



Educating a woman is a way towards gender-based violence among women in Tanzania: A case of Kawe Ward in Kinondoni Municipal Council

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Abstract

This paper intends to examine how education is used as a tool against gender-based violence among women. The study was carried out at Kinondoni Municipal Council specifically in Kawe ward. Questionnaires were used in data collection while an in-depth interview guide was used to collect information from key informants such as ward leaders, gender desk officers, and ward social welfare officers. A total of 208 respondents were sampled for the survey, whereby 75 were male and 133 were women. A mixed method was employed, whereby quantitative data from the questionnaires was examined and subjected to statistical tests mainly chi-square ($P \geq 0.05$), while qualitative data was coded, and themes developed. The findings of the study reveal that gender-based violence is prevalent in both women with education and those without education. Causes of gender-based violence in the study were established to include; low financial capacity, culture, education level, behaviour, upbringing, moral decline and family decline. Additionally, study findings describe the effects of gender-based violence, which include suicide, poverty, family disintegration, a generation without morals, human rights violations, diseases and psychological torture. Additionally, study findings reveal that women, children, and single mothers are more affected group by gender-based violence. This study recommends that comprehensive approaches should be employed in the eradication of gender-based violence. They include sensitisation of societal members on gender-based violence matters, education to the girl child, women empowerment, application of religious teaching, and development of strict laws against gender-based violence.

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Introduction

Gender-Based Violence (GBV) is a serious issue globally. The impact of GBV on Tanzanian society is considerable, occurring on a large scale (World Report, 2017). Fundamentally, it involves violations of human rights. This violence has economic and social implications for individuals, resulting in physical health issues within the population and particularly affecting educational attainment (Kariuki & Kelele, 2018). Gender-based violence against women and girls is intensified in specific contexts, particularly for transgender individuals, lesbians, and those in educational settings (Milazzo, 2014). Physical violence occurs when an individual employs their body or an object to control another's actions (Phiri et al., 2023). It includes "minor" acts such as slapping or pushing, as well as severe violence like shooting or assault, and encompasses property violence (Herrick et al., 2019). Acts of physical aggression consist of slapping, hitting, kicking, and beating



(WHO, 2021). Conversely, economic violence refers to any action that inflicts financial harm on an individual, manifesting as property damage, restricting access to financial resources, education, or the labour market, or failing to fulfil economic obligations such as alimony (EIGE, 2021). The 2011 Council of Europe Istanbul Convention provides a comprehensive definition of psychological violence as a form of violence against women for the purposes of criminalisation. At the international level, the United Nations has initiated efforts to enhance the protection of women's rights and prevent violence against them. This study is informed by an ecological model that encompasses the interaction of personal, situational, and socio-cultural factors contributing to GBV (WHO, 2012). This model is based on the multifaceted nature of violence against women and girls (World Bank Group, 2019). According to this model, violence against women arises from the interaction of factors at various levels of the social environment, including the individual, the relationship, the community, and society at large. The model illustrates that various factors at each level can increase the likelihood of GBV; hence, the greater the number of risk factors, the higher the probability of violence (World Bank Group, 2019). The individual ecological framework enhances the understanding of individual and interpersonal factors that influence gender violence in societies where norms and social actors disapprove of punitive actions, even as individuals continue to commit such crimes (Duvvurt et al., 2013). Moreover, in Tanzania, GBV is widespread; according to the TDHS (2010), over 20% of Tanzanian women aged 15-49 reported experiencing violence in their lifetime, with nearly 40% having faced physical violence. The same survey indicated that 44% of ever-married women had experienced physical and/or sexual violence from an intimate partner during their lifetime. Despite this high prevalence, formal support services for survivors remain insufficient (McCleary-Sills et al., 2013). Similarly, the World Bank Report (2017) noted that 40% of women aged 15-49 in Tanzania have encountered violence in various forms, with spousal violence more prevalent in rural areas (55%) compared to urban settings (45%). In Kinondoni Municipality, Singano (2016) observed that it exhibits various forms of gender-based violence among women compared to other municipalities in Dar es Salaam, Tanzania. This study, therefore, focuses on establishing the relationship between educating women and the eradication of GBV.

Material and Methods

Study design and setting

The study was designed as a mixed-methods approach, utilising both qualitative and quantitative data collection techniques. In the qualitative phase, the design enables the researcher to capture respondents' attitudes, feelings, and opinions regarding the eradication of GBV among women in relation to education (Cheung et al., 2016). Interviews and questionnaires served as the primary instruments for data collection. This design allows the researcher to understand the causes and effects of GBV and establish the relationship between women's education and the eradication of GBV. In-depth interviews were also employed to gather qualitative data. In the quantitative phase, a simple random sampling strategy was used to select a total of 208 respondents. The study participants were interviewed, and structured questionnaires were used to collect data.

The Study Area and Justification

Sample Techniques and Sample Size

Kawe Ward is located in Kinondoni Municipality and boasts a diverse population of women, including those who are educated, employed in both the formal and informal sectors, and retired officers. It is heterogeneous (Kinondoni Municipal Profile, 2018). The sample was selected as it represents the established criteria. Kawe Ward comprises four streets: Mzimuni, Ukwamani, Mbezi Beach A, and Mbezi Beach B; however, the study was conducted on Mzimuni and Ukwamani streets. A specific number of women to be interviewed on both streets was determined. Mzimuni



has a total of 56 roads, while Ukwamani Street contains 40 roads, averaging 159 women per road in Mzimuni, whereas Ukwamani has an average of 269 women per road (Census, 2022). Statistical analysis was conducted using the sample size calculation formula developed by Cohen (2014) as follows:

$$S = \frac{X^2}{NP(1-P)}$$

.....Equation 1

$$d^2(N-1)+X^2P(1-P)$$

Where $X = Z$ -score (1.96 for confidence level)

P = population portion (50% for maximum sample)

d = degree of accuracy (0.05 for 95% confidence level)

N = population size in roads within two streets (423)

According to the formula developed by Cohan (2014), the total number of respondents to be surveyed was 383. However, owing to time and financial constraints, the researcher collected information from 208 respondents. This sample represented over 50% of the expected number, making it substantial (Rwegoshora, 2016).

Data Analysis

Data obtained from questionnaires were coded and summarised using SPSS software. A chi-square test was conducted to assess the significance of differences attributed to the resulting responses, while data from in-depth interviews and focus group discussions were thematically coded in accordance with the study's specific objectives. The study findings were presented using simple frequency tables, pie charts, and a narrative format.

Results and Discussion

Socio-economic characteristics of respondents

The socio-demographic characteristics of respondents included gender, age, education, occupation, marital status, and religion. Table 1 shows that the total number of respondents was 208, comprising 75 (36%) males and 133 (64%) females. There were more female respondents than male, indicating a higher presence of female participants in households during the survey. Most respondents fell within the 18-25 age group compared to the other three categories: 32-39, 39-46, and 46 years and above. These age groups represented various demographics, each with differing perceptions of GBV. Both male and female respondents were employed in either the private or public sectors, with 44 (58.6%) of males and 72 (54%) of females being self-employed. Additionally, 13 (17.3%) of males and 39 (29.3%) of females were unemployed. Moreover, 2 (2.6%) of males and 1 (0.1%) of females were retired, highlighting the diverse nature of the respondents interviewed in the study area. In terms of religion, 43 (57.3%) of males and 86 (64.7%) of females identified as Christians, while 32 (42.7%) of males and 47 (35.3%) of females identified as Muslims. Education was another significant aspect, with 24 (32%) of males and 35 (26.3%) of females having received primary education. Furthermore, 36 (48%) of males and 50 (37.5%) of females had completed secondary education, indicating that a greater number of both male and female respondents had achieved that level of education. Additionally, 6 (8%) of males and 28 (21%) of females attained tertiary education. It was also noted that 9 (12%) of males and 20 (15.9%) of females achieved university-level education. Findings from the study further revealed that concerning marital status,



24 (32%) of males and 31 (23.3%) of females were married, whereas 41 (54.7%) of males and 75 (56.3%) of females were single. Furthermore, 10 (13.3%) of males and 21 (15.9%) of females were cohabiting. Finally, 0 (0%) of males and 6 (4.5%) of females were widowed. There was no significant difference between gender, age group, education, occupation, marital status, and religion regarding education and its relationship to the eradication of GBV among women. Table 1 below provides a detailed description of the demographic characteristics of respondents within the study area.

Table 1: Demographic characteristics of respondents

SN	Characteristics of Respondents	Male (n)	Gender Female (n)	Chi-square P-Value
1.	Age of Respondents			
	18 - 25 years	20 (26.6%)	59 (44.3%)	.516
	25 - 32 years	22 (29.3%)	30 (22.5%)	
	32 - 39 years	11 (14.6%)	13 (9.7%)	
	39 - 46 years	12 (16%)	16 (12%)	
46 and above	10 (13.3%)	15 (11.2%)		
	Total	75 (100%)	133 (100%)	
2.	Occupation			
	Employed	16 (21.3%)	21 (15.7%)	.222
	Self-employed	44 (58.6%)	72 (54%)	
	Not employed	13 (17.3%)	39 (29.3%)	
	Retired	2 (2.6%)	1 (0.7%)	
Total	75 (100%)	133 (100%)		
3.	Religion			
	Christian	43 (57.3%)	86 (64.7%)	.185
	Muslim	32 (42.7%)	47 (35.3%)	
Total	75 (100%)	133 (100%)		
4.	Education			
	Primary	24 (32%)	35 (26.3%)	.102
	Secondary	36 (48%)	50 (37.5%)	
	Tertiary	6 (8%)	28 (21%)	
	University	9 (12%)	20 (15%)	
Total	75 (100%)	133 (100%)		
5.	Marital status			
	Married	24 (32%)	31 (23.3%)	.245
	Single	41 (54.7%)	75 (56.3%)	
	Cohabited	10 (13.3%)	21 (15.9%)	
	Widow/er	0 (0%)	6 (4.5%)	
Total	75 (100%)	133 (100%)		

Source: Field Data, Kawe ward, April 2024

Prevalence of GBV among women

Findings from the study revealed that male respondents (64, 85%) and female respondents (122, 91.7%) agree that gender-based violence (GBV) against women is prevalent in the study area. In contrast, male (11, 15%) and female (11, 8.3%) respondents disagree that GBV against women poses a problem in the area. Figure 1 provides a detailed description of the prevalence of gender violence among women in the study area. Similarly, the study conducted by Kabeer (2014) in Nigeria illustrated that men are perceived as heads of households with full authority over household decision-making. This suggests that GBV against women is more prevalent in societies where notions of masculinity are linked to dominance and aggression, with men controlling family wealth and decision-making. Conversely, Ishrat and Abdul (2016) noted in their study that societies with extremely rigid models of gender roles and division of labour, often supported by strict control

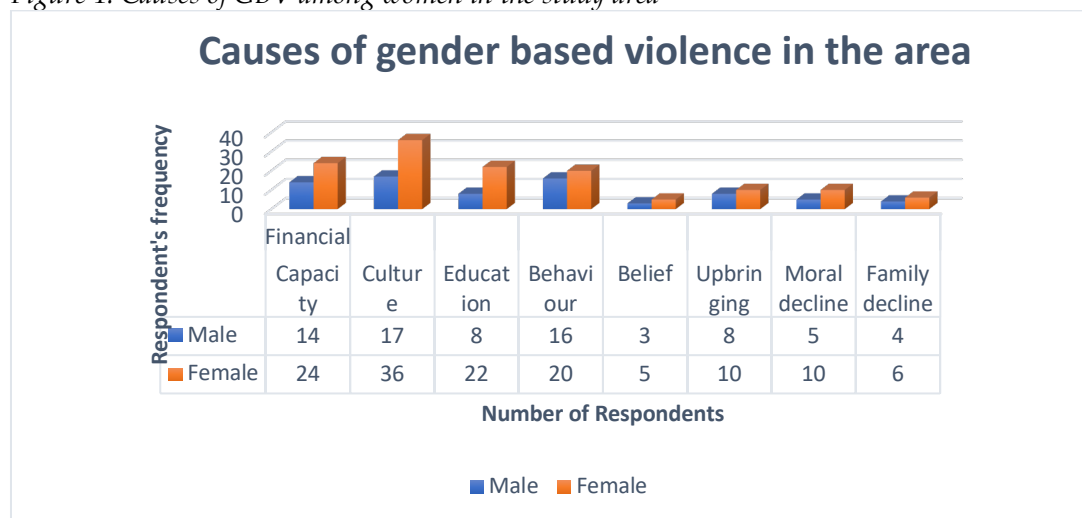


over women’s sexuality and reproductive rights, tend to exhibit higher rates of violence. Furthermore, according to UN Women (2015) as cited in Olojede et al. (2020), there are societal factors contributing to GBV among women, such as the unequal distribution of power and resources between men and women, gender-based discrimination and inequality, unequal access to political and economic power, socially constructed norms of masculinity and femininity, and gender stereotypes evident in Nigerian society.

Causes of GBV against women in the study area

Understanding the initial objective involved identifying the causes of GBV against women within the study area. For further insight, it was crucial to demonstrate which gender was most affected by GBV. Findings from the study revealed that 17 (22.6%) male respondents and 36 (27%) female respondents identified culture as the primary cause of GBV in the area. This was followed by 14 (18.6%) male respondents and 24 (18%) female respondents indicating that financial capacity was another contributing factor. Male respondents (16 or 21%) and female respondents (20 or 15%) also cited behaviour as an additional cause. The findings further indicated that education was another contributing factor, reported by 8 (10.6%) male respondents and 22 (16.5%) female respondents. Upbringing was also noted as a cause of GBV, with 8 (10.6%) male respondents and 10 (7.5%) female respondents addressing this concern. Additionally, moral decline was cited by 5 (6.7%) male respondents and 10 (7.5%) female respondents as a contributing factor. Lastly, family decline was reported by 4 (5%) male respondents and 6 (4.5%) female respondents as a cause of GBV. Similarly, a UN briefing paper (2023) noted that GBV originates from deeply entrenched patriarchal structures and beliefs that perpetuate unequal power dynamics and ongoing attempts to deny women the right to bodily autonomy. According to the UN Women report (2020), GBV against women must be regarded as a health and developmental issue requiring public education programmes and policies aimed at reducing this violence. Moreover, a study conducted by Rugira (2015) on the forms, causes, and effects of GBV against women in Mbulu, Tanzania, highlighted the following causes: a lack of the husband’s tolerance and patience, excessive alcohol consumption, jealousy, and a lack of basic necessities. Figure 1 below provides a more detailed description of the causes of GBV against women in the study area.

Figure 1: Causes of GBV among women in the study area



Source: Field Data, Kawe ward, April 2024



Equality in the effects of GBV against women in the study area

To further understand the primary objective of the study, it was crucial to determine whether GBV affects all women equally. The findings revealed that both male (35, 47%) and female (61, 46%) respondents agreed that GBV impacts all women equally in the study area, despite differences in gender, age, occupation, religion, and marital status. Conversely, 40 (53%) of male respondents and 72 (54%) of female respondents rejected the idea that GBV does not equally affect all women in the area. Similarly, the Tanzania Demographic Health Survey (2015/2016) reported that women and girls in Tanzania predominantly suffer from GBV, irrespective of their socio-economic status, as they face compounded intersectional issues such as poverty, illiteracy, sexual orientation, gender identity, age, and disability. A World Bank Report (2017) noted that GBV against women is most prevalent in societies characterised by toughness, male honour, and cultural norms associated with abuse, such as the acceptance of physical punishment for women and children and the practice of bride price, which contributes to the notion of female ownership. Further explanations regarding the differences between genders and their effects related to GBV among women in the study area indicate that females are significantly more affected (72%) by GBV than males (20%). Ishola (2016) added that females experience more violations than males due to the belief that masculine identity is defined by dominance, honour, and rigid gender roles.

It has been further reported by Street chairperson in Ukwamani in the in-depth interview that:

More females were significantly affected by GBV in this area than males. In this area, there is the Mtakuwa committee, which works alongside Kihowede to eradicate GBV. The chairperson emphasised that they work very closely with the Kawe police post through the gender desk to handle matters related to GBV in the area. All reported cases are typically referred to the police post for legal procedures.” (In-depth interview, Ukwamani Street chairperson, April 2024).

Similarly, the in-depth interview with the chairperson of Street on Mzimuni Street revealed the following views:

GBV predominantly affects females in this area rather than males. The primary reasons include cultural backgrounds and societal beliefs regarding women. In this context, women are expected to be obedient to their husbands. However, in contemporary society, women are engaging in various economic activities, which has led to increased violence within households, with multiplier effects on family members. Nonetheless, the social welfare officer at the ward level, along with the gender desk at Kawe police post, works together to eradicate GBV among women in this area (In-depth interview in Mzimuni Street chairperson, April 2024).

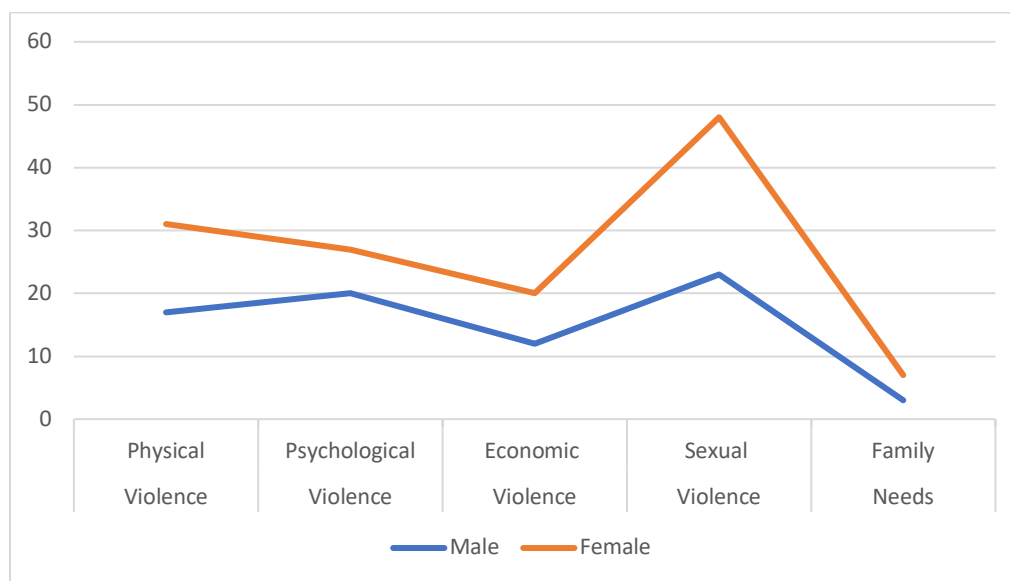
Types of gender-based violence in the study area

Understanding the types of GBV present in the study area was essential. Figure 2 below provides descriptions of the types of GBV identified within the region. Among the respondents, 23 males (30%) and 48 females (36%) reported sexual violence as the predominant form of violence in the area, followed by physical violence, cited by 31 males (23%) and 17 females (22%). Another type of violence reported was psychological, with 20 males (26.6%) and 27 females (20.3%) indicating this. Moreover, 12 males (16%) and 20 females (15%) noted that economic violence was another observed form in the study area. Finally, three males (4%) and seven females (5.2%) mentioned that family need represented another type of violence in the area. Additionally, a World Bank Report (2017) on GBV assessment revealed that 40% of women aged 15 to 49 years have experienced physical violence, while 17% have encountered sexual violence. Furthermore, 30% of



girls have faced sexual violence before the age of 18. Figure 2 illustrates the types of GBV present in the study area.

Figure 2: Types of GBV prevailed in the study area



Source: Field Data, Kawe ward, April 2024

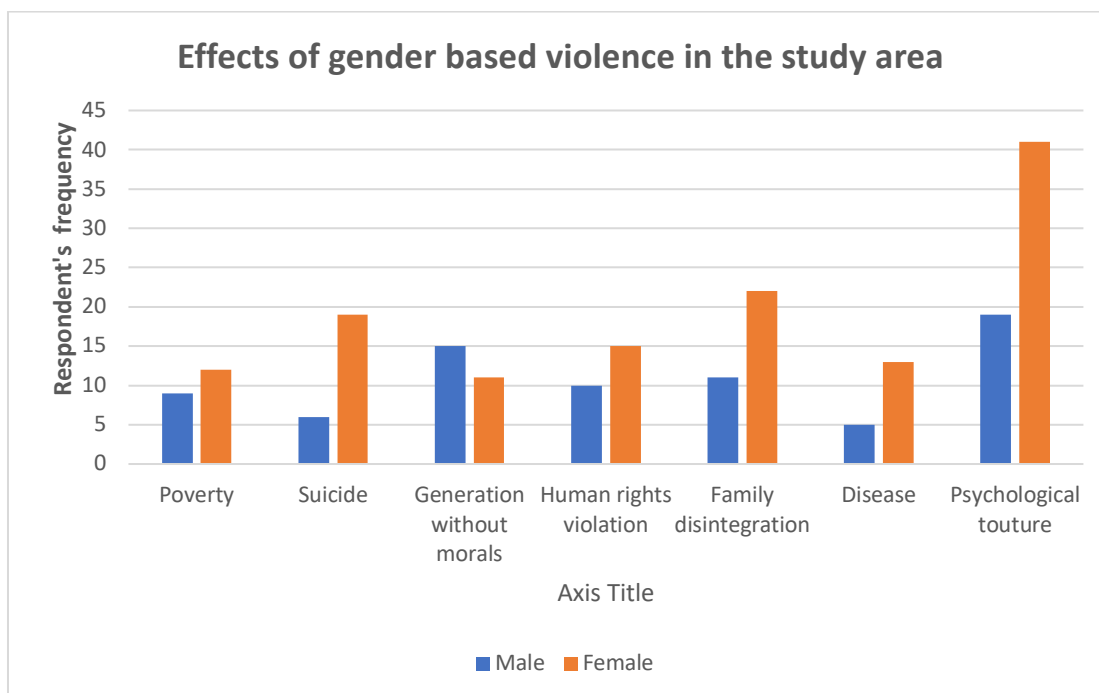
Effects of gender-based violence in the study area

During the discussion, it was essential to establish the impact of GBV on women in the study area, representing the second objective of the study. Figure 3 below offers a detailed description of the effects of GBV on women in this context. The findings revealed that 19 (25.3%) of male respondents and 41 (30.8%) of female respondents experienced psychological effects due to GBV. Meanwhile, 11 (14.6%) of male respondents and 22 (16.5%) of female respondents noted that GBV contributed to family disintegration. Another reported impact was a generation lacking morals, cited by 15 (20%) of male respondents and 11 (8%) of female respondents. Additionally, human rights violations were identified as another consequence of GBV, reported by 10 (13.3%) of male respondents and 15 (11%) of female respondents. Suicide was also mentioned as an effect by 6 (8%) of male respondents and 19 (14%) of female respondents. Poverty affected 9 (12%) of male respondents and 12 (9%) of female respondents. Lastly, diseases were cited as another impact of GBV by 5 (6.6%) of male respondents and 13 (9.7%) of female respondents. In contrast, a study conducted by Ali (2019) revealed that among all forms of GBV, physical abuse is the most severe form in Pakistan, regardless of religion, culture, language, or community. Furthermore, Calub (2015) argued that the consequences and effects of various forms of GBV varied in degree and magnitude, depending on the specific incident, the woman's relationship with her abuser, and the context in which it occurred. Mshelia (2021) noted that the impact of GBV on women significantly contributed to female morbidity and mortality. Conversely, Iyanda et al. (2019) expressed the view that GBV can lead to physiological injuries, sexually transmitted diseases, sleep difficulties, post-traumatic stress, depression, eating disorders, and suicide attempts. The study's findings further revealed that a highly affected group in society is women suffering from GBV. Specifically, 55 (73%) of male respondents and 105 (79%) of female respondents reported that all women were equally affected by GBV. Additionally, 56 (75%) of male respondents and 106 (80%) of female respondents indicated that children were also affected by GBV. It was further revealed that girls were more affected by GBV, according to 51 (68%) of male respondents and 107 (80%) of female respondents.



Lastly, it was reported that married women were more impacted by GBV, as noted by 53 (71%) of male respondents and 81 (61%) of female respondents. Furthermore, the Unicef and Zimstats report (2019) stated in the Multiple Cluster Survey (MICS) of 2019 that 49.4% of ever-married adolescent girls and women aged 15–49 in Zimbabwe experienced any form of emotional, physical, or sexual violence, which significantly affected females compared to males. Figure 3 below provides a detailed description of the effects of GBV in the study area.

Figure 3: Effects of gender-based violence in the study



Source: Field data: Kawe ward, April 2024

Educated woman versus the effects of GBV in the study area

In understanding the third objective, it was crucial to establish the relationship regarding whether a woman with education is more affected by GBV than a woman without education. The findings revealed that there was no statistical significance between the education levels attained by women and the prevalence of GBV against women in the study area. This indicates that, regardless of their educational level, both groups experience GBV equally. Table 2 provides a more detailed description.



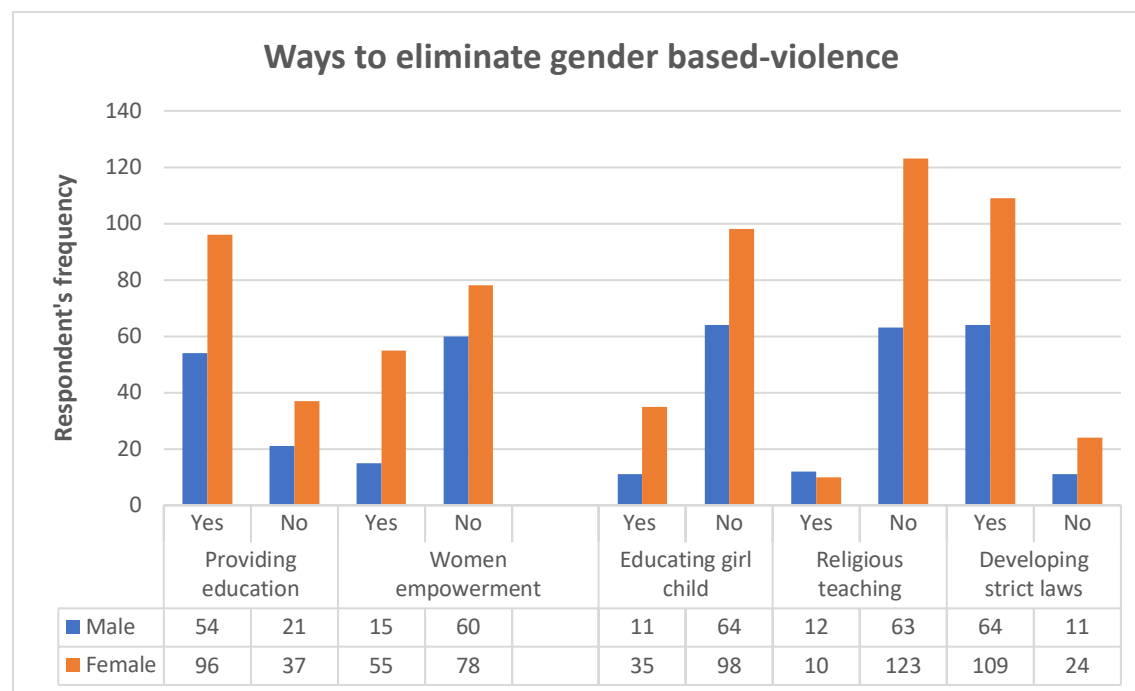
Table 2: Chi-Square Tests for the Relationship between education level attained by woman versus gender-based violence

Education level of respondents		Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Primary education	Pearson Chi-Square	. ^c				
	N of Valid Cases	59				
	Pearson Chi-Square	.728 ^d	1	.393		
Secondary education	Continuity Correction ^b	.000	1	1.000		
	Likelihood Ratio	1.093	1	.296		
	Fisher's Exact Test				1.000	.581
	Linear-by-Linear Association	.720	1	.396		
Tertiary education	N of Valid Cases	86				
	Pearson Chi-Square	. ^c				
	N of Valid Cases	30				
University-level	Pearson Chi-Square	.361 ^e	1	.548		
	Continuity Correction ^b	.000	1	1.000		
	Likelihood Ratio	.336	1	.562		
	Fisher's Exact Test				.532	.532
Total	Linear-by-Linear Association	.349	1	.555		
	N of Valid Cases	33				
	Pearson Chi-Square					
	Likelihood Ratio	.229	1	.632		
	Fisher's Exact Test				1.000	.544
	Linear-by-Linear Association	.215	1	.643		
	N of Valid Cases	208				

Ways to eliminate gender-based violence

During the discussion, establishing methods to eradicate GBV in the study area was essential. Findings from the research indicated that educating community members would raise awareness regarding issues related to GBV, with responses from 54 (72%) male and 96 (72%) female participants. This was followed by the introduction of stringent laws against GBV, as reported by 64 (85%) male and 109 (82%) female respondents. Furthermore, women’s empowerment was identified by 15 (20%) male and 55 (41%) female respondents as another means to combat GBV. Additionally, educating girls emerged as another strategy for eliminating GBV, supported by 11 (15%) male and 35 (26%) female participants. The study also revealed that religious teachings could aid in the eradication of GBV, as noted by 12 (16%) male and 10 (8%) female respondents. Figure 4 provides a detailed overview of the strategies to be employed in eradicating GBV within the study area. Similarly, the UN Women report (2020) outlined various approaches to eliminate GBV in Tanzania, including educating community members, promoting behavioural change at both community and individual levels, implementing multisectoral interventions to combat violence against women, and collaborating with government leaders to translate action plans into effective community by-laws. Machakanja et al. (2016) also noted that GBV is a public and human rights issue; thus, its elimination is essential for societal development. Ultimately, preventing GBV would enhance individual status and improve economic performance.

Figure 4: Ways to eliminate GBV in the study area



Source: Field data, Kawe ward, April 2024

Conclusion

This study aimed to provide insight into how education for women can contribute to the eradication of GBV in Tanzania. The research specifically took place in the Kawe ward, within the Kinondoni district, along Ukwamani and Mzimuni streets. The findings revealed that GBV is prevalent among both educated and uneducated women. Factors contributing to GBV in the area included low financial capacity, cultural influences, educational levels, behaviour, upbringing, moral decline, and family breakdown. Furthermore, the study identified several effects of GBV, such as suicide, poverty, family disintegration, a morally lacking generation, human rights violations, diseases, and psychological distress. Additionally, the findings indicated that the groups most affected by GBV include all women, children, and single mothers. The study further proposed various strategies to eradicate GBV, including providing education, empowering women, offering education for girls, utilising religious teachings, and developing stringent laws against GBV.

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