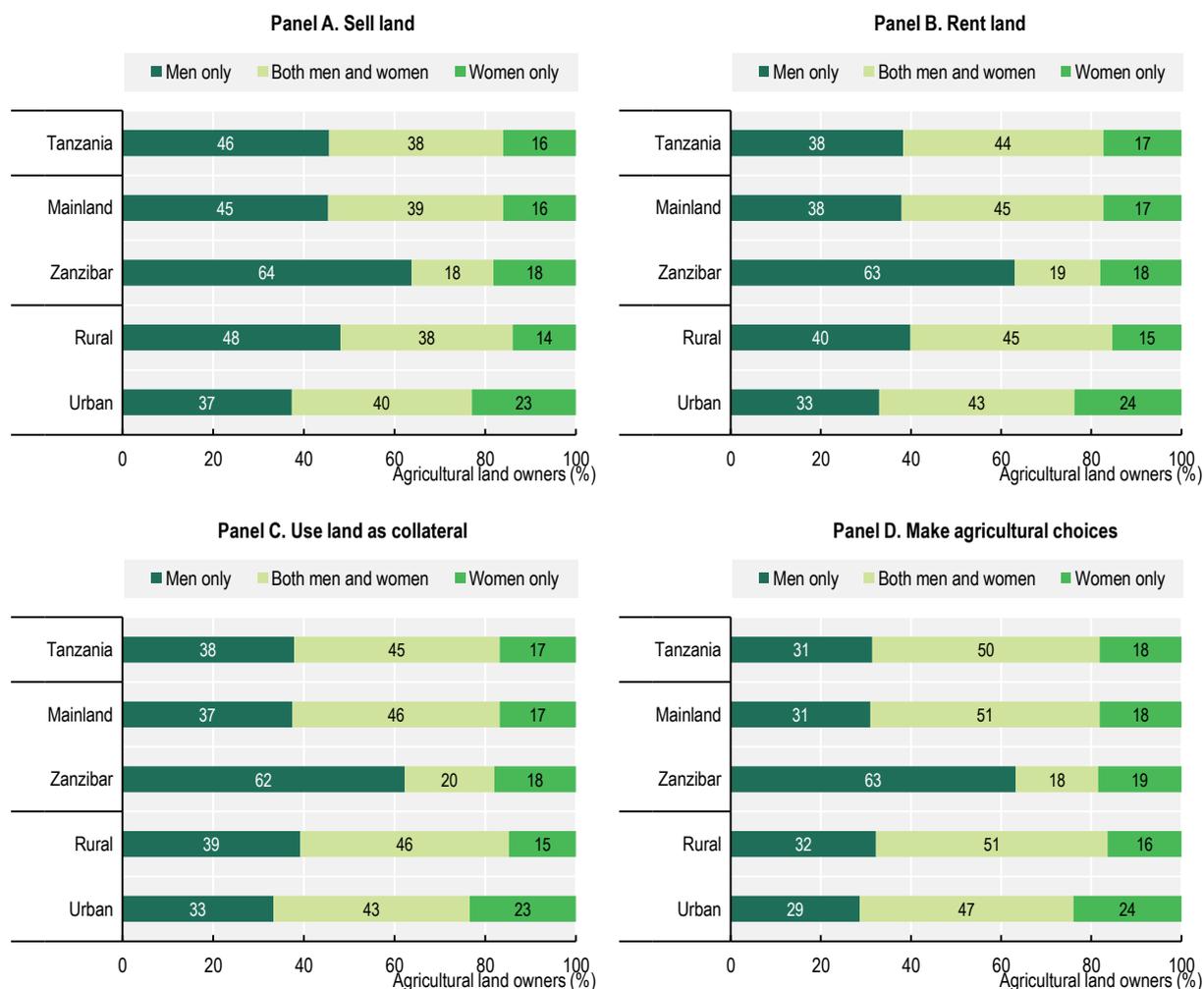
councils in charge of land adjudication processes and resolving conflicts at the village level may weaken their ability to ensure their rights are upheld (UN Women, 2018^[26]). Likewise, legal contradictions between the Village Land Act and the National Land Policy limit women's ability to inherit clan land on equal terms as men (Government of Tanzania, 2018^[24]; Government of Tanzania, 1997^[25]).

Beyond ownership, women's control over the use of land and the ability to make decisions related to its administration remain limited in many parts of Tanzania. Among individuals who own agricultural land, and regardless of the sex of these owners, nearly half reported that only a man had the right to sell the land in question. Some 38% of owners reported that both men and women had the right to sell the land, while 16% reported that only female individuals retained this right (Figure 2.9). These discrepancies between men and women are similar for other types of actions related to land, including renting, using the land as collateral and making agricultural choices. They highlight the degree to which less autonomy is given to women in the administration of land and assets. Moreover, even in instances where both men and women have the right to make critical decisions such as selling or renting, intra-household dynamics and power imbalances between men and women may undermine their ability to have equal decision-making power.

The discrepancies also reflect existing differences between men and women in terms of land ownership as well as whether land is owned alone and/or jointly. In this regard, Zanzibar stands out primarily because (i) the proportion of women among agricultural landowners is much lower at 26%, which automatically drives down the opportunities for women to be among those with decision-making power over land; and (ii) individuals owning agricultural land are much more likely to own land alone than jointly, which increases the opportunities for men to be exclusive decision makers. Among individuals that own land in Zanzibar, 81% of men and 73% of women own agricultural land on their own.

Figure 2.9. Women’s control over the use of land remains limited

Share of owners of agricultural land reporting that only men, only women, or both men and women together have the right to sell the land (Panel A), rent the land (Panel B), use the land as collateral (Panel C), or make agricultural choices (Panel D)



Note: For each type of action (sell, rent, use as collateral and make agricultural choices), the figure identifies those who have the right to make such actions. The sample is the entire population declaring that they own agricultural land. “Make agricultural choices” implies being the decision maker regarding input use, crop choices and the timing of crop activities for the agricultural land owned.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

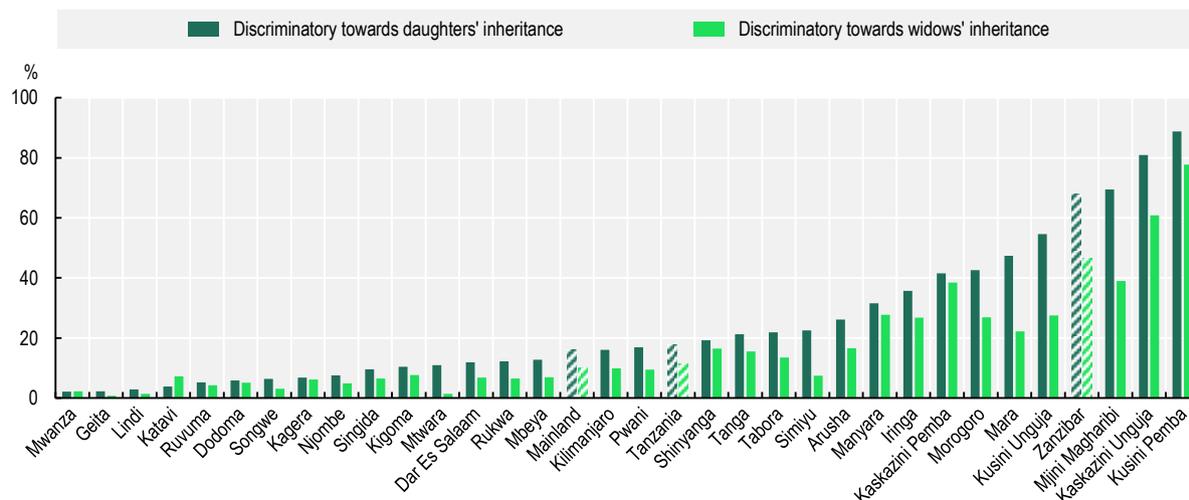
StatLink  <https://stat.link/exbn4m>

Women’s low ownership of land stems from customs that associate ownership with men and condone discriminatory inheritance practices

The Tanzanian population surveyed by the SIGI Tanzania supports equal ownership and decision-making power over agricultural land. More than 90% of Tanzania’s population believes that women and men should have equal access to agricultural land ownership and equal decision-making power in this regard. However, discriminatory attitudes restricting women’s inheritance rights are still widespread. At the national level, 18% of the population believes that a daughter should not have the same opportunities and rights

as a son to inherit from land assets. Likewise, 11% of the population holds the view that a widow should not have equal rights and opportunities as a widower in regard to land inheritance. The prevalence of these discriminatory attitudes varies greatly across Tanzania's regions. While almost non-existent in certain parts of the country, they are very high in other regions and in Zanzibar where 68% and 47% of the population deny equal inheritance rights to daughters and widows, respectively (Figure 2.10).

Figure 2.10. Discriminatory attitudes restricting women's rights to inheritance of agricultural land vary greatly across regions



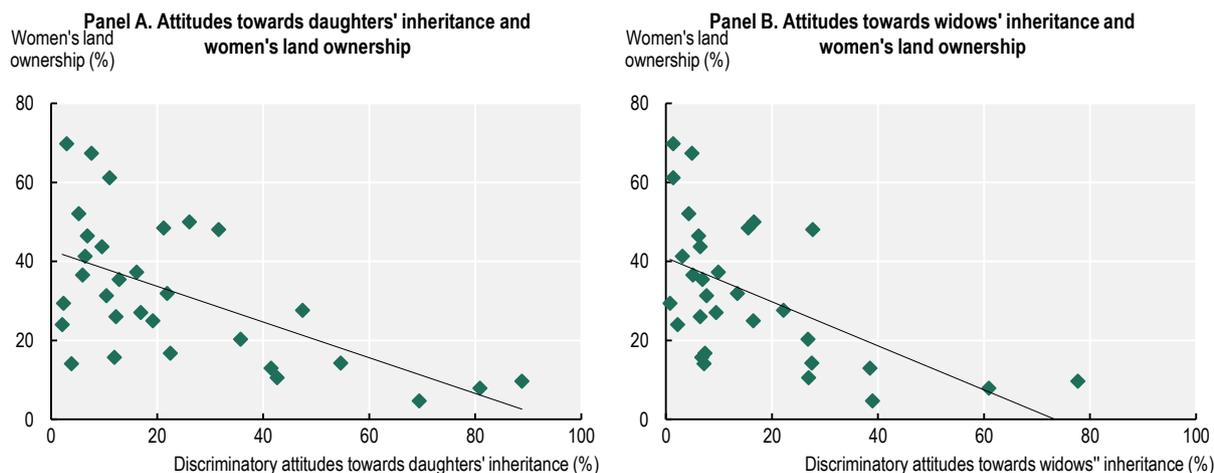
Note: Discriminatory attitudes regarding daughters' inheritance rights are measured as the share of the population disagreeing with the statement: "A daughter should have equal opportunity and rights as a son towards inheritance of land assets". Discriminatory attitudes against widows' inheritance rights are measured as the share of the population disagreeing with the statement: "A widow should have equal opportunity and rights as a widower towards inheritance of land assets".

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/f51682>

These discriminatory social norms pose a critical challenge to women's ownership of agricultural land and partly explain their limited access to this important resource. Any sex-based limitations placed on any of the three main channels of acquisition of land in Tanzania – purchase, inheritance or allocation – likely decreases the ability of women to acquire and own agricultural land. In Tanzania, discriminatory social norms limiting women's inheritance of land and favouring sons over daughters – or other men from the family over widows – are significantly associated with lower rates of land ownership among women (Figure 2.11).¹⁴ They reflect the fact that inheritance practices provide more chances and opportunities for men than women to acquire land, except in a few circumstances where a woman is the only heir (Mbuyita, 2021^[15]). Participants in qualitative study groups all described similar cases, particularly in rural areas, where a woman whose husband passes away would leave the home without receiving anything as her share, regardless of the number of years spent living and earning with her husband. Very often, male relatives from the deceased husband such as in-laws or uncles take the lead in deciding what happens to the property and assets, especially when no children are left behind, or when the children are minors. This results in widows and daughters rarely receiving any significant or fair share of the distributed property (Mbuyita, 2021^[15]). As inheritance disputes are often regarded as private family matters, the police and the judicial system rarely get involved, which often leaves widows and daughters with little legal protection (Ezer, 2006^[27]).

Figure 2.11. Discriminatory social norms denying women’s inheritance rights limit their ability to own land



Note: Panel A and B present fitted values from two OLS regressions performed at the regional level on the share of women who own agricultural land. The main independent variables are the share of the population holding discriminatory attitudes towards the equal inheritance rights of daughters (Panel A) and the share of the population holding discriminatory attitudes towards the equal inheritance rights of widows (Panel B). Control variables include the urbanisation rate and localisation in Mainland Tanzania or Zanzibar. Coefficients and marginal effects of discriminatory attitudes towards the equal inheritance rights of widows of daughters are significant at 10%.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/ez9a5t>

These attitudes towards inheritance are upheld by social norms and traditional views dictating that land belongs to men. In the context of a largely agriculture-based economy, land is a critical asset that may bring not only wealth but also political and social power. Historically, land ownership accompanies political power, especially in agrarian societies (Holcombe, 2020^[28]). Ownership of land is also essential to access financing as it usually serves as the primary source of collateral for credit and as means to save for the future. Against this backdrop, qualitative research in Tanzania has shown that men perceive themselves as the rightful candidates within the family to own land and other assets. Furthermore, sons are valued as the only members of the family able to become leaders and to perpetuate the clan’s name. Consequently, as explained by a participant in focus group discussions, “it is the right of men to own everything on behalf of the family” (Mbuyita, 2021^[15]).

Unequal inheritance practices for assets and properties also highlight issues related to the distribution of assets within married couples. Individuals, and particularly men, tend to justify their opinion in favour of unequal inheritance rights for widows on the basis that, in many instances, on entering marriage their husband already owns the assets later included in the division of the inheritance upon his death (Mbuyita, 2021^[15]).

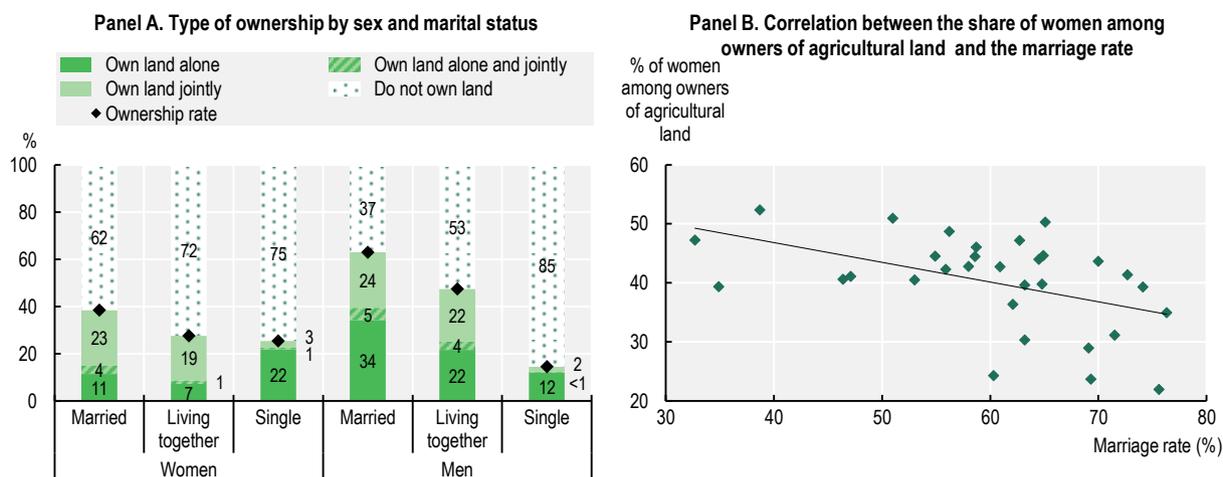
Women’s limited control over land stems from norms shaping intra-household dynamics and establishing the man as the primary decision maker

Marriage constitutes a strong determinant of women’s ownership of agricultural land. Controlling for various socio-demographic characteristics, married women are much more likely than single women to own agricultural land.¹⁵ While 26% of single women own agricultural land, this share rises to 29% for unmarried women living together with a partner and to 38% for married women. Moreover, as the marital status of individuals changes, the form of ownership evolves. For instance, whereas 22% of single women own

agricultural land individually – meaning that the land is owned solely by them – only 11% of married women are sole owners. Conversely, the share of women jointly owning land with someone else increases from 3% for single women to 23% for married women (Figure 2.12, Panel A). This increase in joint ownership is mirrored among men. Data show clearly that the share of men jointly owning agricultural land increases considerably with marriage.

Figure 2.12. Marital status strongly influences the level and type of women's ownership of agricultural land

Type of ownership of agricultural land for men and women by marital status (Panel A) and correlation between the share of women among owners of agricultural land and the marriage rate (Panel B)



Note: Panel B shows presents the fitted values from an OLS regression at the regional level with the share of women owners of agricultural land sector as the dependent variable. The share of the population who is married is the main independent variable. Coefficient and marginal effects are significant at 5%.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/tnhb43>

However, unlike among women, this increase in joint ownership is not accompanied by a decrease in men's individual ownership. On the contrary, men's individual ownership rate increases from 12% for single men to 34% for married ones (Figure 2.12, Panel A). The results and the inverse dynamics between men and women suggest that as women marry, formal ownership of agricultural land is partly transferred to their husband, switching their status of ownership from "alone" to "jointly". Once married, any new land acquired is owned by the husband, to the detriment of the married woman. A different way to look at this phenomenon is to observe whether the share of women among those that own agricultural land evolves as the marriage rates increases. Results at the regional level show distinctly that as the share of married women increases, the share of women among agricultural owners significantly and largely decreases¹⁶ (Figure 2.12, Panel B). As men continue to consider land ownership their prerogative, focus group discussions suggest that many married women may resort to buying land secretly without their husband's knowledge, in order to retain control and ownership (Mbuyita, 2021^[15]).

Discriminatory social norms restricting women’s access to land ownership are primarily upheld by men and poorer individuals with a low educational background

Women are less likely to condone discriminatory attitudes that restrict women’s ownership of and control over agricultural land. Men are significantly more likely than women to think that widows or daughters – compared to widowers and sons – should not enjoy equal inheritance rights in relation to land assets. The effect of being a man on holding discriminatory attitudes is even stronger in regard to women’s equal access to and decision-making power over land assets. Age also seems to matter. Results show that as age increases, individuals are more likely to be in favour of men and women enjoying equal access or decision-making power over land. However, younger individuals are more likely to support granting daughters and sons the same inheritance rights to land assets (Table 2.2).

Education and wealth are key determinants of whether an individual holds discriminatory social norms and attitudes curtailing women’s ownership of agricultural land, particularly in relation to the inheritance rights of daughters and widows. Individuals who have completed at least primary education are more likely to believe that widows and widowers as well as daughters and sons should have equal rights and opportunity to inherit land assets. They are also less likely to hold discriminatory attitudes towards women’s and men’s equal decision-making power over land. The effect of primary education is particularly strong for both attitudes towards equal inheritance and towards equal decision-making power (Table 2.2). A similar relationship can be observed between wealth and attitudes on women’s inheritance rights, which is consistent with the strong interlinkages between education and wealth. Wealthier individuals – those belonging to the fourth or fifth wealth quintile – are more likely to be in favour of equal inheritance rights between men and women, and the effect is strongest for the wealthiest quintile (Table 2.2).

Having daughters or sons seems to play a role in shaping one’s attitudes towards women’s ownership and inheritance of land. The more daughters that an individual has, the likelier they are to believe that a daughter should have the same opportunity and rights as a son towards the inheritance of land assets. In this regard, data seem to suggest that having daughters helps shape perceptions and attitudes in the direction of more equitable norms regarding women’s inheritance. Conversely, the more sons an individual has, the more likely they are to hold discriminatory attitudes that disfavour widow’s inheritance or to believe that men and women should not have equal control and decision-making power over agricultural land (Table 2.2).

Table 2.2. Determinants of discriminatory attitudes curtailing women’s ownership of agricultural land

Marginal effects and significance of key characteristics on discriminatory attitudes

		Dependent variable: discriminatory attitudes on the statements			
		(i) “A widow should have equal opportunity and rights as a widower towards inheritance of land assets”	(ii) “A daughter should have equal opportunity and rights as a son towards inheritance of land assets”	(iii) “Women and men should have equal access to agricultural land ownership”	(iv) “Women and men should have equal decision-making power over agricultural land”
Independent variables					
Being a woman		↓	↓	↓	↓
Living in urban areas		o	↓	↑	o
Age		o	↑	↓	↓
Age squared		o	↓	↑	↑
Education (omitted: no formal education)	Primary incomplete	o	↓	o	↓
	Primary complete	↓	↓	o	↓
	Secondary complete	↓	↓	o	↓
	University complete	o	o	o	o
Marital status (omitted: married)	Living together	o	o	o	o
	Single	o	o	o	↑
Size of the household		o	↑	o	o
Number of daughters		o	↓	o	o
Number of sons		↑	o	↑	↑
Wealth (omitted: 1st quintile)	2nd quintile	o	↓	o	o
	3rd quintile	o	o	o	o
	4th quintile	↓	↓	o	o
	5th quintile	↓	↓	o	o
Zanzibar’s regions		↑	↑	↑	↑

Note: The table reports the sign of independent variables from four probit models where the dependent variables are (i) the share of the population who disagrees with “A widow should have equal opportunity and rights as a widower towards inheritance of land assets”; (ii) the share of the population who disagrees with “A daughter should have equal opportunity and rights as a son towards inheritance of land assets”; (iii) the share of the population who strongly disagrees or disagrees with “Women and men should have equal access to agricultural land ownership”; and (iv) the share of the population who strongly disagrees or disagrees with “Women and men should have equal decision-making power over agricultural land”. Additional control variables include regional dummies. o = no significant effect; ↑ = a significant positive effect; ↓ = a significant negative effect.

Source: (OECD, 2021^[11]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/k37anh>

Policy recommendations

Access to the labour market

- Consider putting in place retention measures for girls dropping out of school (e.g. by facilitating the re-entry of pregnant adolescent girls into the school system) and guaranteeing pregnant adolescents the right to stay in school.
- Establish sensitisation campaigns against girl child marriage inside and outside of schools to address girls' dropout rate at the secondary level.
- Design and implement innovative programmes to provide girls with access to secondary school facilities, particularly in rural areas (e.g. through safe transportation schemes between households and schools, subsidised safe housing programmes and the development of more public boarding secondary schools open to girls).
- Consider the establishment of programmes such as conditional cash transfers to incentivise households in investing further in girls' secondary and upper-level education.
- Address gender norms and structural biases that contribute to horizontal segregation and prevent women from entering certain sectors. In particular:
 - Institutionalise gender mainstreaming in learning institutions to encourage more young women to pursue subjects and courses where men are traditionally over-represented.
 - Establish academic orientation sessions and individualised coaching at school to sensitise girls and women to opportunities in sectors other than agriculture and food and accommodation. Promote career guidance services, especially at the college level (technical and vocational training centres and universities), to help young women make informed educational choices based on demands and opportunities in the labour market.
 - Conduct a full review of school material to identify and remove gender-based biases that shape social norms and views on sectors or types of jobs that are deemed appropriate for men and women.
 - Eliminate gender stereotypes by introducing specific modules dedicated to comprehensive sexual and reproductive health, human and child rights, and gender equality.
- Work with learning institutions and universities to undertake labour market assessments in order to clearly inform the design of the curriculum and the type of classes offered. Support educational institutions in undertaking gender and social inclusion analyses in order to identify the key drivers of gender inequality in these institutions. Based on these analyses, formulate retention policies targeted towards young women.
- Measure, recognise and start reducing and redistributing women's disproportionate share of unpaid care and domestic work that constrains their access to formal work outside of the household (see Chapter 3). In particular:
 - Leverage infrastructure development projects to provide communities with enhanced access to basic services – especially water and electricity – in order to reduce women's and girls' share of unpaid care and domestic work.
 - Invest in public and formal childcare services such as family day-care, centre-based out-of-school hours care, centre-based day-care and kindergarten. Design cash-transfer programmes to encourage the uptake of child care services.

- Develop and run advocacy campaigns designed to inform communities of the benefits of women's participation in the labour market.
- Focus targeted and support measures for the post-COVID-19 economic recovery on sectors in which women are overrepresented, including wholesale and retail and food and accommodation services.
- Set aside public procurement contracts for women-led businesses, especially in sectors where women are underrepresented such as construction and mining and quarrying.

Access to agricultural land

- Integrate all three SDG indicators on land and gender (1.4.2, 5.a.1 and 5.a.2) into the national monitoring framework.
- Strengthen existing legal frameworks at the national and sub-national levels. In particular:
 - Ensure that gender equality provisions established by the Land Act and the Village Land Act are not undermined by other policies, such as the National Land Policy, or laws, such as the Marriage Act, especially regarding inheritance practices and the transmission of land.
 - Conduct a full review of inheritance laws and regimes in Tanzania and enact uniform legislation that protects the rights of widows and daughters to inherit assets, especially agricultural land.
 - Consider implementing quotas to guarantee women's equal representation in land governance bodies such as land tribunals and councils.
- Strengthen the accountability of individuals and institutions in charge of land use planning and the issuance of land titles or certificates of customary right of occupancy.
- Establish capacity-building programmes for government officials at the national and sub-national levels on how to implement gender-responsive planning and budgeting.
- Improve the dissemination of gender and land rights data by providing free legal aid to women and organising information campaigns in the media (radio and newspapers) on the resources available to women.
- Continue efforts to sensitise the population on issues related to women's rights, land rights and the SDGs.
- Strengthen and expand the financial access of women. In particular:
 - Encourage the development of financial services in the private sector that are gender sensitive and oriented towards agricultural activities in order to improve women's access to capital and funding.
 - Develop communication and awareness programmes specifically targeting women's agricultural co-operatives and self-organised groups, to provide them with information on how to access critical financial services.
 - Improve rural women's financial literacy through dedicated training programmes and workshops targeted at schools and consider the integration of compulsory financial education modules into school curricula.
- Strengthen women's capacities and position in the agricultural sector. In particular:
 - Develop mentorship programmes and peer-support groups for women working in agriculture with the objective of developing valuable business networks.
 - Establish collaboration schemes and training programmes for women in agriculture to ensure they can gain access to larger markets, are positioned to take advantage of intra-regional trade and know the processes to follow to sell products on international markets.

Notes

¹ Results are based on a probit model measuring the likelihood of being employed. Sex is the main independent variable. Control variables include residence, marital status, age, level of education, size of the household and a set of measures of household wealth (type of construction material, distance to water and distance to cooking energy). Coefficients and the marginal effects of sex are significant at 1%.

² The labour force participation rate is calculated as the labour force divided by the total working-age population. The labour force refers to both employed and unemployed individuals. The working-age population refers to people aged 15-64 (ILO, n.d.^[29]).

³ The labour force participation rate is calculated as the labour force divided by the total working-age population. The labour force refers to both employed and unemployed individuals. The working-age population refers to people aged 15-64 (ILO, n.d.^[29]).

⁴ Burkina Faso, Ghana, Mauritius, Rwanda and Zambia.

⁵ Katavi (81%), Shinyanga (82%), Mbeya (82%), Rukwa (85%), Songwe (86%), Kusini Unguja (87%) and Njombe (89%).

⁶ Morogoro (27%), Iringa (32%), Mwanza (37%), Mara (42%), Kaskazini Unguja (51%), Lindi (53%), Mtwara (54%), Simiyu (55%), Mjini Magharibi (56%), Geita (56%) and Kagera (57%).

⁷ Mandatory maternity leave paid at 100% of the average daily earnings is mandated by the 2004 Employment and Labour Relations Act for a duration of 12 weeks with the possibility of additional time (up to 100 days) in the event of multiple births. A male employee is also entitled to a 3-day paid paternity leave if he is the father and the leave must be taken within 7 days of the birth of the child (OECD Development Centre, 2019^[31]).

⁸ Horizontal segregation refers to the concentration of women and men in different sectors and occupations (EIGE, n.d.^[30]).

⁹ Results are based on two probit models measuring (i) the likelihood of being employed in the wholesale and retail or accommodation and food sectors, and (ii) the likelihood of being employed in the manufacturing, construction or transport and storage sectors. Sex is the main independent variable. Control variables include residence, marital status, age, level of education, size of the household and a set of measures of household wealth (type of construction material, distance to water and distance to cooking energy). Coefficients and the marginal effects of sex are significant at 1%.

¹⁰ Results are based on two probit models measuring the likelihood of believing that men should have priority over women regarding employment. The main independent variables are (i) attitudes considering that paid work should be a man's exclusive responsibility and (ii) attitudes considering that a "real man" should be the breadwinner. Control variables include sex, residential status (urban or rural), age, age squared, marital status, level of education, size of the household, wealth quintiles (based on a set of measures including type of construction material, distance to water and distance to cooking energy) and regions. Coefficients and the marginal effects of attitudes considering that paid work should be a man's exclusive responsibility (model (i)) are significant at 5%. Coefficients and the marginal effects of attitudes considering that a "real man" should be the breadwinner (model (ii)) are significant at 1%.

¹¹ Results are based on a probit model restricted to women only measuring the likelihood of being enrolled in the labour force. Determinants (independent variable) include residential status (urban or rural), age, age squared, marital status, level of education, size of the household, wealth quintiles (based on a set of measures including type of construction material, distance to water and distance to cooking energy) and regions.

¹² Results are based on a probit model measuring the likelihood of owning agricultural land. Sex is the main independent variable. Control variables include residence, marital status, age, age squared, employment status (working or not), sector of employment, level of education, size of the household, wealth quintiles (based on a set of measures including type of construction material, distance to water and distance to cooking energy) and regions. Coefficients and the marginal effects of sex are significant at 1%.

¹³ Kusini Unguja (3 percentage points), Kigoma (29 p.p.), Katavi (28 p.p.), Shinyanga (28 p.p.), Tabora (25 p.p.), Mwanza (24 p.p.), Kagera (24 p.p.), Dodoma (23 p.p.), Kaskazini Pemba (21 p.p.) and Pwani (21 p.p.).

¹⁴ Results are based on two OLS regressions performed at the regional level on the share of women who own agricultural land. The main independent variables are (i) the share of the population holding discriminatory attitudes towards the equal inheritance rights of widows and (ii) the share of the population holding discriminatory attitudes towards the equal inheritance rights of daughters. Control variables include the urbanisation rate and localisation in Mainland Tanzania or Zanzibar. Coefficients and the marginal effects of discriminatory attitudes towards the equal inheritance rights of widows or of daughters are significant at 10%.

¹⁵ Results are based on a probit model restricted to women only and measuring women's likelihood of owning agricultural land. Marital status is the main independent variable. Control variables include residence, age, age squared, employment status (working or not), sector of employment, level of education, size of the household, wealth quintiles (based on a set of measures including type of construction material, distance to water and distance to cooking energy) and regions. Being married is the omitted category. Coefficients and the marginal effects of being single are significant at 1%. Coefficients and the marginal effects of living together without being married are significant at 10%.

¹⁶ Results are based on an OLS regression at the regional level with the share of women owners of agricultural land sector as the dependent variable. The share of the population that is married is the main independent variable. Control variables include urbanisation rate, localisation in Mainland Tanzania or Zanzibar, the share of the population working in agriculture, variables on the educational level and variables on the level of wealth in the regions. Coefficient and marginal effects are significant at 5%.

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3

Discrimination in the family

This chapter explores forms of discrimination that Tanzanian women may face in the private sphere and family, building on data collected within the framework of the SIGI Tanzania. In particular, it focuses on two highly significant forms of discrimination in the family context: girl child marriage and the unequal distribution of unpaid care and domestic work and decision-making power. These critical challenges also provoke negative spillovers in other aspects of women's and girls' lives such as economic dependency or violence and harassment in the private sphere. The first section of the chapter focuses on the prevalence of girl child marriage, identifying the main consequences and exploring underlying discriminatory social norms that help explain the persistence of the practice in certain regions of Tanzania. The second section investigates intra-household dynamics, roles and responsibilities, examining imbalances regarding unpaid care and domestic work and decision-making power at the household level. The section uncovers the link between these inequities and discriminatory norms associated with the traditional roles of men and women at the household level. The chapter concludes with some concrete and actionable policy options aimed at eradicating the practice of girl child marriage and recognising, reducing and redistributing unpaid care and domestic work.

Key takeaways

Child marriage

- In 2021, 19% of women aged 15 years and older and 16% of women aged 20-24 years had been married before the age of 18, showing that Tanzania fares better than the average in East and Southern Africa (31% for women aged 20-24 years).
- The important progress made over the last 50 years has been uneven. While specific regions as well as Zanzibar report important improvements, other regions report increasing rates. Girl child marriage rates have also significantly declined in urban areas while they remain relatively high in rural areas.
- Girl child marriage, educational attainment and adolescent pregnancies are interrelated and the direction of the relationships can go in different ways. Girl child marriage increases the likelihood of adolescent pregnancies and/or lower educational attainment. Women married before the age of 18 achieve lower education than those married after the age of 18. But child marriage can also be the socially accepted solution for out-of-wedlock adolescent pregnancies.
- The transactional nature of bride price may encourage child marriage, particularly among poor families who may be in need of the in-kind or monetary payments. 90% of the Tanzanian population considers that marriage requires a bride price. In addition, 75% of the population believes that a husband owns his wife once he has paid a bride price.
- Discriminatory social norms play a role in upholding the practice of girl child marriage: 19% of the population believes that it is appropriate for a girl to marry before the age of 18 years. These views are correlated with high prevalence rates of girl child marriage. In rural areas where 24% of the population shares this opinion, the prevalence rate accounts for 23%. In urban areas, 11% of the population thinks alike and the prevalence rate stands at 12%.
- Discriminatory social norms encouraging or justifying the practice of child marriage are more likely to be held by poorer individuals with a low educational background, regardless of the individual's sex.

Intra-household dynamics, roles and responsibilities

- Tanzanian women spend three times more time on unpaid care and domestic work than men (4.4 hours or 1.4 hours per day, respectively) which is in line with the average for East Africa¹. The work burden is concentrated in basic and routine household tasks.
- Despite the disproportionate share of unpaid care and domestic work, women spend 5 hours of paid work per day compared to 6 hours for men. This results in a 9.4 hours working day for women (paid and unpaid work combined) compared to a 7.4 hours day for men.
- Deeply entrenched attitudes expect married women to care for the household and to undertake the bulk of unpaid care and domestic work. These attitudes stem from norms of restrictive masculinities² as well as customs and traditions transmitted between generations. Imbalances between men and women start at a young age with many young girls helping their mothers to perform basic household tasks.
- Role models may play a critical role in redistributing time spent on household tasks, as men whose fathers undertook unpaid care and domestic tasks are more prone to perform household duties.

- Men are the primary decision makers within the household including for critical decisions related to children's health and education, household spending and purchases, and control of the household income.
- Traditional views of gender roles in the household accord men responsibility over important decisions with women expected to obey their husband. Social norms that task men with protecting and exercising guardianship over women in the home are particularly strong in Tanzania. This includes the expectation that married women should seek their husband's permission before entering public places.

Gender equality in the private and family spheres is paramount to achieving women's empowerment in other key areas. However, the household and the family are often places where discriminatory social norms and traditional roles are the strongest and the most difficult to challenge (OECD, 2019^[1]). These discriminatory social norms have far-reaching consequences as traditional gender stereotypes do not remain confined to the home and are frequently replicated at the community level, as well as across other institutions such as schools, the workplace and other governance systems. For example, traditional gender stereotypes that restrict women and girls to household tasks and caring responsibilities may prevent them from pursuing professional careers, entering the job market, or assuming leadership roles in the community or society in general. Rigid gender norms within the family may also result in girls marrying before the age of 18, having an inferior status and less decision-making power in the home, being economically dependent on men, and enduring violence and harassment in the private sphere.

The present chapter is divided into two main sections. Each section focuses on one of the two main forms of discrimination that women and girls face in the family sphere – girl child marriage and unequal distribution of unpaid care and domestic work and decision-making power. These two challenges are critical because they generate many negative spillovers in other aspects of women's and girls' lives. For each section, the analysis presents the current situation of women in Tanzania and across the country's 31 regions. The analysis then uncovers the role played by discriminatory social institutions and specifically discriminatory social norms, attitudes and stereotypes in explaining Tanzania's unequal outcomes – namely, the large share of women who are married before the age of 18, their disproportionate share of unpaid care and domestic work, and their limited decision-making power in the household. Finally, each section uncovers some of the main determinants of these discriminatory social norms and attitudes that constrain the outcomes of Tanzanian women.

Girl child marriage

Recognised as a human rights violation, child marriage³ not only threatens the well-being, health and future of girls, but also restricts a country's development and imposes significant economic costs (UNICEF, n.d.^[2]). Girl child marriage is often accompanied by adolescent pregnancies, which entail high risks of maternal mortality, morbidity and infant mortality, and may lead to greater social isolation and increased risks of intimate partner violence (Izugbara, 2018^[3]; Lee-Rife et al., 2012^[4]). Child marriage is also associated with lower educational attainment – especially at the secondary school level. This, in turn, curbs the empowerment, decision-making power and financial independence of women and girls, as well as their ability to contribute to the socioeconomic development of their households, communities and society as a whole. These negative effects of child marriage may have long-term consequences, including for future generations. For instance, child marriage induces higher risks of adolescent pregnancies, which may lead to risks of stunting, wasting or underweight among children – with negative implications for the long-term development of human capital and welfare outcomes for all citizens (UNICEF, n.d.^[2]; Harper et al., 2014^[5]; Lee-Rife et al., 2012^[4]).

Against this backdrop, Tanzania has enacted a National Plan of Action to End Violence against Women and Children in Tanzania 2017/18-2021/22, which explicitly targets child marriage. The plan acknowledges the negative consequences of the harmful practice and aims to reduce the prevalence of child marriage to 10% by 2022 (Ministry of Health, Community Development, Gender, Elderly and Children, 2016^[6]). The action plan is accompanied by the National Integrated Communications and Outreach Strategy to End Violence against Women and Children and an Outreach Toolkit 2017/2018–2021/2022. Zanzibar's National Plan of Action to End Violence against Women and Children 2017-2022 also acknowledges the importance of ending child marriage. The plan identifies child marriage as a harmful practice in and of itself as well as a risk factor in violence against women and children (Government of Zanzibar, 2017^[7]).

In 2016, Tanzania amended the Education Act to prohibit child marriage for children attending primary or secondary school in Mainland Tanzania. It is hence unlawful for any person to marry a school boy or girl and vice-versa (Government of Tanzania, 2016^[8]). Most recently, in November 2021, Tanzania announced that all students in Mainland Tanzania who dropped out of school would be given the opportunity to return. This includes girls who left primary or secondary school due to pregnancy and who were not allowed to return after childbirth (Dausen, 2021^[9]). However, as of December 2021, the adoption of a formal policy or legal instrument to revise the Tanzania's Education Act, which discriminates against pregnant girls, was yet to appear.⁴

In spite of a number of implemented programmes and associated progress (Box 3.1), concerted efforts are still needed to eliminate the practice completely, particularly in the context of the COVID-19 pandemic. The resultant external economic shocks, rising poverty levels and restricted access to services ranging from access to reproductive health services to child protection, have all increased the risk of girls being forced into child marriage (OECD, 2021^[10]; UNICEF, 2021^[11]; UNFPA, 2020^[12]).

Box 3.1. Programmes and services related to child marriage in Tanzania

Child marriage has been incorporated into Tanzania's and Zanzibar's national action plans as a priority area to end violence against women and children. Over the past five years, several programmes have been implemented with aim of preventing and ending child, early and forced marriage:

- A national dialogue was organized to discuss the challenges of child marriage, adolescent pregnancy and FGM/C, resulting in the development of a national awareness-raising campaign.
- Training was conducted on the preparation of Regional Strategy Campaigns with the inclusion of ending child marriage.
- Advocacy campaigns lasting over two weeks were conducted in the Chamwino district of Dodoma, in order to promote positive norms and values and address gender inequalities.
- In 2017 and 2018, awareness-raising campaigns targeting child marriage and adolescent pregnancy involved 7 409 children, 97 teachers, 1 800 parents, 100 decision makers and 78 religious leaders.
- The national educational curriculum was reviewed to incorporate human rights issues, ethics, corruption, entrepreneurship and reproductive health rights.

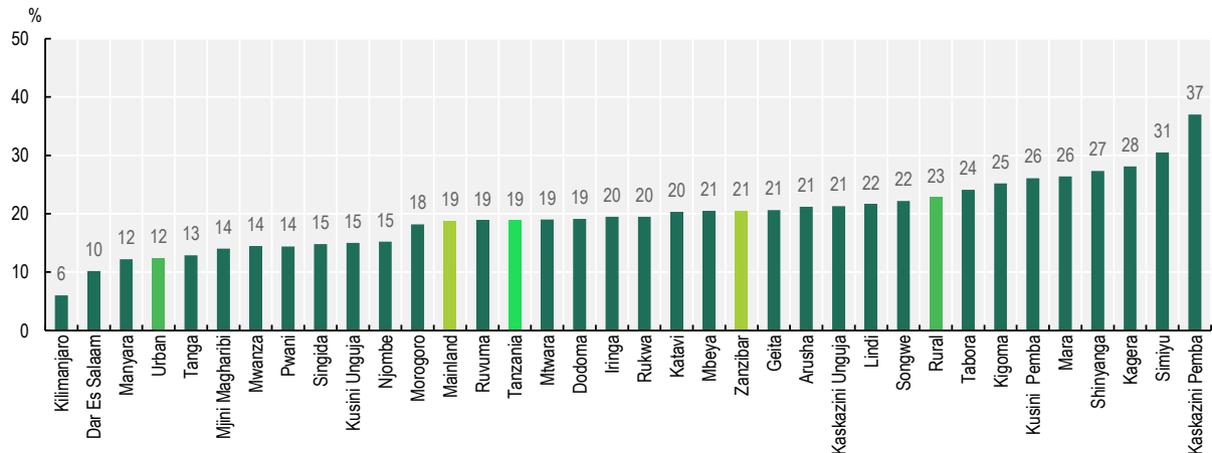
Source: (Government of Tanzania, 2019^[13]), Country Report on the Review and Progress made in Implementation of the Beijing Declaration and Platform for Action - Beijing +25, www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/64/National-reviews/United-Republic-of-Tanzania-en.pdf.

Girl child marriage remains a major issue in certain parts of Tanzania

Child marriage is prevalent in Tanzania and affects primarily girls: 92.5% of all registered child marriages are girl child marriages.⁵ SIGI Tanzania finds that 19% of Tanzanian women aged 15 years and older have been or were married before the age of 18 years (Figure 3.1). When looking at child marriage among women aged 20 to 24 years – which corresponds to SDG indicator 5.3.1 (Box 3.2) – the share is slightly smaller at 16%⁶, showing that Tanzania fares better than the average rate of 31% for the East and Southern Africa region (UNICEF, 2021^[14]). Gaps in the legal framework on marriage may contribute to the continued prevalence of girl child marriage. For example, Zanzibar does not have a minimum age for marriage, whereas in Mainland Tanzania, the law permits girls as young as 15 years to marry with a court order (see Annex 3.A).

Figure 3.1. Child marriage rates vary significantly across regions and between urban and rural areas

Share of women aged 15 years and older who have been married before the age of 18 years



Note: Differences between urban and rural areas are significant at 1%. Differences between regions are significant at 1%. Differences between Mainland Tanzania and Zanzibar are significant at 5%.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

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Box 3.2. How is child marriage measured?

Understanding the definition of girl child marriage

Child marriage is defined as any marriage where at least one of the parties is under the age of 18 years. Girl child marriage refers to the share of women and girls alive today who have been (or are still) married, divorced or widowed before the age of 18 years (Girls not Brides, n.d.^[16]). Some organisations, such as the United Nations Children's Fund (UNICEF), incorporate into their definition “informal unions in which a girl lives with a partner as if married before the age of 18” (UNICEF, n.d.^[21]). Other organisations, such as the Office of the High Commissioner for Human Rights, consider child marriage to be forced marriage given that one and/or both parties have not expressed full, free and informed consent (OHCHR, n.d.^[17]).

The definition of girl child marriage according to the Sustainable Development Goals (SDGs)

Target 5.3 of SDG 5 acknowledges the need to “eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”. The target is tracked by two indicators on child marriage and female genital mutilation. In measuring girl child marriage, the first of these indicators (5.3.1) tracks the “proportion of women aged 20-24 years who were first married or in a union before age 15 and before age 18” (United Nations Statistics Division, 2021^[18]). This approach enables the indicator to capture change in the prevalence of girl child marriage over time.

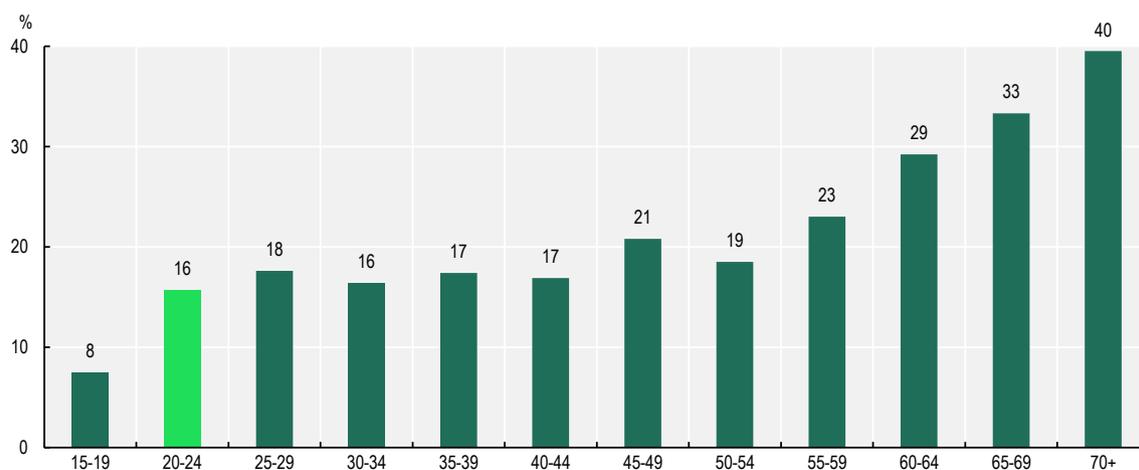
Child marriage rates are significantly higher in rural areas than in urban settings. In rural areas, 23% of women aged 15 years and older report having been married, divorced or widowed before the age of 18 years, compared to 12% in urban areas (Figure 3.1). Likewise, the share of women aged between 20

and 24 years married before the age of 18 is significantly higher in rural settings (24%) than in urban areas (4%). Results at the regional level show that child marriage is unevenly distributed across Tanzania and is particularly acute in certain regions. Specifically, in six regions⁷ more than 25% of girls and women aged 15 years and older have been married before the age of 18. In Kaskazini Pemba, this share reaches 37% (Figure 3.1). According to the SDG indicator, four regions – Mara, Morogoro, Shinyanga and Simiyu – report girl child marriage rates above 30%.

Child marriage has decreased consistently over the last five decades, but progress appears to have stalled in recent years. A comparison of the prevalence rate of girl child marriage across different age brackets shows changes in rates of child marriage over time. As an example, if 20% of women aged between 40 and 44 years today were married before the age of 18 years, this means that 20 years ago, 20% of women then aged between 20 and 24 years married before the age of 18 years. Using this approach reveals how girl child marriage has evolved over several decades in Tanzania. In 2021, 33% of women aged between 65 and 69 years reported having been married for the first time before the age of 18 years, indicating that 45 years ago, the child marriage rate was roughly 33%. This rate decreased continuously for 20 years reaching 19% among women aged 50-54 years. The age bracket analysis, however, suggests that since the mid-1990s progress has stalled. In particular, the girl child marriage rate for the age brackets 20-24 to 50-54 does not vary significantly and ranges from 16% to 21% (Figure 3.2).⁸ These trends based on the SIGI Tanzania data are in line with other sources such as Demographic Health Survey results or census statistics, which show a similar long trend in the reduction of child marriage albeit with a plateau since the 1990s (United Nations, 2019_[19]).

Figure 3.2. Girl child marriage rates have decreased over the past 50 years

Share of women who have been married before the age of 18 years by five-year age brackets



Note: The figure presents child marriage rates among women aged 15 by five-year age brackets. The light green bar indicates the age bracket that corresponds to the SDG indicator: the share of women aged 20-24 years who have been married or in union before the age of 18. Girl child marriage for women aged between 15 and 19 years is only indicative and should be considered carefully, avoiding comparison with other age brackets. As not all women in this age bracket have reached 18 years old, the share of women married before the age of 18 years can still increase. This is not the case for the other age brackets where women are aged over 18 years.

Source: (OECD, 2021_[15]), SIGI Tanzania database, <https://stats.oecd.org>.

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Moreover, progress in reducing girl child marriage has not been uniform and varies greatly between urban and rural areas. Immense progress has been achieved in urban areas: while 12% of women of all ages

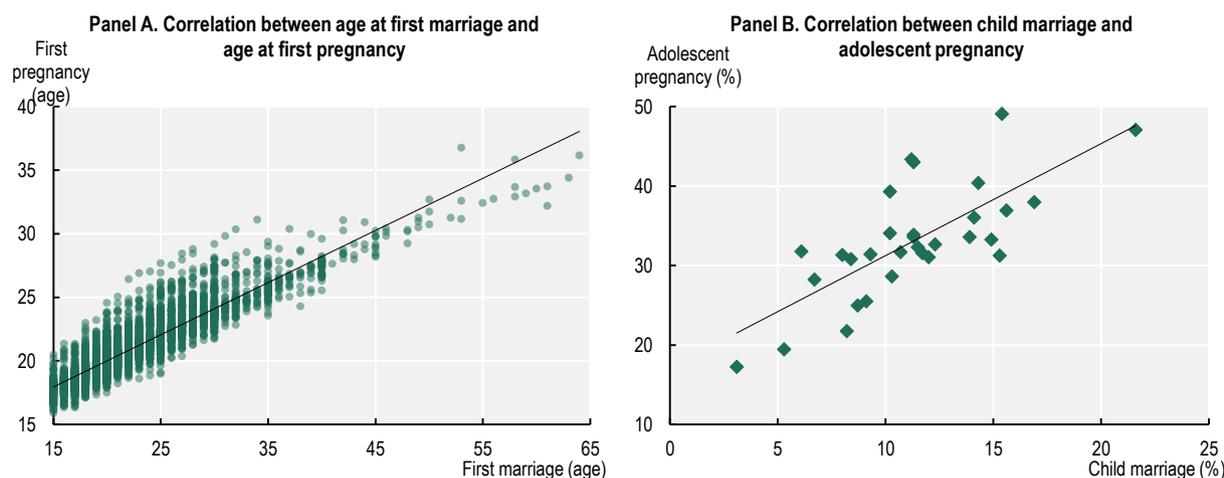
(15 years and above) have been married before the age of 18, the rate falls to 4% for women aged between 20-24 years, i.e. those women who have been married as a child over the past five years. The difference between the two rates is a rough estimation of the decrease in the practice. However, there has been no visible progress in rural areas in this regard. While the child marriage rate is 23% for rural women of all ages (15 years and above), for those aged between 20 and 24 years it is higher at 24%.

The trend analysis also reveals that large gains have been made in Zanzibar. While 21% of women of all ages have been married before the age of 18, the rate falls to 13% for women aged between 20 and 24 years – with variation in rates across regions. Some regions exhibit a downwards trend, while others show higher levels of child marriage among women aged 20-24 years compared to all women in Tanzania aged 15 years and older who have been married before the age of 18 years, suggesting a recent increase in child marriage. Given the limited size of the sample of women necessary to calculate the SDG indicator at the regional level, these trends should be considered with caution. Nevertheless, policies, interventions and programmes should concentrate on those regions where data suggest an important increase in child marriage – namely, Dodoma, Mara, Morogoro, Mtwara, Rukwa and Shinyanga.

Girl child marriage has severe negative consequences for women’s health and human capital accumulation

Girl child marriage increases the likelihood of adolescent pregnancies (i.e. childbirth under the age of 20 years). Adolescent pregnancy remains an acute problem in Tanzania. At the national level, one in three women have had a child before the age of 20. In nine regions,⁹ more than one in four women currently aged 15 years and older were pregnant for the first time before the age of 20 (see Chapter 4). Data show that the age at which women are married and the age at which they have their first child are profoundly and significantly interrelated. In Tanzania, the older women are married, the older the age at which they have their first child (Figure 3.3, Panel A).¹⁰ Consequently, controlling for other socio-demographic factors, being a child bride significantly increases the likelihood of being pregnant as an adolescent.¹¹ In this regard, regions with higher levels of child marriage in Tanzania report higher levels of adolescent pregnancies (Figure 3.3, Panel B). These high rates of adolescent pregnancies carry important health risks for both the young mother and her baby (see Chapter 4). In particular, maternal mortality and morbidity are higher among adolescent mothers compared to mothers who are older than 20 years, and babies of adolescent mothers face greater risks of lower birth weight, preterm delivery and severe neonatal conditions (WHO, 2020_[20]). When the mother dies in childbirth, the surviving baby is vulnerable to several challenges ranging from nutritional problems caused by the lack of breastfeeding to increased risks of suffering from interrupted education or difficult living arrangements (Whetten et al., 2011_[21]; Wang et al., 2013_[22]).

Figure 3.3. Girl child marriage and adolescent pregnancies are closely intertwined



Note: Panel A shows the correlation between age at first marriage and age at first pregnancy. Data presented are fitted values from an OLS regression at the individual level with age at first pregnancy as the dependent variable and age at first marriage as the main independent variable. Coefficient and marginal effects are significant at 1%. Control variables include age, age squared, educational attainment, wealth levels and regional dummies. Panel B shows the correlation between child marriage rates and adolescent pregnancy rates. Data presented are fitted values from an OLS regression at the regional level with adolescent pregnancy rates as the dependent variable and child marriage rates as the main independent variable. Child marriage rates are calculated as the share of all women aged 15 years and older who have been married before the age of 18 years. Coefficient and marginal effects are significant at 5%. Control variables include the urbanisation rate, localisation in Mainland or Zanzibar, levels of education and wealth levels.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

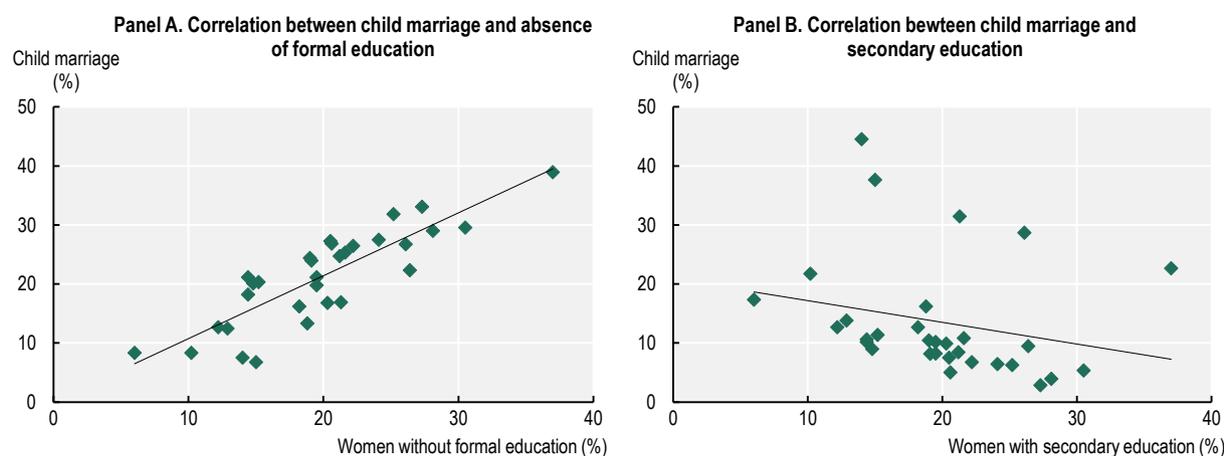
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At the same time, girl child marriage is perceived as a socially acceptable solution to out-of-wedlock pregnancies (Mbuyita, 2021^[23]; Gemignani and Wodon, 2015^[24]). In Tanzania, adolescent pregnancies that result from child marriage are often perceived as acceptable since they occur within the socially sanctioned institution of marriage. Early pregnancies are viewed as problematic when they occur out of wedlock. The mechanisms involved entail a combination of parents wishing to avoid the social shame associated with adolescent pregnancies occurring out of wedlock and the man responsible for the pregnancy wanting to avoid going to court where he risks being sentenced to 30 years in jail – the maximum penalty for impregnating a pupil/student or a girl under 18 years of age in Tanzania. Both sides often agree to an illegal marriage between the girl and the future father, who is then responsible for her care and welfare (Mbuyita, 2021^[23]). For example, in Shinyanga, which has one of the highest girl child marriage rates, and where 50% of women report having their first child before the age of 18, the main causes of child marriage are reported to be adolescent pregnancies, peer pressure, girls' desire to obtain money to buy small items and poverty in the household (Mbuyita, 2021^[23]). In extreme cases, the same mechanism is used to cover up rape followed by a pregnancy. Child marriage between the girl who has been raped and her aggressor is often regarded as an acceptable “solution” that allows the girl's family to protect their honour and the perpetrator to avoid legal punishment (Mbuyita, 2021^[23]).

Girls who are married young are more likely to achieve lower educational attainment.¹² In Tanzania, girl child marriage occurs on average at the age of 16 years – an age at which girls are expected to attend secondary school. Controlling for various socio-demographic factors, child marriage rates are significantly and positively associated with higher shares of women without formal education (Figure 3.4, Panel A). Conversely, they are negatively associated with higher shares of women with secondary education (Figure 3.4, Panel B). In many instances, child marriage leads to the interruption of girls' schooling. In

Mainland Tanzania, it is unlawful for any person to marry a girl (or a boy) who attends primary or secondary school (Government of Tanzania, 2016^[8]). As a result, families that desire to marry their daughters might be tempted to remove them from school before organising the marriage. At the same time, a husband may oppose his young bride attending school and expect her to care for the household instead. In cases of adolescent pregnancies resulting from child marriage, constraints related to childrearing can impede girls from continuing their education. Until November 2021, a ban on school pregnancies that prohibited adolescent mothers from continuing or resuming their studies also played a role in limiting girls' education (Dausen, 2021^[9]).

Figure 3.4. Child marriage negatively affects girls' educational attainment



Note: Panel A shows the correlation between girl child marriage rates and the share of women without any formal education. Panel B shows the correlation between girl child marriage rates and the share of women having completed secondary education. Data presented are fitted values from two distinct OLS regressions at the regional level with the share of women without any formal education and the share of women with secondary education completed as the dependent variables. The child marriage rate is the main independent variable. Coefficient and marginal effects are significant at 1% in Panel A and at 5% in Panel B. Control variables include the urbanisation rate, localisation in Mainland or Zanzibar, employment in the agricultural sector, the literacy of parents and wealth levels.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/ek5frc>

Evidence from the SIGI Tanzania database suggests that the relationship between education and girl child marriage may run in both directions and that girls with low educational attainment or who have already dropped out of school are more at risk of marrying before the age of 18 (Lee-Rife et al., 2012^[4]; UNICEF, n.d.^[2]). Controlling for socio-demographic factors, higher shares of women with primary and secondary education are significantly associated with lower rates of girl child marriage.¹³ At the national level, 35% of women without formal education have been married before the age of 18 compared to 30% of women who did not complete primary education, 15% of those who completed primary education and 1% of those who completed secondary school.¹⁴ There are multiple underlying drivers. For instance, the perception of marriage as an opportunity for girls to increase their social status may encourage girls who are already out of school to marry as soon as possible. In contexts with structural barriers, such as poverty or limited access to education, marriage at a young age might also be perceived as a desirable option to pursue (Schaffnit et al., 2020^[25]).

The consequences for human capital accumulation and women's empowerment are far-reaching. Secondary schooling is essential for women's empowerment and non-completion of secondary school

often represents a barrier to further human capital accumulation, including in the professional sphere (Anyanwu, 2016^[26]). Women with higher education, in comparison to those with lower education, also tend to invest more in the health and education of their children, and have fewer children, generating positive spillovers for the productivity and well-being of the next generation (Duflo, 2012^[27]; Klasen and Lamanna, 2009^[28]; Cabeza-García, Del Brio and Oscanoa-Victorio, 2018^[29]). Keeping girls in school and ensuring that young mothers are reintegrated is therefore paramount. Tanzania has taken steps in this regard by establishing Vocational Training courses and Focal Development Colleges to create an enabling environment for adolescent girls. In addition, the Alternative Learning Skills Development project targets adolescents who have dropped out of school with a view to their re-integration (Government of Tanzania, 2019^[30]). However, these measures have received criticism on the grounds that they may create alternative education pathways for pregnant girls and young mothers who are denied their right to compulsory education. Furthermore, some of these colleges are not cost-free and/or located far from the girls' homes, which creates barriers to access and attendance (Human Rights Watch, 2021^[31]). An announcement in November 2021 removing the ban preventing young mothers from returning to school seeks to address these shortcomings.

Girl child marriage is perpetuated by a complex set of factors ranging from bride price to social acceptance of the practice and restrictive gender norms that deny women and girls decision-making power over their own lives and relationships

Bride price may act as a potential indirect incentive for girl child marriage

Bride price is a social institution in Tanzania that goes hand in hand with marriage. At the national level, 9 out of 10 women or girls have been married with a bride price, and in the large majority of cases (84%), the parents of the bride receive the payment, which has been made either by the groom's parents or by the groom himself (Box 3.3). While the custom is equally common in both rural and urban areas, significantly more married women have been married with a bride price in Zanzibar than in Mainland Tanzania (98% compared to 90%, respectively). Moreover, social support of the practice is elevated in Tanzanian society, regardless of age, gender or residential status, with 90% of the population believing that marriage requires a bride price.

Box 3.3. What is bride price?

Bride price refers to a monetary or in-kind transfer made by the groom or his family to the bride's family at the time of marriage, which is mostly paid in livestock (mainly cows) but can also include other valuable assets such as land, a motorcycle or renovations made to the bride's family's house (Mbuyita, 2021^[23]). As in other African countries, bride price is a widespread customary practice in Tanzania. It must be distinguished from dowry, where a payment (in-kind or monetary) is made by the bride's family towards the groom's family (Lowe and Nunn, 2018^[32]).

Although bride price is a custom rather than a social institution and is not necessarily harmful to women and girls, certain attitudes associated with the practice may severely diminish women's empowerment and agency. Existing evidence and research on the effects associated with bride price are mixed (Voena and Corno, 2016^[33]; Lowe and Nunn, 2018^[32]). For instance, some empirical findings show that women married with a bride price experience lower levels of violence or are happier in their marriage than those who have not been married with a bride price. However, the practice often raises questions related to the husband's ownership of the bride, incentives for child marriage, increased levels of adolescent pregnancies and the risk of being locked into an abusive relationship, especially where the tradition requires repayment of the bride price in case of divorce (Lowe and Nunn, 2018^[32]). In Tanzania, for instance, 75% of the

population believes that a husband owns his wife once he has paid a bride price. The consequences of this assumption can be far reaching, constraining women's independence, well-being and decision-making power in the household.

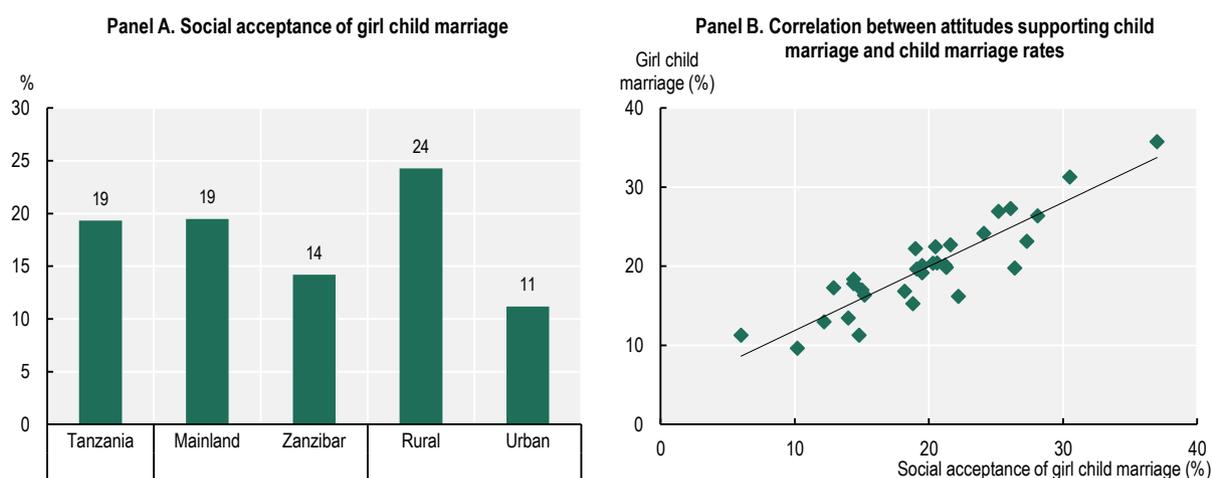
Moreover, the transactional nature of bride price may encourage the practice of girl child marriage. In contexts where economic resources are limited, girl child marriage may be perceived as a means to alleviate a family's economic burden. Firstly, the bride's family will receive the bride price in the form of monetary or in-kind valuable assets; secondly, marrying a daughter may free up resources within the household that were formerly used to sustain the girl/bride (Voena and Corno, 2016^[33]). Focus group discussions reveal that girls are often perceived as a source of income due to the existence of bride price, and that families sometimes seek marriage for their daughters for economic reasons. The COVID-19 pandemic has increased the risk of child marriage, particularly in the context of economic distress and limited access to health care and child protection services (OECD, 2021^[10]; UNICEF, 2021^[11]; UNFPA, 2020^[12]). In this regard, there is evidence to suggest that alleviating families' economic situations can help prevent child marriage.¹⁵ Pressure for early marriage can further stem from a potential decrease in the bride price payment for girls who have already given birth or who are no longer virgins. Consequently, in order to obtain a high payment, families may push for an early marriage that decreases the risk of an adolescent pregnancy out of wedlock (Mbuyita, 2021^[23]). Moreover, larger bride price payments reported in Tanzania for younger brides may incentivise families to marry their daughters as early as possible (Schaffnit et al., 2019^[34]).

Girl child marriage is perpetuated by social acceptance of the practice

Social acceptance of child marriage is associated with higher prevalence rates of this harmful practice. Controlling for various socio-demographic characteristics, the prevalence of girl child marriage increases significantly and strongly in tandem with the share of the population considering it appropriate for a girl to marry before the age of 18 years (Figure 3.5, Panel B).¹⁶ At the national level, 19% of the population holds such views, with 13% of the population believes that a girl should be married before her 18th birthday. In contrast, only 6% of the population considers it appropriate for a boy to marry before the age of 18 years.

Social acceptance of child marriage varies significantly between rural and urban areas as well as across regions. In rural areas, 24% of the population sets the appropriate age for a woman's marriage below 18 years compared to 11% in urban areas (Figure 3.5, Panel A). Similarly, a greater share of the rural population (15%) compared to the urban population (9%) considers that a girl should be married before her 18th birthday. Social attitudes supporting and encouraging child marriage also vary greatly across regions. While in seven regions,¹⁷ the share of the population that sets the appropriate age for girls to be married at under 18 years is below 10%, in four regions¹⁸ the share accounts for more than one-third of the population.

Figure 3.5. Girl child marriage is perpetuated by social acceptance of the practice



Note: In Panel A, social acceptance of girl marriage is calculated as the share of the population which considers that the minimum age at which a girl should be allowed to marry is below 18 years. Panel B shows the correlation between social acceptance of girl child marriage and girl child marriage rates. Data presented are fitted values from an OLS regression at the regional level with social acceptance of girl child marriage as the dependent variable and child marriage rates as the main independent variable. Child marriage rates are calculated as the share of all women aged 15 years and older who have been married before the age of 18 years. Coefficient and marginal effects are significant at 10%. Control variables include the urbanisation rate, localisation in Mainland or Zanzibar, levels of education and wealth levels.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

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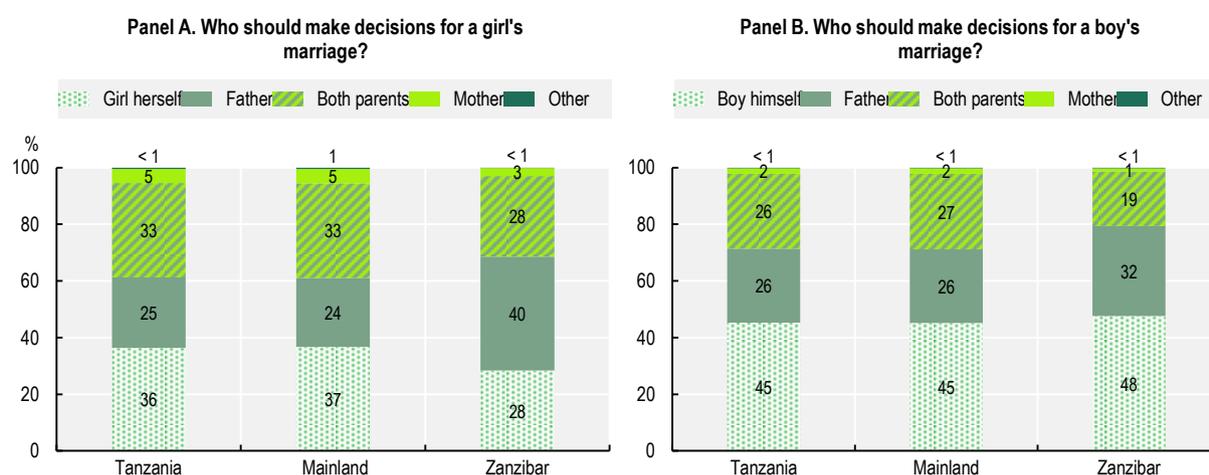
Social norms, particularly those related to restrictive masculinities, may explain differences in perceptions regarding the appropriate age to marry for men and women. On average, respondents set the appropriate age to marry at 18.5 years for women compared to 22 years for men. At the same time, nearly all of Tanzania's population (92%) agrees or strongly agrees that a "real" man should be the family's breadwinner. Achieving sufficient economic stability to provide enough income to support a family, including finding a suitable home, requires time. As a result, many believe that men should marry older so they have enough time to create such conditions before starting a family. The fact that the appropriate marriage age for women is set lower than for men may reflect the way in which restrictive gender norms, including the importance of virginity at marriage and customs such as bride price, put pressure on women to marry earlier than men.

Social acceptance of girl child marriage is rooted in restrictive gender norms that deny women and girls decision-making power over their own lives and relationships

Restrictive gender norms place decision-making power in the hands of men and deny girls and women decision-making power over their lives and relationships, especially in regard to marriage (Jayachandran, 2015^[35]). At the national level, only about one-third of the population considers that a daughter should have the agency to make decisions regarding her own marriage – including the choice of her husband. One-third of the population believe that both parents should make decisions collectively regarding their daughter's marriage, while one-quarter hold the view that the father alone should be in charge. These norms regarding decision making are closely linked to restrictive masculinities that establish men as the head of the household and primary decision makers (OECD, 2021^[36]). In this regard, 76% of Tanzanians agree or strongly agree that to be a "real" man, a man should have the last word in the home. In comparison, only 46% of the population believes that to be a "real" woman, a woman should have the last

word in the home. Focus group discussions held with adolescent girls in Shinyanga revealed that their father would take the decisions regarding their marriage including the choice of husband and would arrange the bride price payment with the groom or his family. Mothers would only be informed once the decisions and arrangements had been made (Mbuyita, 2021^[23]). Across Tanzania, the small share of people believing that a mother should take decisions regarding her child's marriage and the high proportion of people who consider that a boy should be in charge of making decisions for his own marriage provide additional evidence of the gendered dimensions of decision making (Figure 3.6). These attitudes underscore the limited decision-making power that girls enjoy over their own marriage – particularly relative to boys – and that decision making often lies in the hands of men, especially fathers.

Figure 3.6. Girls are granted limited decision-making power over their own marriage



Note: Panel A shows population attitudes regarding the identity of the individual in the household who should be in charge of making decisions for a daughter's marriage. Panel B shows population attitudes regarding the identity of the individual in the household who should be in charge of making decisions for a son's marriage. Differences between the share of the population declaring that someone other than the girl should make decisions for her marriage and the share of the population declaring that someone other than the boy should make decisions for his marriage are significant at 1%.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/n12qv>

Attitudes denying girls control over their own marriage are more acute in Zanzibar and in certain regions of Mainland Tanzania. On average, 37% of the population in Mainland Tanzania considers that a girl should make decisions over her own marriage, compared to only 28% in Zanzibar. Conversely, 40% of Zanzibar's population thinks that the father alone should be in charge of decisions for his daughter's marriage (Figure 3.6). These attitudes vary significantly across different regions. In nine regions,¹⁹ more than half of the population considers that a girl should be responsible for decisions regarding her own marriage, whereas in four regions²⁰ a similar proportion of the population considers that this power should rest with the father. By contrast, men and boys are generally granted greater power than women and girls regarding decision-making power over marriage. Both in Mainland Tanzania and Zanzibar, more than 45% of the population believes that a boy or young man should make decisions regarding his own marriage.

Discriminatory social norms and practices establishing male guardianship over women can promote child marriage. Indeed child marriage is significantly more likely to occur when women and girls are denied agency and autonomy in decisions over their own marriage.²¹ While half of the women who married after their 18th birthday took their own decisions regarding the marriage, the proportion was lower at less than

40% for those who married as a child. Conversely, the number of marriages where the father alone took decisions is greater for girls who were married before the age of 18 years (18%) than for those who were married later (14%). In these situations, gender norms that limit women's and girl's decision-making power and agency overlap with limitations on the basis of age and the fact that children often have limited decision-making power. This dynamic further marginalises the agency of girls, placing them at risk of child marriage.

Restrictive social norms guiding social understanding of what it means to be a “real” woman in Tanzanian society may be an even more important factor explaining the persistence of child marriage. The importance of remaining a virgin at marriage is a social norm that may induce child marriage, particularly in contexts where pregnancies out of wedlock are highly stigmatised and regarded as a threat to a family's reputation (Gemignani and Wodon, 2015^[24]). In addition, girls who remain unmarried for a long time may face mistrust and scrutiny regarding their virginity, which again can put the reputation of the girl and her family reputation at risk (Mbuyita, 2021^[23]; Lee-Rife et al., 2012^[4]). On average, 40% of Tanzania's population agree that being a virgin at marriage is essential in order to be a “real” woman. Conversely, 30% of the population consider that virginity at marriage is essential for being a “real” man, reflecting somewhat asymmetric gender norms when it comes to sexuality. Prevalence of the belief that a “real” woman should still be a virgin at marriage varies significantly across regions, ranging from 15% in Geita to more than 65% of the population in Zanzibar.

Discriminatory social norms encouraging or justifying the practice of child marriage are more likely to be held by poorer individuals with a low educational background

Women are as likely as men to hold views that are supportive of girl child marriage. However, the likelihood that an individual will hold the belief that a girl should be married before the age of 18 or that this practice is appropriate decreases as age increases (Table 3.1). In addition, where a person lives matters. On average, the likelihood that child marriage will be upheld as an appropriate practice is higher in rural than in urban areas and higher in Zanzibar than in Mainland Tanzania.

Individuals with lower levels of education are also more prone to hold attitudes that encourage or justify the practice of girl child marriage. More precisely, individuals with at least some education are less likely than those without any formal education to declare that the minimum appropriate age for girls to marry is before 18 years or to believe that a girl should be married before the age of 18. Moreover, the likelihood of holding such discriminatory attitudes decreases as education increases, with the effect being strongest for individuals with secondary education or university-level education (Table 3.1). These results suggest that education is essential to empower both girls and boys and has the power to transform norms and aspirations for women that go beyond marriage and motherhood (Anyanwu, 2016^[26]). For instance, as educational attainment increases, the likelihood of believing that a “real woman” should be married or should remain a virgin before her marriage decreases. Individuals with higher levels of education are also more likely to believe that a woman or a girl should be in charge of making decisions regarding her own marriage (Table 3.1).

Similar to education, individuals from wealthier households are less likely to hold discriminatory attitudes that condone girl child marriage. This is the case across all statements tested (Table 3.1). In all cases, the effect is strongest for individuals belonging to the highest wealth quintiles. The results are consistent with the strong interlinkages that exist between education and wealth.

Table 3.1. Determinants of discriminatory attitudes encouraging the practice of girl child marriage

Marginal effects and significance of key characteristics on discriminatory attitudes

		Dependent variables				
		(i) Declaring that girls' appropriate minimum age to marry is before 18 years	(ii) Agreeing or strongly agreeing with the statement "A girl should be married before turning 18 years old"	(iii) Considering that someone else other than the girl herself should be in charge of making decisions for her marriage	(iv) Agreeing or strongly agreeing with the statement "To be a real woman, a woman should be a virgin before marriage"	(v) Agreeing or strongly agreeing with the statement "To be a real woman, a woman should be married"
Independent variables						
Being a woman		o	o	↓	o	o
Living in urban areas		↓	o	o	o	↓
Age		↓	↓	o	o	o
Age squared		↑	↑	↑	o	o
Education (omitted: no formal education)	Primary incomplete	↓	↓	o	o	o
	Primary complete	↓	↓	↓	↓	↓
	Secondary complete	↓	↓	↓	↓	↓
	University complete	↓	↓	o	o	↓
Marital status (omitted: married)	Living together	↑	o	↓	↓	↓
	Single	o	↓	↓	o	↓
Having a girl		o	o	o	o	o
Wealth (omitted: 1st quintile)	2nd quintile	o	o	↓	o	o
	3rd quintile	↓	↓	↓	↓	o
	4th quintile	↓	↓	↓	↓	↓
	5th quintile	↓	↓	↓	↓	↓

Note: The table reports the sign of independent variables from five probit models where the dependent variables are (i) the share of the population declaring that the appropriate minimum age to marry for a girl is before 18 years; (ii) the share of the population who agrees or strongly agrees with the statement "A girl should be married before turning 18 years old"; (iii) the share of the population declaring that someone else other than the girl herself should be in charge of making decisions for her marriage; (iv) the share of the population who strongly agrees or agrees with the statement "To be a real woman, a woman should be virgin before marriage"; and (v) the share of the population who strongly agrees or agrees with the statement "To be a real woman, a woman should be married". Additional control variables include regional dummies. o = no significant effect; ↑ = a significant positive effect; ↓ = a significant negative effect.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/es9vkk>

Intra-household dynamics, roles and responsibilities

Unequal distribution of unpaid care and domestic work as well as asymmetric power relationships within the household have serious implications for women and girls throughout their lifetimes. Gendered divisions of labour defining unpaid care and domestic work as the responsibility of women and girls constrain the time they are able to dedicate to education, training and paid employment. Furthermore, unequal decision-making power between men and women in the household may have consequences for women's economic empowerment, curtailing their ability to seek a job or start a business and limiting their ownership and use of assets such as land and finances (see Chapter 2). In addition, men's final say in household decisions, including those governing access to education and healthcare, can be detrimental to women's own health

and human capital development as well as that of their families. In this regard, the inequities that arise from intra-household dynamics have a bearing not only on women's roles and responsibilities within the household, but also within society as a whole, impacting their empowerment and participation in public life.

Women spend more time than men on unpaid care and domestic work and on total work

Women undertake significantly more unpaid care and domestic work than men. On average, women spend 4.4 hours per day on unpaid care and domestic work, compared to 1.4 hours daily for men (Figure 3.7). Variations across rural and urban areas as well as between Mainland Tanzania and Zanzibar are very limited. Consequently, women spend on average three times more time on unpaid care and domestic work than men (Box 3.4).

Box 3.4. How is unpaid care and domestic work measured?

Household and non-household tasks

The SIGI Tanzania survey included a series of questions aimed at measuring the amount of time spent each week by individuals on a list of specific tasks. In total, the questionnaire surveyed 16 tasks²² that can be broadly classified into domestic tasks, care tasks, parental duties and outside work (e.g. repairing the house or buying groceries)

Unpaid care and domestic work versus basic unpaid care and domestic work

Among the 16 tasks for which data were collected, 6 specific tasks were isolated and identified as basic household tasks based on the fact that they are routine, basic and essential tasks that require no technical ability and that are strongly associated with feminine attributes. These six tasks are:

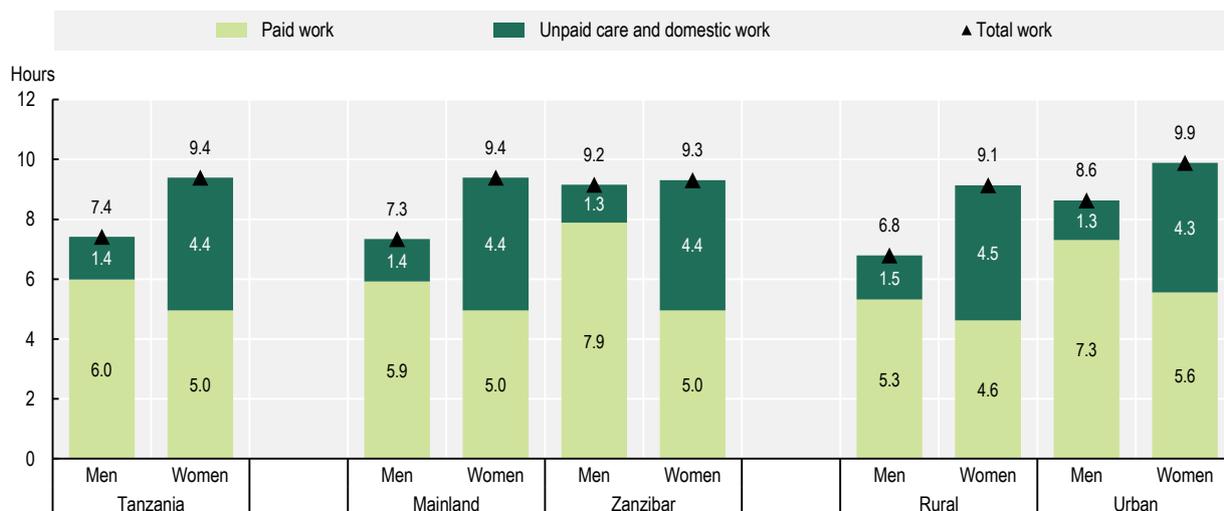
- cooking for the household
- cleaning the house
- washing clothes
- cleaning the bathroom/toilet
- taking care of the elderly
- taking care of the sick or disabled.

As a result, all indicators (amount of hours or minutes spent and women-to-men ratios) were constructed both for the total unpaid care and domestic work that include data from all 16 tasks and for the basic unpaid care and domestic work that include data from only these 6 basic tasks.

In addition to their disproportionate share of unpaid care and domestic work, women face a double burden as they also undertake a large amount of paid work, resulting in a larger total workload. On average, at the national level, women in the labour force work 5 hours per day compared to 6 hours for men. As a result, women bear a significantly larger share of the total workload, spending, on average, a total of 9.4 hours a day on paid and unpaid work compared to 7.4 hours for men. The situation differs slightly between Mainland Tanzania and Zanzibar. In both locations, women undertake a significantly larger amount of unpaid care and domestic work than men. However, in Zanzibar, although women also spend 5 hours a day on paid work, men's particularly large amount of time spent on paid work results in a similar total workload for both men and women (Figure 3.7).

Figure 3.7. Women face a double burden of paid and unpaid work

Average daily hours spent on paid work and unpaid care and domestic work by sex



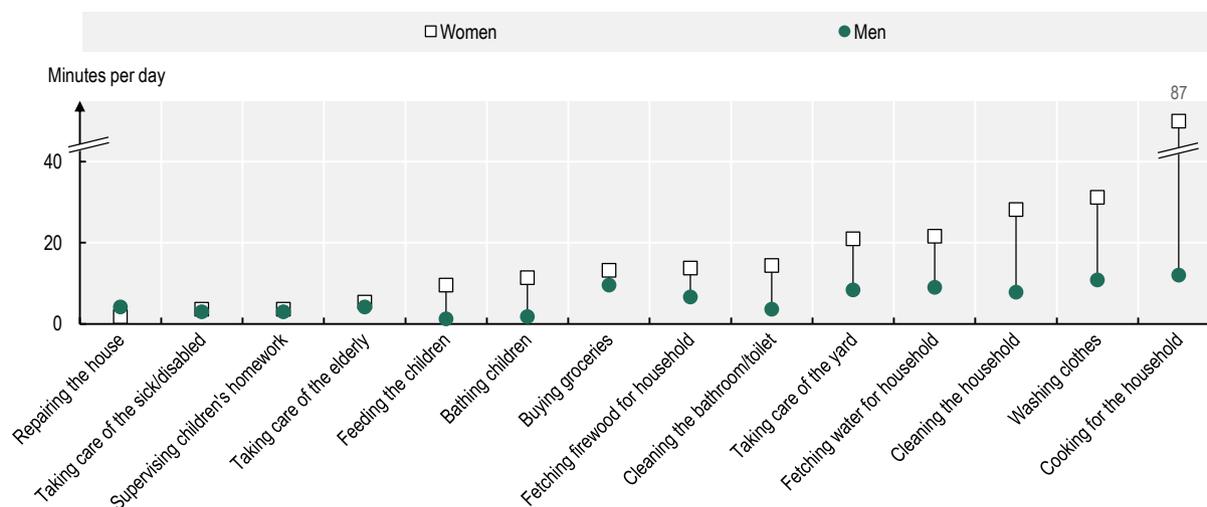
Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

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Women's unpaid work burden is particularly concentrated and disproportionate in basic and routine household tasks. When considering only certain basic unpaid care and domestic tasks such as cooking, cleaning the house and the bathroom or toilet, washing clothes, and taking care of the elderly and the sick, Tanzanian women spend four times more time than men on these basic but essential household tasks. For instance, women spend about 90 minutes cooking for the household, compared to only 12 minutes for men. Overall, women spend most time on cooking, washing clothes and cleaning the house, dedicating significantly more time to these tasks than men (Figure 3.8). Not surprisingly, men tend to undertake tasks that occur weekly or monthly, such as repairing the house, rather than routine and daily tasks. This household division of tasks constitutes a typical rule found across many countries and places (OECD, 2021^[36]). Men also perform tasks that require leaving the household such as buying groceries or fetching firewood or water. This is particularly the case in Zanzibar where the female-to-male ratio for buying groceries is 0.7, indicating that men spend more time on this activity than women. Likewise, in Zanzibar, the ratios of time spent for fetching firewood and water stand at 1.3 and 1.7, respectively.

Figure 3.8. Women’s unpaid work burden is particularly concentrated in basic and routine household tasks

Amount of daily time spent on unpaid care and domestic tasks by women and men



Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

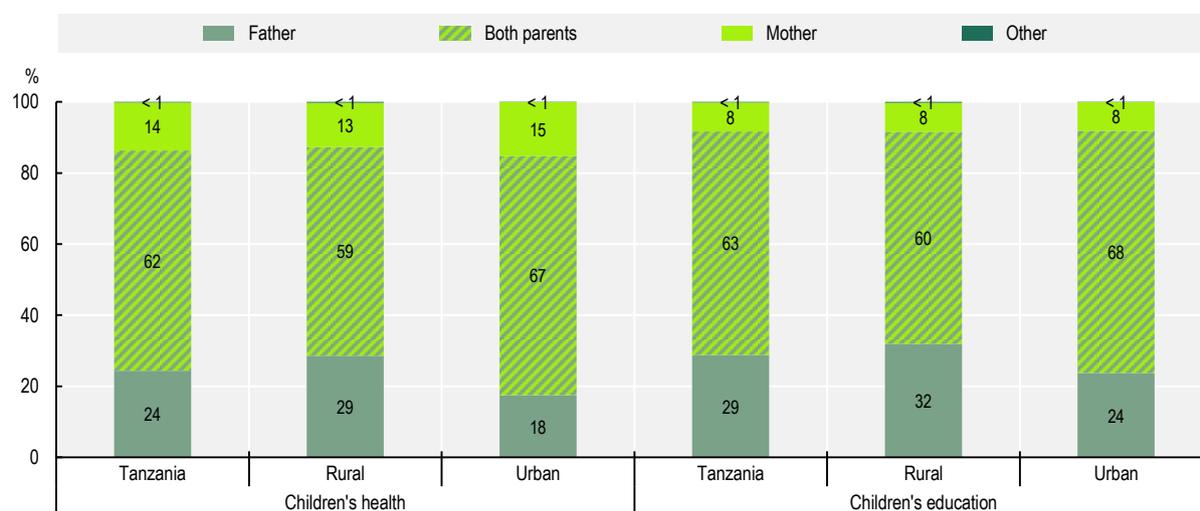
StatLink  <https://stat.link/qrtuam>

Men are the primary decision makers within the household

Traditionally, men assume household headship, which gives them the authority to make decisions on behalf of the rest of the household members on all matters, including expenditure or income, education, family planning and the marriage of children (Mbuyita, 2021^[23]). Within households, fathers have a dominant role in taking important decisions related to children and, more precisely, education, health and marriage. Although decisions on children’s health and education are mostly shared equally between mothers and fathers, fathers still tend to have a greater say. The majority of Tanzanians (60%) live in households where decisions regarding children’s health or education are taken together by both parents. Yet, more than one-quarter and nearly one-third of them live in households where mothers are excluded from decision-making processes on children’s health and education, respectively, indicating that in these households the father alone is responsible for these decisions. Differences between rural and urban areas are significant with a higher proportion of households where only fathers take decisions regarding their children’s health and education in rural areas (Figure 3.9). At the same time, fathers also have a dominant role in making decisions regarding their children’s marriage. For instance, more than 50% of the population live in households where the father participates in the decision-making process for a son’s or daughter’s marriage. In contrast, only 28% and 38% of the population live in households where the mother is involved in decisions related to a son’s or daughter’s marriages, respectively.

Figure 3.9. Fathers dominate important parental decisions related to children's education and health

Share of the population by primary decision maker over children's education and health



Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

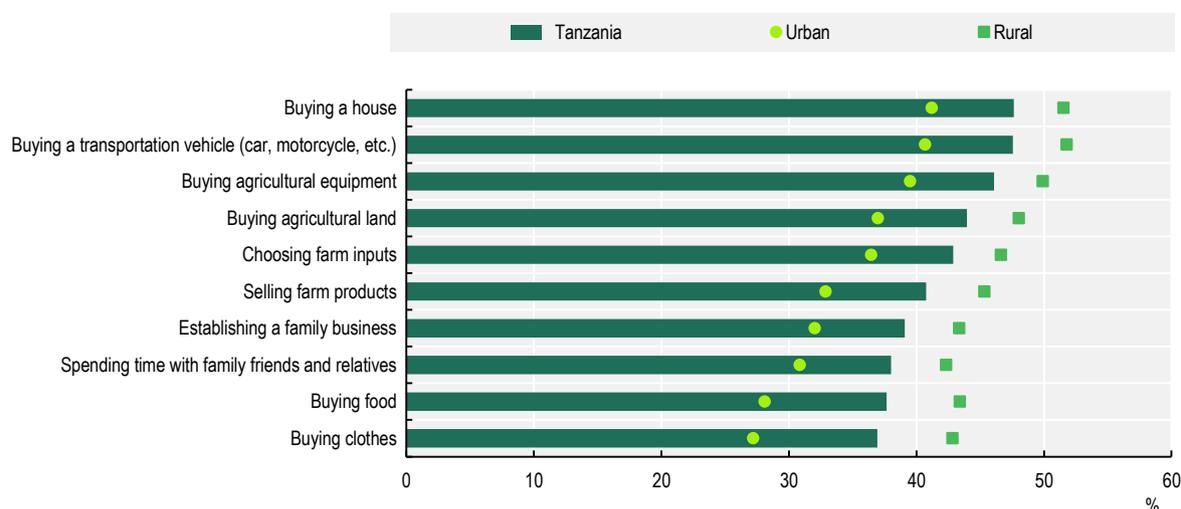
StatLink  <https://stat.link/02lh7o>

Decision-making power over household consumption is largely in the hands of men, especially in rural areas. Men are often the exclusive decision makers within Tanzania's households in regard to basic spending on food and clothing as well as large and/or productive purchases such as a house, land, equipment or farm inputs. Specifically, 37% of Tanzania's population identify the male household head as the sole decision maker over basic consumption spending. This share is significantly higher in rural areas than in urban ones. While 27% of the urban population identify the male household head as the sole decision maker over basic consumption spending, this share reaches 43% in rural areas. Furthermore, for productive assets, more than 40% of the population identify the male household head as the individual who has the last word on important decisions such as choosing farm inputs, buying or renting a house, or buying transportation vehicles. Likewise, this proportion is about 10 percentage points higher in rural areas than in urban ones, highlighting women's lower agency within rural households (Figure 3.10).

Men also exert primary control over household income, particularly in rural areas where such income is often earned through farming activities. Evidence from focus group discussions in the rural community of Shinyanga indicates that men are solely responsible for decisions concerning income generated from farming activities. Men have access to markets and also make decisions regarding the sale of crops. After the sale, men often choose how to spend the money without necessarily involving their wives/partners or other members of the household who participated in the farming and harvesting activities (Mbuyita, 2021^[23]). When women control their own business or are engaged in small businesses such as selling vegetables from gardening, snacks or small fish, they tend to have more control over the income they generate. In many instances, they might be able to buy household items, food or small assets. However, even when acquiring a certain level of control over the income generated, women still face difficulties in buying large assets such as land or in accessing financial opportunities such as Village Savings and Loans Associations (Mbuyita, 2021^[23]). As a result they may choose to do so secretly, without informing their husband (see Chapter 2 on land ownership).

Figure 3.10. Decision-making power in the household is largely in the hands of male household heads

Share of the population living in households where the male household head is the sole decision maker regarding selected decisions



Note: Mean differences between rural and urban areas are significant for all household-level decisions at 1%.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

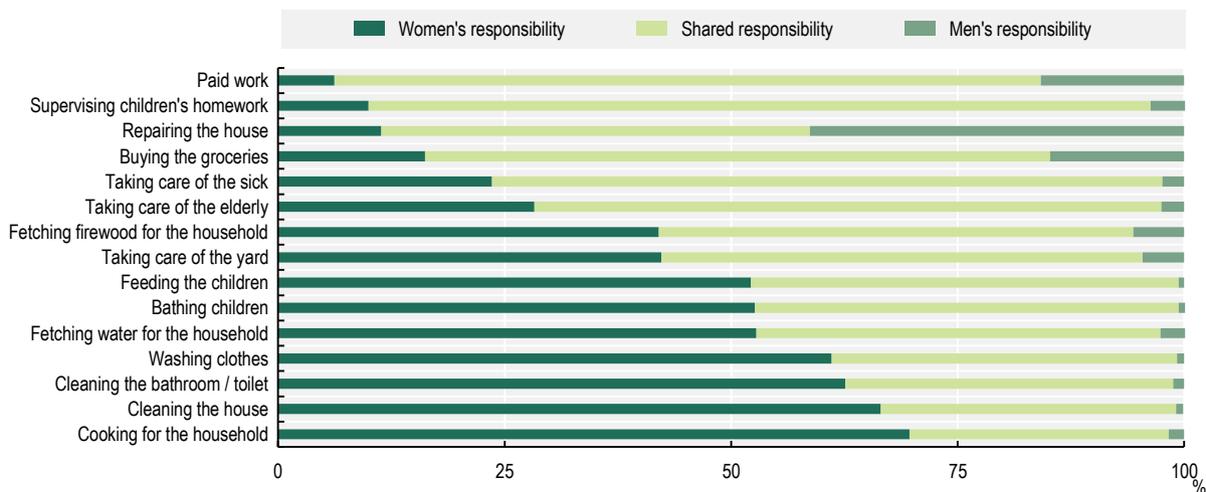
StatLink  <https://stat.link/4qvp08>

Unequal dynamics within the household stem from norms establishing the traditional roles of men and women within the household

Population attitudes consider women to be primarily responsible for most unpaid care and domestic work tasks. This is particularly true for tasks perceived as basic and routine unpaid care and domestic work. More than 60% of the population believes that tasks such as cooking for the household, cleaning the household, cleaning the bathroom/toilet and washing clothes are the exclusive responsibilities of women within the household. By contrast, less than 1% of the population considers these tasks to be the sole responsibility of men (Figure 3.11). Norms that ascribe gendered associations to these tasks also appear to be slightly more salient in rural settings than in urban areas, with the share of the population stating that these household tasks are the exclusive responsibility of women being higher in the former than in the latter.

Figure 3.11. Many routine household tasks are considered the exclusive responsibility of women

Share of the population considering that a household task should be a woman's responsibility, a shared responsibility or a man's responsibility

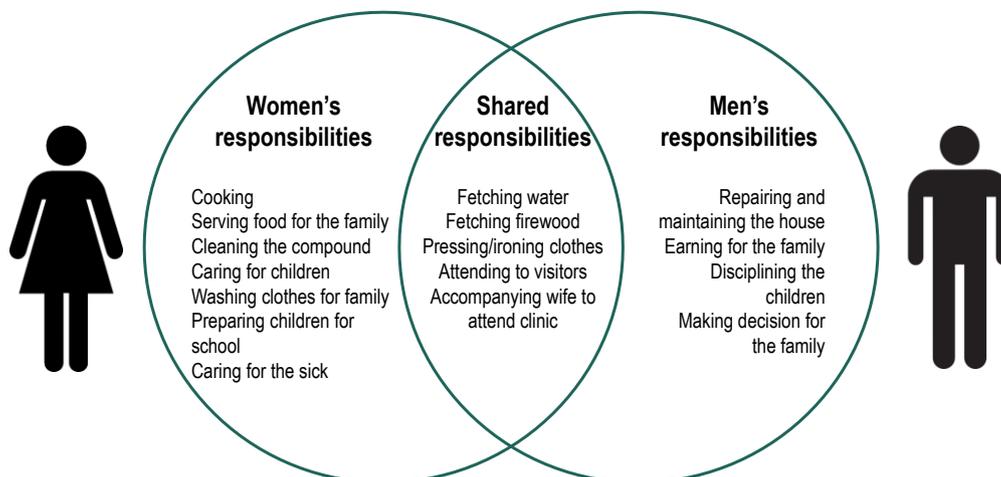


Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink <https://stat.link/8mtdqj>

From these attitudes emerges a gendered pattern according to which certain household tasks may be considered as feminine or masculine based on the traditional physical and emotional traits associated with men and women. Tasks that are more technical, such as repairing the house, are considered to be more suited to men, whereas those that are more socially oriented, such as caring for household members, are perceived to fall within the realm of women (OECD, 2021^[36]). The association of certain tasks with women or men also depends on the physical or emotional skills required to accomplish them. For instance, focus group discussions revealed that tasks which require more physical force such as repairing the house and fetching water and firewood are considered to be masculine or shared, whereas tasks which require more emotional skills such as caring for the children are perceived to be more suitable for women (Figure 3.12).

Figure 3.12. Gendered associations of household responsibilities in Tanzania



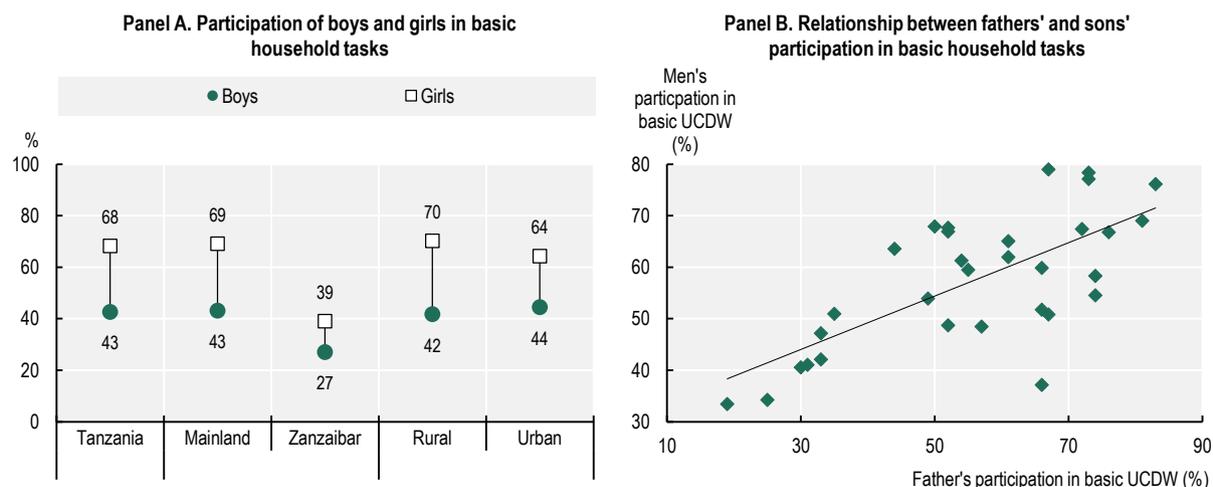
Source: Authors' own illustration based on (Mbuyita, 2021^[23]), SIGI Tanzania Qualitative Report, www.oecd.org/development/gender-development.

These discriminatory attitudes are deeply entrenched and stem from customs and traditions transmitted from generation to generation. Controlling for various socio-demographic factors, women are more likely than men to believe that basic household tasks are the exclusive responsibility of women.²³ This division of labour is normalised and considered acceptable by women. Focus group discussions clearly showed that the division of roles within the household is rigid with very little questioning around the allocation of responsibility, although women are conscious that the repartition of tasks is unequal. Failure to comply with the established norm is perceived as strange and abnormal. For instance, in qualitative interviews many women reported feeling embarrassed if they see a man performing what are perceived to be feminine household tasks (Mbuyita, 2021^[23]). Men's propensity to undertake unpaid care and domestic work is heavily related to whether they are married or not, highlighting the influence of traditional views on the role of married women. Married men are significantly less likely to perform basic unpaid care and domestic tasks than unmarried men, and the effect is stronger for single men than for men living with their partner. The results suggest a transfer of unpaid care and domestic duties to women's shoulders upon marriage.

Imbalances between men and women start at a young age, strengthening the unequal gendered patterns associated with unpaid care and domestic work. Girls assist their mothers with domestic chores from a young age and to a greater extent than boys. For example, 91% of women aged over 15 years reported performing basic household tasks all the time or often when a teenager, compared to 63% of men. Likewise, 68% of surveyed individuals declared that girls aged between 7 and 15 years in their household perform basic household tasks all the time or often, compared to only 43% for boys (Figure 3.13, Panel A). Already tasked with a heavy unpaid domestic workload at a young age, girls internalise the intra-household division of responsibilities, and end up performing the majority of household chores as an adult. The consequences of this dynamic extend beyond an unbalanced distribution of unpaid care and domestic work, as highlighted during focus group discussions, with girls' share of unpaid care and domestic work leaving them limited time to study and rest (Mbuyita, 2021^[23]).

Evidence suggests that male role models who share basic household tasks on a more equitable basis may play a critical role in breaking the cycle of unequal distribution of unpaid care and domestic work. Men whose father undertook basic household tasks such as cooking, washing clothes, cleaning the house or the toilets/bathroom, and taking care of the elderly or the sick are more likely to take on household duties (Figure 3.13, Panel B).²⁴ For instance, 65% of men whose father performed at least one basic household task all the time or often reproduced this pattern in their household. In contrast, only 50% of men whose father performed such tasks only sometimes, rarely or never, performed at least one basic household task all the time or often. Higher participation in unpaid care and domestic work by men's fathers is also significantly associated with lower women-to-men ratios in unpaid care and domestic work.

Figure 3.13. Unpaid care and domestic work starts from a young age, but male role models may help change norms



Note: Panel A shows (i) the share of respondents who live in a household with girls aged 7 to 15 years and who declare that girls participate all the time or often in basic household tasks and (ii) the share of respondents who live in a household with boys aged 7 to 15 years and who declare that girls participate all the time or often in basic household tasks. Panel B shows the correlation between the share of men participating in basic unpaid care and domestic work (UCDW) and the share of men whose father participated in basic UCDW. Data presented are fitted values from an OLS regression at the regional level with the share of men participating in basic UCDW as the dependent variable and the share of men whose father participated in basic UCDW as the main independent variable. Basic UCDW includes cooking for the household, cleaning the house, washing clothes, cleaning the bathroom/toilet, taking care of the elderly, and taking care of the sick or disabled. The share of men participating in UCDW is calculated to as the share of men spending some time on at least one of the basic activities. The share of men whose father participated in UCDW is calculated as the share of men whose father participated all the time or often in at least one of the basic tasks. Coefficient and marginal effects are significant at 5%. Control variables include the urbanisation rate, localisation in Mainland or Zanzibar, household size, marital status, levels of education and wealth levels.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org/>.

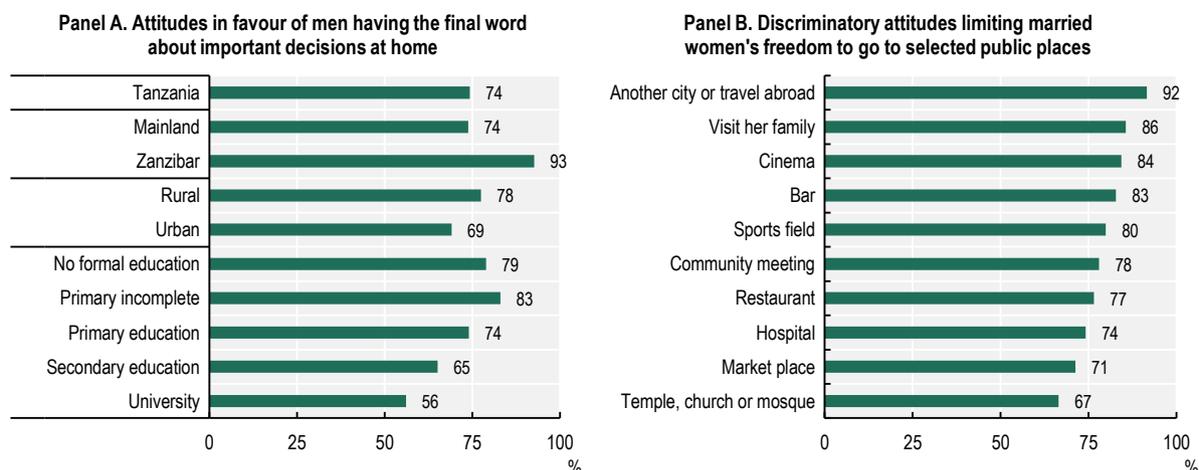
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Traditional views of women's and men's roles in the household also place men in charge of important decisions and expect women to obey their husbands. About three-quarters of Tanzania's population hold the view that men should have the final word about important decisions in the home. Men are more prone to hold these discriminatory attitudes than women. Lack of education appears to be a strong and significant underlying factor in this regard.²⁵ The effect of not holding discriminatory attitudes strengthens as education increases. Indeed, at the national level, 79% and 83% of the population with no formal education and an incomplete primary education, respectively, believe that a man should have the final word about important decisions in the home. Conversely, these shares drop to 65% for those that have completed secondary education and 56% for those that have obtained a tertiary-level diploma such as a university degree (Figure 3.14, Panel A).

Norms conferring decision-making power on men are strongly internalised by individuals. Focus group discussions revealed that women that do not comply with this norm are perceived as dangerous and may suffer from social stigma. Women who are perceived as vocal, educated and wealthy – attributes associated with being empowered enough to participate in decision-making processes – are likewise considered as a potential threat to marriage. Many men in the focus group discussions therefore admitted that they would be reluctant to get married to a woman presenting these characteristics (Mbuyita, 2021^[23]). The few exceptional situations in which women may be allowed to exercise decision-making power within

the household are when the husband is away on travel or when a woman is widowed and/or single and therefore lives alone.

Figure 3.14. Social norms place men in charge of important decisions at home, while married women should obey their husband



Note: Panel A shows the share of the population who agrees or strongly agrees that men should have the final word about important decisions in the home. Panel B shows the share of the population who considers that a wife or partner should ask the permission of her husband or partner to go to selected public places.

Source: (OECD, 2021^[15]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/b3ug7q>

Social norms that govern intra-household relationships between men and women task men with protecting and exercising guardianship over women in the household. In particular, married women are expected to seek their husband's approval before leaving the private sphere of the household and going to public places. At the national level, 92% of the population believes that a woman should ask her husband or partner for permission if she wants to visit another city or travel abroad, and 86% thinks that she should ask permission before going to visit her own family. Overall, attitudes in favour of restrictions on women's ability to go to public places without asking their husband's permission are most acute when related to leisure activities, such as going to a sports field, cinema or a bar (Figure 3.14, Panel B). These deeply entrenched discriminatory attitudes are equally strong in rural and urban areas or in Mainland Tanzania and Zanzibar, and reveal a fundamental characteristic of restrictive masculinities in Tanzania – to be a “real” man, a man should protect and exercise guardianship over women in the household. In order to do so, social norms confer on men the ability to control women's movements and their ability to take important decisions.

Policy recommendations

Girl child marriage

- Update the legal framework to establish the minimum legal age of marriage for girls at 18 years without any exceptions:
 - Accelerate revision of Education Act No. 25 (1978) to prohibit child marriage while at school and revise the Law of Marriage Act to raise the minimum age of marriage for girls from 14 to 18.
 - Consider introducing a law that defines the minimum legal age for marriage at 18 years for girls and boys in Zanzibar.
 - Consider translating laws on the minimum age of marriage into local languages and disseminate an easy-to-understand version of the text across the country, with the co-operation of radio stations, schools, community, traditional or religious leaders, and civil society organisations.
- Sensitise the population on the adverse impact of child marriage on women and girls as well as society as a whole:
 - Concentrate sensitisation efforts in regions where the practice is most common (Kagera, Kaskazini Pemba, Shinyanga and Simiyu) and in regions where prevalence rates are increasing (Dodoma, Mara, Morogoro, Mtwara, Rukwa and Shinyanga).
 - Consider the use of mass media campaigns, social media and community dialogues as well as the increased involvement of women and youth-led organisations to change harmful social norms, attitudes and practices that promote child marriage.
 - Raise awareness among parents about the importance of keeping girls in school rather than marrying them at a young age. Sensitise girls on their rights and potential opportunities beyond the role of wife and mother.
- Support long-term, multisectoral programmes using a gender-transformative approach to address the drivers of child marriage:
 - Prioritise funding for programmes that specifically target child marriage at the intersection with child protection and access to sexual and reproductive health services, with a view to addressing shared root causes and benefiting from synergies.
 - Intensify efforts to eradicate poverty, increase livelihoods and improve affordable access to secondary education, especially in rural areas where child marriage rates are relatively higher and associated with lower education levels and poverty. Evidence shows that programmes which provide an economic incentive to families or girls – conditioned on the latter going to school and not being married – are successful in delaying girls' age at marriage and increasing secondary school attendance (Erulkar et al., 2020^[37]).
 - Provide funding to interventions that aim at empowering young and adolescent girls by strengthening their life skills and promoting their critical thinking, and hence their agency, and offering tailored sexual and reproductive health services alongside counselling.
 - Support programmes that help boys and men identify harmful masculinities and adopt gender-equitable attitudes and behaviour, while educating them about their responsibility, accountability and power for change regarding child marriage.
- Build capacity among local health services and educational institutions to enhance collaboration in identifying girls at risk of child marriage, and to provide comprehensive sexual and

reproductive health education that promotes positive masculinities and relationships based on consent.

- Undertake further research to better understand how gender-restrictive norms and practices, including bride price, may induce child marriage.
- Harness the potential impact of role models and mentors at all levels to promote positive masculinities and to provide girls and women with inspiration and aspirations that extend beyond marriage and motherhood.

Intra-household dynamics, roles and responsibilities

- Recognise and measure women's disproportionate share of unpaid care and domestic work:
 - Develop the capacities of the National Bureau of Statistics and Zanzibar's Office of the Chief Government Statistician and provide training on the design and deployment of time-use surveys.
 - Improve measurement of unpaid care and domestic work by systematically embedding time-use surveys in nationally representative surveys used by NBS and OCGS.
- Reduce the time women dedicate to unpaid care and domestic work:
 - Leverage infrastructure development projects to provide communities with enhanced access to basic services – particularly water and electricity – in order to reduce women's and girls' share of unpaid care and domestic work.
 - Design an enabling policy framework and state-sponsored incentives (including income support, tariff adjustment, direct subsidies or cross-subsidies) in order to encourage private actors to provide access to water and electricity services to rural and remote areas.
 - Ensure that a gender perspective is integrated into infrastructure projects from the outset and that women are represented at decision-making levels.
 - Invest in public and formal childcare services such as family day-care, centre-based out-of-school hours care, centre-based day-care and kindergarten. Design cash-transfer programmes to encourage the uptake of childcare services.
- Redistribute within households the responsibilities for unpaid care and domestic work between men and women:
 - Leverage child-related cash-transfer programmes and family allowances to engage fathers in childcare. Ensure that any cash benefits are transferred to the child's primary caregiver instead of automatically to the mother.
 - In the formal sector, employers should expand existing paid paternity leave schemes and make leave non-transferable.

Notes

¹ In 2019, the female-to-male ratio of time spent on unpaid, domestic, care and volunteer work in a 24-hour period stood, on average, at three. This means that in East African countries where data was available, women undertook spent three times more time on unpaid care and domestic work. Countries with available data are: Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Uganda and Tanzania (OECD Development Centre/OECD, 2019^[44])

² “Restrictive masculinities” refers to masculinities that confine men to their traditional role as the dominant gender group, undermining women’s empowerment and gender equality.

³ Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child (UNICEF, n.d.^[2]). As child marriage disproportionality concerns girls – worldwide and in Tanzania – the term “girl child marriage” is used throughout the chapter to distinguish the practice from boy child marriage, when necessary. Otherwise, child marriage refers to girl child marriage.

⁴ Tanzania’s Education Act No. 25 of 1978 and its amendment CAP 353 R.E. of 2002 do not explicitly ban pregnant girls from attending school and returning to school after childbirth (Government of Tanzania, 1978^[43]). Expulsion is permitted when a student has “committed an offence against morality” or has “entered into wedlock”. Ministry and school officials have interpreted pregnancy as an offense against morality leading to the school ban of pregnant girls (Human Rights Watch, 2021^[31]).

⁵ At the national level, the average rate for boy child marriage is 1.7% (men aged 15+ years). This rate is higher in rural than in urban areas (2.4% and 0.3%, respectively).

⁶ In comparison, the 2015 DHS survey conducted in Tanzania estimated that 24.4% of women aged 15-19 years old had already been married, widowed, divorced or living together with their partner (United Nations, 2019^[19]). This measure differs slightly from the one used by the SIGI Tanzania and SDG indicator 5.3.1.

⁷ Kigoma (25%), Kusini Pemba (26%), Mara (26%), Shinyanga (27%), Kagera (28%) and Simiyu (31%).

⁸ Girl child marriage for women aged between 15 and 19 years should not be compared to other age brackets and should be considered carefully. As not all women in this age bracket have reached 18 years old, the share of women married before the age of 18 years can still increase. This is not the case for other age brackets where women are older than 18 years.

⁹ Morogoro (40%), Arusha (41%), Tabora (41%), Mbeya (42%), Songwe (42%), Katavi (43%), Kaskazini Pemba (46%), Geita (49%) and Shinyanga (52%).

¹⁰ The results are based on an OLS regression. The dependent variable is age at first pregnancy and the main independent variable is age at marriage. Control variables include age, level of education, wealth quintiles (based on a set of measures including type of construction material, distance to water and distance to cooking energy) and regions. Coefficients and the marginal effects of age at marriage are significant at 1%.

¹¹ The results are based on a probit model measuring the women’s likelihood of being pregnant as an adolescent (i.e. under the age of 20 years). The main independent variable is child marriage. Control variables include residential status (urban or rural), age, age squared, education level, a set of measures

of household wealth and regions. The coefficients and the marginal effects for child marriage (i.e. married before the age of 18 years) are significant at 1%.

¹² The results are based on an OLS regression. The dependent variable is education level, and the main independent variable is child marriage. Control variables include sex, residential status (urban or rural), residency (Mainland Tanzania or Zanzibar), employment status in agriculture, mother's education level, father's education level and a set of measures of household wealth. Coefficients and the marginal effects of child marriage are significant at 1%.

¹³ The results are based on an OLS regression. The dependent variable is girl child marriage, measured as the share of women aged 15 years or older who were married before the age of 18 years. The main independent variable is education level measured via four distinct variables: incomplete primary education level, complete primary education level, complete secondary education level and university level. Control variables include age, residential status (urban or rural), residency (Mainland Tanzania or Zanzibar) and a set of measures of household wealth. Coefficients and marginal effects for complete primary or secondary education level are significant at 1%. Coefficients and marginal effects for incomplete primary education level or university level are not significant.

¹⁴ In Tanzania, 14% of the population has a level of secondary education and only 2% have a level of tertiary education. Among Tanzanian women, 11% have a level of secondary education and 1% has a level of tertiary education, compared to 17% of men for secondary and 2% for tertiary education.

¹⁵ Evaluations of programmes targeting child marriage and education in Africa have found that providing parents with economic incentives – monetary or in-kind such as in the form of a goat – is an effective measure to end or, at least, delay child marriage (Lee-Rife et al., 2012^[4])

¹⁶ The results are based on an OLS regression. The dependent variable is girl child marriage. The main independent variable is attitudes towards girl child marriage, measured as the share of the population which states that the appropriate minimum age for marriage for girls is below 18 years. Control variables include residential status (urban or rural), residency (Mainland Tanzania or Zanzibar), education level and a set of measures of household wealth. Coefficients and the marginal effects of attitudes towards girl child marriage are significant at 10%.

¹⁷ Morogoro (3%), Kusini Unguja (5%), Iringa (5%), Mjini Magharibi (5%), Dar es Salaam (6%), Lindi (7%) and Kaskazini Unguja (9%).

¹⁸ Kaskazini Pemba (35%), Kagera (37%), Kigoma (50%) and Simiyu (52%).

¹⁹ Geita, Lindi, Mbeya, Mtwara, Mwanza, Njombe, Ruvuma, Shinyanga and Songwe.

²⁰ Kusini Pemba, Kaskazini Pemba, Manyara and Pwani.

²¹ The results are based on a probit model measuring women's likelihood of being married as a child. Decision maker over marriage is the main independent variable. Control variables include residential status (urban or rural), age, age squared, education level, a set of measures of household wealth and regions. The girl herself as decision maker over her own marriage is the omitted variable. Coefficients and marginal effects for the father as decision-maker, and for both parents as decision makers are significant at 1%. Coefficients and marginal effects for the mother as decision-maker are not significant.

²² The 16 household tasks for which data were collected by the SIGI Tanzania survey were: cooking for the household, cleaning the house, washing clothes, cleaning the bathroom/toilet, taking care of the

elderly, taking care of the sick or disabled, repairing the house, taking care of the yard, buying the groceries, fetching water for the household, fetching firewood for the household, leisure (culture, hobbies, sport), supervising the children's homework, playing or doing sport with the children, bathing children and feeding children.

²³ The results are based on a series of probit models measuring the population's likelihood to consider unpaid care and domestic tasks as the exclusive responsibility of women. In total, attitudes are tested for eight activities – the six basic unpaid care and domestic work tasks listed in Box 3.4 as well as bathing children and feeding children. For each probit model, sex is the main independent variable. Control variables include residential status (urban or rural), age, age squared, size of the household, marital status, education level, a set of measures of household wealth and regions. Coefficients and marginal effects for sex are significant at 1% in all eight models.

²⁴ The results are based on a probit model restricted to men only and measuring their likelihood of participating in at least one basic household task (cooking for the household, cleaning the house, washing clothes, cleaning the bathroom/toilet, taking care of the elderly, and taking care of the sick or disabled). The main independent variables are (i) whether the father or man who cared for the household during childhood participated all the time or often (or not) in at least one basic household task, and (ii) whether the mother or woman who cared for the household during childhood participated all the time or often (or not) in at least one basic household task. Control variables include residential status (urban or rural), age, age squared, size of the household, marital status, education level, a set of measures of household wealth and regions. Coefficients and marginal effects for the father's participation in household tasks are significant at 1%. Coefficients and marginal effects for the mother's participation in household tasks are not significant.

²⁵ The results are based on a probit model measuring the population's likelihood to consider that men should have the final word about important decisions in the home. Independent variables include sex, residential status (urban or rural), age, age squared, size of the household, marital status, education level, a set of measures of household wealth and regions. Coefficients and marginal effects for sex are significant at 1%. Coefficients and marginal effects for primary education complete are significant at 5% and coefficients and marginal effects for complete secondary education and university education are significant at 1%.

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Annex 3.A. The social institution of marriage in Tanzania

Legal systems governing marriage differ between Mainland Tanzania and Zanzibar

In Mainland Tanzania, the Law of Marriage of 1971 (revised in 2002 as the Law of Marriage Act) defines marriage as the voluntary union of a man and a woman intended to last for their joint lives (Government of Tanzania, 1971^[38]). While the Law of Marriage Act requires voluntary consent to enter into marriage, it permits a marriage contract to be concluded without the consent of the bride on the basis of an agreement between the guardian of the bride and the groom. The law recognises two types of marriages – monogamous and polygamous – depending on whether the same are contracted according to customary, religious or civil rite practices. Whereas a monogamous marriage is defined as a union between one man and one woman, a polygamous marriage is “a union in which the husband may, during the subsistence of the marriage, be married to or marry another woman or women”.

Under the Law of Marriage Act, the legal minimum age for marriage is 15 years for girls and 18 years for boys, although the law permits girls and boys as young as 15 years to marry on the basis of a court order. Furthermore, the Penal Code permits the marriage of girls aged less than 15 years, provided that the marriage is not consummated before the age of 15 (Government of Tanzania, 1981^[39]). The Law of the Child Act (2009) does not stipulate a legal age of marriage or prohibit child marriages (Government of Tanzania, 2009^[40]). In 2016, the High Court of Tanzania ruled against child marriage in a landmark case declaring child marriage provisions within the Law of Marriage Act unconstitutional. A government appeal against the decision of the High Court was overturned by the Court of Appeal, thus upholding the High Court’s ruling (High Court of Tanzania, 2017^[41]). Efforts are underway to review the Law of Marriage Act (1971) to raise the age of marriage of girls from 14 to 18 (Ministry of Health, Community Development, Gender, Elderly and Children, 2016^[6]). Meanwhile, in 2016 Tanzania amended the Education Act to prohibit child marriage involving children enrolled in primary or secondary school (Government of Tanzania, 2016^[8]).

In Zanzibar, religious “Kadhi” courts essentially oversee all marriages in Zanzibar, although their intended purpose is to oversee legal matters among Zanzibar’s Muslim Population (more than 90% of the population in Zanzibar is Muslim) (Jeppie, Moosa and Roberts, n.d.^[42]). Zanzibar does not have a minimum age for marriage.

Marriage is an important social institution in Tanzanian society

Among Tanzania’s adult population, 63% are married, 10% live together and 27% are single. The majority of marriages in Tanzania are religious and/or customary. The average age of marriage among women (20.2 years) is more than five years younger than the average age for men (25.4 years), but varies according to the nature of the marriage. At the national level, the average age of first marriage is 19.5 years among women in customary marriages, 20.5 years for women in religious marriages and 22 years for women in civil marriages.

Marriage is perceived as a core social institution by the majority of men and women in Tanzania. More than 60% of Tanzania’s population agree that in order to be a “real” woman or a “real” man, one needs to be married. The data suggest that being married as a woman is more important in rural than urban areas,

where 65% and 57% of the population, respectively, consider marriage essential for being a “real” woman. In a context where marriage is socially valued, individuals – and particularly women – may see marriage as a way to improve their social standing.

4 Women's and girls' physical autonomy

This chapter focuses on women's physical autonomy in Tanzania, building on data collected within the framework of the SIGI Tanzania. It identifies and assesses the prevalence of gender-based violence against women and girls, including female genital mutilation/cutting, and highlights factors associated with restrictions on women's reproductive autonomy such as unmet need for family planning, adolescent pregnancy and access to sexual education. The analysis considers both the current situation of women and girls and uncovers underlying factors, including specifically discriminatory social norms.

Key takeaways

Violence against women and girls

- Addressing violence against women and girls is a key policy priority in Tanzania. National action plans in both Mainland Tanzania and Zanzibar are dedicated to addressing this issue.
- More than half of all women in Tanzania have suffered from at least one form of violence in their lifetime.
- Intimate partner violence (IPV) is a pervasive feature of Tanzanian society, and affects predominantly women. Two-thirds of ever-partnered women who have survived intimate partner violence have experienced at least two different forms of IPV including sexual, physical and psychological abuse.
- Younger women and those with children are more likely to have experienced intimate partner violence.
- Half of the population believes that a man can be justified in hitting or beating his wife under certain circumstances. Broad social acceptance of violence against women perpetuates violence and is strongly associated with higher rates of IPV.
- Women are more likely than men to justify IPV: 56% of women believe a husband may be justified in beating or hitting his wife under certain circumstances compared to 47% of men.
- Persistent non-partner violence committed by family members and authority figures, specifically teachers, likely during childhood contributes to the acceptance of violence and cycles of violence.
- Restrictive masculinities that support men's control over women underpin the high prevalence rates of IPV and wide acceptance of violence in Tanzania.

Female genital mutilation/cutting

- More than 2 million Tanzanian women report having been excised or experiencing FGM/C.
- The practice of FGM/C is confined mainly to certain regions of Tanzania, specifically in northern Tanzania.
- FGM/C is being progressively abandoned as a harmful practice.
- On average, the vast majority (91%) of the population agrees that the practice of excision should be abandoned. This majority is also aware of and supports legislation prohibiting FGM/C.

Reproductive autonomy

- In Tanzania, an average of 38% of women of reproductive age report having an unmet need for family planning.
- Among the population aged 15-49 years using any contraception method, 88% rely on modern methods.
- Among young women aged 15-19 years, 54% report having an unmet need for family planning. Women in this age group who do use contraception are more likely to rely on less effective methods.
- In the face of limited decision-making power, limited agency and spousal opposition, many women in Tanzania use contraceptives covertly.

- Among the total population, 37% of people declared that women should not have the right to decide whether to use contraception.
- Among women who have at least one child, 33% had their first pregnancy before they were 20 years of age.
- Slightly more than half of the population in Tanzania has received sexual education mainly through health centres and schools.
- While the vast majority of the population believe that sexual education should be provided, a greater share believes that girls should receive this education (97%) than boys (90%).

Women's and girls' physical autonomy relates to their independence and self-determination over their own bodies and reproductive functions. Both globally, and in Tanzania, violence and other harmful practices infringe on women's and girls' physical autonomy with significant implications for their health, well-being, empowerment and opportunities. Using the data collected within the framework of the SIGI Tanzania, this chapter explores issues of violence against women and girls, including female genital mutilation/cutting (FGM/C), as well women's reproductive autonomy in Tanzania. Each section examines commitments and actions made by Tanzania to address these harmful practices, analyses their prevalence at different geographical levels, and uncovers the critical role played by social norms and other underlying factors.

Violence against women and girls

Violence against women and girls has far-reaching effects on women and girls as well as society as a whole. Perpetuated by power imbalances between women and men, gender-based violence against women and girls encompasses a wide range of harmful practices including intimate partner, non-partner and family violence – including physical, sexual, psychological and economic abuse – as well as FGM/C. In jeopardising the health, well-being and opportunities of women and girls, gender-based violence against women and girls also represents a significant cost to the economy (Vyasa, 2019^[1]). The need to end violence against women and girls has received broad international and regional recognition, and has been identified by the Government of Tanzania as a key priority in its recent national action plans (Government of Tanzania, 2019^[2]).

Both Mainland Tanzania and Zanzibar have created action plans to eliminate violence against women and girls. Mainland Tanzania's National Plan of Action to End Violence against Women and Children 2017/18-2021/22 establishes a policy framework for dedicated actions including efforts to reduce the rates of FGM/C and to improve the welfare of women and girls. Composed of eight strategies, the plan covers issues related to norms and values, safe schools and life skills, response and support services, co-ordination, monitoring and evaluation and more, with specific operational targets for each strategy (MHCDGEC, 2016^[3]). In Zanzibar, the National Action Plan to End Violence against Women and Children 2017-2022 aims to create a comprehensive framework to prevent and address violence against women and children. The plan features three outcomes to be achieved by 2022: the creation of an enabling environment in Zanzibar for the protection and empowerment of women and children, the strengthening of prevention programmes and services, and the establishment of a comprehensive and integrated national response system (Ministry of Labour, Empowerment, Elders, Youth, Women and Children, 2017^[4]). In an effort to implement these plans, Tanzania supports programmes and services that assist victims/survivors of violence against women and girls (Box 4.1).

Box 4.1. Programmes and services related to violence against women and girls in Tanzania

Over the last five years, Tanzania has prioritised the creation and strengthening of services for victims/survivors of gender-based violence. The government has established reporting mechanisms aimed at facilitating victims/survivors' access to justice and services. For example:

- In 2013, the government set up a toll-free helpline for children (116) to provide advice and support, and to facilitate the reporting of violence against women and children. The hotline is accessible across all networks in Mainland Tanzania and Zanzibar, and responds to about 3 500 calls per day from women and girls at risk of violence as well as community members reporting abuse (UN, 2021^[5]).

Services dedicated to supporting survivors/victims and their families have been strengthened:

- Between 2014 and 2019, the number of One-Stop Centres providing comprehensive essential services such as medical care, psychological support and legal assistance for survivors increased from 1 to 13. The centres are located in both Mainland Tanzania and Zanzibar
- Protection committees are local-level co-ordination bodies that handle referrals and enhance collaboration among the health, justice, education and social sectors to better support women and children at risk of violence. These bodies also play an important role in implementing the National Plan of Action to End Violence against Women and Children.
- The Tanzania Police Force has dedicated set up Police Gender and Children Desks to address barriers to justice for women and children. These desks aim to build a more supportive reporting environment. As of 2018, desks had been formally established in 420 police stations.

The government has also launched awareness-raising activities to shift attitudes and practices related to violence against women and girls. For instance:

- Over the 2017-18 period, the government developed and led campaigns addressing adolescent pregnancy and child marriage, engaging with children, teachers, parents, decision makers and religious leaders.
- The government also developed and disseminated a toolkit for teachers aimed at ending the use of violent disciplinary action. The toolkit was disseminated to 1 539 teachers in Kusini and Kaskazini.
- During the COVID-19 pandemic, with the support of UN Women, communications materials on the pandemic and violence against women were spread through radio and television. In the context of this partnership protocols were also developed to aid service providers in screening for violence against women and children (UN Women, 2021^[6]).

Source: (Government of Tanzania, 2019^[2]), Country Report on the Review and Progress made in Implementation of the Beijing Declaration and Platform for Action – Beijing +25, www.unwomen.org/-/media/headquarters/attachments/sections/csw/64/national-reviews/untied-republic-of-tanzania-en.pdf?la=en&vs=711.

More than half of women and girls in Tanzania face often overlapping, forms of violence

Violence against women and girls is a persistent and important problem in Tanzania. Indeed, more than half of all women in Tanzania (55%) have suffered from at least one form of violence in their lifetime and are more likely than men to experience any kind of violence¹ – intimate-partner violence (IPV) and non-partner violence alike. Significant shares of women in Tanzania experience intimate partner as well as non-partner violence including physical, sexual, economic and psychological abuse. In addition, many

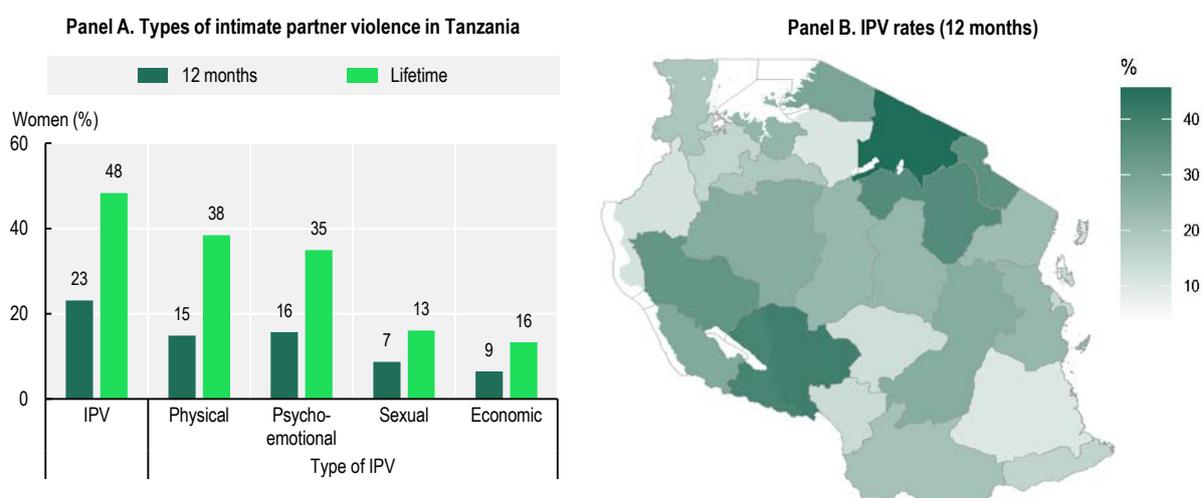
women suffer multiple forms of violence in their lifetime as well as violence committed by multiple perpetrators. The prevalence of violence against women is also reflected in women's fear of violence in public spaces where they live. Gaps in the legal framework on violence against women may contribute to the continued prevalence of these acts. For example, no law specifically addresses gender-based violence against women and existing legislation permits the use of violence against children (see Annex 4.A).

A significant share of women in Tanzania are subjected to intimate partner violence (IPV)

Intimate-partner violence against women is pervasive in Tanzania. While reporting likely underestimates the total instances of violence, 23% of ever-partnered women in Tanzania reported experiencing some form of IPV over the past year, and 48% of women reported experiencing such violence at least once in their life (Figure 4.1, Panel A). In comparison, data from the global SIGI estimated that in 2019, on average, 36% of women in East Africa experienced some form of IPV at least once in their lifetime while 24% reported the same in a 12-month period (OECD, 2021^[7]).

Figure 4.1. Intimate partner violence against women is pervasive in Tanzania

Share of ever-partnered women who have survived IPV over the last 12 months and over their lifetime, by type of violence (Panel A); and share of ever-partnered women who have survived IPV over the last 12 months, by region (Panel B)



Note: In Panel A, physical violence is measured as the share of women declaring that they have been beaten, slapped, kicked or physically assaulted with an object by their current or former spouse or partner; psycho-emotional violence is measured as the share of women declaring that they have been humiliated, threatened, insulted or frightened in private or in front of others by their current or former spouse or partner; sexual violence is measured as the share of women declaring that they have been forced to have sexual intercourse without their consent by their current or former spouse or partner; and economic violence is measured as the share of women declaring that their current or former spouse or partner has ever performed acts such as damaging, sabotaging or destroying their work or tools for work.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/zqetgl>

Although rural and urban areas present similar levels of IPV against women, rates are significantly higher in Mainland Tanzania than in Zanzibar. In Mainland Tanzania, 24% of women reported experiencing some form of IPV over the last 12 months, but only 7% of women made similar reports in Zanzibar. Likewise, the lifetime IPV rate is 49% in Mainland Tanzania compared to 20% in Zanzibar. The prevalence of IPV against women also varies among Tanzania's regions. Prevalence rates of violence in the last 12 months range

from 4% in Mjini Magharibi and Kaskazini Unguja, and 7% in Zanzibar to 40% in Mbeya and 46% in Arusha (Figure 4.1, Panel B). In the rural Mbulu District of Manyara – where rates of violence against women over the last 12 months stand at 37% – a study found that most people attribute high rates of IPV to socio-economic stress, including factors such as a lack of food and other resources, declining household income, and misuse of income or property among others (Rugira, 2015^[9]).

IPV takes various forms, with physical and psychological violence being the most pervasive. At the national level, 15% of ever-partnered women report having been physically assaulted by their current or former partner or spouse over the past year, and 38% of these women report having experienced this form of physical violence at least once in their lifetime. In regard to psychological IPV, 16% of women report that they have been humiliated, threatened, insulted or frightened by a current or former partner or spouse within the last 12 months, while 35% had experienced such behaviour at least once in their lifetime. Intimate partner sexual violence is seemingly less prevalent, but remains significant: 9% of women report that their current or former spouse or partner forced them to have sexual intercourse without their consent over the last 12 months and 16% report having experienced this at least once in their lifetime (Figure 4.1, Panel A).

Younger women, especially those aged 20-39 years and those with children, are more likely to have experienced IPV (Figure 4.2). Rates of IPV over the last 12 months differ among the different age groups of ever-partnered women. The share of women aged between 30 and 39 years who report having experienced IPV in the last year stands at 30%, the highest rate compared to all other age groups. Women aged 20-29 years follow closely with 27% reporting having survived IPV in the last year. Women from the oldest age groups – 50-59, 60-69 and 70+ years – had the lowest 12-month prevalence rates of IPV, at 17%, 13% and 11%, respectively. Women with children are also more likely to face IPV at least once in their lifetime than women who do not. Moreover, women with two or three children are also more likely to report IPV occurring in the last 12 months than women without children.

Figure 4.2. Factors associated with experiencing intimate partner violence



Source: Authors' calculations based on (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

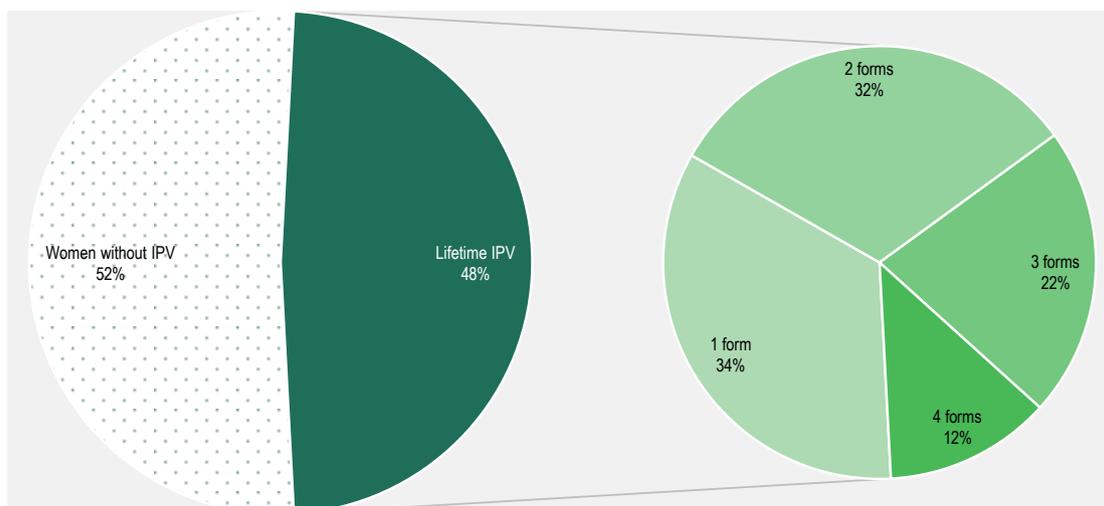
Factors such as age at marriage, type of marriage and exposure to other types of violence also increase women's likelihood of experiencing IPV (Figure 4.2). Child marriage is associated with higher rates of IPV, and women who married before the age of 18 years are more likely to have experienced IPV both during the past year and over their lifetime (Izugbara, 2018^[10]).² In 2021, 24% of such women experienced IPV in the last 12 months and 53% suffered from IPV at least once in their lifetime. Among women who were

married after the age of 18 years, prevalence rates were lower with 17% experiencing IPV in the last 12 months and 35% suffering from IPV at least once in their lifetime. Age differences between spouses which are characteristic of many child marriages, especially in sub-Saharan Africa, may lead to greater power imbalances, thus amplifying the risk of IPV among women married before the age of 18 years (Ahinkorah et al., 2021^[11]). In addition, the fact that women who are not married during childhood tend to have higher levels of education may also play a role in explaining lower rates of violence among women married after the age of 18 as educational attainment may improve women's bargaining power within the household. also makes them more likely to have experienced IPV in the last 12 months than women in non-polygamous marriages. This finding may be a reflection of the fact that women in polygamous marriages have less power and are more likely to be dependent on their husband/partner, which in turn increases their vulnerability (Vyas and Jansen, 2018^[12]). In addition, women who experience non-partner violence are more likely to also face IPV. In other words, surviving violence committed by someone other than an intimate partner can put women at greater risk of facing violence from an intimate partner.

Among those who report surviving IPV, many women have experienced multiple forms of abuse. Of those women who have survived IPV over their lifetime – accounting for 48% of Tanzania's ever-partnered women – about one-third have experienced only one form³ of IPV. In other words, two-thirds of Tanzanian women who have survived IPV throughout their lives have actually survived two different forms of violence (Figure 4.3). More precisely, 32% of survivors have survived two distinct forms of IPV, 22% have survived three forms and 13% have been subjected to all four types of IPV: physical, psychological, sexual and economic. These data show that many women victims/survivors of IPV experience multiple and potentially overlapping forms of violence throughout their lifetime.

Figure 4.3. Many women have experienced multiple forms of abuse

Share of ever-partnered women who have survived IPV over their lifetime by number of forms of IPV survived



Note: The right-hand pie chart shows the shares of women who have experienced IPV over their lifetime by the number of forms of IPV experienced. For instance, the chart reads “22% of women who have survived IPV at least once in their lifetime have survived three different forms of IPV”.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/d9rpfb>

Evidence suggests that violence against women and especially IPV remains significantly underreported in Tanzania despite the existence of mechanisms for reporting violence. Evidence from a 2005 study in Dar es Salaam and Mbeya revealed that 60% of victims of physical IPV never sought help (WHO, 2005^[13]).

This reluctance is related not only to shame and stigma around violence against women but also to the belief that such violence is normal (Rugira, 2015^[9]). Among the women in Dar es Salaam and Mbeya who never sought help, 56% and 48%, respectively, say that they did not do so because they thought violence was normal or not serious enough (WHO, 2005^[13]). While focus group discussions reveal wide awareness of reporting channels for gender-based violence, this violence is continually underreported, likely due in part to social norms that view this violence as normal and even acceptable (Mbuyita, 2021^[14]). Indeed, underreporting may be reflected in the low case numbers of this kind of violence in the court system. Indeed, over the 2017-18 period, only 1 091 cases of violence against women and children were prosecuted (Government of Tanzania, 2019^[2]).

Non-partner violence is also pervasive for both men and women

In Tanzania, non-partner violence – that is violence committed by a person other than the survivors' current or former intimate partner – is prevalent. Many women and men have experienced both physical and sexual non-partner violence.⁴ Over the course of their lifetime, 26% of women and 29% of men have been beaten, slapped, kicked or physically assaulted with another kind of object by someone other than their spouse/partner. A greater share of men (7%) than women (5%) in Tanzania report having experienced non-partner sexual assault⁵ at least once in their lifetime, and about 2% of men and women alike have experienced non-partner rape⁶ in their lifetime. The share of people in urban areas who have experienced non-partner physical and sexual violence is higher than in rural areas. For instance, the rate of non-partner sexual assault is significantly higher in urban areas (9%) than in rural settings (5%). This may indicate that the risk of experiencing non-partner violence is also higher in urban areas.

A notable share of Tanzanian women (26%) report having experienced non-partner physical violence at least once in their lifetime. Among Tanzania's regions, there is significant variation in the rates of non-partner physical violence. For example, in Lindi, only 2% of women report experiencing non-partner physical violence once in their lifetime, compared to 77% of women in Kaskazini Pemba.

For both women and men who have experienced non-partner physical violence, parents and teachers were the main perpetrators, signalling that it likely took place during childhood or adolescence. In Zanzibar, research found that more than 60% of respondents believe that teachers in schools and Koranic madrassas use violence against children (UNICEF, 2017^[15]). Violence, particularly when perpetrated against young people, contributes to the view that violence, in general, is normal, and thus socially acceptable or at least tacitly condoned (UNICEF, 2017^[16]). Indeed, data from Zanzibar show that 42% of people believe that “it is necessary for parents to physically punish a child in order to raise him or her well” (UNICEF, 2017^[15]). Violence committed by parents may also contribute to a cycle of violence whereby women find themselves facing violence from an intimate partner (Vyas and Jansen, 2018^[12]). The data show that women who experienced violence from a parental figure were more likely than those who did not to experience IPV at least once in their lifetime. Among women who faced violence from a parent, 57% also experienced IPV, compared to 47% of women who did not experience parental violence.

Men's experiences of violence in childhood can be a key determining factor in their perpetration of violence. Among the 29% of men who experienced non-partner physical violence at least once in their lifetime, a majority (52%) stated that this violence was committed by their father. Having experienced violence committed by one's father, a role model in many children's lives likely contributes to a higher acceptance of violence and a belief in its legitimacy. Research in Tanzania shows that men who experienced violence as children or witnessed violence against their mothers during childhood were more likely to perpetrate violence later in life (Vyas and Jansen, 2018^[12]). Data also show that a large share of men in this category experienced violence at the hands of their mothers (43%) and their teachers (41%), indicating that these instances likely took place during childhood or adolescence.

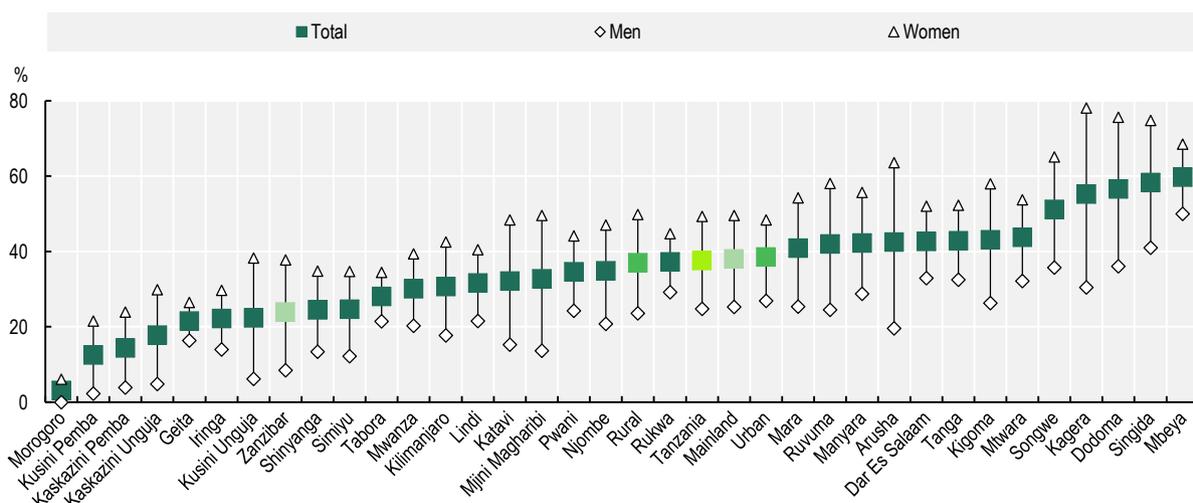
While similar shares of men and women report experiencing non-partner sexual violence in their lifetime, women faced a wider range of perpetrators than men. Among the men who survived non-partner sexual

assault, the majority (61%) stated that a friend or acquaintance groped or tried to kiss them against their will. A smaller percentage reported that these actions were committed by a family member other than their parents or siblings (20%), their siblings (14%) or a classmate (11%). Among women, friends and acquaintances are cited as the most common perpetrators of non-partner sexual assault (42%), followed by family members other than parents or siblings (33%) and siblings (24%). A much smaller proportion of women who have survived non-partner sexual assault reported that they did not know the perpetrator (11%). While a similar share of men and women report having experienced rape committed by a non-partner, the perpetrators of this violence differ. For surviving men, 63% reported that the perpetrator was a friend or acquaintance, while 11% identified the assailant as their father. For women, there is significantly more variation with 24% saying the violence was committed by a friend or acquaintance, 17% identifying the assailant as a family member other than their parents or siblings, and 13% reporting that the assault was committed by a housemate. In 16% of cases, women stated that the perpetrator was unknown. Overall, a much larger share of women than men reported that their perpetrator was unknown, which likely contributes to their physical insecurity and overall fear of violence.

Many people in Tanzania, and women, in particular, experience insecurity in public spaces. At the national level, 38% of the population state that they do not feel safe walking alone at night where they live. In every region, a greater share of women than men systematically report feeling unsafe (Figure 4.4). This feeling of insecurity is significantly higher for women than men. Nearly half of women in Tanzania (49%) declare not feeling safe walking alone at night where they live compared to 25% of men. These feelings of insecurity vary across Tanzania. Although similar shares of men and women feel unsafe in rural and urban areas, the proportion of both men and women who feel unsafe is significantly lower in Zanzibar than in Mainland Tanzania. Variations are also important at the regional level. For example, in Morogoro, 6% of women report not feeling safe while walking alone at night compared to 75% of women in Singida, 76% in Dodoma and 78% in Kagera.

Figure 4.4. Half of Tanzanian women feel unsafe

Share of the total population, men and women, who declare feeling unsafe walking alone at night in the neighbourhood where they live



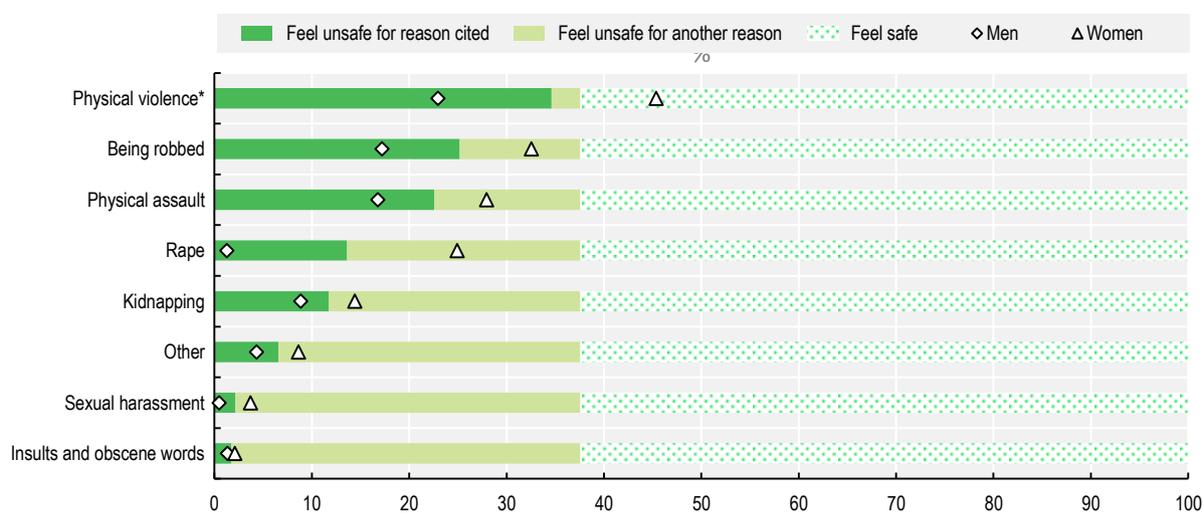
Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/wcmp54>

More women than men fear walking alone at night in the place where they live because they fear violence specifically. Fear of violence is the main reason given by women with 45% citing fears of physical assault, being robbed, kidnapping, rape, being sexually harassed, verbal assault and obscene words, and exhibitionism. The share of men reporting the same fear was less than half as high (22%) (Figure 4.5). More specifically, 33% of all women fear being robbed, 28% fear being physically assaulted and 25% fear being raped. In some regions, women's fear of violence is more widespread. For instance, 52% of all women in Kagera report not feeling safe due to a fear of physical assault, while only 2%, 4% and 6% report the same fear in Mogoro, Kusini Pemba and Kaskazini Pemba, respectively. In some regions, a large share of women cite feeling unsafe specifically because of a fear of being raped. In three regions,⁷ more than 50% of women report not feeling safe because they fear rape.

Figure 4.5. Tanzanian women primarily fear physical violence

Share of the total population (men and women) that feels unsafe walking alone at night in the neighbourhood where they live, by reasons cited



Note: "Physical violence" includes all reasons listed except for "Other".

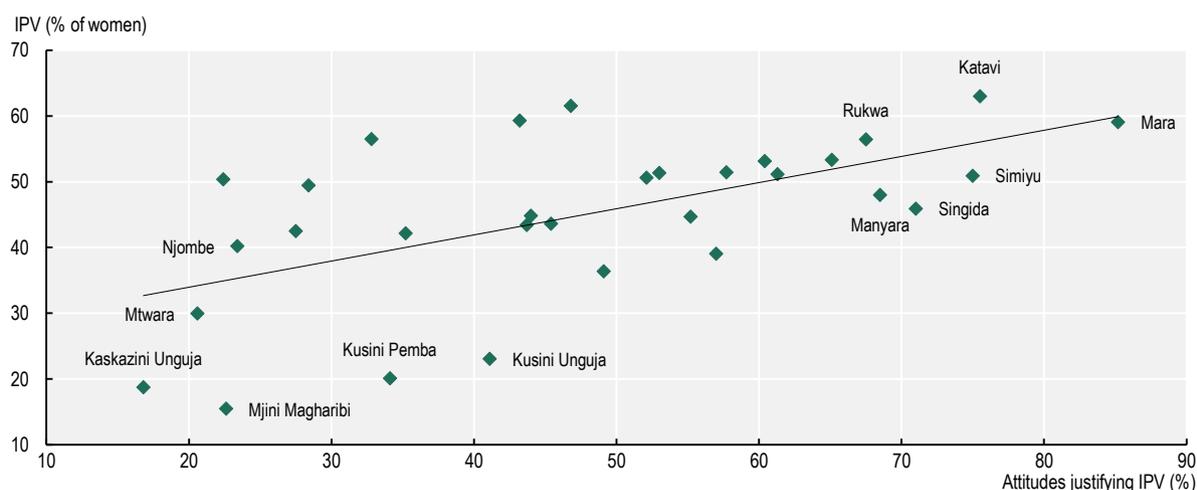
Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/haqspl>

Persistent violence against women and girls is rooted in social norms justifying violence

Social acceptance of violence against women in Tanzania remains very high and is closely associated with higher rates of IPV. In Tanzania, as well as globally, there is a very close relationship between attitudes justifying violence and prevalence of IPV (Figure 4.6) (OECD, 2019^[17]; Vyas and Jansen, 2018^[12]). In Tanzania, half of the population thinks that a man may be justified in hitting or beating his wife under certain circumstances (Figure 4.7). Social acceptance of domestic violence against women is significantly higher in Mainland Tanzania than in Zanzibar, where only 29% of the population thinks that a man may be justified in hitting or beating his wife under certain circumstances, compared to 50% in Mainland Tanzania.

Figure 4.6. Attitudes justifying IPV are closely related to higher rates of violence against women



Note: Attitudes justifying IPV are calculated as the share of the population who strongly agrees or agrees that a man is justified in hitting or beating his wife for at least one of the following circumstances: if she burns the food, if she goes out with telling him, if she neglects the children or if she argues with him. IPV refers to the share of women aged 15 years and above who have survived intimate partner violence over their lifetime. Data presented are predicted values from OLS regression performed at the regional level on the share of women who have survived IPV over their lifetime. The share of the population justifying the use of IPV is the main independent variable. Control variables include the urbanisation rate, average age of the population, average number of children, variables regarding marriage status and type of marriage, and variables regarding educational level and the level of wealth in the regions. Coefficients and marginal effects of attitudes justifying violence against women are significant at the 1% level.

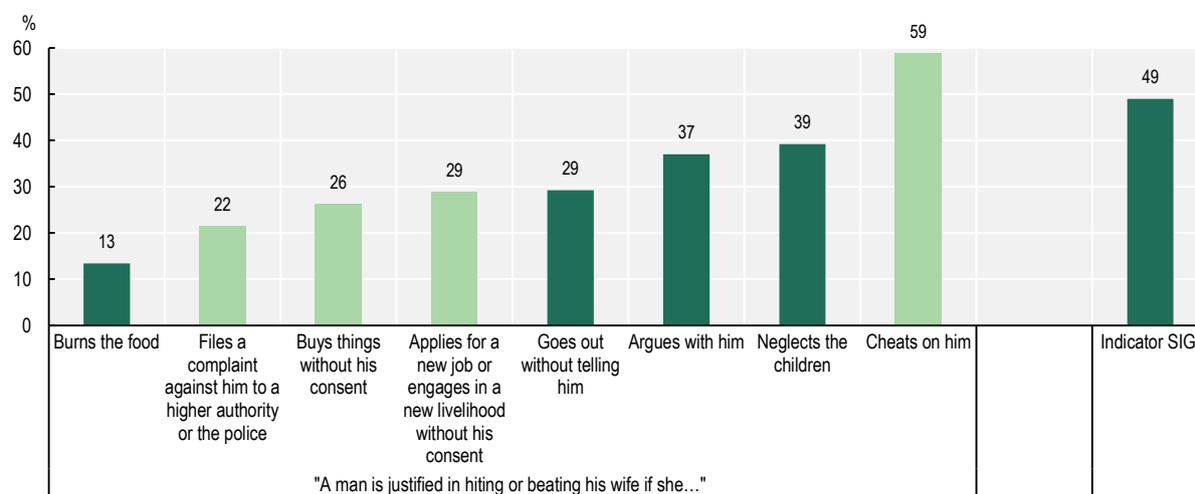
Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/phibr2>

Social acceptance and justification of violence against women is higher in certain circumstances, and is often associated with women failing to fulfil the traditional gender roles assigned to them. At the national level, 59% of the population thinks that a man is justified in committing an act of violence against his wife if she cheats on him; 37% believe he is similarly justified if she argues with him, and 29% agree that he is justified if she neglects the children, or applies for a new job or engages in a new livelihood without his consent (Figure 4.7). Violence in these cases may be viewed as a punishment or reprimand for a woman failing to fulfil the rigid gender role assigned to them within the household or in partnerships, which includes being submissive⁸ among other characteristics (Mbuyita, 2021^[14]). In this respect, norms of restrictive masculinities which promote the expectation that “real” men have the final say play a role in promoting violence and its acceptance.

Figure 4.7. Social acceptance of violence against women in Tanzania remains very high

Share of the population agreeing or strongly agreeing that a man is justified in hitting or beating his wife under the listed circumstances



Note: The dark green circumstances are those included in the calculation of the SIGI indicator.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/ka973l>

There is very little difference among different age groups regarding the acceptance of IPV. While the oldest generations are least likely to believe a husband may be justified in hitting or beating his wife if she burns the food, goes out without telling him, neglects the children or argues with him, 43% of the population aged 70 years and older report still maintain this view. The population aged 60-69 years and 50-59 years have the next lowest rates of acceptance of IPV at 46% and 47% respectively. This discriminatory attitude was most widespread among 20-29-year-olds, with 52% agreeing that a husband could be justified in hitting his wife under the abovementioned circumstances, while 50% of 30-39-year-olds and 40-49-year-olds concurred with this view. The youngest age group aged 15-19 years also widely accepted IPV with 49% reporting that such violence can be justified. Among women alone, there is even less variation in attitudes towards IPV across age groups. High rates of acceptance of violence, particularly among young people, pose a serious challenge for efforts to change social norms in this regard which will likely require work across multiple generations.

Women are more likely than men to justify IPV and having personally experienced IPV is associated with greater acceptance of such violence among women (Table 4.1). A greater share of women (56%) than men (47%) justify violence in at least one circumstance. Moreover, for each of the eight circumstances surveyed,⁹ a greater proportion of women than men thought that violence could be justified. Conversely, the share of men who say that such violence can never be justified (47%) is higher than the proportion of women reporting the same (39%). Focus group discussion revealed some variation in women's attitudes on violence: some regarded it as a proportionate punishment for wives' bad behaviour, while others saw violence as a way for men to reaffirm their manhood and reassert their role as head of the household (Mbuyita, 2021^[14]). Evidence shows that the proportion of women who justify violence is significantly higher among those who have experienced IPV compared to those who have not. Indeed, the share of women who have experienced violence and justify IPV (59%) was eight percentage points greater than the share of women who had never experienced this form of violence (51%). This suggests that experiencing violence normalises the act of violence, which can have implications for reporting and help-seeking

behaviours. Indeed, when women believe that IPV is normal and justifiable, they may be less likely to report incidences of violence to the police and other relevant authorities (Rugira, 2015^[9]).

Table 4.1. Determinants of attitudes justifying intimate-partner violence against women

Marginal effects and significance of key characteristics on discriminatory attitudes

		Dependent variables: Attitudes justifying intimate-partner violence if:								
		(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)	(ix)
		A wife burns the food, goes out without telling her husband, neglects the children or argues with him	A wife burns the food	A wife burns the food	A wife neglects the children	A wife argues with her husband	A wife buys things without her husband's consent	A wife applies for a new job or engages in a new livelihood without her husband's consent	A wife cheats on her husband	A wife files a complaint against her husband to a higher authority or the police
Independent variables										
Being a woman		▲	▲	▲	▲	▲	▲	▲	▲	▲
Living in urban areas		o	o	o	▼	o	o	o	o	▼
Age		o	o	o	o	o	o	o	o	o
Age squared		o	o	o	o	o	o	o	o	o
Number of children		o	o	o	o	o	o	o	o	o
Size of the household		▼	o	o	▼	o	▼	o	▼	o
Education (omitted: no formal education)	Primary incomplete	o	o	o	o	o	o	o	o	o
	Primary complete	o	▼	▼	o	▼	o	o	o	o
	Secondary complete	▼	▼	▼	▼	▼	▼	▼	▼	▼
	University complete	▼	o	▼	o	▼	o	▼	▼	o
Marital status (omitted: married)	Living together	▲	▲	▲	▲	▲	o	▲	o	o
	Single	▲	▲	▲	▲	▲	▲	▲	o	o
Wealth (omitted: 1st quintile)	2nd quintile	o	o	o	o	o	o	o	o	o
	3rd quintile	o	o	o	▼	o	o	o	▼	o
	4th quintile	▼	▼	▼	▼	▼	▼	o	▼	o
	5th quintile	▼	▼	▼	▼	▼	▼	▼	▼	▼
Zanzibar's regions		▼	▼	▼	▼	▼	▼	▼	▼	▼

Note: The table reports the sign of independent variables from nine probit models where the dependent variables are the share of the population declaring that a husband is justified in hitting or beating his wife if: (i) she burns the food, goes out without telling him, neglects the children or argues with him (SIGI indicator), (ii) she burns the food, (iii) she goes out without telling him, (iv) she neglects the children, (v) she argues with him, (vi) she buys things without his consent, (vii) she applies for a new job or engages in a new livelihood without his consent, (viii) she cheats on him and (ix) she files a complaint against him to a higher authority or the police. Additional control variables include regional dummies. o = no significant effect; ▲ = a significant positive effect; ▼ = a significant negative effect.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

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Higher levels of educational attainment as well as other factors are associated with lower acceptance rates of violence against women. Among people with tertiary education, only 23% reported that a husband may be justified in hitting or beating his wife in at least one of the following circumstances: if she burns the food if she goes out without telling him, if she neglects the children or if she argues with him. The share of people with secondary education who agreed with this statement was much higher at 44%. Among people

with primary education, more than half (51%) were in agreement with the statement. Finally, the greatest share of individuals justifying IPV was found among individuals with no education (53%). Other socio-demographic factors, such as lower wealth and smaller household size or marital status, are also loosely associated with wider acceptance of violence against women (Table 4.1). For instance, as wealth increases, the likelihood of an individual holding attitudes that justify IPV decreases. Likewise, individuals living in larger households are less likely to justify violence than those who live in smaller households. Non-married individuals – single or living together with someone else without being married – are also more likely to justify IPV than married ones.

Restrictive attitudes regarding women’s sexual autonomy may also create contexts conducive to sexual violence in partnerships. At the national level, 42% of the population disagree or strongly disagree that a woman should decide when she wants to have sex. The same percentage of people also report that they do not agree that a woman has the right to refuse to have sex with her husband, with no significant differences between women and men. This result indicates that social norms view men as the main decision makers when it comes to sexual activity in relationships. A woman is expected by many to engage in sexual activity with their partner/husband regardless of her personal preference. These social norms create a context in which sexual violence in partnerships is not only tolerated but accepted (OECD, 2021^[18]). In this regard, focus group discussions in Zanzibar showed that forced intercourse between a man and his wife is not necessarily considered as a form of violence (Mbuyita, 2021^[14]).

Restrictive masculinities promote a cycle of violence against women in Tanzania

Restrictive masculinities that support men’s control over women underpin the high prevalence rates of IPV and wide acceptance of violence in Tanzania (Halim et al., 2019^[19]; OECD, 2021^[18]). Restrictive masculinities encompass various socially constructed ways of being and acting as well as values and expectations associated with being and becoming a “real” man that, in practice, confine men to their traditional role as the dominant gender group and undermine women’s empowerment and gender equality (OECD, 2021^[18]; OECD, 2019^[20]). In Tanzania, some norms of restrictive masculinities¹⁰ are particularly strong – for example, that a “real” man should protect and exercise guardianship, especially over women, and that a “real” man should be the breadwinner and financially dominant. These norms and the behaviors they entail, in particular violence against women, represent a serious cost to the economy of Tanzania.

In practice, the norm that “real” men should protect and exercise guardianship is enacted when social norms dictate that women need to ask for their husbands’ permission to go outside of the home (OECD, 2021^[18]). In Tanzania, the belief that women should ask for such permission is widespread. In regard to going to the market, 71% of the population believes that a woman should ask for her husband’s/partner’s permission beforehand, with a slightly higher share of women (73%) holding this view than men (69%). The belief that women need permission is most popular in regard to leisure activities such as visiting bars and movie theatres – 83% and 84% think women need permission, respectively. Finally, in terms of interacting with the justice system, many believe that women need permission – 77% of the population agree that this is the case for going to the police, and 78% say the same for the courts. These attitudes indicate wide acceptance of men’s control over women’s freedom of movement. Failure to comply with this norm may be used to justify violence, with 29% of people believing that a man can be justified in hitting or beating his wife if she goes out without telling him. Focus group discussions revealed that some women expressed a belief that violence can be legitimately used by husbands to punish their wives for disobedience (Mbuyita, 2021^[14]).

The norms that “real” men are breadwinners and financially dominant entail working for pay to provide for the household and being the primary earner (OECD, 2021^[18]). In Tanzania, 92% of the population believes that a “real” man should be the breadwinner. Nevertheless, in Tanzania, a large share of women also provide financially for the household. Women’s growing economic empowerment and influence may be seen as a challenge to traditional masculinities and a threat to men’s opportunities to live out this important

norm which gives them status as “real” men. In this context, violence may emerge as a way for men to reinforce asymmetric gender norms, relations and treatment, especially when women and men diverge from their traditionally assigned gender roles (Halim et al., 2019^[19]; Vyas and Jansen, 2018^[12]). This may at least in part explain why the lifetime prevalence of IPV is slightly higher among employed women (46%) than unemployed women (44%), discouraged women workers (41%) and inactive women (33%). Similarly, other studies in Tanzania have found that men engaged in unpaid or paid in-kind work had higher rates of physical or sexual violence against women in relationships (Vyas and Jansen, 2018^[12]).

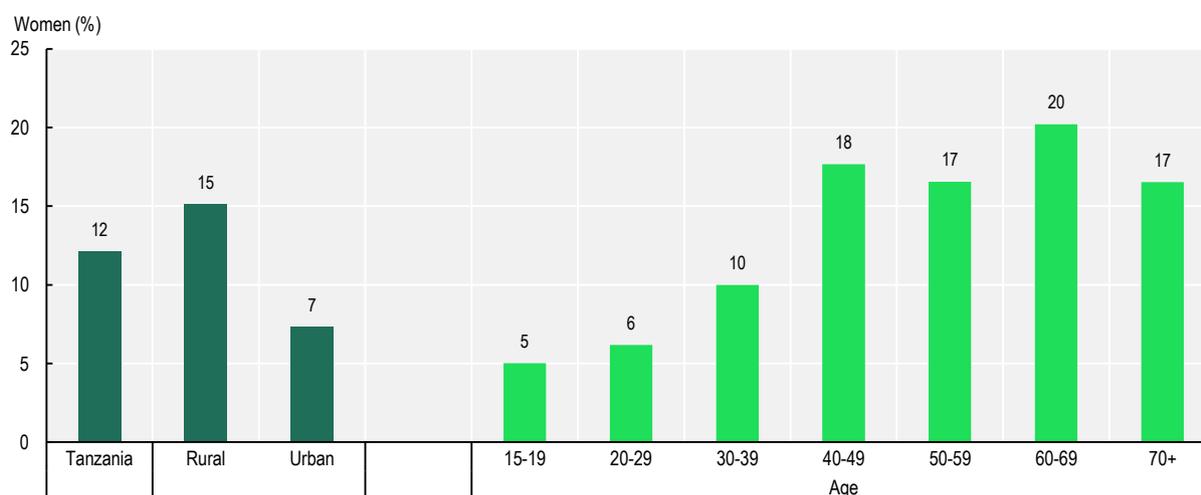
Female genital mutilation/cutting (FGM/C)

FGM/C is concentrated in specific regions of Tanzania

More than 2 million women in Tanzania (12% of the female population) report having experienced FGM/C. In comparison, data from the global SIGI estimated that 38% of women and girls had undergone FGM/C in East Africa¹¹ in 2019 (OECD, 2021^[7]). Tanzania’s national average conceals wide regional variations, and, the practice of FGM/C is mainly confined to specific regions within the country, as demonstrated by the significant regional variation in the prevalence of excision. FGM/C is most widespread in northern Tanzania but virtually inexistent in Zanzibar. While data show that FGM/C is not practised in 12 of the country’s regions,¹² its prevalence exceeds 30% in six regions,¹³ including 58% in Arusha and 63% in Manyara. Moreover, the share of rural women who have undergone excision (15%) is significantly higher than the share of urban women who report the same (7%) (Figure 4.8).

Figure 4.8. The age profile of women who have suffered from FGM/C indicates a decline in the practice

Share of women aged 15 years and over who have experienced FGM/C



Note: Differences between urban and rural areas are statistically significant at the 5% level. Differences between 15-19 and all age groups of women aged more than 40 years are significant at the 1% level. Differences between 20-29 and all age groups of women aged more than 40 years are significant at 1%-level. Differences between 30-39 and all age groups of women aged more than 40 years, except for women aged more than 70 years, are significant at the 1% level.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

The age profile of women who have been cut suggests that the practice of FGM/C is gradually disappearing in most parts of Tanzania. At the national level, 20% of women aged between 60-69 years have been subjected to FGM/C. This rate decreased to 17% and 18% for women aged 50-59 years and 40-49 years, respectively. Furthermore, this rate drops to 10% for women aged 30-39 years. Among the youngest generations – women aged 15 to 19 years and 20 to 29 years – the share of women who have been excised is just 5% and 6%. This statistically significant downwards trend across generations suggests that FGM/C is being progressively abandoned as a harmful practice (Figure 4.8).

There are four forms of FGM/C all of which are known to provoke severe health consequences for women and girls and have far-reaching implications for their human capital development (Table 4.2). In Tanzania, the most common forms of FGM/C are Types 1 and 2, which entail the partial or total removal of the clitoris and/or cutting of the labia minora to remove flesh (28 Too Many, 2013^[21]). It is well documented that all types of FGM/C can have serious and long-lasting health consequences for women and girls including urinary and vaginal problems, and increased risk of complications during childbirth, as well as psychological problems (WHO, 2020^[22]). In Tanzania, 18% of women and girls who have been cut report having experienced health complications as a result. As the health consequences of FGM span generations, the practice can represent an important economic burden for countries. Using the prevalence rate found by the SIGI Tanzania, the World Health Organization’s (WHO) FGM Cost Calculator estimates that the practice resulted in health care-related costs of nearly USD 9.4 million in 2019¹⁴ (WHO, 2021^[23]).

Table 4.2. Types of FGM/C

Form of FGM/C	Description
Type 1	Excision of the prepuce and part or the entire clitoris
Type 2	Excision of the prepuce and clitoris together with partial or total excision of the labia minora
Type 3	Infibulation – excision of part or all of the external genitalia and stitching together of the two cut sides, to varying degrees
Type 4	Pricking, piercing, incision, stretching, scraping or other procedures harming the clitoris or labia, or both

Source: (OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO., 2008^[24]), World Health Organization: Eliminating female genital mutilation: An interagency statement, http://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf.

FGM/C in Tanzania is performed primarily on young adolescents by a traditional cutter upon instructions from the parents – and in many cases the mother of the girl. Although the reported age at excision ranges from 1 to 29 years, the average age for Tanzanian women is 10.7 years with a median age of 10 years. These characteristics tend to hold true regardless of the women’s current age or area of residence. The majority of Tanzanian women who have been cut (60%) reported that a traditional cutter performed the practice while a significant share reported being excised by a traditional midwife (18%). Some 13% of women did not know who performed their excision, likely reflecting their young age at the time.

In the vast majority of cases, the decision to perform FGM/C is not made by the woman or girl herself, due in part to the young age at which FGM/C is performed. Indeed, only 5% of women who have been cut took the decision themselves. The low percentage of women who chose to undergo FGM/C is likely related, at least in part, to the age at which the practice is performed in Tanzania – between 9 and 11 years old. Children often lack decision-making power, and this appears indeed to be the case with FGM/C. The majority of women (55%) reported that both of their parents made the choice, while 18% stated that their mother took the decision, and 6% identified their father as the decision maker; 7% of women did not know who took the decision.

The six regions where FGM/C is most common – Arusha, Dodoma, Kilimanjaro, Manyara, Mara and Singida – present similar characteristics in terms of the practice. However, there are some specific differences relating to the average age at which excision takes place as well as the primary decision maker. In four of these six regions – Arusha, Dodoma, Manyara and Singida – the average age at which girls are

cut is below the national average. For example in Dodoma, the average age is 8.8 years, nearly 2 years younger than the national average age. In Dodoma and Singida, a sizeable proportion of women – 45% and 38%, respectively – did not know at what age they were cut, likely signalling that they were very young at the time. In the other two regions, Kilimanjaro and Mara, the average age at which girls are cut is above the national average at 12.7 years. In terms of decision making, the majority of women in all of these regions, as with Tanzania as a whole, reported that both of their parents took the decision. However, in some regions, the individual decision maker was not identified.¹⁵ In all of these regions combined, 12% chose “other” when asked who took the decision to carry out FGM/C, a proportion that was as high as 23% in Mara. In Tanzania as a whole, less than 4% chose this option.

Discriminatory norms perpetuate the practice of FGM/C and are particularly acute in regions where FGM/C is more common

FGM/C is widely opposed in Tanzania as a harmful practice. On average, 91% of the population, including very similar shares of women and men, agrees that the practice of excision should be abandoned. Opinions in favour of the abandonment of FGM/C are slightly but significantly lower in Zanzibar with only 86% of the population in favour. Moreover, 94% of respondents across all of Tanzania report that if they have or had a daughter, they would not want her to be excised. Interestingly, the share of the population affirming this view is higher in Zanzibar than in Mainland Tanzania. Conversely, just 6% of the population on average held the view that FGM/C should continue and would want their daughter to undergo the practice.

While on average the vast majority of people in Tanzania believe that FGM/C should be abandoned, regional variations in attitudes persist. In 23 regions,¹⁶ the share of people in favour of abandoning the practice is at or greater than 90%. The regions with the smallest share of people agreeing with this view were Morogoro (55%) and Kaskazini Pemba (58%). Notably, in the six regions¹⁷ where FGM is most prevalent, 88% think that the practice should be abandoned.

FGM/C is rooted in beliefs about sexually appropriate behaviour and norms for women and is performed as part of a rite of passage marking a girl's transition to womanhood with implications for marriage. In Tanzania, some communities continue to believe that FGM/C preserves virginity, prevents promiscuity and ensures faithfulness in marriage (UNFPA Tanzania, 2019^[25]; Children's Dignity Forum; FORWARD, 2010^[26]). Furthermore, in some communities, FGM/C is a prerequisite for marriage. As a result, women and girls often face social pressure to undergo FGM/C, and the practice can impact the bride price given for her marriage (Avalos et al., 2015^[27]).

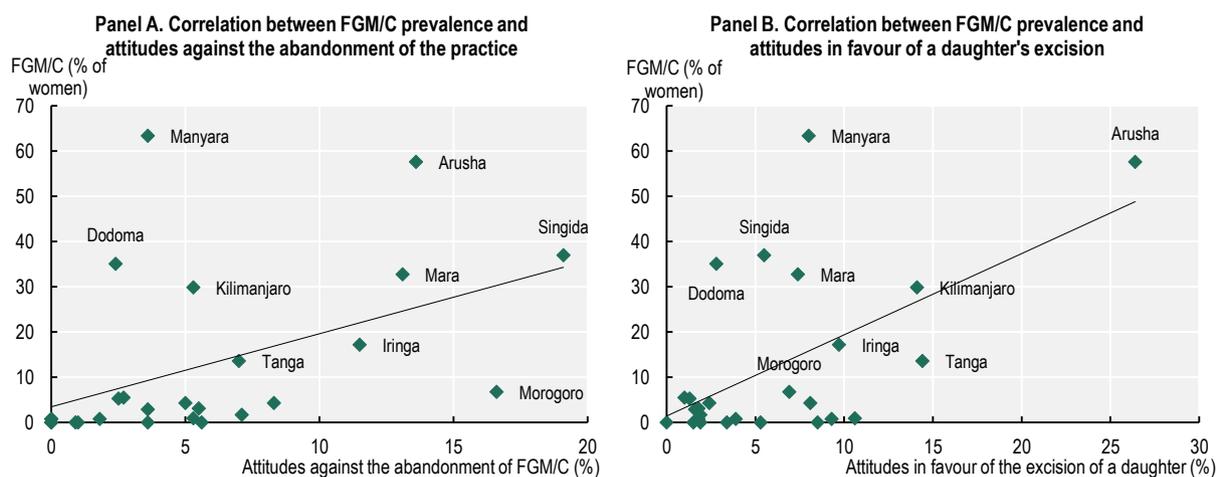
Perceptions of FGM/C as a practice closely related to customs persist in certain parts of the country. Although only a very small share of the population (6%) consider the practice to be mandated by religion, a large proportion regard FGM/C as part of traditional customs (79%). The latter perception is significantly more widespread in Mainland Tanzania, where 80% of the population believe that the practice is mandated by traditional customs, than in Zanzibar where these beliefs are shared by 52% of the population. There is significant variation on this matter across regions. In only seven regions,¹⁸ less than half of the population holds the view that FGM/C is mandated by traditional customs, while more than 90% of people take this view in 11 of Tanzania's regions.¹⁹ Of particular interest is the case of Singida, which has one of the highest prevalence rates of FGM/C; however, just 27% of the population states that FGM/C is a practice mandated by traditional customs.

In certain regions, discriminatory attitudes that support the continuation of FGM/C have a bearing on the relatively high shares of women that have been cut. Controlling for various socio-demographic factors, more acute levels of discriminatory attitudes in regions of Mainland Tanzania result in higher shares of women who have been subjected to FGM/C (Figure 4.9, Panel A).²⁰ Likewise, the share of the population declaring that they would want their daughter, if they have or had one, to be excised, has a strong and significant bearing on the prevalence rate of FGM/C as measured in Mainland Tanzania (Figure 4.9, Panel B).²¹ At the regional level, there is some variation in this attitude. On the one hand, in 16 regions²²

the share of people that say they would want their daughter to undergo FGM/C is smaller than 3%. Among these is Dodoma, which features one of the highest prevalence rates of FGM/C among Tanzania's regions. On the other hand, 26% of people in Arusha and 14% in Kilimanjaro and Tanga would want their daughter to be excised. Arusha and Kilimanjaro are also among the regions where FGM/C is the most widespread.

Figure 4.9. Discriminatory attitudes that support the continuation of FGM/C have a bearing on the share of women who have been cut

Correlation between the share of the population opposing the abandonment of excision and the share of women aged 15 years and above who have experienced FGM/C (Panel A); and correlation between the share of the population supporting the excision of their daughter and the share of women aged 15 years and above who have experienced FGM/C (Panel B)



Note: Attitudes opposing the abandonment of excision are calculated as the share of the population which strongly disagrees or disagrees with the statement "Excision is a practice that should be abandoned". Attitudes in favour of the excision of a daughter are calculated as the share of the population declaring that if they have or would have a daughter, they would like her to be excised.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

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A high percentage of men and women are aware of and support laws that criminalise FGM/C. At the national level, 83% of men and 80% of women are aware of the existence of a civil law criminalising FGM/C (Box 4.2). Furthermore, focus group discussions revealed that many people believe the practice of FGM/C has declined significantly in their community and is mainly kept secret, due to the strict disciplinary measures introduced by the government (Mbuyita, 2021^[14]). Overall, the population also seems supportive of legislation to criminalise the practice. Furthermore, 94% of men and women agreed that if there was a law enacted to address violence against women, it should include criminal penalties for FGM/C.

Box 4.2. Legal frameworks on FGM/C in Tanzania

Tanzania does not have a comprehensive law on FGM/C. However, under the Sexual Offences Special Provisions Act 1998 (SOSPA), individuals who have custody, care or charge over a girl under the age of 18 years, face criminal penalties if they cause her to undergo FGM/C (Government of Tanzania, 1998^[28]). The law does not offer a specific definition for FGM/C. The offense is subject to imprisonment and/or fines and the law provides for the compensation of the victim by the perpetrator. Nevertheless, the law does not offer a specific definition for FGM/C and it remains legal for women over the age of 18 years to be cut.

Reproductive autonomy

Women’s sexual and reproductive health and rights, including their freedom to control their own fertility, have been widely recognised by the international community as fundamental human rights. Women’s reproductive autonomy entails the ability and freedom to control and make decisions concerning contraceptive usage, childbearing and pregnancy. These abilities and freedoms are critical for women’s empowerment as they impact their health as well as their capacity to pursue activities such as education, employment and entrepreneurship. As such, restrictions on women’s reproductive health represent a cost to Tanzania’s economy by limiting the human capital development of women. This section begins with an overview of Tanzania’s commitment to this area. It then discusses issues surrounding family planning including contraceptive usage and unmet need for family planning, as well as adolescent pregnancy, access to sexual and reproductive education and healthcare, and abortion-related services. Evidence is presented throughout the section to illuminate the role discriminatory social institutions play in restricting women’s reproductive autonomy in Tanzania.

In Tanzania, numerous plans are in place to address sexual and reproductive health. The Health Sector Strategic Plan July 2021–June 2026 (HSSP V), like its predecessors, includes Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) as a priority area (MHCDGEC, 2021^[29]). The HSSP V seeks to improve maternal, newborn, child and adolescent well-being by strengthening the availability and accessibility of health and nutrition services. In the context of this long-term commitment, the number of health facilities providing these services has increased from 3 369 to 7 268 between 2007 and 2019 (MHCDGEC, 2021^[29]). The HSSP V also aims specifically to reduce adolescent pregnancy by improving the availability of sexual and reproductive health services for young people (MHCDGEC, 2021^[29]). In addition, the National Family Planning Costed Implementation Plan 2019–2023 aims to improve access to, demand for and quality of family planning services and information in Tanzania (MHCDGEC, 2019^[30]). Notably, the plan’s strategic priorities seek to address “social norms that hinder individuals from using contraception to delay, space, or limit births” and to increase “age-appropriate information about, access to, and use of contraceptives among young people aged 10–24” (MHCDGEC, 2019^[30]). Finally, the Zanzibar Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategic Plan 2019–2023 includes multiple strategic objectives to improve service delivery and quality, in order to promote reproductive health among other goals (Ministry of Health, Social Welfare, Elderly, Gender, and Children Zanzibar, 2019^[31]).

Access to and uptake of family planning among women and men in Tanzania is uneven across geography, age group and other sociodemographic factors

Family planning enables individuals and families to choose and attain their desired family size by controlling the number of children they have and spacing their births. The ability to limit and control the spacing of births can have a critical impact on women's health, well-being and empowerment. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the "Maputo Protocol") calls on states to ensure women's sexual and reproductive health, which entails their rights to control their fertility; decide whether, when and how many children to have; and to choose a method of contraception, as well as to have access to family planning education (Article 14). Furthermore, the Protocol calls on States parties to authorise "protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus" (Article 14, Section 2) (Box 4.3).

Box 4.3. Laws and social norms related to abortion in Tanzania

Abortion is illegal under Tanzania's law

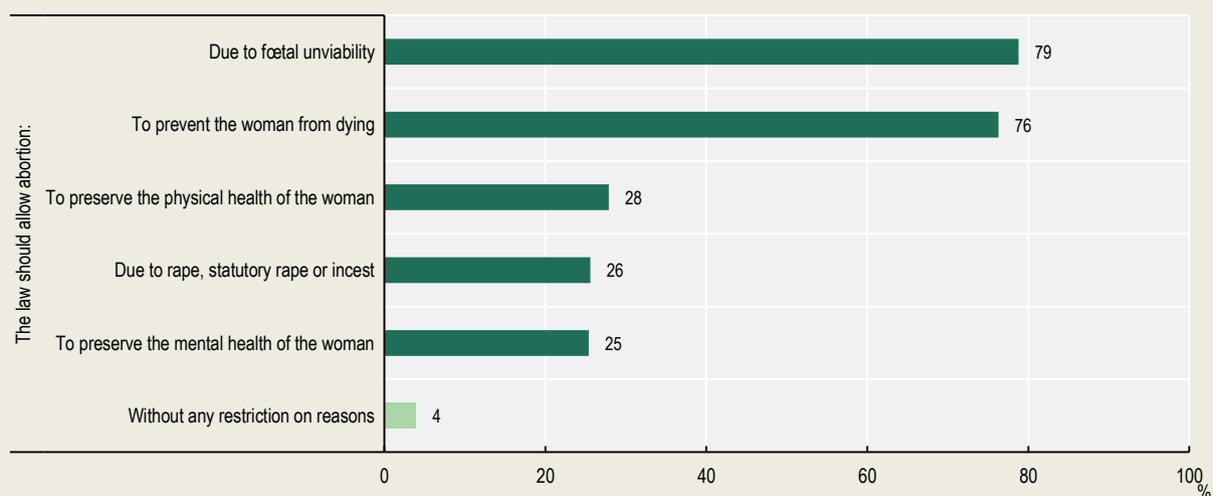
Abortion is illegal under the Penal Code for both the woman herself and practitioners such as medical professionals. The Code states that “Any person who with intent to procure miscarriage of a woman whether she is or is not with child unlawfully administers to her or causes her to take any poison or noxious thing or uses any force of any kind, or uses any other means whatsoever, is guilty of a felony and is liable to imprisonment for fourteen years” (Government of Tanzania, 1981^[32]). Moreover, section 151 of the Code states that “Every woman being with child who with intent to procure her own miscarriage unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatsoever, or permits any such thing or means to be administered or used to her, is guilty of a felony, and is liable to imprisonment for seven years.” Tanzania has not adapted its domestic law to align with Article 14, Section 2 of the Maputo Protocol.

Views on abortion depend on circumstances

Some 96% of the population, including similar shares of men and women, disagree that abortion should be available without restriction. However, examination of specific situations and circumstances reveals more nuanced attitudes towards abortion. There is wide support for abortion in circumstances where the mother's or foetus's life is at stake. At the national level, 76% of the population considers that abortion should be allowed to save a woman's life and 79% believes it should be allowed in cases of foetal unviability. Conversely, there is less support for legalising abortion under other circumstances. For example, 25% of the population believes that abortion should be permitted in order to preserve the mental health of the woman, 28% believes it should be allowed to preserve a woman's physical health, and 26% believes it should be permitted in cases of rape, statutory rape or incest (Figure 4.10).

Figure 4.10. Support for legal abortion varies depending on the circumstances

Share of the population declaring that the law should allow abortion by reasons stated



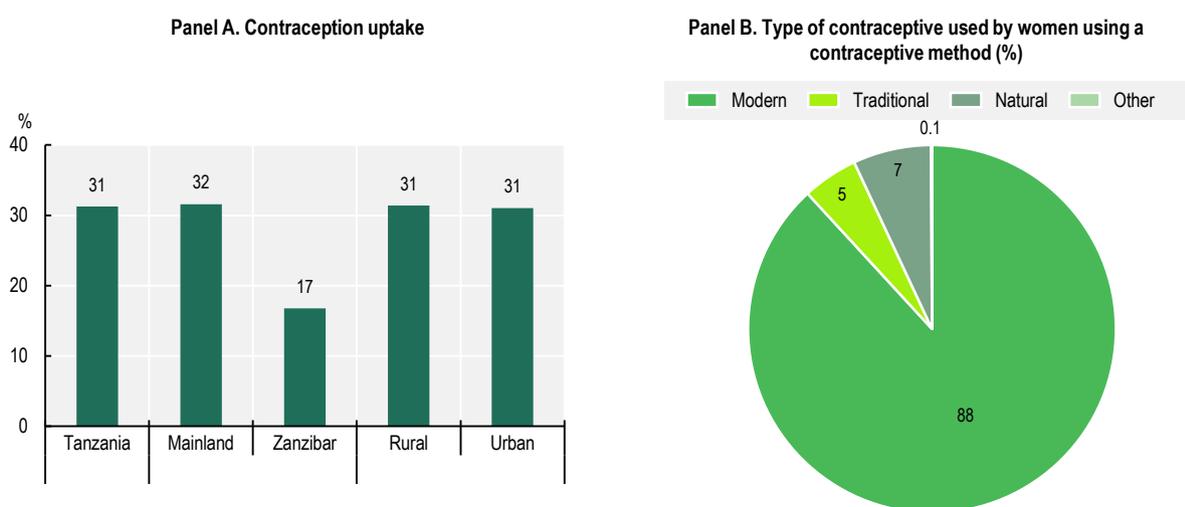
Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

In Tanzania, there is wide variation in the use, methods and sources of contraceptives

The use of contraception methods entails a number of health benefits. These include preventing unwanted pregnancies, ensuring an optimal spacing of children, and reducing the risks of adverse maternal and perinatal and infant mortality (Chen et al., 2016^[33]; Singh, Bankole and Darroch, 2017^[34]; Ajayi, Adeniyi and Akpan, 2018^[35]). Among the total population, 31% of people report that they and/or their partner use a contraceptive method to delay or avoid pregnancy (Figure 4.11, Panel A). There are no differences in this figure among urban and rural areas; however, in Zanzibar the share of the population that reports using contraceptives (17%) is much lower than the equivalent share in mainland Tanzania (32%).

Figure 4.11. Women primarily use modern contraceptive methods

Share of the population not trying to have a child and using a contraceptive method (Panel A), and share of women using a contraceptive method by type of contraceptive method used (Panel B)



Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

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While the majority of women using contraceptive methods rely on modern methods, the use of traditional and natural methods is also prevalent in Tanzania. Such natural methods of contraception have been shown to have lower efficacy in typical use than modern methods of contraception (WHO, 2020^[36]). Modern contraceptive methods include female and male sterilisation, intrauterine devices, injectables, implants, pills, male and female condoms, and emergency contraception. Natural methods include the calendar rhythm method, as well as the Lactational Amenorrhea method, withdrawal and more. A third category consists of traditional methods usually provided by traditional healers. In Tanzania, among women using any contraception method, 88% rely on modern methods compared to 7% who practice a natural method and 5% who report using a traditional method (Figure 4.11, Panel B). The use of traditional and natural contraceptive methods is more common in some regions than others. For example, the share of women using natural methods exceeds 20% in Kilimanjaro, Tanga and Singida, and in Singida and Kaskazini Pemba the share of women using traditional methods is greater than 20%.

Understanding the available sources of modern family planning methods and how they vary across different groups of women is crucial to improving women's access to contraception and guaranteeing equitable access. In Tanzania, the public sector plays an important role in providing modern methods of contraception. Almost 38% of women of reproductive age rely on public dispensaries and 16% of women

obtain their contraception method from public centres. In addition, over one-third of women aged 15-49 years who are using contraception seek contraceptive services from public hospitals, while only 3% of women use these services from private hospitals. Young women, more so than any other age group, receive contraceptives from pharmacies – 18% and 10% of women aged 15-19 and 20-24 years use a pharmacy compared to less than 4% of older women. Research on contraceptive usage in Morogoro found that young people fear the stigma and lack of privacy at health centres, and prefer to use pharmacies to obtain contraceptives (Rusibamayila et al., 2017^[37]).

The data on decision making show that choices regarding contraceptive usage and family size are often made jointly in Tanzania. Overall, 62% of women report that they and their partners decided together to use a specific contraceptive method. However, joint decision making does not necessarily imply equal influence, and in practice, men often adopt the role of the primary decision maker (Sundararajan et al., 2019^[38]). Just 28% of women report taking the decision to use contraceptives by themselves, while 10% report that the decision was made by their partner alone. Similarly, decisions on how many children to have are made mostly by both partners/spouses, while 15% say it was the man alone and 12% say it was the woman alone. Only marginal differences in decision making are apparent between rural and urban areas, with 70% of people in rural areas and 67% in urban areas reporting that decisions on the number of children are taken as a couple. At the regional level, joint decision making regarding family size is more common in some regions than in others. For example, in Kilimanjaro and Gieta more than 90% of respondents report making these decisions jointly with their partner, while this proportion was significantly smaller in Kusini Unguja at 9%. Notably, 90% of women in Kusini Unguja report making this decision themselves, while 84% of men also report taking this decision alone.

In the face of unequal decision-making power, even in joint decision-making processes, as well as actual or perceived opposition to contraception particularly from partners and spouses, many women choose to use contraceptives covertly (Mbuyita, 2021^[14]; Moshia, Ruben and Kakoko, 2013^[39]). Discussions with Tanzanian women revealed that many women did not inform their husbands that they were using contraceptives, believing that their husbands would not approve (Mbuyita, 2021^[14]). In Tanzania, among women using contraceptives, 11% report that their spouse/partner did not know that this was the case, rising to nearly 15% among women aged 20-24 years. Covert contraceptive usage²³ among women was also more prevalent in Zanzibar (19%) than in Mainland Tanzania (11%). Moreover, in urban areas, the share of women using contraceptives without informing their husband/partner (14%) was higher than in rural areas (9%). Across regions, there is variation in the prevalence of covert contraceptive usage, ranging from 31% in Mara and Njombe to less than 3% in Kilimanjaro and Rukwa.

A large share of Tanzanian women and especially adolescent women have unmet needs for family planning

Women's unmet need for family planning refers to the proportion of women of reproductive age²⁴ who report not desiring any more children or who want to postpone having their next child but who are not using contraception (United Nations, n.d.^[40]). In Tanzania, an average of 38% of women of reproductive age report having an unmet need for family planning (Figure 4.12). At the sub-national level, the share of women aged 15-49 years reporting an unmet need for family planning is higher in Zanzibar (56%) than in Mainland Tanzania (37%). Moreover, in rural areas, the prevalence of unmet need for family planning (39%) is slightly higher than in urban areas (35%). There are important variations across regions. The prevalence of unmet need for family planning ranges from 8% in Mtwara to 74% in Mwanza. In 11 regions,²⁵ the share of women who do not desire to have more children or want to postpone having their next child but who are not using contraception is higher than 50%.

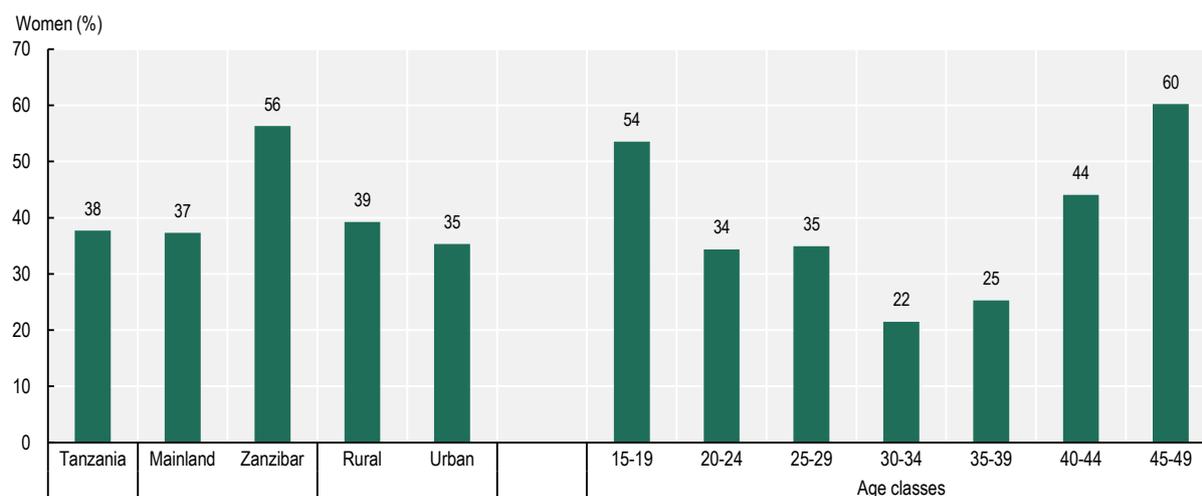
Not currently having a partner or a spouse is the most common reason for not using contraception methods among Tanzanian women. In fact, 48% of women with unmet needs for family planning cited not currently having a partner or spouse as the reason for not using any contraceptive method. In addition, 12% of

women cite concerns about side effects associated with contraceptive usage, 4% report that they have sex infrequently and nearly 3% cite religious reasons. Opposition by husbands was rarely cited among the reasons women gave for not using contraception (3%). Married women were much more likely to report not using contraceptives because their spouse does not approve of their use – this was the case for 7% of married women compared to less than 1% of single and un-married cohabiting women.

Unmet need for family planning is highest among 15-19 year-old and 40-49 year-old women. Among women aged 45 to 49 years, 60% report having unmet needs for family planning. Likewise, a large share of women (44%) aged between 40 and 44 years declare having unmet needs. These high shares of older women with unmet needs for family planning may reflect the fact that they are biologically less likely to become pregnant than younger women. At the other end of the age distribution and at greater risk of unintended pregnancy are women aged 15-19 years, among whom 54% indicate having an unmet need for family planning. The age group with the smallest unmet need for family planning is women aged 30-34 years, among whom 22% report having an unmet need for family planning.

Figure 4.12. More than one-third of Tanzania women have unmet needs for family planning

Share of women aged 15 to 49 years with unmet needs for family planning



Note: Unmet need for family planning is calculated as the share of women aged 15 to 49 years who report not desiring any more children or who want to postpone having their next child but are not using any contraceptive method.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

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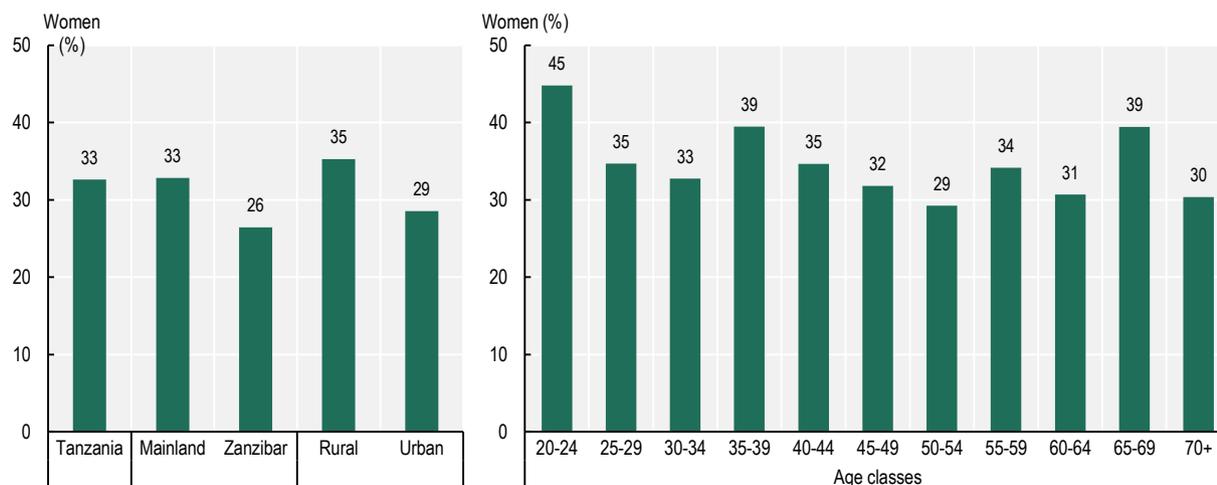
At the national level, 33% of women were pregnant for the first time before reaching 20 years of age. The share of women who had their first pregnancy before 20 years of age was higher in mainland Tanzania (33%) than in Zanzibar (27%). Furthermore, adolescent pregnancy was more common in rural settings than in urban areas: 35% of women had their first pregnancy before turning 20 in the former compared to 29% in the latter (Figure 4.13). Across Tanzania's regions, there is clear variation in the prevalence of adolescent pregnancy. In nine regions,²⁶ more than 40% of women who have had at least one child, had their first pregnancy before the age of 20 years old. Meanwhile, the share of women who were pregnant during adolescence was lower than 20% in just three regions – Kilimanjaro, Mjini Magharibi and Tanga.

In recent years, the prevalence of adolescent pregnancy seems to have increased (UNFPA Tanzania, 2018^[41]). The share of women who had their first pregnancy below the age of 20 years varies among

different age cohorts, but analysis across age groups shows that it has become increasingly common. Among women aged 30-34 years old, 33% had their first pregnancy before the age of 20 years. This share increased to 35% for women aged 25-29 and to 45% among women aged 20-24 years. This 10-percentage point rise signifies a notable increase in adolescent pregnancy in Tanzania (Figure 4.13).

Figure 4.13. Rates of adolescent pregnancy in Tanzania are high and worsening

Share of women aged 15 years and older who were pregnant for the first time before 20 years of age



Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

StatLink  <https://stat.link/qojmtu>

In Tanzania, addressing adolescent pregnancy is a key priority, especially taking into consideration the serious consequences for women's and girls' health, education, well-being and empowerment (Hindin, 2012^[42]). Globally pregnancy and childbirth-related complications are the leading cause of death among adolescent girls, and adolescent pregnancy also entails severe consequences for the lives of women and girls as well as society as a whole (WHO, 2021^[43]). Adolescent pregnancy, especially among girls whose bodies are not yet physically ready, presents significant risks including complications during labour, postpartum haemorrhaging and obstetric fistula. Moreover, evidence shows that the children of adolescent mothers face higher rates of mortality and malnutrition (UNDP, 2016^[44]). Furthermore, adolescent mothers may face stigma and social isolation as pregnancy and childbearing outside of marriage is regarded by many in Tanzania as a source of shame (see Chapter 3). Adolescent pregnancy also negatively affects Tanzanian society as a whole, notably by suppressing human capital. Pregnancy during adolescence can lead to interruptions in women's and girls' education and accumulation of skills, with negative impacts on their economic empowerment and Tanzania's overall levels of human capital.

Women who have their first child before the age of 20 years have lower levels of overall educational attainment and face higher rates of child marriage and IPV than women who had their first child at or after the age of 20 years. A higher share of women who were pregnant during adolescence have no formal education or did not complete primary education than women who had their first child after reaching 20 years of age. Under such circumstances, women leaving or never entering schooling may be related to the pregnancy and related time demands of childrearing. Furthermore, the average age of marriage among women who were pregnant as adolescents (18.7 years) is nearly three years lower than the average age of marriage among those who were not (21.5 years). Here, early pregnancy may drive girls to get married in order to avoid the shame of a pregnancy outside of marriage. Alternatively, early pregnancy may follow

an early marriage (see Chapter 3 for details on the link between child marriage and adolescent pregnancy). Finally, prevalence rates of lifetime IPV are higher among women who had their first child before the age of 20 than among those who had their first child after that age. While 65% of women who were pregnant as adolescents report having experienced IPV at least once in their lifetime, the same rate for women who had their first pregnancy after reaching 20 years was lower at 51%.

Discriminatory social norms and gendered power imbalances restrict women's and girls' reproductive autonomy

One of the norms of restrictive masculinities is that “real” men should dominate sexual and reproductive choices. This norm maintains that men should be the primary initiators of sexual activity and deciders over contraceptive usage, family size and birth spacing (OECD, 2021^[18]). In Tanzania, attitudes associated with this norm vary among the population, specifically in relation to women's reproductive autonomy. Among respondents, 37% declared that women should not have the right to decide whether to use contraception. While there was little difference between rural and urban areas in terms of agreement with this view – 38% and 34%, respectively – the difference was much more significant between Mainland Tanzania and Zanzibar. In Mainland Tanzania, 36% of respondents believe that women should not have the right to take decisions regarding their own use of contraception; in Zanzibar, the share is somewhat higher at 51%. There are also important differences in the popularity of this attitude among Tanzania's regions. In Pwani and Kusini Unguja, 16% and 19% of people hold this view, respectively, while in Kaskazini Pemba and Kusini Pemba, the equivalent shares are 70% and 66%.

While family planning may be widely regarded as a “woman's issue”, men play an important role in reproductive decision making, whether as sole deciders or partners in joint decision making (Sundararajan et al., 2019^[38]; Moshia, Ruben and Kakoko, 2013^[39]). As such, their attitudes regarding contraceptives strongly guide outcomes. The share of men in Tanzania who disagree or strongly disagree that a woman should have the right to decide whether to use contraception is 34%, while among women it is 29%. Religious belief plays an important role in attitudes towards contraceptive usage (Sundararajan et al., 2019^[38]). Indeed, in focus group discussions, a majority of men, as well as community and religious leaders, spoke out against the use of contraceptives (Mbuyita, 2021^[14]). For example, discussions with men aged 20-50 years in Shinyanga highlighted the role that religious beliefs play in reproductive choices, and in discussions with religious leaders it was clearly stated that child spacing should not be managed by individuals through the use of contraceptives, but rather left to God (Mbuyita, 2021^[14]). Opposition among men to women's use of contraceptives is also linked to fears about marital infidelity as the use of a contraceptive would prevent an affair from being discovered, with additional concerns related to the potential health-related side-effects associated with the use of modern contraceptives (Moshia, Ruben and Kakoko, 2013^[39]).

Reproductive choices, especially those concerning family size, are influenced by attitudes in favour of traditional decision-making processes, which are characterised by power imbalances between men and women in which men hold the final word on decisions, especially within the context of relationships (OECD, 2021^[18]; Mbuyita, 2021^[14]). In Tanzania, 40% of men disagree or strongly disagree that a woman should have the right to decide how many children she wants to have, and 38% disagree or strongly disagree that a woman should have the right to decide when she wants to have a child. The share of men holding these discriminatory attitudes was higher in rural areas than in urban areas, and greater among married/cohabiting men than among single men. Furthermore, in some regions, these beliefs were more widespread. For instance, Kaskazini Pemba and Kusini Pemba were the regions where the highest share of men report having these discriminatory views with 77% and 73% of all men opposing women's right to decide how many children she wants to have.

Gender inequality and power imbalances between women and men and boys and girls impede women's and adolescent girls' ability to negotiate safe sex and avoid unwanted pregnancy. Rooted in gendered

power imbalances, sexual violence against girls is an important factor that likely contributes to adolescent pregnancy. In rural Tanzania, 17% of women reported that their first sexual encounter was forced intercourse and 43% stated that their first experience of sex took place at the age of 14 (McCleary-Sills et al., 2013^[45]). Furthermore, many girls report feeling pressure, mainly from men and boys, to engage in sexual activity from a young age (McCleary-Sills et al., 2013^[45]). Among women and girls aged 13-24 years who had ever been pregnant, more than 6% reported that a least one pregnancy was the result of sexual violence (Government of Tanzania, 2011^[46]).

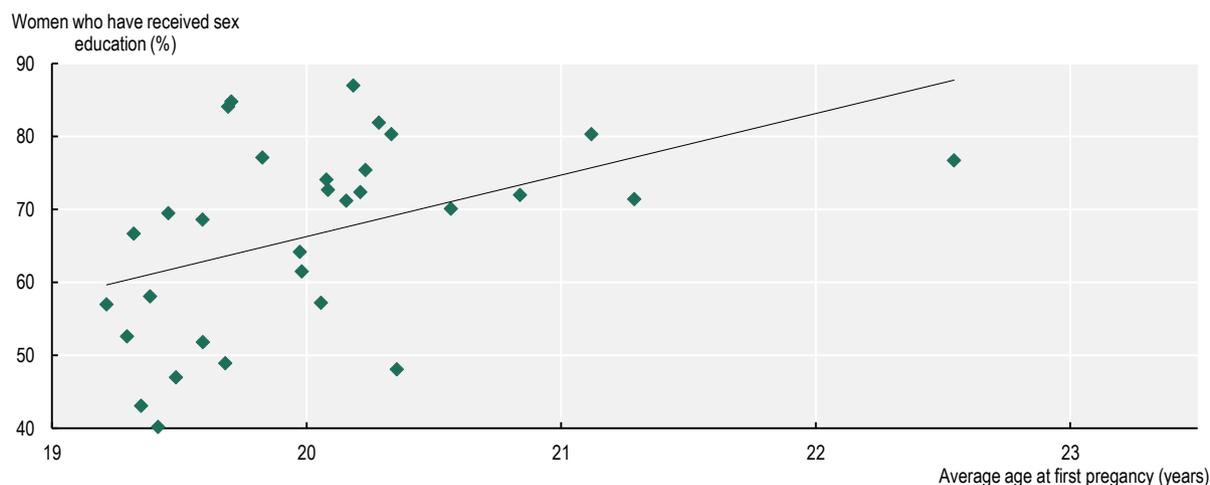
Among all respondents, 39% of people are of the opinion that a girl could become a mother before the age of 18 years. This share of the population is much larger in rural than in urban areas at 46% and 28%, respectively. In Tanzania, the average age at which respondents believed a girl can get pregnant/become a mother was 17.5 years. In Mainland Tanzania, the average age was 17.4 years, while in Zanzibar the average age was 18.2 years. In urban areas, the average age was one year older (18.1 years) than in rural areas (17.1 years). Furthermore, there is variation in the average age given by respondents across regions. Indeed, the average age at which individuals believe a girl can become pregnant/a mother ranged from 19.6 years in Morogoro to 15.0 years in Kigoma. Notably, the average age at which a boy could become a father was systematically higher at 20.2 years, and only 21% of respondents supplied an age below 18 years.

Sexual education can have an important bearing on sexual and reproductive health outcomes

Sexual and reproductive education can contribute greatly to reducing unmet needs for family planning and adolescent pregnancies (Figure 4.14). This education equips individuals with the information they need not only to avoid unwanted pregnancy, sexually transmitted diseases and infections including HIV-AIDS but also to learn about sexual and reproductive rights. Slightly more than half of the population in Tanzania has received sexual education (55%), with the share of women who report having received this education or knowledge (66%) higher than the share of men (45%). There are also important differences in the share of the population with sexual education within Tanzania. While 84% of the population in Manyara received sexual education, there are four regions²⁷ where this share is at or below 40%. Knowledge about family planning in particular can be a key determinant in the use of family planning methods.

While knowledge of sex and reproduction is critical for both men and women, social norms continue to position this as a “women’s issue”. In Tanzania, the vast majority believe that sexual education should be available to both boys and girls; however, a greater share of the population supports sexual education for girls (97%) than for boys (90%). There is little difference in these views among urban and rural areas. The belief that sexual education is not as important for men and boys as it is for women and girls contributes to suboptimal sexual and reproductive health outcomes. For example, research shows that men in Pwani who received family planning knowledge were 26 times more likely to use family planning methods than those who did not (Msovela et al., 2020^[47]). Furthermore, as men have significant influence, if not the final say, in sexual and reproductive choices, sexual education is critical to improving the likelihood of fact-based decision-making.

Figure 4.14. Women's sexual education may delay first pregnancies



Note: The figure shows the correlation between average age at first pregnancy and the share of women who have received sexual education. Data presented are fitted values from an OLS regression at the regional level with average age at first pregnancy as the dependent variable and the share of women who have received sexual education as the main independent variable. Coefficient and marginal effects are not significant. Control variables include urbanisation rate, localisation in Mainland Tanzania or Zanzibar, average age, child marriage rates, levels of education and wealth levels.

Source: (OECD, 2021^[8]), SIGI Tanzania database, <https://stats.oecd.org>.

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Sexual education is also an important part of addressing unmet needs for family planning. Misinformation around contraceptives, especially modern contraception methods, is a factor contributing to low uptake rates (Rusibamayila et al., 2017^[37]). Focus group discussions in Mwanza revealed that both women and men were concerned about false information they had received about side effects related to contraceptive usage. Some men stated that these fears prevented them from allowing their wives to use contraceptives including the potential financial implications of these side effects (Moshia, Ruben and Kakoko, 2013^[39]). In a context in which women face limited agency over their access to family planning, misinformation about contraceptives, especially among men, is a critical barrier.

Health centres function as the main source of sexual education and knowledge for both men and women in Tanzania, accounting for 88% of women and 67% of men who received this information. One of the reasons for this gendered difference may be that antenatal and postnatal visits to health centres were a forum in which women learned about family planning, while men did not accompany women on these visits (Sundararajan et al., 2019^[38]; Msovela et al., 2020^[47]). Schools and media were also important sources for knowledge on sex and reproduction. Some 25% of men and 13% of women stated that they received sexual education in school. While the quality of the information received cannot be evaluated, 28% of men and 17% of women reported receiving sexual education via radio, television and/or the Internet. In focus group discussions, participants confirmed the availability of sexual and reproductive services and information in the health facilities in their areas (Mbuyita, 2021^[14]).

Policy recommendations

Violence against women

- Consider the enactment of legislation that specifically addresses gender-based violence against women and girls and includes a comprehensive definition of domestic violence that covers physical, sexual, psychological and economic abuse.
- Consider expanding the statute of limitations on sexual harassment beyond 60 days to allow victims/survivors more time to file complaints and access justice.
- Ensure that the legal definition of rape provides protection from marital rape.
- Support programmes, including those offered by civil society organisations, that engage men and boys as allies in ending violence against women and girls.
- Collect regular data on masculine norms to inform policies and programmes to support the transformation of masculinities.
- Develop and run advocacy campaigns designed to promote the reporting of violence, specifically gender-based violence.
- Establish educational programmes and campaigns to shift norms around the use of corporal punishment on children by parents and guardians.
- Adopt a complete ban of corporal punishment in schools and continue work with teachers and school administrators to end this practice.
- Support programmes that take a gender-transformative approach that actively engage men and women in identifying and challenging gender norms, especially those related to violence.
- Undertake quantitative and qualitative research on women's and girls' public safety concerns and analyse and disseminate this data and its ability to inform policy discussions (such as on policing) as well as those related infrastructure projects (e.g. related to public transportation, sanitary facilities and more).
- Further fund and develop the capacity of One Stop Centres throughout all regions of Tanzania to expand the network and increase access and follow up.

FGM/C

- Continue efforts to sensitise the population to the adverse impact of FGM/C on women's and girls' health and well-being as well as on society as a whole.
- Continue awareness-raising activities and programmes to address and prevent FGM/C in the regions where the practice is most common – Arusha, Dodoma, Kilimanjaro, Manyara, Mara and Singida.
- Work within traditional structures to replace the practice of FGM/C in rites of passage into womanhood. Ensure that this work considers the important role that FGM/C plays in the livelihoods of traditional cutters and midwives, and involve them in discussions.
- Consider a legal revision that would prohibit FGM/C for women over the age of 18 years.

Reproductive autonomy

- Continue efforts to increase demand for and the accessibility of safe, modern contraceptives and information on sexual and reproductive health among the entire population and specifically adolescents.

- Work with religious leaders and groups to improve the acceptability of contraceptive usage and to promote women's role and power in reproductive decisions.
- Develop programmes to facilitate men's and boys' access to quality information on family planning, reproductive rights and the use of modern methods of contraception.
- Support gender-transformative sexual health and reproductive rights programming that targets discriminatory social norms related to women's reproductive autonomy.
- Consider the revision of laws prohibiting abortion in alignment with the Maputo Protocol, specifically to permit the procedure in circumstances widely supported by the population (to save a woman's life and in cases of foetal unviability).
- Make information on the impact and side-effects of contraceptive usage widely available and ensure that health centres and other facilities providing family planning services are equipped with the necessary material to dispel misinformation.

Notes

¹ Results are based on four probit models measuring (i) the likelihood of having suffered from intimate-partner violence during the last 12 months; (ii) the likelihood of having suffered from intimate-partner violence over the lifetime; (iii) the likelihood of having suffered from non-partner violence over the lifetime; and the likelihood of having suffered from any type of violence over the lifetime. Sex is the main independent variable. For all four models, control variables include: residence (urban/rural and Mainland Tanzania/Zanzibar), age, age squared, marital status, whether the respondent was married before the age of 18 years, level of education, size of the household and wealth quintiles (based on the type of construction material, distance to water and distance to cooking energy). For all four models, coefficients and marginal effects of sex are significant at 1%-level.

² Results are based on two probit models measuring (i) women's likelihood of having experienced intimate-partner violence over the past 12 months, and (ii) women's likelihood of having experienced intimate partner violence over the course of their lifetime. Sex is the main independent variable in both models. Control variables include residential status (urban or rural), age, age squared, education level, marital status, child marriage, household size, wealth quintiles (based on the type of construction material, distance to water and distance to cooking energy) and regions. For both models, coefficients and marginal effects of sex are significant at 1%-level.

³ Four forms of IPV were assessed: (i) being beaten, slapped or kicked, or being physically assaulted with use of an object; (ii) being humiliated, threatened, insulted, frightened in private or in front of others; (iii) having work or tools used for work damaged, sabotaged or destroyed; and (iv) being forced to have sexual intercourse without consent.

⁴ Non-partner sexual violence refers to rape or forced intercourse and sexual assault, which occurs when one gropes or tries to kiss another person against their will.

⁵ Non-partner sexual assault is defined as the share of individuals who declared that someone other than their current or former spouse/partner has ever groped or tried to kiss them against their will.

⁶ Non-partner rape is defined as the share of individuals that someone other than their current or former spouse/partner has ever forced to have unwanted sexual intercourse.

⁷ Kagera, Manyara and Songwe.

⁸ See *SIGI Tanzania Qualitative Report*: across all study sites, individuals agreed that women should be submissive among other characteristics.

⁹ The eight circumstances surveyed under which a man could be justified in hitting or beating his wife are if she: burns the food, goes out without telling him, neglects the children, argues with him, buys things without his consent, applies for a new job or engages in a new livelihood without his consent, cheats on him, and files a complaint against him to a higher authority or the police.

¹⁰ Restrictive norms of masculinities imply that a “real” man should: be the breadwinner, be financially dominant, work in “manly” jobs, be the “ideal worker”, be a “manly” leader, not do unpaid care and domestic work, have the final say in household decisions, control household assets, protect and exercise guardianship, and dominate sexual and reproductive choices.

¹¹ Data is available for Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan, Uganda and Tanzania.

¹² Geita, Kaskazini Pemba, Kaskazini Unguja, Kusini Pemba, Kusini Unguja, Lindi, Mjini Magharibi, Pani, Shinyanga, Simiyu, Songwe and Zanzibar.

¹³ Arusha, Dodoma, Kilimanjaro, Manyara, Mara and Singida.

¹⁴ Parameters used: Baseline adult prevalence of FGM of 0.12; Baseline FGM type 1/2 proportion of 0.81; and Baseline FGM type 3 proportion of 0.7.

¹⁵ The options for respondents were: Father, Mother, Both parents, Spouse/partner, Groom, Male relative, Female relative, Yourself, Unknown and Other (specify).

¹⁶ All except Arusha, Iringa, Mara, Manyara, Morogoro, Kaskazini Pemba, Kusini Pemba and Singida.

¹⁷ Arusha, Dodoma, Kilimanjaro, Manyara, Mara and Singida.

¹⁸ Dodoma, Katavi, Kaskazini Pemba, Kusini Pemba, Kusini Unguja, Singida and Rukwa.

¹⁹ Arusha, Geita, Kagera, Mbeya, Manyara, Mara, Mwanza, Njombe, Pwani, Ruvuma and Songwe.

²⁰ Results are based on an OLS regression performed at the regional level on the prevalence rate of FGM/C. The share of the population declaring that FGM/C is a practice that should not be abandoned is the main independent variable. The sample of regions is restricted to Mainland Tanzania. Control variables include urbanisation rate, average age of the population, average number of children, several variables on the marriage status and the type of marriage, variables on the educational level and variables on the level of wealth in the regions. Coefficients and marginal effects of attitudes towards FGM/C are significant at a 10%-level.

²¹ Results are based on an OLS regression performed at the regional level on the prevalence rate of FGM/C. The share of the population declaring that if they have or would have a daughter, they would want her to be excised is the main independent variable. The sample of regions is restricted to Mainland Tanzania. Control variables include urbanisation rate, average age of the population, average number of children, several variables on the marriage status and the type of marriage, variables on the educational level and variables on the level of wealth in the regions. Coefficients and marginal effects of attitudes towards FGM/C are significant at 1%-level.

²² Dar es Salaam, Dodoma, Kaskazini Pemba, Kaskazini Unguja, Kigoma, Kusini Pemba, Kusini Unguja, Lindi, Mbeya, Mjini Magharibi, Mtwara, Mwanza, Njombe, Pwani and Songwe.

²³ Covert contraceptive usage may be interpreted as an indicator of women's low levels of influence in decision making over contraceptive usage, as a proxy for spousal opposition to contraceptive usage or as a manifestation of unequal levels of sexual education between women and men.

²⁴ Women of reproductive age are defined as women aged between 15 and 49 years old.

²⁵ Kigoma (50%), Manyara (50%), Tabora (51%), Geita (51%), Shinyanga (51%), Simiyu (59%), Mara (64%), Kaskazini Unguja (66%), Kaskazini Pemba (70%), Kusini Pemba (71%) and Mwanza (74%).

²⁶ Arusha, Geita, Kaskazini Pemba, Katavi, Mbeya, Morogoro, Shinyanga, Shongwe and Tabora.

²⁷ Tabora, Shinyanga, Mwanza and Kaskazini Pemba.

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Annex 4.A. The legal framework on violence against women and girls in Tanzania

Legal framework in Mainland Tanzania

In Mainland Tanzania, there is no singular piece of legislation addressing violence against women and girls or gender-based violence specifically. Rather, various forms of violence are covered independently through multiple pieces of legislation. Similarly, no law specifically criminalises domestic violence, although the Law of Marriage Act of 1971 clearly states that “no person has any right to inflict corporal punishment on his or her spouse” (Government of Tanzania, 1971^[48]). The Penal Code criminalises acts of physical violence as well as actions, words or gestures that insult the modesty or intrude upon the privacy of a woman (Government of Tanzania, 1981^[32]).

The Sexual Offences Special Provisions Act 8 of 1998 (SOSPA) criminalises various sexual offences, including rape, sexual assault and harassment (Government of Tanzania, 1998^[28]). Rape is defined as a male having sexual intercourse with a girl (under the age of 18) or woman without her full consent which cannot be gained through fear, intimidation or in a context of intoxication or drugs. The Act recognises marital rape only in instances where the couple is separated, therefore spousal rape is not criminalised. SOSPA as well as the Employment Act No. 11 of 2005 address and penalise sexual harassment (Government of Tanzania, 2005^[49]). However, a statute of limitations in the Penal Code prohibits prosecution of harassment after more than 60 days.

Mainland Tanzania’s Law of the Child Act 2009 prohibits “torture, or other cruel, inhuman punishment or degrading treatment” (Article 13); however, corporal punishment is not expressly prohibited (Government of Tanzania, 2009^[50]). In 2019, the government banned teachers in the lower grade of primary school from entering classrooms with canes. Nevertheless, the Education (Corporal Punishment) Regulations 1979 established under the National Education Act 1978, which permits the Minister overseeing education to produce regulations on corporal punishment in schools, permits the beating of students’ hands and buttocks with a stick as a legitimate punishment in cases where the student has committed a serious offense (Law Reform Commission of Tanzania, 1994^[51]).

Legal framework in Zanzibar

In Zanzibar, a number of laws address violence. As a result of a recent review, new laws were enacted including the Evidence Act 6/2016, which amended the law to permit evidence given by children as well as electronic evidence. The Penal Act 6/2018 replaced the Penal Act of 2004 and increased the punishment for “moral related offences”, including rape. The Criminal Procedure Act 7/2018, which repealed the Criminal Procedure Act No. 7 of 2004, includes a new provision that denies bail to persons accused of gender-based violence, and increases sentences (Zanzibar Assembly, 2016^[52]; Zanzibar Assembly, 2018^[53]; Zanzibar Assembly, 2018^[54]).

Zanzibar’s Children’s Act 2011 states that “no child shall be subjected to violence, torture, or other cruel, inhuman or degrading punishment or treatment or any cultural or traditional practice which dehumanizes or is injurious to his physical and mental wellbeing” (Article 14) (Government of Zanzibar, 2011^[55]). The Ministry of Education also has a policy in place prohibiting corporal punishment in schools. Nevertheless, the practice remains legal under the Education Act 1982 (Government of Zanzibar, 1982^[56]).

Annex A. Conceptual framework of the SIGI Tanzania

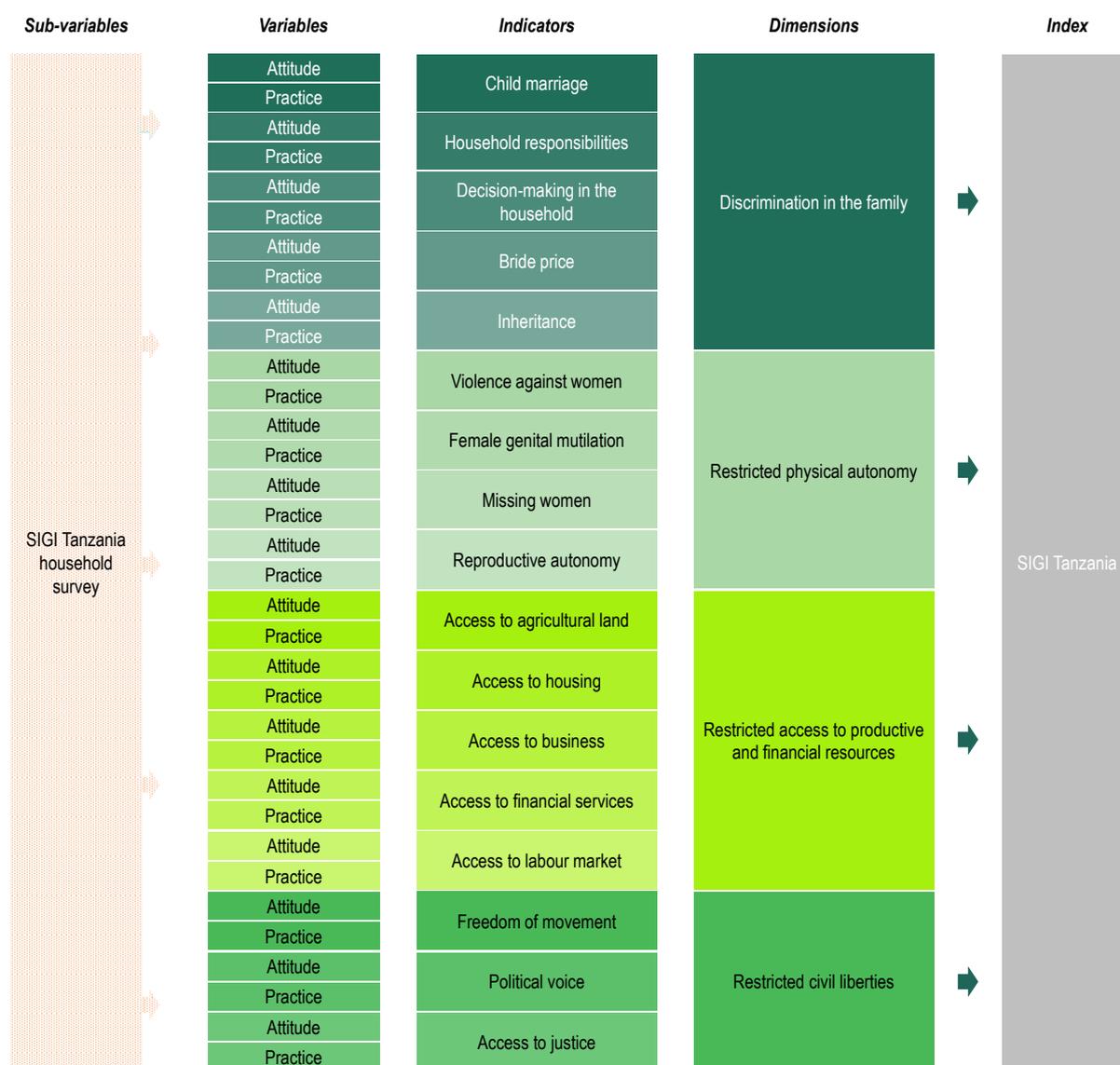
The four dimensions of the SIGI Tanzania conceptual framework

The conceptual framework of the SIGI Tanzania covers four dimensions spanning major socio-economic areas that affect women's and girls' entire lifetimes:

- “Discrimination in the family” captures discriminatory social norms, attitudes and practices that limit women's decision-making power and undervalue their status in the household and the family.
- “Restricted physical integrity” captures discriminatory social norms, attitudes and practices that increase women's and girls' vulnerability to multiple forms of violence and limit their control over their bodies and reproductive autonomy.
- “Restricted access to productive and financial resources” captures women's restricted access to and control over critical productive and economic resources and assets.
- “Restricted civil liberties” captures discriminatory social norms, attitudes and practices restricting women's access to and participation and voice in the public and social spheres.

Each dimension builds on three to five indicators. Each indicator results from the aggregation of two variables: one measuring the level of discrimination in attitudes and the other one measuring the level of discrimination in practice (Figure A A.1). Each variable builds on a different number of sub-variables that draw directly on the data of the SIGI Tanzania household survey (Table A A.1).

Figure A A.1. Conceptual framework of the SIGI Tanzania



Construction of the SIGI Tanzania

The SIGI Tanzania is a composite index. The scores for the overall index, the dimensions and the indicators range from 0 to 100, with 0 indicating no discrimination and 100 indicating absolute discrimination against women.

To compute the SIGI Tanzania, the same function is applied four successive times in order to:

1. For each indicator, aggregate all sub-variables into one attitudinal variable and one practice variable.
2. For each indicator, aggregate the attitudinal variable and the practice variable into the indicator.
3. For each dimension, aggregate the three to five indicators into the dimension.
4. Aggregate the four dimension into the SIGI Tanzania.

The aggregation function used is the same one used for the global SIGI, formalised for step (4) above as:

$$\text{SIGI Tanzania} = \ln \left(\frac{1}{4} e^{\text{Discrimination in the family}} + \frac{1}{4} e^{\text{Restricted physical integrity}} + \frac{1}{4} e^{\text{Restricted access to productive and financial resources}} + \frac{1}{4} e^{\text{Restricted civil liberties}} \right)$$

Depending on the number of sub-variables included in each indicator, different weights were used. In some cases, certain sub-variables within an indicator were given more weights than other sub-variables – see for instance the “Decision-making in the household” indicator in Table A A.1.

In order to fit the SIGI scale that ranges from 0 to 100, with 0 being the best outcome and 100 being the worst, all sub-variables are rescaled following a min-max normalisation process, which slightly varies depending on what the sub-variable measures:

- **Sub-variables measuring absolute levels of women’s deprivation:** These sub-variables do not have a male counterpart. Examples include the prevalence rate of female genital mutilation or the share of women facing unmet needs for family planning. These sub-variables are expressed so that 0% corresponds to the best outcome for women – e.g. no women having experienced female genital mutilation – and 100% as the worst possible outcome for women – e.g. all women of reproductive age who want to delay a pregnancy with unmet needs for family planning.
- **Sub-variables measuring relative levels of achievement or deprivation of women compared to men as the fraction of women among a particular sub-population:** For these sub-variables, the best possible outcome is 50% indicating equality between men and women and the worst possible outcome is 100% indicating that women account for the entire population deprived or facing discrimination. These sub-variables are capped at 50%, meaning that discrimination is considered as long as women’s share is above 50%. No penalties are applied if women are actually performing better than men and if their share drops below 50%. Examples include the share of the population declaring that they do not feel safe walking alone at night who are women, or the share of the population working in paid employment who are not women. These sub-variables are rescaled following a min-max normalisation process so that scores range from 0 to 100 with 0 being the best outcome for gender equality and 100 the worst possible outcome.
- **Sub-variables measuring the relative levels of achievement or deprivation of women compared to men as the female-to-male ratio:** These sub-variables are calculated as the value for women divided by the value for men. For these sub-variables, the best possible outcome is 1, indicating equality between men and women. The worst possible outcome is the maximum value of the ratio across Tanzania’s 31 regions. These sub-variables are capped at 1, meaning that discrimination are considered as long as the female-to-male ratio is above 1. No penalties are applied if women are actually performing better than men and if the ratio drops below 1. Examples include the female-to male ratio of time spent on unpaid, domestic, care and voluntary work in a 7-day period on specific tasks or the ratio of number of boys wished over number of girls wished. These sub-variables are rescaled following a min-max normalisation process so that scores range from 0 to 100 with 0 being the best outcome for gender equality and 100 the worst possible outcome.

Scores in index, dimensions, indicators, variables and sub-variables of the SIGI Tanzania were computed at the national level, for rural and urban areas, for Mainland Tanzania and Zanzibar as well as for the 31 regions of the country.

Table A A.1. Conceptual framework of the SIGI Tanzania

Indicator	Variable	Sub-variable	Description	Weight of sub-variable
DISCRIMINATION IN THE FAMILY				
Child marriage	Attitude	Attitude towards girl child marriage	Percentage of the population setting the minimum age for girl's marriage before the age of 18.	100%
	Practice	Prevalence of girl child marriage	Percentage of women aged more than 15 years old who have been married before the age of 18.	100%
Household responsibilities	Attitude	Attitude towards the responsibility of household chores	Percentage of the population declaring that women should exclusively be in charge of certain household tasks: cooking for the household; cleaning the household; washing clothes; cleaning the bathroom/toilet; taking care of the elderly; taking care of the sick/disabled; repairing the house; taking care of the yard; buying groceries; fetching water for household; fetching firewood for household; supervising children's homework; giving the bath to children; and feeding the children.	100% (tasks are equally weighted)
	Practice	Women's and men's share of unpaid care work responsibility	Female-to male ratio of time spent in a 7-day period on the following tasks: cooking for the household; cleaning the household; washing clothes; cleaning the bathroom/toilet; taking care of the elderly; taking care of the sick/disabled; repairing the house; taking care of the yard; buying groceries; fetching water for household; fetching firewood for household; supervising children's homework; giving the bath to children; and feeding the children.	100%
Decision-making in the household	Attitude	Attitude towards decision-making regarding a child's education and health	Percentage of the population declaring that only fathers should be in charge of making decisions regarding a child's education and a child's health.	33% (health and education are equally weighted)
		Attitudes towards decision-making regarding important decisions at home	Percentage of the population who agrees or strongly agrees that "a man should have the final word about important decisions at home".	67%
	Practice	Practice in terms of decision-making regarding a child's education and health	Percentage of the population declaring that fathers are exclusively in charge of making decisions regarding a child's education and a child's health.	33% (health and education are equally weighted)
		Practice in terms of decision-making regarding basic consumption spending	Percentage of the population declaring that, in their household, only the male household head decides on how to spend money on food and on clothing.	33% (food and clothing are equally weighted)
		Practice in terms of decision-making regarding productive purchases	Percentage of the population declaring that, in their household, only the male household head decides on buying or renting a house; buying transport equipment; buying agricultural land; buying agricultural equipment; or choosing farm inputs.	33% (all items are equally weighted)
Bride price	Attitude	Attitude towards bride price	Percentage of the population who agrees or strongly agrees that "If a man pays a bride price for his wife, it means that he owns her".	100%
	Practice	Prevalence of bride price	Percentage of married women that have been married with a bride price.	100%

Inheritance	Attitude	Attitude towards inheritance of land assets for widows	Percentage of the population declaring that, in their opinion, a widow and a widower should not have equal opportunities towards inheritance of land.	25%
		Attitude towards inheritance of non-land assets for widows	Percentage of the population declaring that, in their opinion, a widow and a widower should not have equal opportunities towards inheritance of non-land assets.	25%
		Attitude towards inheritance of land assets for daughters	Percentage of the population declaring that, in their opinion, a daughter and a son should not have equal opportunities towards inheritance of land.	25%
		Attitude towards inheritance of non-land assets for daughters	Percentage of the population declaring that, in their opinion, a daughter and a son should not have equal opportunities towards inheritance of non-land assets.	25%
	Practice	Practice of inheritance of land assets for widows	Percentage of the population declaring that, in practice, a widow and a widower do not have equal opportunities towards inheritance of land.	25%
		Practice of inheritance of non-land assets for widows	Percentage of the population declaring that, in practice, a widow and a widower do not have equal opportunities towards inheritance of non-land assets.	25%
		Practice of inheritance of land assets for daughters	Percentage of the population declaring that, in practice, a daughter and a son do not have equal opportunities towards inheritance of land.	25%
		Practice of inheritance of non-land assets for daughters	Percentage of the population declaring that, in practice, a daughter and a son do not have equal opportunities towards inheritance of non-land assets.	25%
RESTRICTED PHYSICAL INTEGRITY				
Violence against women	Attitude	Attitude towards violence against women	Percentage of the population declaring that a husband is justified in hitting or beating his wife for at least one of the reasons listed: if she burns the food, if she goes out without telling him, if she neglects the children or if she argues with him.	100%
	Practice	Prevalence of intimate-partner violence	Percentage of women declaring that they have been victims of at least one kind of violence from their husband/partner in the last 12 months.	50%
		Prevalence of non-intimate partner violence	Percentage of women declaring that they have been victims of at least one kind of violence from someone else than their husband/partner over their lifetime.	50%
Female genital mutilation	Attitude	Attitude towards the abandonment of the practice of female genital mutilation	Percentage of the population declaring that female genital mutilation or cutting is a practice that should not be abandoned.	100%
	Practice	Prevalence of female genital mutilation	Percentage of women declaring that they have undergone female genital mutilation.	100%
Missing women	Attitude	Attitudes related to the number of boys and girls wished	Ratio of number of boys wished over number of girls wished.	100%
	Practice	Male-to-female ratio at birth	Boy-to-girl ratio among 0-4-year-old	100%
Reproductive autonomy	Attitude	Attitude towards women's right to decide whether to use contraception	Percentage of the population declaring that women should not have the right to decide whether to use contraception.	50%
		Attitude towards legal reasons for abortion	Percentage of the population declaring that if there was a law on abortion, it should not be allowed for at least one of the reasons listed i.e. to preserve the physical health of the woman, due to rape, statutory rape or incest, due to foetal unviability or to prevent the woman from dying.	50%
	Practice	Unmet needs for family planning	Percentage of women of reproductive age, currently with a spouse or partner, who are not trying to have a child and do not use any contraceptive method.	100%

RESTRICTED ACCESS TO PRODUCTIVE AND FINANCIAL RESOURCES				
Access to agricultural land	Attitude	Attitude towards women's agricultural land ownership	Percentage of the population who disagrees or strongly disagrees that "women and men should have equal access to agricultural land ownership".	50%
		Attitude towards women's decision-making power on land	Percentage of the population who disagrees or strongly disagrees that "women and men should have equal decision-making power regarding land".	50%
	Practice	Women's ownership of agricultural land	Percentage of landowners who are not women.	50%
		Women's ability to sell agricultural land	Percentage of landowners without the right to sell agricultural land who are women.	17%
		Women's ability to use agricultural land as collateral	Percentage of landowners without the right to use agricultural land as collateral who are women.	17%
		Women's ability to rent agricultural land	Percentage of landowners without the right to rent agricultural land who are women.	17%
Access to housing	Attitude	Attitude towards women's ownership of real estate	Percentage of the population who disagree or strongly disagree that "women and men should have equal access to housing ownership".	50%
		Attitude towards women's decision-making power over real estate	Percentage of the population who disagrees or strongly disagrees that "women and men should have equal decision-making power over housing".	50%
	Practice	Women's ownership of real estate	Percentage of house owners who are not women.	50%
		Women's ability to sell real estate	Percentage of house owners without the right to sell real estate who are women.	25%
		Women's ability to use real estate as collateral	Percentage of house owners without the right to use real estate as collateral who are women.	25%
Access to business	Attitude	Attitude towards female spouse/partner being a business owner or manager	Percentage of men who do not accept their spouse to be business owner.	25%
		Attitude towards a woman starting a business on her own	Percentage of the population who disagrees or strongly disagrees that "it is perfectly acceptable for any woman in your family to start a business on her own".	25%
		Attitude towards women's management of a business	Percentage of the population who agrees or strongly agrees that "men make better business managers than women".	25%
		Attitude towards women's decision-making power over a business	Percentage of the population who disagrees or strongly disagrees that "women and men should have equal decision-making power over a business".	25%
	Practice	Women's ownership of businesses	Percentage of business owners who are not women.	50%
		Women's ability to sell businesses	Percentage of business owners without the right to sell a business who are women.	25%
		Women's ability to use businesses as collateral	Percentage of business owners without the right to use business as collateral who are women.	25%
Access to financial services	Attitude	Attitude towards women's right to open an account at a bank or a formal financial institution	Percentage of the population who disagrees or strongly disagrees that "men and women should have equal rights to open an account at a bank or a financial institution".	25%
		Attitude towards women's right to obtain a credit at a formal financial institution	Percentage of the population who disagrees or strongly disagrees that "men and women should have equal access to obtain a credit at a formal financial institution".	25%
		Attitude towards women's decision-making power over a bank or formal financial institution account	Percentage of the population who disagrees or strongly disagrees that "men and women should have equal decision-making power over a bank account".	25%
		Attitude towards women's decision-making power over a credit at a formal financial institution	Percentage of the population who disagrees or strongly disagrees that "men and women should have equal decision-making power over a credit at a formal financial institution".	25%

	Practice	Women's ownership of bank account, microfinance account or mobile money service account.	Percentage of owners of bank account, microfinance account or mobile money service account who are not women.	100%
Access to labour market	Attitude	Attitude towards working women	Percentage of the population who disagrees or strongly disagrees that "it is perfectly acceptable for any woman in their family to have a paid job outside the home if she wants one".	75%
		Attitude towards equal remuneration	Percentage of the population who disagrees or strongly disagrees that "men and women should receive equal remuneration for a work of equal value".	25%
	Practice	Women's access to paid employment	Percentage of the population working in paid employment who are not women.	100%
RESTRICTED CIVIL LIBERTIES				
Freedom of movement	Attitude	Attitude towards women's right to visit public places	Percentage of the population declaring that a wife or partner should ask permission to her husband or partner to go to at least one of the selected places, i.e. the market, movie theatre, restaurant, bar, hospital/centre, sports' field, temple/church/mosque, community meeting.	100%
	Practice	Security feeling	Percentage of the population declaring that they do not feel safe walking alone at night in the city or in the area where they live who are women.	100%
Political voice	Attitude	Attitude towards women's capacity to be good political leaders	Percentage of the population who agrees or strongly agrees that "men make better political leaders than women".	50%
		Attitude towards women's capacity to be president of Tanzania	Percentage of the population who disagrees or strongly disagrees that "a woman is competent enough to be president of Tanzania".	17%
		Attitude towards women's capacity to be representative in the National Parliament	Percentage of the population who disagrees or strongly disagrees that "a woman is competent enough to be a representative in the National Parliament or the House of Representative (Zanzibar)".	17%
		Attitude towards women's capacity to be representative in a Local Government	Percentage of the population who disagrees or strongly disagrees that "a woman is competent enough to be a representative in the Local Government Authorities".	17%
	Practice	Political representation in the National Assembly	Percentage of men in the total number of representatives of the National Assembly of Tanzania.	100%
Access to justice	Attitude	Attitude towards women's capacity to be judges	Percentage of the population who agrees or strongly agrees that "men make better judges than women".	33%
		Attitude towards women's access to courts of law	Percentage of the population who disagrees or strongly disagrees that "women and men should have equal opportunity to access courts of law".	17%
		Attitude towards women filing a complain	Percentage of the population who disagrees or strongly disagrees that "women and men should have equal opportunity to file a complaint at the police station".	17%
		Attitude towards women's ability to go to the court or the police	Percentage of the population declaring that a wife or partner should ask her husband or partner for permission to go to the police or the court.	33%
	Practice	Confidence in the judicial system and courts	Percentage of the population who are women and declare that, in case of conflict, they would not turn towards a judge.	50%
		Confidence in the police	Percentage of the population who are women and declare that, in case of conflict, they would not turn towards the police.	50%

Annex B. Methodology of the SIGI Tanzania

The SIGI Tanzania country study is conducted by the OECD Development Centre, in partnership with UN Women Tanzania, the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician (OCGS) of Zanzibar, and in close collaboration with the Ministry of Community Development, Gender, Women and Special Groups of the United Republic of Tanzania and the Ministry of Health, Social Welfare, Elderly, Gender and Children of the Revolutionary Government of Zanzibar. The SIGI Tanzania aims to improve the rights and well-being of women and girls in Tanzania and to advance gender equality through the elimination of discrimination in social institutions.

The purpose of the SIGI Tanzania is to build robust evidence on gender equality focusing on social norms and practices and to support national partners in strengthening national statistical and analytical capacities. Similarly, SIGI Tanzania aims at integrating the evidence generated into future policies targeting gender equality and women's empowerment. To achieve this objective, SIGI Tanzania applies the global SIGI conceptual framework developed by the OECD Development Centre to the national level and sub-national level with the aim to strengthen national policy making by focusing on the root causes of gender inequalities.

To build a robust, evidence-based analysis of discriminatory social norms, attitudes and practices and to produce the required data, two approaches were employed:

- A quantitative component based on a household survey statistically representative at the national and regional levels.
- A qualitative component based on a qualitative assessment that draw on focus group discussions and key informant interviews.

The SIGI Tanzania household survey

The SIGI household survey was conducted between 10 December 2020 and 11 January 2021 by NBS and OCGS staff. The survey consisted of two separate questionnaires, a household questionnaire and an individual questionnaire. In each selected household, the household questionnaire was first applied and answered by any member of the household aged more than 18 years, with a preference for the head of household or its spouse/partner. Immediately after completing the household questionnaire, two eligible individuals (one woman and one man) for the individual questionnaires were identified and participated in the individual interviews. When a selected eligible individual was not present at the time of the interview, the assigned enumerator had to do three call back visits per absent respondent on the same day of the interview.

Interviews were conducted in Kiswahili and data collection was performed using Computer Assisted Personal Interview (CAPI) whereby CSPro program was installed in the tablets. After completion of an interview, interviewers were able to upload the collected information to the server via the Internet. Fieldwork supervisors verified the information collected before sending it to the server. On average, household questionnaires were completed in 20 minutes and individual questionnaires were completed in 52 minutes.

Sampling and fieldwork strategy

The sample for the SIGI Tanzania household survey was a stratified sample selected in three stages, which adopted some of the enumeration areas (EAs) of the 2017/18 Household Budget Survey (2017/18 HBS) and used the list of enumeration areas from the 2012 Population and Housing Census (2012 PHC) frame. In total, 61 sampling strata were formed. Stratification was achieved by separating each region into urban and rural areas, each area in each of the regions forming a sampling stratum. In Dar es Salaam, only one stratum was formed as it is a purely urban region. Samples of EAs were selected independently in each sampling stratum, by a probability proportion to size (PPS). Implicit stratification and proportional allocation were achieved at each of the lower administrative unit levels by sorting the sampling frame within the explicit stratum according to administrative unit in different levels before sample selection at the stage.

- In the first stage, 217 EAs were selected with probability proportional to the EA size in terms of households and with independent selection in each sampling stratum. Among the selected 217 EAs, 71 EAs were located in urban areas and 146 EAs were in rural areas. The numbers of urban and rural EAs selected reflected the distribution of urban and rural EAs in the sampling frame of EAs. With a fixed number of 20 households selected per cluster, the total number of households selected for the SIGI Tanzania household survey was expected to be 4 340, divided between 1 420 households in urban areas and 2 920 households in rural areas.
- In the second stage, a fixed number of 20 households (including 12 households which were interviewed in the 2017/18 HBS and 8 additional households) were randomly selected from each selected EA. Selected households were visited and interviewed; household heads or any most knowledgeable household member of age 18 years or above were eligible for the household interviews. The interviewers were asked to interview only the pre-selected households; no replacement was allowed for non-respondent households to prevent bias. The interviewers were asked to make at most three call backs for nonresponse in order to reduce nonresponse bias.
- In the third stage, two individuals (one woman and one man) aged 15 years or older were selected for individual interviews among the eligible members of the household. Eligible members were all the members of the household aged 15 years and older who were available on the day of the survey. Selection of the man and the woman to be interviewed was done automatically by the tablet, following a Kish grid technique.

Results of the survey

A total of 4 340 households were selected for the survey out of which 4 339 households were found and successfully interviewed, achieving a household response rate of nearly 100%. For individuals, a total of 8 680 individuals were expected to be interviewed, of which 7 124 were found within the selected households. Among these 7 124 individuals, 53 individuals did not provide the consent for individual interview, 3 individuals provided the consent but stopped the interview and 7 068 were successfully interviewed, translating into a response rate of 99.2% (Table A B.1).

Table A B.1. Summary results and response rates of household and individual interviews of the SIGI Tanzania household survey

Households			Total
Number of sampled households	-	-	4 340
Number of non-responses	-	-	1
Number of households interviewed	-	-	4 339
Household response rate	-	-	100%
Individuals	Women	Men	Total
Number of expected sampled individuals	4 340	4 340	8 680

Number of eligible individuals found	3 249	3 875	7 124
Number of non-responses	27	29	56
<i>No consent provided</i>	25	28	53
<i>Individual questionnaire not completed</i>	2	1	3
Number of individual interviewed	3 220	3 848	7 068
Individual response rate	99.1%	99.3%	99.2%

Source: Fieldwork report from NBS and OCGS.

Data cleaning, validation and analysis

In the wake of the completion of data collection, data cleaning and weighting processes were performed for five months between March and July 2021.

Analysis of the dataset by OECD and drafting of the *SIGI Country Report for Tanzania* started beginning of September 2021 and concluded end of November 2021. In parallel, the *SIGI Tanzania Survey Report* was produced by NBS and OCGS with the support of UN Women Tanzania.

The SIGI Tanzania qualitative assessment

The SIGI Tanzania qualitative assessment was conducted by an independent consultant, Selemani Mbuyita, in February and March 2021 using qualitative methods of data collection. The information collected complements and assists the interpretation of data and findings collected from the SIGI household survey. The methods included focus group discussions (FGD) and key-informant interviews (KII). FGDs included community members of various demographic groups, including:

- Women of reproductive age (WRA) aged 20-49
- Women aged 50+
- Adolescent girls aged 15-19
- Men aged 20-49
- Men aged 50+
- Adolescent boys aged 15-19

KIIs were conducted with political/administrative leaders, religious leaders and influential persons, all drawn from the selected sites. KIIs were used to collect information on gender responsiveness of systems and social institutions including women and adolescent girls' participation in community decision-making processes, women/girls status in relation to decision making at household level as a result of values held by social institutions, ownership of resources and women empowerment activities. They were also asked about men's involvement and roles as well as the availability of places where adolescents would be able to receive social and psychosocial services.

Three regions – Dodoma, Shinyanga and Zanzibar (Ungunja) – were selected. Three studied sites (one per region) were randomly selected among the EAs covered by the SIGI household survey. All FGDs and KIIs participants were drawn from the clusters and villages selected:

- Lunguya in the region of Shinyanga;
- Mazengo in Dodoma; and
- Domoni in Mjini Magharibi (Zanzibar).

Overall, 92% of all planned interviews in Dodoma, Shinyanga and Zanzibar were conducted (Table A B.2).

Table A B.2. Summary of FGDs and KIIs covered

Method	Category of study participants	Dodoma and Shinyanga		Zanzibar		Total
		Planned	Achieved	Planned	Achieved	
FGD	Adolescent girls (15-19)	2	2	1	1	3/3
	Adult women (20-49)	2	2	1	1	3/3
	Older women (50+)	2	2	1	1	3/3
	Adolescent boys (15-19)	2	2	1	1	3/3
	Adult men (20-49)	2	2	1	1	3/3
	Older men (50+)	2	2	1	1	3/3
Total FGD		12	12	6	6	18/18
KII	Village Executive Officer / Sheha	2	2	1	1	3/3
	Community influential person (1 man + 1 woman)	4	4	2	2	6/6
	Religious leader (1 Muslim + 1 Christian)	4	3	2	2	5/6
	District Cultural Officer	2	1	1	1	2/3
Total KII		12	10	6	6	16/18
Total interviews		24	22 (92%)	12	12 (100%)	34/36 (94%)

Source: Mbuyita (2021), SIGI Tanzania Qualitative Report, <https://www.oecd.org/development/gender-development>.

Annex C. Results of the SIGI Tanzania

Table A C.1. Results of the SIGI Tanzania

	SIGI	Discrimination in the family	Restricted physical integrity	Restricted access to productive and financial resources	Restricted civil liberties	Child marriage	Household responsibilities	Decision-making power	Bride price	Inheritance	Violence against women	Female genital mutilation	Missing women	Reproductive autonomy	Access to agricultural land	Access to housing	Access to businesses	Access to financial services	Access to labour market	Freedom of movement	Political voice	Access to justice
Tanzania	35	45	34	16	41	18	41	49	82	22	38	11	30	53	17	17	15	17	13	68	18	31
Mainland	35	45	34	15	41	18	41	49	82	21	39	11	31	53	16	17	15	16	13	68	18	31
Zanzibar	42	51	32	34	51	13	37	57	75	62	25	7	17	67	49	41	15	42	20	85	21	35
Rural	37	48	35	23	42	24	42	53	85	23	40	12	31	54	19	20	16	39	18	69	19	31
Urban	31	41	33	8	40	7	39	43	78	21	36	8	29	52	11	10	13	2	5	67	16	30
Arusha	38	50	48	18	33	20	49	52	85	32	50	40	53	51	23	19	24	8	16	64	1	23
Dar es Salaam	32	41	36	9	41	3	47	44	75	19	41	4	40	54	15	14	12	1	2	65	14	36
Dodoma	38	48	41	16	44	23	54	51	87	9	43	20	44	54	20	17	17	8	17	73	15	36
Geita	32	44	27	15	41	16	49	43	86	3	26	0	18	57	10	1	17	27	17	66	13	36
Iringa	40	43	33	37	46	3	37	41	77	43	33	21	26	50	27	29	19	34	68	57	20	57
Kagera	39	49	35	22	48	31	43	56	90	8	44	4	40	46	17	24	22	27	18	76	21	40
Katavi	43	45	37	35	52	22	30	68	75	12	54	4	29	55	47	31	25	61	1	79	30	40
Kigoma	39	51	27	30	44	31	56	52	82	23	28	0	8	61	27	33	18	62	0	72	14	38

Kilimanjaro	36	44	35	7	51	8	40	53	77	27	43	19	22	53	6	14	11	2	2	76	25	47
Lindi	35	47	22	26	41	11	50	48	95	4	22	0	14	47	2	0	68	24	17	73	8	32
Manyara	42	51	58	23	33	6	39	58	94	39	53	42	79	55	27	25	21	30	12	48	20	29
Mara	41	54	50	15	41	27	31	55	94	49	59	25	46	66	23	11	18	11	11	74	15	21
Mbeya	33	39	46	6	35	7	39	35	83	13	45	4	68	55	6	4	10	4	6	58	15	28
Morogoro	47	53	40	37	57	24	51	52	79	50	29	28	52	49	27	51	17	31	54	92	21	46
Mtwara	34	48	26	18	40	21	52	46	92	10	17	5	33	43	4	6	12	44	20	72	7	31
Mwanza	40	39	39	34	48	13	47	38	76	3	25	5	49	66	32	10	20	33	64	65	20	54
Njombe	31	45	27	8	38	14	60	38	77	26	17	6	28	51	1	9	9	18	3	72	9	23
Pwani	34	41	31	14	46	11	35	45	79	21	50	1	21	46	24	21	13	5	7	70	15	44
Rukwa	35	42	33	16	48	27	30	57	71	14	47	3	28	47	21	25	17	7	9	66	29	45
Ruvuma	29	40	25	6	41	16	34	39	77	25	27	7	18	45	4	11	9	2	3	72	13	29
Shinyanga	47	60	49	30	49	31	82	56	87	30	45	4	77	55	37	31	20	49	9	75	26	38
Simiyu	42	57	42	26	42	43	41	62	98	27	52	3	37	65	25	41	21	35	5	79	13	21
Singida	38	41	41	19	50	13	47	40	78	10	48	29	24	59	11	7	16	32	26	70	22	52
Songwe	31	44	37	12	27	13	56	42	81	10	51	0	32	55	6	4	7	36	2	56	3	13
Tabora	45	53	46	33	49	22	60	62	84	21	44	7	72	49	35	35	19	40	36	62	30	52
Tanga	36	46	31	15	47	17	42	54	80	26	39	11	21	48	13	14	22	16	11	70	25	39
Kaskazini Unguja	48	54	35	47	55	11	44	58	67	79	11	4	36	73	50	61	15	58	44	88	26	39
Kusini Unguja	46	48	36	47	50	8	28	58	82	49	34	1	53	49	66	66	20	59	9	87	11	36
Mjini Magharibi	39	48	27	31	49	6	33	53	74	60	18	0	18	61	51	24	15	35	25	82	20	33
Kaskazini Pemba	46	55	42	30	53	31	49	64	83	40	49	23	0	78	41	38	17	34	16	88	24	36
Kusini Pemba	49	62	39	38	54	25	53	63	74	85	28	22	15	77	44	57	21	54	2	92	20	36

Note: SIGI scores range from 0 to 100, 0 indicating no discrimination and 100 indicating absolute discrimination.

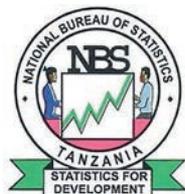
Source: OECD (2021), SIGI Tanzania database, <https://stats.oecd.org/>.

Social Institutions and Gender Index

SIGI Country Report for Tanzania

The *SIGI Country Report for Tanzania* provides new evidence base to improve the rights and well-being of women and girls in Tanzania and promote gender equality through the elimination of discrimination in social institutions. It builds on the newly collected data – both quantitative and qualitative – on social norms and practices through rigorous methodology and participatory approach involving a wide range of national and international stakeholders.

The report analyses how discriminatory social norms and practices continue to constrain women’s empowerment and restrict their access to opportunities and rights, notably across three key dimensions: their economic situation, their place within the household and their physical integrity and agency over their own body. In the framework of Tanzania’s commitment towards realising Sustainable Development Goal 5 on the promotion of gender equality, the report gives policy recommendations that aim to address gender-based discriminations, transform social norms, promote women’s empowerment and build a truly inclusive society.



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