

Wall of Silence:

A look at Violence Against Women in Northern Zanzibar

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Acronyms

AAITZ	ActionAid International Tanzania
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DV	Domestic violence
FGD	Focus group discussion
FGM	Female genital mutilation
GBV	Gender-based violence
JUWAKAP	Jumuiya ya Wanawake Kaskazini Pemba/Women's Association for Development in North Pemba
JUWAMAKU	Jumuiya ya Wanawake na Maendeleo Kaskazini Unguja/Women's Association for Development in North Unguja
MLYWCD	Ministry of Labour, Youth, Women and Children Development (former name)
MSYWCD	Ministry of Social welfare, Youth, Women and Children Development (current name)
NGO	Non-Government Organisation
PF3	Police form 3
SADC	Southern African Development Community
SOSPA	Sexual Offences Special Provisions Act
SV	Sexual violence
TAMWA	Tanzania Media Women Association
TPFNet	Tanzania Female Police Network
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNSCR	United Nations Security Council Resolution
VAW	Violence against Women
WHO	World Health Organisation
ZAFELA	Zanzibar Female Lawyers Association
ZLS	Zanzibar Law Society
ZLSC	Zanzibar Legal Services Centre

Foreword

Every November around the world, those who have made it their life work to combat violence against women, pause and mark a very important anniversary.

Unlike its widely heralded cousin- International Women's Day- the International Day for the Elimination of Violence against Women, is less well known. Even less known is the story of the three sisters from the Dominican Republic who inspired the United Nations to create a day in their memory.

As we put together this report, I could not help but think of the Mirabal sisters and their courageous activism in the face of persistent sexual and emotional violence. Just over fifty years ago, the sisters were beaten brutally to death. Their courage amid the cruelty they faced spurred a wave of international conventions and policies.

Yet the scourge of violence against women is still with us. Despite the international conventions, a wave of new national laws across the globe; the impunity with which perpetrators harm, maim and kill women continues. Violence against women and girls is one of the most widespread abuses of human rights worldwide - one in three women globally will be subject to gender-based violence in her life, one in five will face rape or attempted rape. Violence is not only a major cause of death and disability, but it is also a leading factor in global poverty and insecurity.

This report is a story of groups of women in Zanzibar who, like their sisters around the world are being failed. The reasons why, are the same across the world and are not unique to Zanzibar. Gender inequalities, inadequately resourced justice systems, overstretched support systems, harmful traditional practices, attitudes, and a wall of silence, have all have conspired to deny these women the justice and support they deserve.

However, although the beginning of the story of these women is a familiar global story, we at ActionAid are hopeful that with the tremendous support we have, and continue to receive, from the government of Zanzibar and the European Union to tackle the violence in Zanzibar, their stories will hopefully have a different, and happier ending.



Aida Kiangi

Country Director, ActionAid International Tanzania

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Executive Summary

"I was afraid and felt ashamed to tell others and later I told him to leave me."

VAW Survivor, AAITz VAW Survey

Violence against women (VAW) is a violation of women's fundamental human rights. It is a form of discrimination and is deeply rooted in power imbalances and structural inequality between women and men.¹ ActionAid International Tanzania (AAITz) is implementing an EU funded project in the Northern regions of Unguja and Pemba in Zanzibar which aims to reduce and prevent the incidence of VAW. This preliminary study into VAW in Northern Zanzibar aims to inform this project and has examined the prevalence of different forms of VAW; the barriers to accessing justice, support and safety for survivors of VAW; and the prevailing attitudes and perceptions of VAW at the community level in Northern Zanzibar.

This study found that a lack of understanding of VAW is compounded by a shortage of research, community discussion and policy development specifically on the needs of adult women experiencing violence in Zanzibar. Research which has been conducted has tended to focus on a wider analysis of gender-based violence (including violence against children and men) or on violence against children. Innovative service development, such as the one stop centre designed by Save the Children, while catering for some cases of VAW, is overstretched and primarily focused on the needs of children.

A culture of shame and silence surrounds VAW in communities in North Unguja and North Pemba. This makes it extremely difficult to determine the prevalence of VAW and also leads to a problem of under-reporting. The vast majority of abused women do not seek help from the police or other support services meaning data from formal institutions and service-based surveys is likely to be a severe underestimate of the real extent of the problem. Compounding this problem is the fact that information is not being routinely collected by institutions and service providers in Zanzibar on violence against adult women or on the different types of VAW. Data, when it is available, is inconsistent and is frequently not disaggregated by gender. This study has sought to highlight this gap and to influence law enforcement agencies to consider the distinct needs of women who have experienced violence.

Key Findings:

Prevalence of VAW

- 17.2 per cent of ever partnered women in Unguja and 35.6 per cent in Pemba stated they had experienced physical violence.
- Responses from community members surveyed indicated that sexual violence tended to be viewed more seriously than physical and emotional violence. 17.2 per cent of ever partnered women surveyed in Unguja and 33.3 per cent in Pemba indicated they had experienced sexual violence.
- The largest proportion of respondents in North Unguja stated that they had experienced emotional violence – 23.4 per cent. However, responses in relation to marital control indicate this form of violence may in fact be much greater in North Unguja with a significantly higher proportion of ever-partnered women indicating that they had experienced verbal abuse and restriction of movement.

¹ See UN General Assembly, Intensification of efforts to eliminate all forms of violence against women : report of the Secretary-General, 4 August 2008, A/63/214 and UN General Assembly, In-depth study on all forms of violence against women : report of the Secretary-General, 6 July 2006, A/61/122/Add.1.

- In Pemba, 57.8 per cent of ever partnered women stated they had experienced emotional violence. These results in Pemba support the findings of previous studies that VAW prevalence rates are particularly high in Pemba.
- In addition to intimate partner violence, 11.3 per cent of female respondents in Unguja and 8.3 per cent of respondents in Pemba answered yes to experiencing violence at the hands of a non-partner.
- 8.4 per cent of women surveyed in North Unguja and 17.8 per cent of women surveyed in Pemba who have ever been pregnant stated they had been physically abused while pregnant. More than three quarters of those who had experienced violence in pregnancy, identified a current or former partner as the perpetrator.
- Child marriage was identified as a prevalent form of violence in both Unguja and Pemba. 48 per cent of ever married women surveyed in North Unguja and 62 per cent in Pemba were married between the ages of 12 and 18 years.
- Girls, who enter into marriage early, face serious health risks and are likely to become pregnant at an early age. In North Unguja, 19.1 per cent of all child bearing women gave birth between the ages of 15 to 18 years and 4.3 per cent between the ages of 12 to 15 years old. In Pemba, this increased to 15.9 per cent who gave birth to their first child between the ages of 12 and 15 years old and 34.1 per cent between the ages of 15 to 18 years.
- Abandonment and neglect of women by their husbands was also highlighted as an issue in both Unguja and Pemba together with discrimination against women in property matters related to divorce and inheritance.

“My father called my husband and rebuked him then I went back home later.”

VAW Survivor, AAITz VAW Survey

Understanding of and attitudes towards VAW

- The majority of respondents in North Unguja when asked what they considered was the most frequent form of VAW in their community identified early pregnancy (56.1 per cent) followed by rape (46.6 per cent) and being insulted (46 per cent).
- In Pemba, 77.1 per cent of respondents identified early pregnancy as the most frequent form of VAW in their communities followed by early marriage (52.1 per cent) and forced marriage (39.6 per cent).
- There was a tendency across the study areas for respondents to associate VAW with pregnancy rather than any act of VAW itself. A large proportion of examples of recent VAW incidents provided by those surveyed and in focus groups related to unmarried women becoming pregnant.
- In Unguja, 46.6 per cent of respondents identified witchcraft as a cause of VAW indicating a tendency for VAW to be viewed as something which is uncontrollable.
- In Pemba, 27.1 per cent of respondents identified maintaining the respect of the family as a cause of VAW suggesting a problematic association between VAW and family honour.
- Responses around community attitudes towards VAW revealed a similar trend. While the majority of respondents identified VAW as being dangerous to the life of a human being, 10 per cent of respondents in North Unguja believe that the community thinks that women are the cause of VAW and 41.7 per cent of respondents in Pemba stated that the community thought VAW was ‘normal.’

- Challenging these attitudes towards VAW in both Unguja and Pemba will be an important part of programme work in these communities. Until VAW is recognised as a violation of human rights rather than as an accepted part of community life, there will be little change in the prevalence of VAW or reporting rates.

“I do not know any other practical ways to resolve the issues except the one where parents sit together and resolve the issue.” Respondent, AAITz VAW survey

Seeking Help

- Only 22 per cent of women surveyed in North Unguja and 29.8 per cent in Pemba who reported experiencing VAW told anyone what had happened to them.
- The majority of women who did seek help sought assistance from family members. Only 5 per cent reported the matter to the police in Unguja and 10 per cent in Pemba.
- This indicates that VAW survivors are utilising informal channels for seeking help and that VAW is often seen as a community issue rather than a criminal offence.
- Marriage or informal compensation arrangements, although not provided for by the law, are frequently being used in place of the criminal justice system in Northern Zanzibar. This practice represents a double violation of a woman’s rights.

An absence of support services for women also impacts on whether women feel safe to report incidents of VAW. Long travel distances to existing services compound this problem

Barriers to accessing Justice

- There is a lack of confidence in the formal justice system. In describing what action the police would take in response to a report of VAW, 16.9 per cent of respondents in Unguja and 16.7 per cent in Pemba thought the police would do nothing or would not prioritise the report.
- The dual court system and the community values very much influence the effectiveness and implementation of the law in Zanzibar.
- Long delays, lack of legal aid and legal representation, court fees, travel costs and a limited knowledge of the law all impact on cases progressing through the court system.
- Conviction rates remain very low which offers little deterrence to perpetrators or encouragement to victims to report incidents of VAW.
- Limited forensic knowledge, an absence of policies and procedures, a lack of resources and appropriate facilities remains a problem. 36.5 per cent of respondents in North Unguja and 20.8 per cent in Pemba in this study indicated that a lack of evidence was the reason VAW cases were not reported to legal institutions.

“The community is afraid of bureaucracy and delays - come back tomorrow, come back the day after tomorrow.” Respondent, AAITz VAW Survey

Over the last five years, the Zanzibar Government has introduced some important initiatives to address VAW such as the GBV Committees, the female police network, police gender desks and, most recently, the one stop centre at Mnazi Moja Hospital. However, the pace of change has been slow. Justice, safety, and support remain inaccessible for many women in Northern Zanzibar. This study demonstrates that addressing VAW and breaking through the ‘wall of silence’ requires a two-prong approach. Firstly, community values and attitudes which promote VAW as a community matter rather than a criminal offence and encourage marriage or the payment of compensation must be targeted through legal awareness programmes and the provision of support for survivors of VAW. Secondly, legal institutions and services must be strengthened so that they offer a viable alternative to informal mediation of VAW offences.

Recommendations

Justice

- Increase the representativeness of the justice sector and institutions with responsibility for VAW.
- Introduce a central database to record and collate data on VAW across criminal justice agencies and health and support services. This database should be searchable by offence, disaggregated by gender and the data should be available to the public.
- An advocate-paralegal should be available to a survivor of VAW in the police station at initial report or to attend the scene of the crime to provide support and to observe appropriate police procedure. This advocate paralegal should be available to assist the VAW survivor throughout the court process (such as by attending Court, explaining procedures, requesting protective measures).
- A VAW performance monitoring group should be introduced in each region in Zanzibar comprising representatives from Government, law enforcement agencies, NGOs and health services.

The Police

- A special police unit should be introduced with responsibility for managing gender desks, responding to cases of VAW and developing the capacity of local police to respond appropriately.
- Specific training aimed at frontline staff should be introduced to change attitudes towards VAW, improve initial responses to women reporting and evidence collection.
- GBV and more specifically VAW should also be mainstreamed across police officer’s training. For example, training on investigative skills should include how the trauma of VAW may impact on how victims behave.
- A female police officer should be made available if requested by a victim.
- The police should actively refer women to support services such as the one stop centre.
- A national police action plan should be introduced on VAW with targets and priorities which can then be adapted and applied locally.
- Key performance indicators should capture police officer’s performance on VAW cases.
- Police should be incentivised to put skills developed through VAW training into action through incentivised performance schemes such as performance awards, financial incentives and promotions.

Evidence Collection

- VAW should form part of medical training in order to improve forensic knowledge and confidence to provide evidence in court
- Each gender desk should be assigned a CSI officer to provide forensic support. If a CSI officer is not available to attend a crime scene or support service, a medical practitioner should be sent to assist in analysing evidence.
- If the police are attending a VAW crime scene in the community, an advocate-paralegal should always be present.
- Facilities should be well equipped with the appropriate resources and tools to enable evidence collection such as computers to record data and dedicated rooms to ensure privacy for women reporting VAW.

The Court System

- Legal aid should be available to all victims of VAW. This should include transport allowances to enable women to travel to receive legal support and attend hearings.
- Mechanisms should be put in place to protect VAW survivors in rape and sexual assault cases such as testifying by camera, privacy precautions, and standards for the consideration of evidence in these cases such as guidance on consent and the myths and stereotypes surrounding VAW. Guidance should be introduced to explain these protective measures to victims.
- Judges should be trained on the myths surrounds VAW and also the likely trauma that victims may undergo during court proceedings.
- Any amendment to the Kadhis Court Act (which is currently being reviewed) such as the appointment of advocates should be widely publicised.
- Periodic review and monitoring of judicial practices to ensure compliance with substantive and procedural aspects of the law should be carried out.

Law Reform

- It should be clearly defined in law that domestic violence, marital rape and all forms of VAW constitute a criminal offence and are not under the jurisdiction of the Kadhis Courts.
- The minimum age for marriage should be stipulated in the law.
- Legal protection should be provided against the expulsion from school or discrimination against married young women / girls.
- Matrimonial property should be clearly defined in the law.

Building the link – support, safety and justice

- A public awareness campaign should be launched to educate the community on VAW, the existing services and to empower women with knowledge of their legal rights. This campaign should make clear that informal mediation of VAW is illegal and can also introduce the advocate-paralegal scheme.
- An evaluation should be carried out of the one stop centre at Mnazi Moja Hospital to ensure the centre is meeting the support needs of adult women. Similar centres should be replicated across Zanzibar.
- Shelters and counselling services should be made available for all survivors of VAW.
- An early marriage unit should be introduced in MSYWCD to track cases of early marriage including impact on school attendance. This unit should also be responsible for an awareness raising campaign targeting the community perceptions around pregnancy as a form of VAW.

Cross-Government

- The MSYWCD Multi-Sectorial Strategy and action plan for preventing and responding to GBV in Zanzibar should be well-resourced.
- A specific Cross-Government action plan should be developed on VAW with designated focal point staff in each Department tasked with monitoring and reporting on progress.

Introduction

1

1.1 Background to the Study

Violence against women (VAW) is a violation of women's fundamental human rights. It is a form of discrimination and is deeply rooted in power imbalances and structural inequality between women and men.² Women are subjected to different forms of violence: physical, sexual, psychological and economic – both within and outside of the home. According to available country data, between 15 and 76 per cent of women world-wide are targeted for physical and/or sexual violence in their lifetime.³ VAW not only results in lasting physical and psychological damage to individual women but also acts as a barrier to eradicating poverty. Even the most conservative estimates put national costs of VAW in the billions of dollars.⁴ Crucially, VAW impacts on women's ability to control their own lives and undermines women's potential to effect change in the world.⁵

ActionAid Tanzania (AATZ) is implementing an EU funded project in the Northern regions of Unguja and Pemba in Zanzibar which aims to reduce and prevent the incidence of VAW. Specifically the programme is focussed on increasing the accessibility to improved health, legal and justice services for survivors of gender-based violence (GBV). The project extends

² See UN General Assembly, Intensification of efforts to eliminate all forms of violence against women : report of the Secretary-General, 4 August 2008, A/63/214 and UN General Assembly, In-depth study on all forms of violence against women : report of the Secretary-General, 6 July 2006, A/61/122/Add.1.

³ <http://www.endvawnow.org/en/articles/299-fast-facts-statistics-on-violence-against-women-and-girls-.html>

⁴ Tanis Day, Katherine McKenna and Audra Bowlus. The economic costs of violence against women: an evaluation of the literature. Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women, UN, 2005.

⁵ ActionAid UK, Destined to fail? How violence against women is undoing development, ActionAid UK, 2010, p.1.

over four districts of Zanzibar: North A and North B Districts of Unguja and Micheweni and Wete Districts of North Pemba. ActionAid Tanzania is working in partnership on this project with JUWAMAKU (Jumuiya ya Wanawake na Maendeleo Kaskazini Unguja/Women's Association for Development in North Unguja) and JUWAKAP (Jumuiya ya Wanawake Kaskazini Pemba/Women's Association for Development in North Pemba).

Why is there a need for a focus on violence against women in Zanzibar?

There have been some important developments in relation to addressing VAW over the last decade in Tanzania and Zanzibar. In 2001, a National Plan of Action to combat violence against women and children (2001-2015) for both the Tanzanian mainland and Zanzibar was adopted. A national campaign 'Say No to Violence against Women' was launched in 2008 and endorsed by the President. In Zanzibar, the Revolutionary Government has set up a National GBV Committee and District GBV Committees. These committees offer counselling services and encourage the reporting of VAW cases in the community. Police gender desks have been established to fast track all initiatives relating to GBV and a Tanzania Female Police Network (TPFNet) was set up in 2007. A one stop shop centre for survivors of GBV, modelled on similar centres in Zambia, opened at the Mnazi Moja Hospital in Zanzibar in May 2011. This centre offers holistic support to survivors of GBV including healthcare, psychosocial support, criminal investigation and the collection of forensic evidence. Additional one stop centres are planned at other locations including the Chake Chake Hospital on the island of Pemba.⁶

"The Vision of the National Plan of Action is to have a society free of physical, psychological, emotional and sexual violence against women and children by the year 2015."

United Republic of Tanzania, A National Action Plan for the Prevention and Eradication of Violence against Women and Children 2001-2015

However, despite these developments, there continues to be a high prevalence of violence against women and girls. The Committee on the Elimination of Discrimination against Women (the CEDAW Committee) in its 2008 examination of the United Republic of Tanzania, expressed concern that VAW *'appears to be socially legitimized and accompanied by a culture of silence and impunity, that cases of violence are thus underreported and that those that are reported are settled out of court.'*⁷

The CEDAW Committee has called on the United Republic of Tanzania to ensure that:

- VAW, including domestic violence, marital rape and all forms of sexual abuse, constitute a criminal offence;
- Perpetrators are prosecuted, punished and rehabilitated;
- Women and girls who are victims of violence have access to immediate means of redress and protection;
- Any impediments faced by women in gaining justice are removed;
- Legal aid is made available to all victims of violence;
- Training on VAW is provided for the judiciary and public officials such as law enforcement personnel, health service providers and community development officers; and
- Counselling services and shelters are available for victims of violence.

CEDAW Committee Concluding Observations, CEDAW/c/TZA/CO/6, 16 July 2008

⁶ UNFPA, 2011, <http://unfpa.org/public/home/news/pid/8142>

⁷ CEDAW Committee Concluding Observations, CEDAW/c/TZA/CO/6, 16 July 2008

The importance of this research

A specific focus on VAW in Zanzibar has been overlooked in research to date. There has been wider analysis of gender-based violence and the existing response framework in Zanzibar.⁸ There has also been a research focus on violence against children (VAC) with the 2009 Tanzania Violence against Children Study which was the first national survey of violence against children in the United Republic of Tanzania and contained a distinct section on Zanzibar.⁹ This, together with the introduction of a child's rights law in August 2011,¹⁰ a public enquiry on children's rights in Zanzibar by the Commission for Human Rights and Good Governance¹¹ and targeted programme work on violence against children by organisations such as Save the Children, has seen an increased awareness in relation to VAC.¹² This was reflected during this study, with responses from interviewees and focus groups indicating a greater willingness to discuss cases of violence against children than incidences of intimate partner violence or violence affecting adult women.

Accurate and comprehensive data is crucial for increasing awareness of VAW and for enhancing responses and support for women who have experienced violence. However, while a paper-based local to national system (designed by Save the Children) is being used to collate data on violence against children, information is not being routinely collected on violence against adult women or on the different types of VAW. This lack of a clear picture on VAW makes it very difficult to determine the prevalence of VAW and, in turn, to design age appropriate support and legal services for VAW survivors. This study aims to address this gap and to influence law enforcement agencies to consider the distinct needs of women who have experienced violence.

This study has focused on violence against women aged 15 years and above. This age range allows for comparison with the results of the World Health Organisation (WHO) in its Multi-country Study on Women's Health and Domestic Violence against Women and the Tanzania Demographic and Health Survey (2010) which contain specific analysis of the incidence of violence among women since the age of fifteen. Further, given the high rate of marriage among 15 to 18 year old girls in Zanzibar, this definition also enables analysis of violence during the early years of marriage and early child-bearing years.

1.2 Profile of Zanzibar

Zanzibar, which is part of the United Republic of Tanzania, lies on the east coast of Africa and consists of Unguja Island, Pemba Island, Mafia Island and approximately 50 other smaller islets. The total surface area of the islands of Zanzibar is 2,654 square kilometres. Unguja, the larger of the two main islands has an area of 1,666 square kilometres, while Pemba has an area of 988 square kilometres. Pemba and Unguja are 50 kilometres apart separated by the 700 metre deep Pemba channel and the island of Unguja is 73 kilometres from Dar es Salaam on the Tanzanian coast.

⁸ See Ministry of Labour, Youth, Women and Children (MLYWCD), Gender-based violence Incidences and Responses in Zanzibar, 2007; MLYWC, A study of gender based violence related law in Zanzibar, October 2008; and MLYCD, Mapping of capacity gaps of law enforcement institutions and health care providers in dealing with gender-based violence and women and children's rights in Zanzibar, 2009.

⁹ Violence against Children in Tanzania: Findings from a National Survey, 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood. Dar es Salaam, Tanzania: UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences, 2011.

¹⁰ Shane Keenan, Children's Act Provides New Tools for Protecting Child Rights in Zanzibar, UNICEF (Aug. 25, 2011), available at: http://www.unicef.org/infobycountry/tanzania_59658.html (accessed 2 February 2012).

¹¹ Commission for Human Rights and Good Governance, 2008, Report on Research and Public Enquiry on the Implementation of Children's Rights in Zanzibar, March 2008, available at: <http://chragg.go.tz/docs/publics/zanzibar%20child%20rights%20report%20final%205%20may.pdf> [accessed: 2 February 2012].

¹² See also Save the Children, Capturing Children's Views on the Children's Bill 2010: The National Child Consultation Programme in Zanzibar, September 2010, <http://www.savethechildren.org.uk/resources/online-library/capturing-childrens-views-on-the-childrens-bill-2010-the-national-child-consultation-programme-in-zanzibar>

Administrative Structure

The United Republic of Tanzania was formed out of the union of two sovereign states Tanganyika and Zanzibar. The two sovereign republics formed the United Republic of Tanzania on 26th April, 1964. The Revolutionary Government of Zanzibar is the semi-autonomous government of Zanzibar and is made up of a Revolutionary Council and a House of Representatives of Zanzibar. The head of the government is the President of Zanzibar, who is also the chairman of the Revolutionary Council. The House of Representatives is made up of 81 members, 50 of who are elected from constituencies, 10 nominated by the President, 5 regional commissioners, 12 seats reserved for women and one Attorney General. Unguja is divided into three regions and Pemba is made up of two regions. Each region is sub-divided into two districts, resulting in a total of ten districts in Zanzibar. Each district is made up of a number of shehias, which is the lowest government administrative structure at the community level. There are 198 shehias in Unguja and 98 in Pemba. Each shehia is comprised of several villages and can range in size from 1,000 to 21,000 people.¹³ This study has focused on the shehias of North A and North B in the North Unguja district and the shehias of Wete and Micheweni in the district of North Pemba.

Map of Zanzibar



Source: Office of Chief Government Statistician, Zanzibar Statistical Abstract 2010, p.2

Demographics

Zanzibar has a small but rapidly growing population and the projected population for 2010 was over 1.2 million (see Table 1.1 below). The last population and housing census in Zanzibar was conducted in 2002 and a population survey is planned for later in 2012. The annual population growth rate almost doubled between 1967 and 2002 increasing from 1.8 per cent to 3.1 per cent. The growth rate for Unguja was higher at 3.6 per cent than Pemba at 2.2 per cent.¹⁴

¹³ According to Zanzibar Malaria Control Program website (ZMPC): www/zmcp.go.tz

¹⁴ The Zanzibar strategy for growth and reduction of poverty: 2010-2015 (ZSGRP ii) MKUZA ii

Table 1.1 – Population profile Zanzibar and study areas

	1978	1988	2002	2006	2007	2008	2009	2010
Zanzibar	476,111	640,685	981,754	1,111,361	1,155,065	1,193,383	1,176,000	1,211,000
Unguja	270,807	375,873	620,957	731,322	713,635	733,186	616,550	773,234
Pemba	205,304	264,802	360,797	380,039	441,430	460,197	479,831	511,576
North Unguja	77,017	96,989	136,639	155,250	160,463	165,873	171,522	177,417
North 'A'	48,124	59,990	84,147	93,325	96,189	99,186	102,279	105,522
North 'B'	28,893	36,999	52,492	61,925	64,274	66,687	69,243	71,895
North Pemba	106,290	137,189	185,326	216,174	224,951	234,142	243,759	253,999
Wete	58,923	76,123	102,060	118,394	123,023	127,923	133,030	134,418
Micheweni	47,367	61,064	83,266	97,780	101,928	106,219	110,729	115,581

Source: Population Census 1978, 1988 and 2002 (2006-2010 – Population Projection)¹⁵

The vast majority of the population of Zanzibar lives in rural areas. The 2002 census figures confirm the predominance of large households, especially in rural areas, with an average Zanzibar household size of 5.3. The majority of the population is young. In the districts which are the subject of this study, children under 15 years of age made up 46.4 per cent of the population in North A, 43.5 per cent in North B, 47.9 per cent in Wete and 50.3 per cent of the population in Micheweni in 2002.¹⁶ According to the 2002 census, women made up 51 per cent of the total population in Zanzibar. Table 1.2 below sets out the household profile and development indicators for the four study areas. These districts were selected for AATZ's VAW project as being particularly poor and disadvantaged.

Table 1.2 – Household Profile and Development Indicators - study areas

Indicator	North A (Unguja)	North B (Unguja)	Wete (Pemba)	Micheweni (Pemba)
Average Household size	5.3	5.0	5.7	5.3
Female-headed households (%)	18.8	22.3	24.3	20.8
Adult literacy rate (%)	57.0	66.7	66.8	46.0
Adult female literacy rate	48.0	60.0	56.8	36.0
Mean per capita annual income (TZ)	159,786	177,578	133,342	119,645
Population (head count ratio) below food poverty line (%)	12.18	12.06	23.83	33.35
Population (head count ratio) below basic needs poverty line (%)	53.3	48.3	70.8	74.2

Source: Household Budget Survey 2004/2005.

1.3 Objectives of the Study

The objectives of this Study are as follows:

- To obtain valid estimates of the prevalence and frequency of different forms of physical, sexual and emotional violence against women in four districts in Northern Zanzibar.
- To examine the barriers to accessing justice for survivors of VAW.
- To document the existing services which women use to deal with violence in Northern Zanzibar and the effectiveness of current policies and programmes designed to prevent violence against women.
- To study prevailing attitudes and perceptions of VAW at the community level in Northern Zanzibar.

¹⁵ Office of Chief Government Statistician, Zanzibar Statistical Abstract 2010, Zanzibar June 2010, available at: <http://www.ocgs.go.tz/documents/Zanzibar%20Statistical%20Abstract%202010.pdf> (accessed 23 January 2012).

¹⁶ Office of Chief Government Statistician, Zanzibar Statistical Abstract 2010, op cit. p.11.

2 Definitions and Methodology

2.1 Definitions of concepts relating to violence against women

The term 'violence against women' is defined to mean 'any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately.'¹⁷

Women are subjected to violence in a wide range of settings such as within the family, the community, the workplace and in public spaces. This violence can take many forms including intimate partner violence; sexual violence by non-partners; harmful traditional practices including female genital mutilation, early marriage / forced marriage, dowry-related violence, female infanticide and prenatal sex selection, crimes committed against women in the name of honour and harmful widowhood practices; trafficking in women; femicide; and sexual harassment and violence in the workplace or other public spaces.

¹⁷Secretary-General's in-depth study on all forms of violence against women, A/61/122/Add.1 and Corr. 1.

Box 2.0: Definition of Violence against Women and Girls

The United Nations has defined the term ‘violence against women and girls’ as meaning:

“...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” (Article 1)

Accordingly, violence against women encompasses but is not limited to the following:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.” (Article2)
(United Nations Declaration on the Elimination of Violence against Women, 1993)

This study uses the term violence against women and girls (VAW) to refer to the violence perpetuated by men against women and girls because of their gender (including the full range of abuses set out in Box 2.0). Table 2.1 sets out definitions which have been used to inform this study.

Table 2.1: Definition of key terms

Gender-Based Violence	Any act(s) of physical, mental or social abuse that is attempted or threatened, with some type of force and is directed against a person because of his or her gender roles and expectations in a society or culture. ¹⁹
Intimate partner violence	Any act or omission by a current or former partner which negatively affects the well-being, physical or psychological integrity, freedom or right to full development of a woman. ²⁰ It can include physical violence, sexual violence, emotional/psychological abuse and economic abuse.
Physical Violence	The intentional use of physical force with the potential for causing harm, injury or death. Physical violence may include (but is not limited to) pushing, shoving, slapping, choking, shaking, grabbing, biting, punching, hitting, burning and the use or threat to use a weapon. ²¹
Sexual Violence	Includes sexual exploitation and sexual abuse. It refers to any act, attempt, or threat of a sexual nature that results, or is likely to result, in physical, psychological and/or emotional harm. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.
Emotional / psychological violence	Any act or omission that damages the self-esteem, identity, or development of an individual. It may include (but is not limited to) humiliation, forced isolation from family and friends, threatening loss of custody of children, threatening abandonment, threatening harm, repeated yelling and degradation, destruction of property and controlling behaviour. ²²

¹⁸ UN Women Glossary of Terms, <http://www.endvawnow.org/en/articles/347-glossary-of-terms-from-programmi ng-essentials-and-monitoring-and-evaluation-sections.html>

¹⁹ WHO multi-country study on women’s health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women’s responses. Geneva, World Health Organization, 2005. p.93

²⁰ Ibid. p.93

²¹ WHO, Multi-country survey, op cit. p.93

Harmful Traditional Practices	Some cultural practices will empower women and promote women's rights but custom and tradition is often used to justify violence against women. Harmful traditional practices are forms of violence that have been committed against women in certain communities and societies for so long that they are considered part of accepted cultural practice. ²³
Sodomy	Refers to anal sex or other non-penile/vaginal copulation-like acts. The term has little modern usage outside Africa, the Islamic countries and the United States.
Female Genital Mutilation	The name given to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons. ²⁴
Forced Marriage	Any marriage entered into without the free and full consent of both parties. It includes sororate (where a husband engages in marriage or sexual relations with the sister of his wife) levirate (in which a woman is required to marry her deceased husband's brother), kidnapping for the purposes of marriage, exchange marriages, the forced marriage of a woman to a man who has raped her and barter marriages. ²⁵
Child Marriage	The marriage of a child younger than 18 years old. Girls are disproportionately affected by this practice.
Harmful widowhood practices	Child marriage, polygamy, the age gap between older husbands and their wives, conflict and the HIV AIDS epidemic, have increased the numbers of widows, especially young widows. Attitudes to, and treatment of, widows range from social exclusion to extreme mental, physical and sexual torture, and even to murder.
Dowry-related violence	Any act, including murder, rape, battery, harassment and other forms of physical abuse as well as psychological abuse associated with the giving or receiving of dowry at any time before, during or after the marriage. ²⁶
So-called Honour-based violence	Relatives, usually male, commit acts of violence against female family members in the name of preserving their family or community honour from real or suspected actions that are perceived to have compromised it. ²⁷ Such actions (real or perceived) may include talking with an unrelated male, being raped, consensual sexual relations outside marriage or seeking a divorce.

²² UN Women, http://www.unifem.org/gender_issues/violence_against_women/facts_figures.php?page=4

²³ B. Ras-Work, The impact of harmful traditional practices on the girl child, Paper from the UN Expert Group Meeting on the Elimination of all forms of discrimination and violence against the girl child, 25-26 Sept 2006.

²⁴ Division for the Advancement of Women (2009), Good Practices in Legislation on 'Harmful Practices' against Women, Report of the Expert group Meeting, May 2009. Available at: http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Report%20EGM%20harmful%20practices.pdf

²⁵ Division for the Advancement of Women, Good Practices in Legislation on 'Harmful Practices' against Women, Report of the Expert group Meeting, May 2009. Available at: http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Report%20EGM%20harmful%20practices.pdf. UN Women Glossary of Terms, <http://www.endvawnow.org/en/articles/347-glossary-of-terms-from-programming-essentials-and-monitoring-and-evaluation-sections.html>

²⁶ Amnesty International, Culture of Discrimination: A Fact Sheet on 'Honour' Killings, <http://www.amnestyusa.org/women/pdf/honorkillings.pdf>

2.2 Data Collection

Literature review and service survey

Zanzibar Female Lawyers Association (ZAFELA) undertook a review of relevant laws, Government policies and existing studies relating to VAW in Zanzibar. Requests were made for access to officials records and databases to ascertain the official data on VAW incidents currently being collected by the police, legal institutions, Government departments and health care providers and the limitations surrounding this data collection. ZAFELA also drew on their own legal aid service statistics to inform this study.

Population Survey

A population survey was conducted during a five day period from the 23rd to 27th January 2012 by AATZ's partner organisations **JUWAMAKU** (Women's Association for Development in North Unguja) in Unguja and **JUWAKAP** (Women's Association for Development in North Pemba) in Pemba. Each team comprised five interviewers and one supervisor. Data collection consisted of in-depth interviews with selected individuals in 27 shehias in Unguja and 9 shehias in Pemba (see Figure 2.2 below). A full schedule of the data collection process is available at Annex 4 for Unguja and Annex 5 for Pemba. A structured questionnaire, developed by AATZ in consultation with JUWAMAKU and JUWAKAP, was used for all interviews.

Characteristics of Respondents

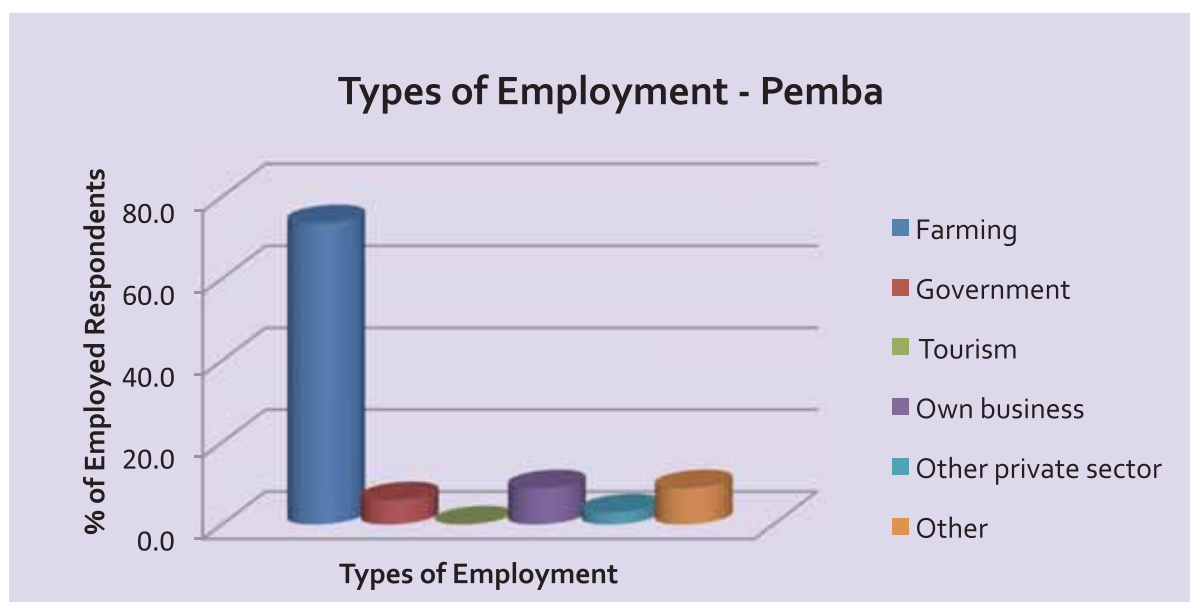
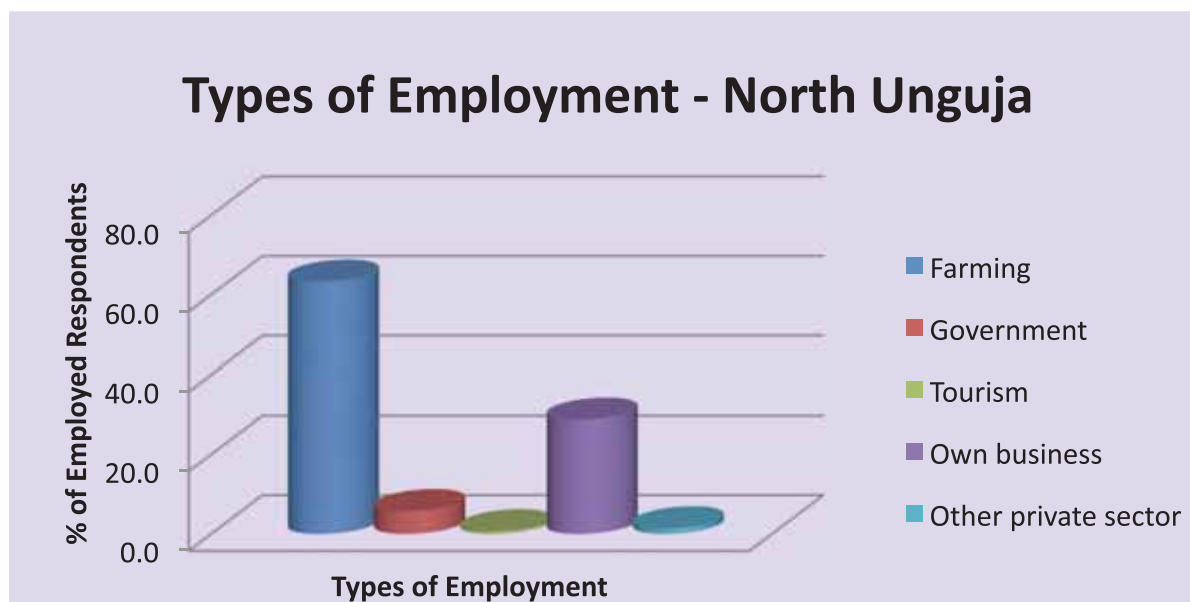
In North Unguja, a total of 87 women and 25 men were interviewed in North A District and 63 women and 14 men in North B District. In North A District, the largest number of respondents were aged 18 to 25 years followed by the 36 to 45 year age group. There were no respondents aged over 65 years interviewed in this District. In North B District, the largest number of respondents were from the 26 to 35 year age group. All ages groups below 55 years were well represented and two respondents were aged over 65 years old (see Table 2.2). In Pemba, a total of 50 women were interviewed. The largest number of respondents were aged 36 to 45 years followed by the 26 to 35 year age group. There were no respondents aged over 56 years interviewed in Pemba (see Table 2.2).

Table 2.2: Age of Respondents by Study District (percentage)

	North A	North B	Pemba
18 – 25 yrs	30.4 (%)	20.8	27.1
26 – 35 yrs	17.0	27.3	29.2
36 – 45 yrs	26.8	23.4	31.3
46 – 55 yrs	14.3	22.1	12.5
56 – 65 yrs	11.6	3.9	0
Over 65 yrs	0	2.6	0

71 per cent of women and 74.4 per cent of men interviewed in North Unguja were currently in employment. The majority of respondents were engaged in farming (63.3 per cent) while more than one quarter of respondents owned their own business (see figure 2.3 below). In Pemba, 68.8 per cent of women were employed; 73.5 per cent in farming, 8.8 per cent owned their own business and 5.9 per cent were employed by the Government.

Figure 2.3: Types of Employment



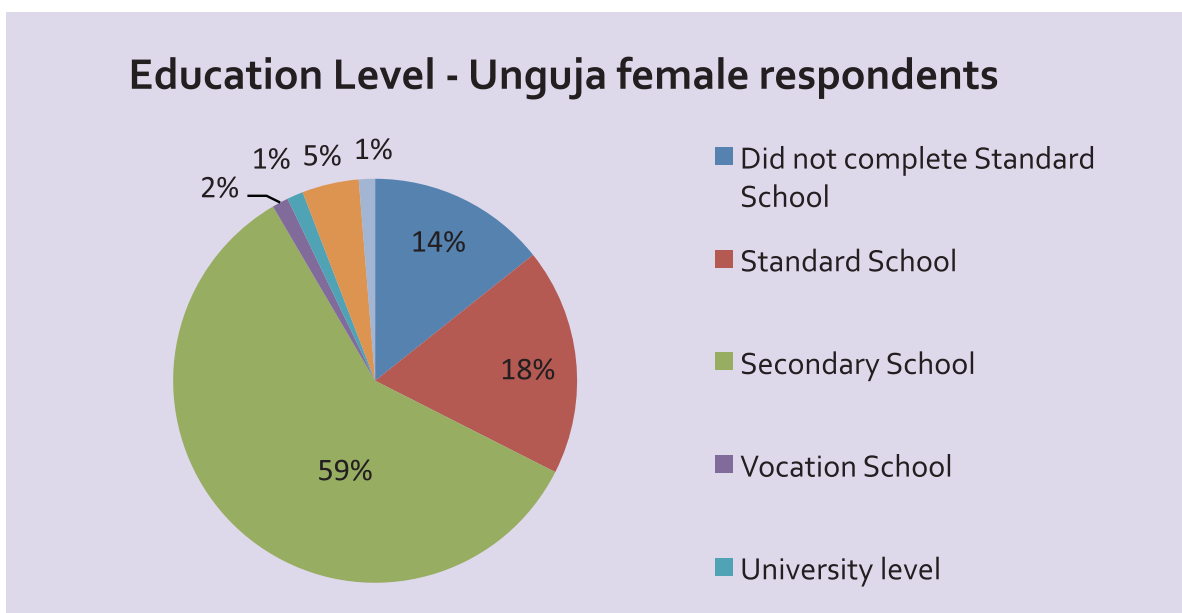
Female respondents were asked about their marital status (see Table 2.3). In Unguja North A (69%) and Unguja North B (68.8%), the majority of female respondents were currently married or living with a man. In North A, there was a higher percentage of women who were not currently or previously married (19.5 %). This could be due to the fact that a large number of respondents surveyed in North A were from the 18 to 25 year age group. In North B, 10.9 per cent of female respondents were widows. In Pemba, 70 per cent of women interviewed were currently married or living with a man, while 18 per cent had been formerly married or living with a partner.

Table 2.4: Martial Status of Female Respondents by Study District (percentage)

	North A	North B	Pemba
Married / living with a man	69.0	68.8	70.0
Formerly married or living with a man	9.2	10.9	18.0
Never married or living with a man	19.5	9.4	10.0
Widow	2.3	10.9	2.0

Female respondents were also asked about their level of education (see Figure 2.5). In the North Unguja study districts 59 per cent of women had gone to secondary school, 18 per cent had only attended standard school and a further 14 per cent either had not attended school or had not completed standard school. In Pemba, 41 per cent of respondents had not attended school or had not completed standard school, 20 per cent completed standard school and 20 per cent had attended secondary school.

Figure 2.5: Education levels of Female Respondents



Education level - Pemba female respondents

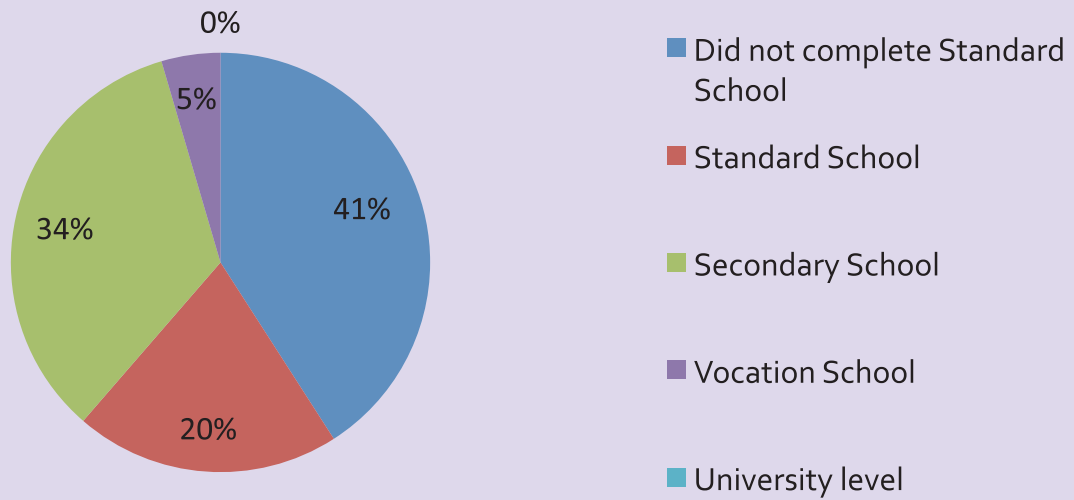
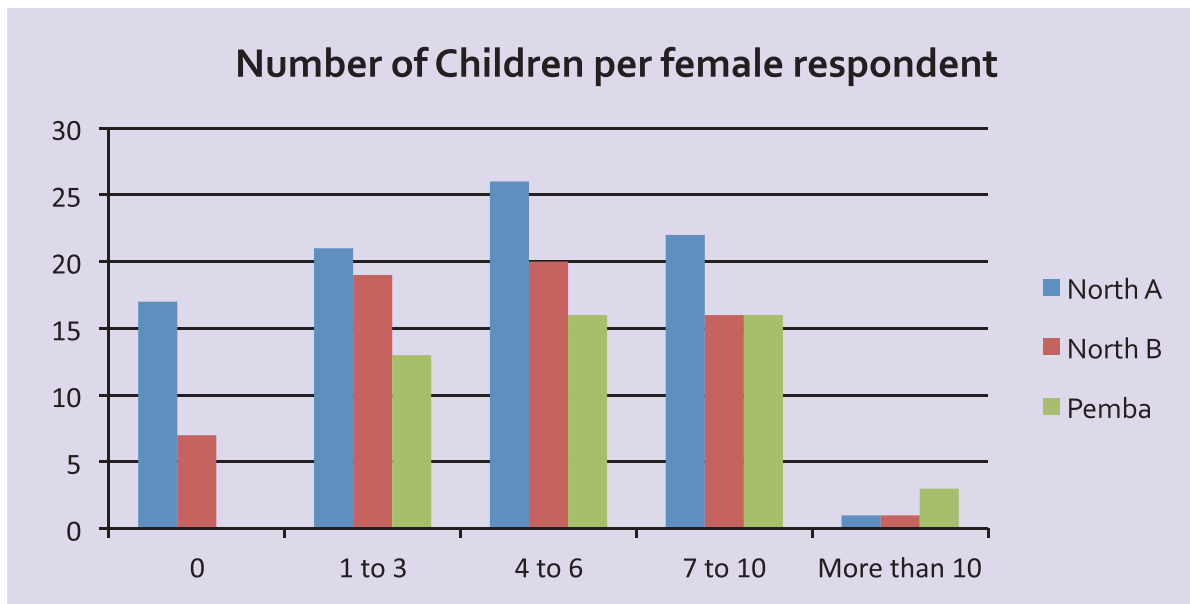


Table 2.6 shows the number of children per woman surveyed in Unguja North A and North B districts and Pemba. Approximately a quarter of all women surveyed in North A (25.3%) and North B (25.4%) had 7 to 10 children. The percentage of women with 4 to 6 children was also high with 31.7 per cent of women in North B and 29.9 per cent of women in North A having 4 to 6 children. 16 per cent of all women surveyed in North Unguja had no children. In Pemba, approximately two thirds of female respondents (66.7 per cent) had 4 to 6 or 7 to 10 children. 6.3 per cent of women surveyed had more than ten children.

Figure 2.7: Number of children per Female Respondent



Focus Group Discussions

Four Focus Group Discussions were also held in North Pemba and four in North Unguja to explore local awareness and attitudes towards VAW. These groups were led by the team supervisor and on average were an hour in duration. Some of the individual interviewees also elected to participate in the focus group discussions. The location and composition of each of the focus groups is set out in Table 2.8. The same pre-determined questions were used for each of the focus groups (see Annex 1 for a full list of questions).

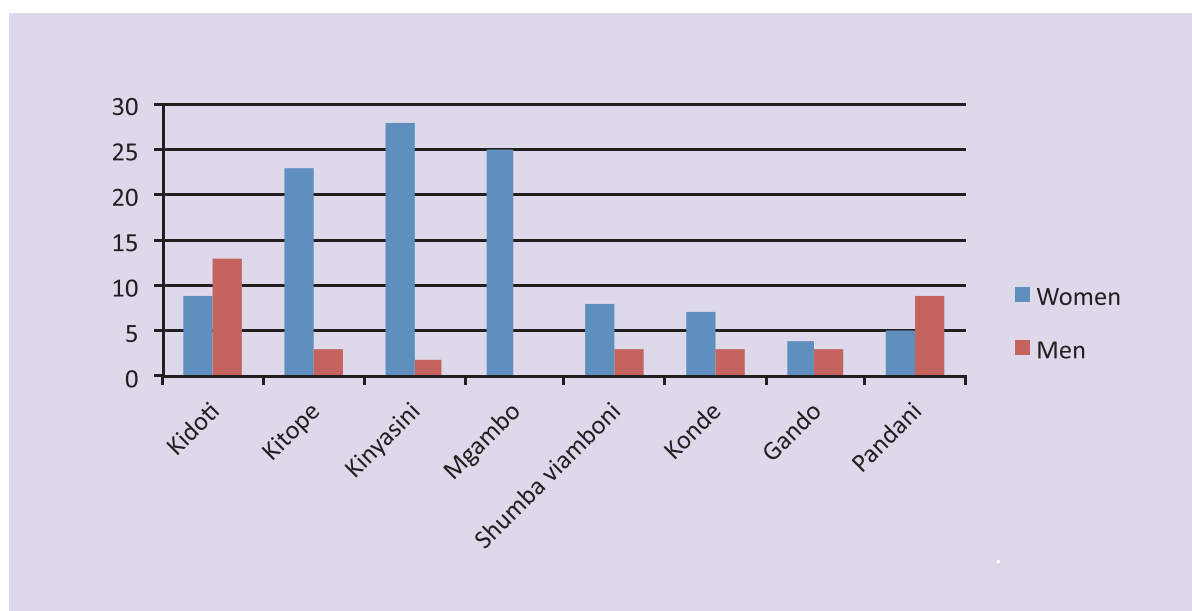
Table 2.8 – Composition and Location of Focus Groups

Focus group composition in Unguja					
Date	District	Shehia	Female	Male	Total
23/01/2012	North A	Kidoti	9	13	22
24/01/2012	North B	Kitope	23	3	26
25/01/2012	North A	Kinyasini	28	2	30
26/01/2012	North B	Mgambo	25	0	25
			85	18	103
Focus group composition in Pemba					
Date	District	Shehia	Female	Male	Total
24/01/2012	Micheweni	Shumba viamboni	8	3	11
25/01/2012	Micheweni	Konde	7	3	10
26/01/2012	Wete	Gando	4	3	7
	Wete	Pandani	5	9	14
			24	18	42

In total 85 women and 18 men participated in the focus group discussions in Unguja and 24 women and 18 men attended in Pemba. It must be noted that these attendance figures reflect any individual who attended the focus group discussion for any period of time and do not indicate they attended the focus group for the entire duration or that all individuals actively participated. As noted below, one of the challenges of measuring participation in focus group discussions is that due to their caring responsibilities many women attend with children, can be distracted during the discussion by their children (such as children running away or crying or babies needing to be breastfed) or are called away from the discussion to attend to their family's needs.

The focus group composition allowed for analysis not only as to the content of the discussion but also of the dynamics of the group. Some of the interviewers felt that in groups where men were present the women could not participate as fully in the discussion and that women were more open in discussion in the all women focus group. Considering these group dynamics is important when assessing what approach to VAW projects will work best for women in the community.

Figure 2.9 - Focus Group Composition



Selection of sample for interviews and focus groups

The individuals to be interviewed and to participate in the focus groups were selected by JUWAMAKU and JUWAKAP in consultation with the local Sheha. Efforts were taken to ensure the process was as random as possible and all community members had an equal chance of being selected for interview.

2.3 Interviewer Selection and Training

All interviewers and supervisors attended a training programme to prepare them for the survey process. Participatory approach was applied in this training to facilitate participation of the data collector and their supervisor in appreciating the use questionnaire in conducting research on VAW. The training approaches included; introduction of the technical terms and principles, followed by group working session, presentations and discussions of group's specific tasks that were tightly aligned to the training. Overall the methodologies involved; Question and answers, Group work, Presentation of group work by groups members, Class room discussions, critics and comments on the work done by each group. At the end of the training the participant acquired the following skills and knowledge;

- Interview skills and techniques for conducting interviews.
- Careful analysis of the ethical and safety considerations in relation to VAW research.
- Knowledge on VAW laws and support services in Zanzibar.
- Knowledge on GBV specifically on Violence Against Women
- Due to time constraints, the training programme took place over a three day period. This was a short time frame in which to cover all of the training needs but the evaluation of participants showed that the participant found the training very useful and that they will use the knowledge and skills during the interview session and their day to day activities.

As mentioned above, interviewers and supervisors were drawn from AATZ's partner organisations, JUWAMAKU in Unguja and JUWAKAP in Pemba. These organisations provide support and services in the areas which were selected for this study. The strategic decision was made to use women from these organisations

for the population study, rather than independent researchers, for two reasons. Firstly, it was felt these partners were trusted in the local community and therefore that they would be granted access to conduct the interviews and female interviewees would feel more comfortable sharing sensitive and potentially traumatic information. Secondly, it provides a mechanism for longer term support throughout the AATZ VAW project. During the population survey, women gained greater awareness of JUWAMAKU and JUWAKAP as avenues for support in relation to VAW (see Box 2.10) and at the same time, interviewers gained greater awareness of community attitudes and individuals at risk enabling them to monitor and provide targeted support in the longer term.

Box 2.10: Example of impact of partner involvement in the survey process

During the survey, people in a village where the survey had been carried out the previous day, contacted JUWAMAKU to report an incident of violence. A five year old girl had been raped by a 24 year old man. The mother had taken her daughter to the police station but was told that as the perpetrator was not in attendance they would have to return tomorrow. JUWAMAKU contacted the Regional Police Commissioner and reported the incident. The Commissioner attended at the police station ensured evidence was collected and that the victim received care at the hospital. As a result, of the survey, the villagers knew to contact JUWAMAKU for support which enabled the case to be escalated and ensured proper procedures were followed. The case is now being processed..

However, it must be noted that using partner organisations may have impacted on the results of the survey, particularly in relation to sharing personal experiences of VAW. Given JUWAMAKU and JUWAKAP work closely with the local community, some interviewees may have had concerns that the information shared would get back to others or that abusive spouses would know they had been interviewed about VAW issues. This may have impacted on willingness to share incidents of VAW. This was carefully weighed up in the early stages of the survey design and it was decided that the benefits of partner participation in the survey process outweighed this risk. To ensure women were aware of other avenues of support beyond JUWAMAKU and JUWAKAP, each interviewee was given a list of VAW support services.

2.4 Steps taken to monitor the quality of the survey implementation

Various mechanisms were used during the survey to monitor the quality of the survey implementation. This included:

- Each interviewee and supervisor received training which included interview practice under observation and detailed discussion of the ethical considerations for researching VAW.
- Interviewers were asked to make sure the woman being interviewed had privacy. If privacy was not possible, the interviewers were advised not to continue with the interview.
- At the start of each interview, a consent form was explained to the interviewee and they were asked to sign this if they wished to continue with the interview.
- During the survey process, a supervisor was available in each District to observe and assist with any problems.
- Member of AATZ staff also attended the survey areas to observe interviews and focus groups at random times.

- Focus group discussions were led by the Supervisor with another interviewer present to take notes and provide support.
- At the end of each day, the interviewers meet with their Supervisor to debrief and evaluate the data collection for the day. Any problems could then be discussed and rectified.
- Information on support services in the local area was prepared during the interviewer training and this was provided to each interviewee at the end of the interview. This included information on legal aid services, health services, the police gender desks and Tanzania female police network, relevant government departments and other NGOs.

2.5 Limitations of the Study

A number of limitations were identified during the course of conducting this research. This study was the first time AATZ's partners and many of AATZ's staff had conducted a VAW survey of this nature. The process was therefore a learning process.

Challenges of collecting data on VAW

Violence against women is a sensitive topic which can impact on the willingness of interviewees to participate and the content of the information which is shared. Factors such as a lack of privacy, time limitations and traumatic memories of past events may all impact on a woman's willingness to participate. Women who are living in a situation of violence may be less willing to participate in a study or may be less accessible if they are living with relatives or confined to the household. There is a culture of silence around VAW which makes the collection of accurate prevalence data particularly challenging. The possibility of under-reporting of violence, therefore, cannot be ruled out in any survey and some of the interviewers noted that they did not feel women felt completely free to speak about violence.

Sample size and time frame

The time frame and funding available for this study was very limited considering the areas covered by the research. This meant AATZ staff and interviewers were working to meet tight deadlines. It also meant the sample size was limited to approximately seven respondents per Shehia in North Unguja and a total sample size of 50 in Pemba. This relatively small sample size may have impacted on the prevalence data collected as a small sample size may lead to lower prevalence data. These time limitations also meant it was not possible to examine in detail the effects of intersectional discrimination on incidences of VAW such as the experiences of disabled women, domestic workers or women from different ethnic backgrounds.

Logistical Problems

A number of logistical problems were noted by the interviewers and AATZ staff:

- Some Shehia leaders (Shehas) did not show the expected cooperation leading to spending more time in some shehias organising respondents despite prior consultation with the Sheha.
- Childcare responsibilities impacted on many women's ability to participate actively in focus group discussions. Women frequently attended with their children which meant they were often being interrupted by their children, having to breastfeed or being called away from the discussion to attend to their children's needs.

Translation

Translation of questionnaires and responses from English to Kiswahili and vice versa was time consuming and at times translation did not always import the same meaning.

Inconsistent or incomplete data on VAW

The legal and judicial services visited during the survey often had difficulties in providing data on incidents of VAW. For instance, data requested by ZAFELA from the High Court and the Ministry of Justice has still not been provided. Data, when it was available, was frequently not disaggregated by gender and records are often inconsistent with characteristics of victims (such as age) sometimes recorded and sometimes not. Furthermore, much of the data is not held electronically which makes searching for relevant data very time consuming and makes it very difficult to distinguish VAW cases from other cases. For example records of cases in the courts in the North region of Unguja are written by hand in a large register. Hospital records are kept in a similar format. The police have an electronic database which records criminal cases. However, it does not record all cases, is not searchable by offence type or disaggregated by gender and is also not available to the public. Lack of disaggregated data makes it very difficult to monitor incidents of VAW and any escalation in the behaviour of perpetrators. The lack of data also makes it difficult to make the case for greater resources to target VAW.

3 Prevalence of violence against women in northern zanzibar

3.1 Existing information on the prevalence of VAW in Northern Zanzibar

This section considers the existing information and official data on VAW in Zanzibar as well as setting out our findings on the prevalence of VAW in the Northern regions of Pemba and Unguja. Despite the availability of very general knowledge about violence against women in Tanzania (with some specific focus on Zanzibar), the availability of data on which to base policy and programmes remains very limited.

Data from previous studies

There has been limited research which examines the prevalence of VAW in Zanzibar. Research which has been conducted has tended to focus on a wider analysis of incidences of gender-based violence (including violence against children and men) or on the incidence of violence against children. However, the existing information does suggest VAW is a growing problem in Tanzania and more specifically in Zanzibar . A gender-based violence prevalence study was undertaken in Zanzibar on behalf of the Ministry of Labour, Youth, Women and Children development in 2007.²⁷ This study involved data collection from 298 individuals (including children), focus group discussions in 20 localities and interviews with key informants from institutions concerned with gender-based violence.

²⁷ MLYWCD, GBV Incidences and Responses in Zanzibar, August 2007, Zanzibar: MLYWCD.

The research was focused on gender-based violence against women, men and children including corporal punishment, sexual abuse of adolescents, physical and emotional violence and forced marriage. The research found that over 43.2 per cent of respondents reported a rise in domestic and sexual violence. This finding is supported by a Ministry of Health Report in 2004 which found that 42 per cent of Shehas believed that GBV was on the increase in Zanzibar.²⁸ Notably, the Tanzania Demographic and Health Survey included data collection on VAW in its 2010 population survey. This was the first demographic and health survey to pose questions on VAW in Tanzania. Although this survey was limited to domestic violence in the household, it did collect information in Zanzibar. This found that 10.4 per cent of female respondents in Zanzibar had experienced physical violence in their lifetime and 6.5 per cent had experienced sexual violence. The 2009 violence against children survey revealed that 6 per cent of female respondents in Zanzibar aged 13 to 24 years of age had experienced sexual violence prior to the age of eighteen.²⁹ Research by ZAFELA in 22 shehias from five selected districts in Zanzibar in 2009 found evidence of women's rights violations including rape and desertion as well as a high incidence of early pregnancy.³⁰

Any existing research focusing on a particular form of VAW is set out under the relevant sections below. Other GBV research examining the capacity gaps of law enforcement institutions and healthcare providers in Zanzibar³¹ as well as an analysis of the legal framework in relation to GBV³² is examined in Chapter 6 on access to justice.

Official Data

In the MLYWCD 2007 study, over 75 per cent of all public institutions interviewed reported receiving cases of GBV with a third stating that they constituted over 50 per cent of their caseload.³³ However, as stated earlier in this report, there is a lack of official data on incidents of VAW. When data is collected it is often not disaggregated by gender and not searchable by offence, characteristics of victims and/or perpetrators are recorded inconsistently and information is typically not recorded electronically.

Currently Zanzibar does not have a central database that is specifically on VAW cases. Each service provider (such as the police, hospitals, legal aid providers (ZAFELA and ZLSC)) collects their own data in registries. The police have a data base however it is not disaggregated by gender and is not searchable by offence type. Information in relation to users of the One stop center at Mnazi Moja is not collected at the centre but is recorded in the hospital register. Information which is available indicates rape, defilement, domestic violence and sodomy are the main types of reported GBV in Zanzibar. The Zanzibar police records for 2010 record 108 cases of rape and 14 cases of sodomy and in 2011 there were 150 recorded cases of rape and 11 cases of sodomy. An examination of the police records in North Unguja revealed that rape, abduction and defilement were the most commonly reported offences in 2011 (see Figure 3.1).

²⁸ Cited in *Ibid.* p.13

²⁹ UNICEF Tanzania, *Violence against Children in Tanzania Study*, op cit.

³⁰ ZAFELA, *Survey on the problems facing women*, 2009.

³¹ MLYWCD, *Mapping up of Capacity gaps of law enforcement institutions and health care providers in dealing with gender based violence and women and children's rights in Zanzibar*, 6 July 2009.

³² MLYWC, *A study of gender based violence related law in Zanzibar* op cit.

³³ S. Maoulidi, 'Zanzibar GBV advocacy: important lessons for future legal reform strategies,' *Concerned African Scholars Bulletin*, No. 83, Fall 2009, p.11

Figure 3.1 – North Region Unguja – Reported cases of VAW (Jan to Sept 2011 – Police Report)

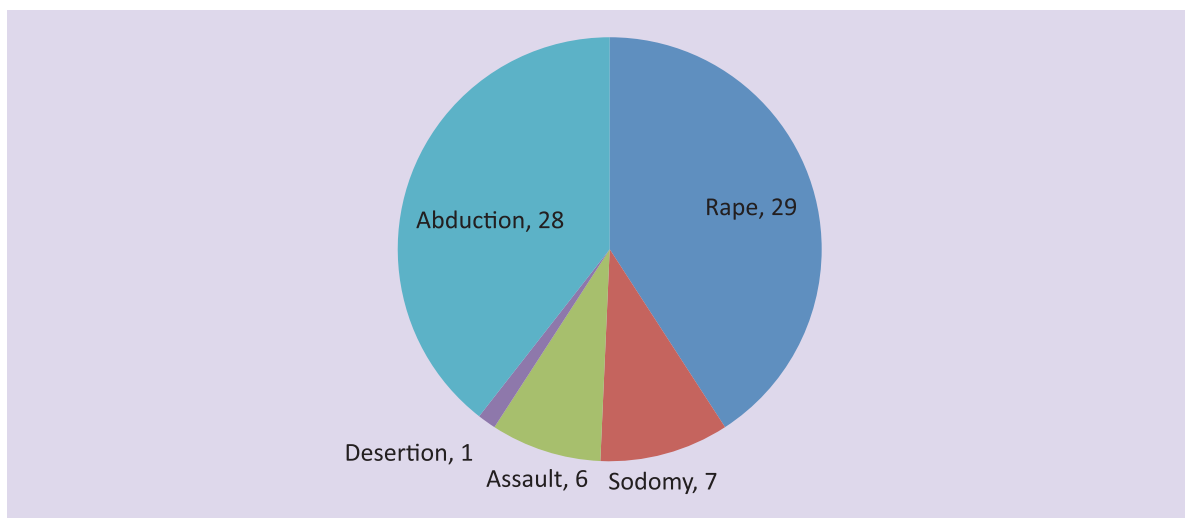
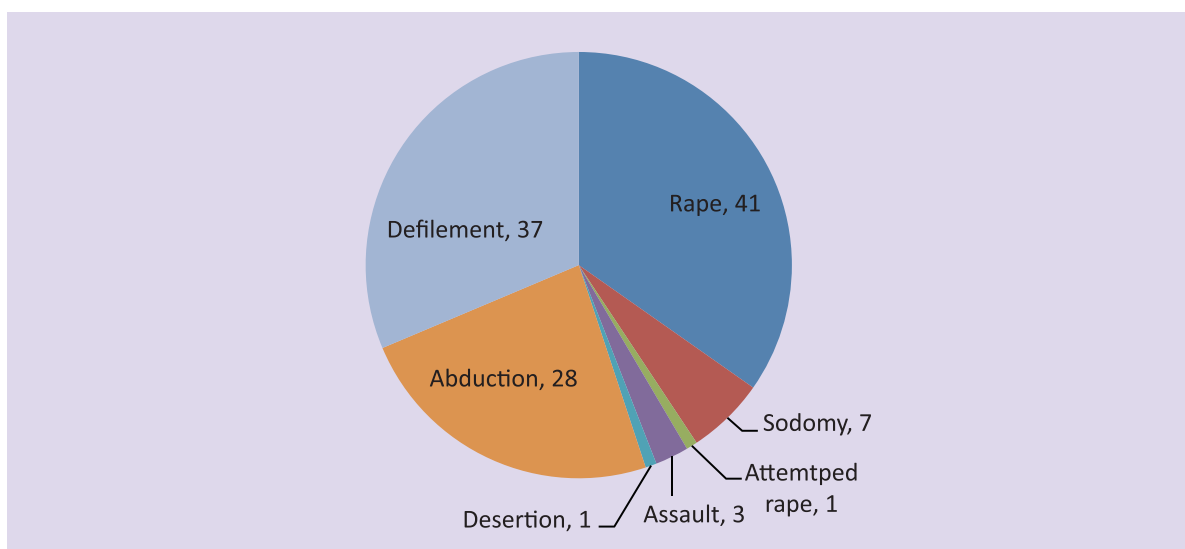


Figure 3.2 - North B Region Unguja – 2011 Reported cases of VAW (MSYWCD officer’s report 2011)



In the Mnazi Moja Hospital records for 2009, 582 incidents of sexual offences are recorded and these are mainly related to rape and defilement. The US State Department Human Rights Report for Tanzania states that 870 rape cases were treated at the Mnazi Mmoja hospital in 2010.³⁴ In late 2011, Ms Fatma Ali Haji from the Mnazi Mmoja Hospital One Stop Centre indicated that the centre was receiving 2 to 4 cases of abuse including rape on a daily basis.³⁵ However, notably, many of the cases attended at the one stop centre tend to be instances of violence against children rather than VAW. ZAFELA received 108 complaints related to

³⁴ US Department of State, 2010 Human Rights Report: Tanzania, Bureau of Democracy, Human Rights, and Labor, 8 April 2011, available at: <http://www.state.gov/j/drl/rls/hrrpt/2010/af/154373.htm>

³⁵ Issa Yussuf, Tanzania: Why Voice Against Abuse of Women and Children in Zanzibar Remains High, Tanzania Daily News, 25 December 2011, available at: <http://allafrica.com/stories/printable/201112260207.html>

gender-based violence in 2010.³⁶ The tables below set out the number of cases which were brought to the legal services NGOs, ZLSC, the Unguja Paralegal Network and ZAFELA, during 2011. This data demonstrates that the majority of cases brought by women for legal assistance concern family law disputes around maintenance, divorce, matrimonial property and land.

The table below shows the number of complaints receiving by ZLSC office in Unguja 2011

s/n	Type of dispute	Brought by men	Brought by women	total
1	Family Dispute	6	22	28
2	Land Dispute	86	25	111
3	Assault	1	4	5
4	Division of matrimonial assets	1	6	7
5	Rape	-	8	8
6	Inheritance	7	7	14
7	Divorce	-	2	2
8	Maintenance	-	6	6
9	Domestic violence	-	6	6
10	Early marriage/ Early pregnancy	-	10	10
11	Child abuse	2	24	26

Source: Zanzibar Legal services Centre, 2011

The table below shows the number of disputes reported by Unguja Paralegal to ZLSC from January to November 2011

s/n	Type of dispute	Brought by men	Brought by women	Children		Total
				Boys	girl	
1	Family and divorce	-	15	-	-	15
2	Land Dispute	19	13	-	-	32
3	Assault	1	4	-	-	5
4	Division of matrimonial assets	-	-	-	-	-
5	Rape	-	-	-	9	9
6	Inheritance	5	9	-	-	14
7	Divorce	-	10	-	-	10
8	Maintenance	-	15	-	-	15
9	Assault	12	4	-	-	16
10	Early marriage/ Early pregnancy	-	-	-	8	8
11	Child abuse(cruelty)	-	-	4	3	5
12	Abduction	-	-	2	4	6
13	Defilement	-	-	24	2	26

Source: Zanzibar Legal services Centre, 2011

³⁶ US Department of State, 2010 Human Rights Report: Tanzania, Bureau of Democracy, Human Rights, and Labor, 8 April 2011, available at: <http://www.state.gov/j/drl/rls/hrrpt/2010/af/154373.htm>

The table below shows the number (109) of complaints receiving by ZAFELA office in Unguja 2011

s/n	Type of dispute	Men	Boy	Women	Girl
1	Abduction	-	-	-	06
2	Indecency assault	-	-	-	05
3	Assault	-	-	-	7
4	Division of matrimonial assets	-	-	-	21
5	Rape	-	-	-	09
6	Inheritance	-	-	03	-
7	Custodian dispute	-	-	08	-
8	Maintenance	-	-	35	-
9	Desertion	-	-	05	-
10	Early marriage/ Early pregnancy	-	-	-	07
11	Defilement/Natural offences	-	03	-	-
	TOTAL	-	03	84	22

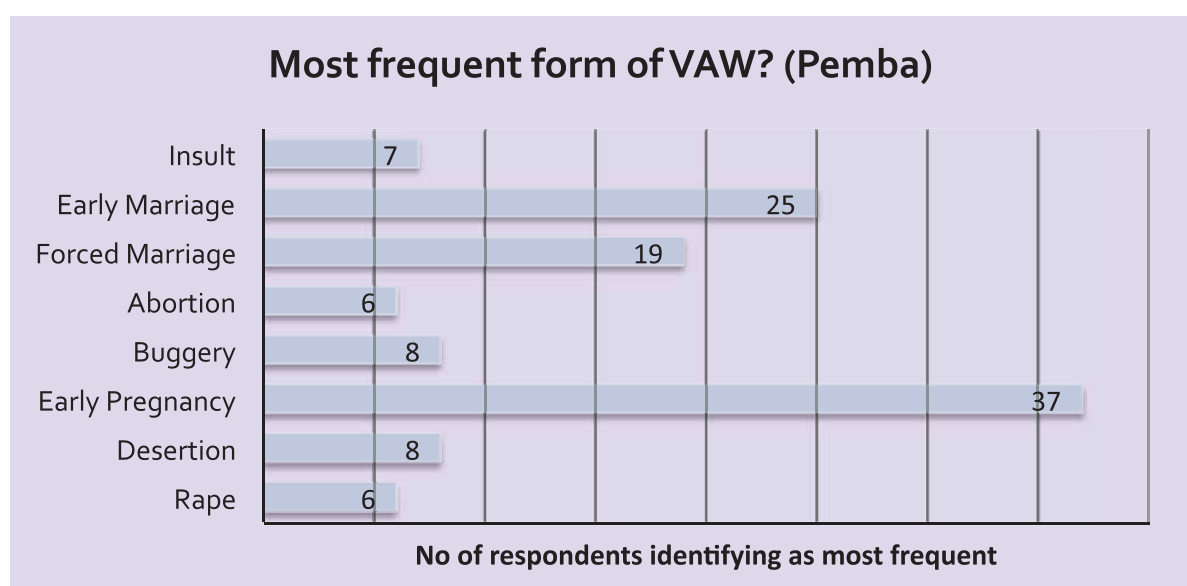
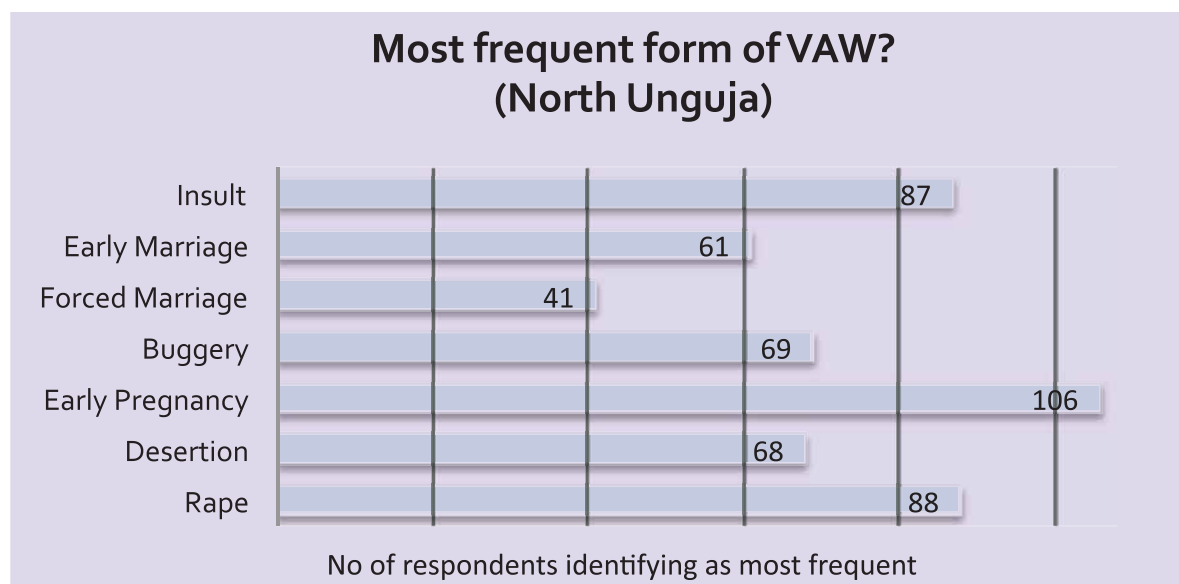
While this data is useful, any conclusions based on official data or service-based sources must be interpreted with caution as we know few women report VAW offences or access services and even when offences are reported the case will often be discontinued or mediated within the community before any official or legal action is initiated.

3.2 Our Findings: Prevalence of VAW in Northern Zanzibar

This section examines the qualitative and quantitative findings of AATZ's research in North Unguja and North Pemba. While considering these findings it must be remembered that the sample size was relatively small (with only approximately seven respondents from each Shehia). This study will be followed by further research to explore in-depth the trends which have emerged. Further, throughout the population survey, it was noted that respondents tended to externalise VAW. While respondents would answer in the negative in terms as to any personal experience of VAW they would often respond in detail about avenues for seeking help, incidents of VAW in the community and responses of law enforcement institutions. This was supported by the experiences of AATZ partners, staff and ZAFELA who all noted that the majority of women were much more comfortable talking about instances of VAW in the community, and in particular violence against children, than their own personal experiences, which may have impacted on the prevalence findings.

There was also a tendency noted across the study areas for respondents to associate VAW with pregnancy rather than any act of VAW itself. A large proportion of examples of recent incidents provided by those surveyed and in focus groups related to unmarried women becoming pregnant. Significantly, the majority of respondents in North Unguja when asked what they considered was the most frequent form of VAW in their community identified early pregnancy (56.1 per cent) followed by rape (46.6 per cent) and being insulted (46 per cent). In Pemba, 77.1 per cent of respondents identified early pregnancy as the most frequent form of VAW in their communities followed by early marriage (52.1 per cent) and forced marriage (39.6 per cent). Significantly, rape was viewed as much less frequent by respondents in Pemba with only 12.5 per cent of respondents identifying rape as occurring frequently. This understanding of VAW may have impacted on how women understood their own experiences of VAW, which again may have affected the prevalence data. Attitudes and awareness of VAW will be explored in more detail in the next Chapter.

Figure 3.3: What type of VAW do you think occurs most frequently in your community?



Intimate Partner Violence

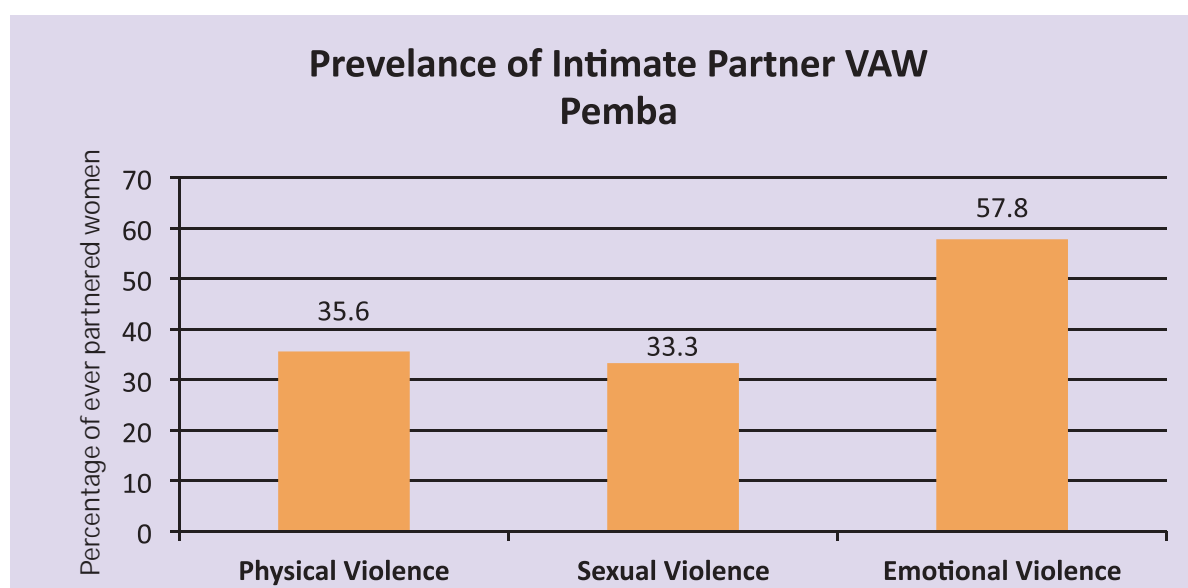
Women are more likely to be assaulted or murdered by someone they know, often an intimate partner or a family member. In the MLYWCD 2007 survey in Zanzibar over 51 per cent of all sexual crimes shared with the research team were committed by someone known to the victim.³⁷ While, research conducted by TAMWA in 1990 in Dar es Salaam found that nine out of ten women experience violence in intimate relationships.³⁸ In this study, ever partnered women were asked about their experiences of physical, sexual and emotional violence with reference to their current or former partner. When women answered yes to any question they were asked about the frequency of this violence during the previous 12 months and also about the physical consequences of the violence.

³⁷ MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.vii.

³⁸ TAMWA, Situational Analysis of Violence against Women and Children in Tanzania, undated.

This approach of asking separately about different acts of violence can help to alleviate the impact of different understandings of what constitutes violence. Figure 3.1 sets out the prevalence rates for North Unguja and North Pemba for physical, sexual and emotional violence. The prevalence of each type of violence is discussed in more detail below. The sample size in Pemba was too small to allow for robust analysis of specific acts of physical, sexual and emotional violence (beyond top-line prevalence rates) and as a result the findings in relation to the frequency of these forms of VAW are limited to North Unguja in this report. However, further indepth analysis of VAW prevalence in Pemba will be the subject of further research in 2012.

Figure 3.4: Prevalence of Intimate Partner VAW



Physical violence

In North Unguja, 17.2 per cent of ever partnered female respondents indicated they had experienced physical violence at the hands of their current or former partner. Women from North B District made up the majority of those who answered yes to experiencing physical violence with 29.3 per cent of ever partnered women from this district answering positively compared to 7.1 per cent from North A. In Pemba, 35.6 per cent of ever partnered female respondents stated they had experienced physical violence at the hands of their current or former partner. This finding supports the contention of previous studies that VAW prevalence rates are particularly high in Pemba.

Previous research has identified that in Zanzibar, ‘physical violence is used to discipline or to compel obedience.’³⁹ In the MLYWCD 2007 study, 31.9 per cent of respondents believed they experienced VAW because they did not ‘obey’ and were defiant. This mentality is still evident in North Unguja and Pemba - as one interviewee in the AATZ survey stated ‘It is not right to commit this [VAW] against women unless it is used as punishment.’

Table 3.5 sets out the percentage of ever partnered women who had experienced specific acts of physical violence during the previous twelve months in North Unguja. The largest percentage of women had been slapped in the previous twelve months (14.06%) while 3.91 per cent of ever partnered women surveyed had been threatened with a weapon during the last year.

³⁹ MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.viii.

Table 3.5: Physical violence in North Unguja

Physical Violence Does your husband ever?	% of ever-partnered women who answered often or sometimes
Push you, shake you, or throw something at you?	10.94
Slap you?	14.06
Twist your arm or pull your hair?	3.13
Punch you with his fist or with something that could hurt you?	5.47
Kick you or drag you or beat you up?	4.69
Try to choke you or burn you on purpose?	3.13
Threaten or attack you with a knife, gun, or any other weapon?	3.91

Sexual violence

Examples given by respondents of recent incidents of VAW in both interviews and focus group discussions suggest that sexual violence is viewed more seriously than physical and emotional violence in Northern Zanzibar. This is supported by the 2007 GBV study which found that only 16 per cent of domestic violence victims sought compensation or imprisonment of the perpetrator compared to 31 per cent of victims of sexual violence.⁴⁰ Rape was identified as one of the most frequent forms of VAW in the community by respondents (46.6 per cent in North Unguja). Rape and sexual harassment were also the most identified form of GBV mentioned by institutional respondents in MLYWCD's 2009 study into institutional capacity.⁴¹

Women were asked if their current or former partner had forced them to (a) have sexual intercourse even when they did not want to or (b) perform any other sexual act against their will. Women who answered positively were then asked about the frequency of the violence during the previous 12 months. In North Unguja, 17.2 per cent of ever-partnered women indicated they had experienced sexual violence in their lifetime. The percentage in Pemba was much higher at 33.3 per cent. Table 3.6 sets out the percentage of ever-partnered women who had experienced specific acts of sexual violence during the previous twelve months in North Unguja. 3.1 per cent of ever-partnered women in North Unguja indicated they had experienced sexual violence which did not occur in the last 12 months.

Table 3.6: Sexual violence in North Unguja

Sexual Violence Does your husband ever?	% of ever-partnered women who answered often or sometimes
Physically force you to have sexual intercourse with him even when you did not want to?	7.8
Force you to perform any sexual acts you did not want to?	6.3

Emotional violence

In the 2007 GBV study, Zanzibar communities reported a greater incidence of emotional violence than physical violence with 88.7 per cent of respondents indicating that verbal abuse constituted the main form of GBV.⁴² This is supported by this study with a greater proportion of respondents indicating they had experienced emotion violence (23.4 per cent in North Unguja and 57.8 per cent in North Pemba) compared to physical violence (17.2 per cent in Unguja and 35.6 per cent in Pemba) and sexual violence (17.2 per cent in Unguja and 33.3 per cent in Pemba). Respondents also indicated that insults were a frequent form of

⁴⁰ MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.32.

⁴¹ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.25.

⁴² MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.viii.

VAW in their communities (46 per cent of respondents in North Unguja) although this percentage was much lower in Pemba (at only 14.6 per cent). Women were asked whether their current or former husband had ever (a) said or done something to humiliate them in front of others, (b) threatened to hurt or harm them or someone close to them or (c) insulted them or made them feel bad about themselves. Table 3.7 sets out the percentage of ever-partnered women who had experienced specific acts of emotional violence during the previous twelve months in North Unguja. The most reported form of emotional violence was humiliation (13.3 per cent).

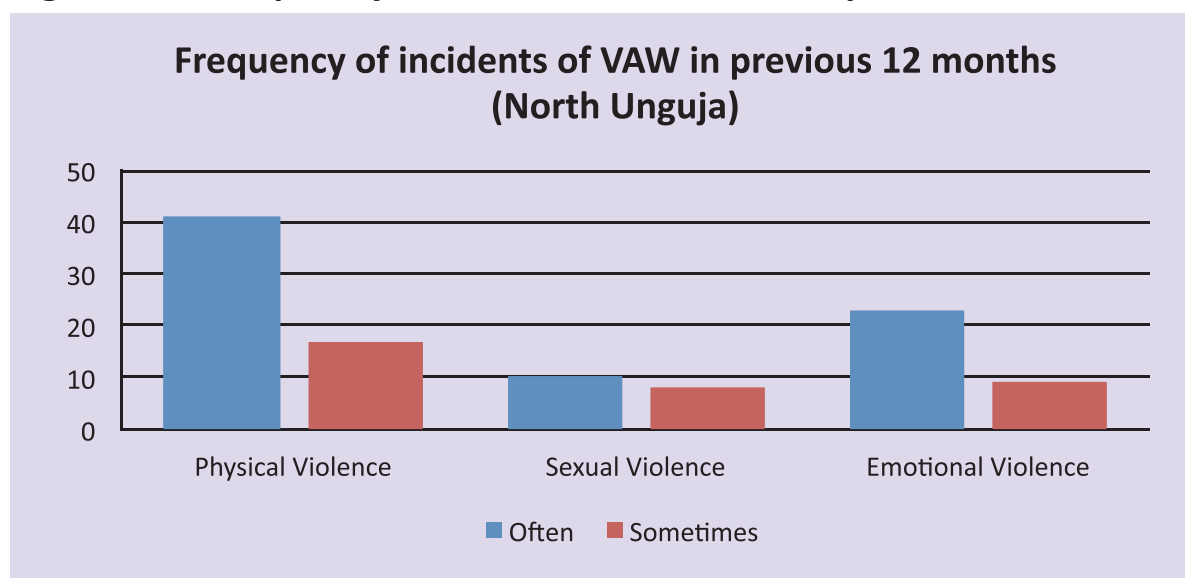
Table 3.7: Emotional violence in North Unguja

Emotional Violence Does your husband ever?	% of ever-partnered women who answered often or sometimes
Say or do something to humiliate you in front of others?	13.3
Threaten to hurt or harm you or someone close to you?	3.9
Insult you or make you feel bad about yourself?	7.8

Frequency and Severity of VAW

81 per cent of positive responses in North Unguja to experiencing physical violence indicated the violence had occurred often in the previous twelve months (see Figure 3.8 below). There was a relatively even spread between respondents who indicated they had experienced sexual violence often or sometimes during the previous year, while, 76.7 per cent of positive responses to emotional violence indicated it had occurred frequently during the previous twelve months. This could suggest a number of conclusions. Firstly, it may indicate that physical and emotional violence when occurring in the study areas tends to occur frequently and form a regular pattern of abuse. However, it may also suggest that in order for emotional and physical violence to be identified as VAW, by women in the community, the abuse must be frequent and recent. In contrast, sexual violence appears to be viewed with greater seriousness and therefore may be more likely to be identified as VAW when occurring less frequently. This requires further follow-up research.

Figure 3.8: Frequency of incidents of VAW over previous 12 months



Ever-partnered women who indicated they had experienced violence were asked about the severity of any injury resulting from that violence. As set out in Table 3.9, 9.5 per cent of VAW survivors in North Unguja and

17.5 per cent in North Pemba indicated they had sustained less serious injuries whereas 2.7 per cent and 3.5 per cent in North Unguja and Pemba respectively stated they had sustained a serious physical injury.

Table 3.9: Severity of Injury resulting from Intimate Partner Violence

Did the following ever happen as a result of intimate partner violence?	% of VAW survivors (Unguja)	% of VAW survivors (Pemba)
You had cuts, bruises or aches?	9.5	17.5
You had eye injuries, sprains, dislocations or burns?	1.4	1.8
You had deep wounds, broken bones, broken teeth, or any other serious injury?	2.7	3.5

Marital Control

Women were also asked about the various ways in which their husbands might try to control their actions. A range of controlling behaviours with the corresponding percentage of ever-partnered women who indicated they experienced this behaviour (often or sometimes) is set out in Table 3.10. The most common controlling behaviours indicated in North Unguja include getting jealous or angry if their wife talks to other men (50 per cent of ever-partnered women indicated this happened sometimes), frequently accusing their wife of being unfaithful (44.5 per cent said this happens sometimes) and insisting on knowing where their wife is at all times (22.7 per cent indicated that this happened often). In Pemba, the most controlling behaviours identified were insisting on knowing where their wife is at all times (37.8 per cent of ever-partnered women indicated this happened often), getting jealous or angry if their wife talks to other men (31.1 per cent indicated this happened often) and frequently accusing their wife of being unfaithful (33.3 per cent said this happens sometimes).

Table 3.10: Controlling Behaviour: Percentage of ever-partnered female respondents who answered often or sometimes

Controlling Behaviour exercised by Husbands / Partner	% of ever-partnered women who answered 'Often'		% of ever-partnered women who answered 'Sometimes'	
	UNGUJA	PEMBA	UNGUJA	PEMBA
Get jealous or angry if you communicate with other men	21.9	31.1	50.0	13.3
Frequently accuse you of being unfaithful	15.6	11.1	44.5	33.3
Does not permit you to see your female friends	9.4	20.0	28.9	26.7
Tries to limit your contact with your family	7.0	11.1	23.4	11.1
Insists on knowing where you are at all times	22.7	37.8	43.0	6.7
Does not trust you with any money	13.3	13.3	29.7	28.9

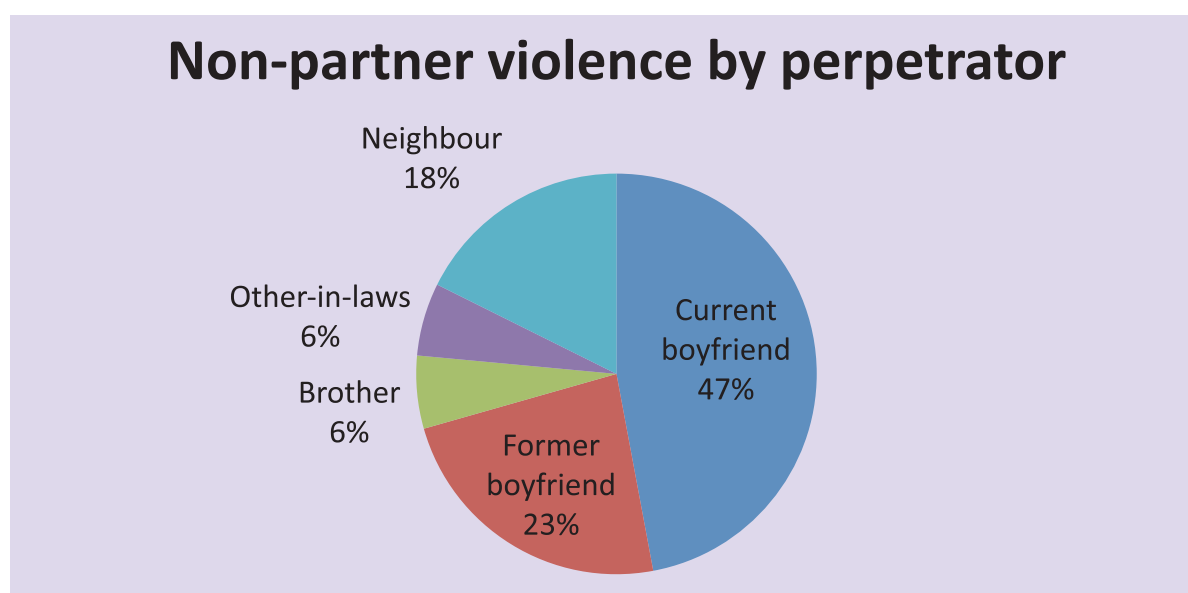
In comparison to the percentage of ever-partnered women who indicated they had experienced violence, the proportion of women who have experienced controlling behaviour is much greater in North Unguja. Significantly, this may indicate that controlling behaviour such as verbal abuse and restriction of movement is not identified by respondents as constituting violent behaviour and therefore that the prevalence rates (particularly rates of emotional violence) should in fact be much higher. This disparity is not noticeable in Pemba which may indicate a greater understanding of emotional VAW in the community. Further research is needed to ascertain the links between these controlling behaviours and incidents of sexual and physical violence in both North Unguja and North Pemba.

Non-Partner Violence

In addition to intimate partner violence, women were also asked if, from the time they were 15 years old, anyone (other than their current/former husband) had hit, slapped, kicked, or done anything else to physically hurt them. Women who answered yes to this question were then asked who had done this and how frequently it had occurred over the previous 12 months.

Only 11.3 per cent of female respondents in Unguja and 8.3 per cent of respondents in Pemba answered yes to experiencing violence at the hands of a non-partner. Of those who answered yes to experiencing non-partner violence in North A and North B Districts, 41.2 per cent had experienced this violence often during the previous twelve months and 58.8 per cent had experienced it sometimes. In Pemba, three quarters of those who answered yes to experiencing non-partner violence in the last twelve months had experienced this violence often while one quarter had experienced it sometimes. All respondents who answered yes to this question in both Unguja and Pemba experienced this violence during the last twelve months. Of those who answered yes to experiencing non-partner violence in North Unguja, a current or former boyfriend was identified as the perpetrator in the majority of the cases (see Figure 3.11 below).

Figure 3.11: Non-Partner Violence by Perpetrator

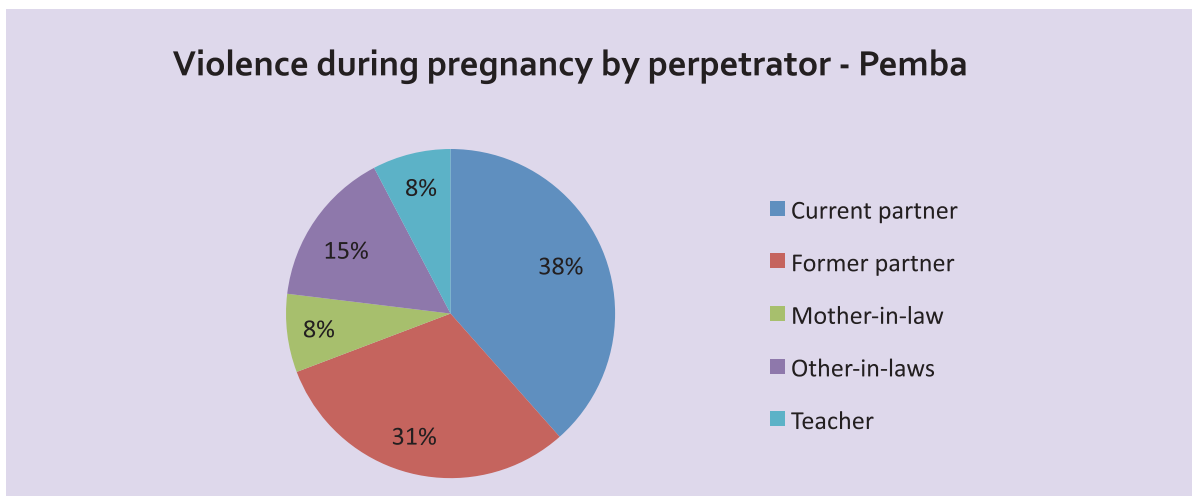
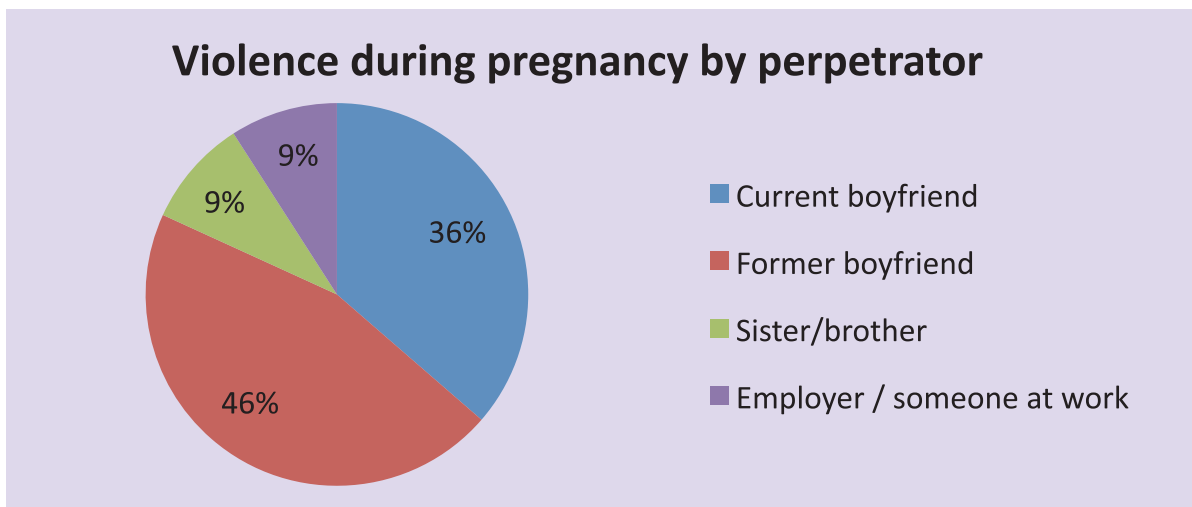


“A certain woman aged 35 years from Mgambo shehia was beaten while at her shop. There was a long queue. A man wanted to buy some salt but due to the long queue he had to wait. The man demanded that the shop keeper serve him and when she replied that she was busy he slapped the shop keeper until she fell down. To date, no action has been taken.” Respondent, AAITz Survey

Violence during pregnancy

Women who had ever been pregnant were asked about whether they had experienced any physical violence during pregnancy. Violence during pregnancy may result in miscarriage or low-birth weight. 8.4 per cent of women surveyed in North Unguja and 17.8 per cent of women surveyed in Pemba who have ever been pregnant indicated they had been physically abused while pregnant. More than three quarters of those who had experienced violence in pregnancy, identified a current or former partner as the perpetrator.

Figure 3.12: Violence in pregnancy by perpetrator



“A pregnant woman from Muwange Shehia with eight children and the ninth on the way was beaten. When she explained the matter to her another woman related to her husband, the friend was also beaten by her son just because the incident was reported to her.” Record of Interviewer, AAITZ VAW Survey

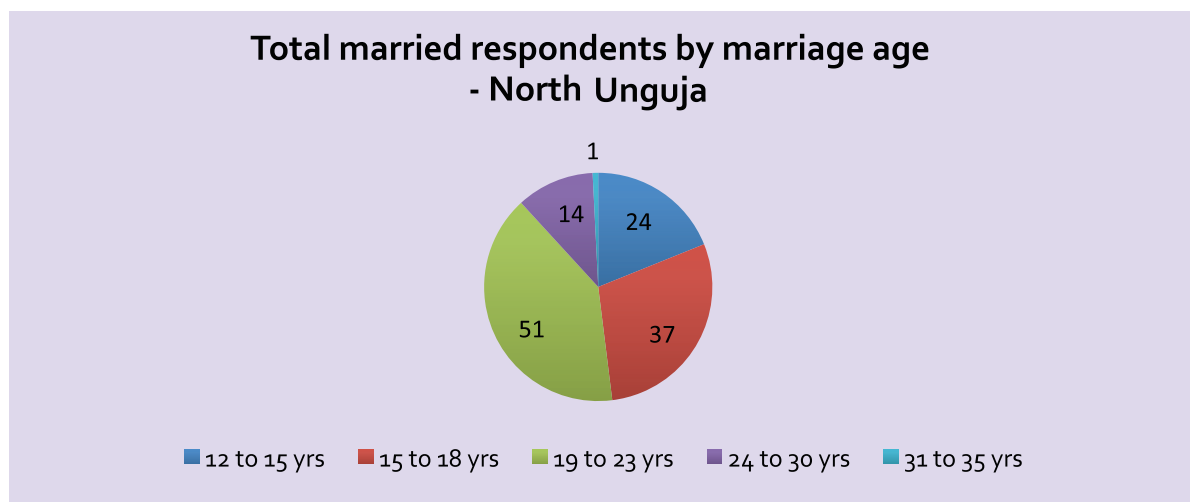
Child Marriage

Child or early marriage refers to the marriage of a child younger than 18 years old. Girls are disproportionately affected by this practice. A forced marriage is defined as a marriage without the valid consent of one or both parties. It is often advocated that child marriage is in fact forced marriage on the basis that anyone under the age of 18 is not able to make a fully informed choice whether or not to marry.

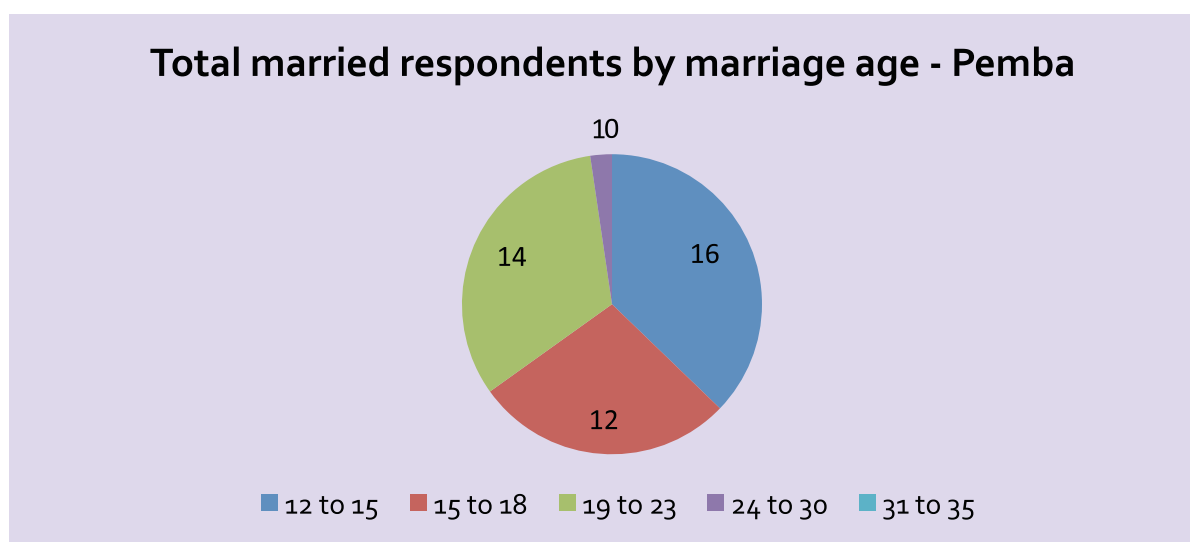
“A child from Potoa was selected to participate in the school games in the main land. While she was there she was cheated and impregnated. When she returned again to the mainland it was discovered that she was pregnant and she was returned to Unguja. The culprit was located and they were forced to marry. The girl was stopped from attending school and later the man left her.” The guy was a drunkard. Respondent, AAITz VAW Survey

In Unguja North A district, 18.6 per cent of married women surveyed were married between the ages of 12 to 15 years and 32.9 per cent were married between the ages of 15 to 18 years. In North B District, 19.3 per cent of married respondents were aged 12 to 15 years at the time of their marriage and 24.6 per cent were aged 15 to 18 years. This means 48 per cent of all married women surveyed in North Unguja were married between the ages of 12 and 18 years.

Figure 3.13: Marriage Age



In Pemba, the percentage of women married between the ages of 12 and 15 years old is much higher than North Unguja with 35.6 per cent of married women surveyed married at this age. 26.7 per cent of women surveyed were married between the ages of 15 to 18 years old and 31.1 per cent were married between 19 and 23 years of age. In total, 62 per cent of ever married women surveyed in Pemba were married between the ages of 12 and 18 years.



Despite legislative protection in Zanzibar (which will be examined in Chapter 6), in both Unguja and Pemba, out of 148 female students who got pregnant between 2006 and 2008 only 8 students were re-enrolled.⁴³

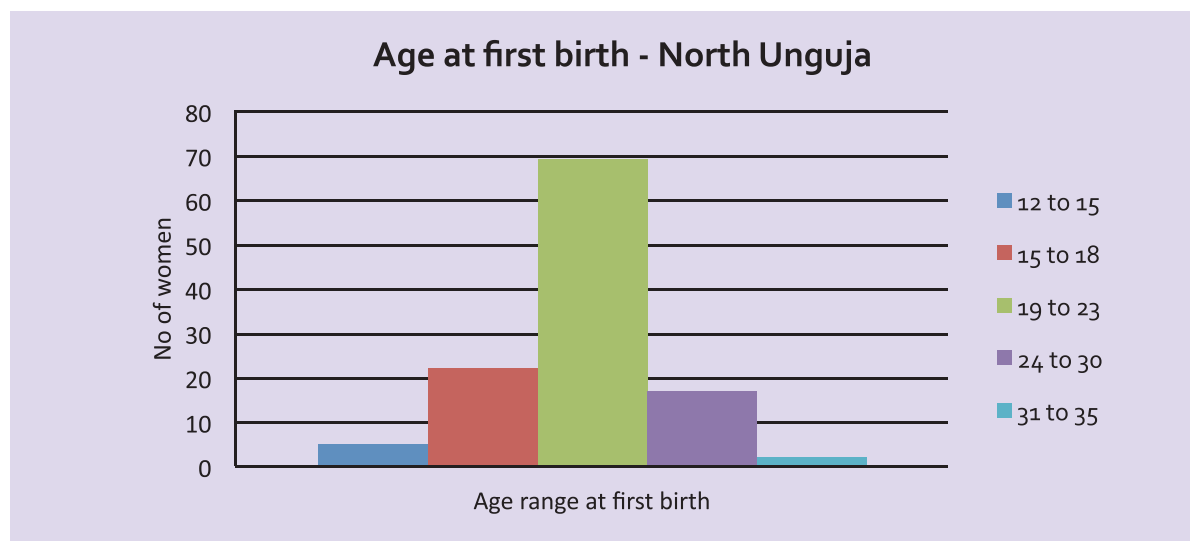
⁴³ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.14.

“A problem occurred but they were children – A 15 year old girl in standard six and a 17 year old boy in form 2. The parents decided that they should get married but the wedding has not yet taken place.”
 (Respondent, AAITz VAW Survey)

Girls who enter into marriage early face serious health risks. They are more vulnerable than their unmarried peers to adverse pregnancy outcomes, HIV infection, and violence.⁴⁴ Married girls also tend to be more isolated, exacerbating their vulnerability.⁴⁵ Child brides are likely to become pregnant at an early age and face higher risks during pregnancy such as fistula, anaemia and eclampsia. Girls below the age of 15 who give birth are five times more likely to die in childbirth than women in their twenties.⁴⁶ They are also at risk of obstetric fistula which has been associated with early sexual relations.⁴⁷ In North Unguja, while the majority of women gave birth to their first child between the ages of 19 to 23 years, 22 women (19.1 per cent of all child bearing women) gave birth between the ages of 15 to 18 years and 4.3 per cent (5 women) between the ages of 12 to 15 years old.

“A female child was assaulted and impregnated while still in standard seven. She is 15 and the man is 30. The man is a businessman and has agreed to marry her.” Respondent, AAITz VAW Survey

Figure 3.14: Age at First Birth (North Unguja)



In Pemba, 15.9 per cent of women with children gave birth to their first child between the ages of 12 and 15 years old and 15 women (34.1 per cent) between the ages of 15 to 18 years old. There is therefore a much higher percentage of women who gave birth to their first child at 18 years or younger in North Pemba than in North Unguja.

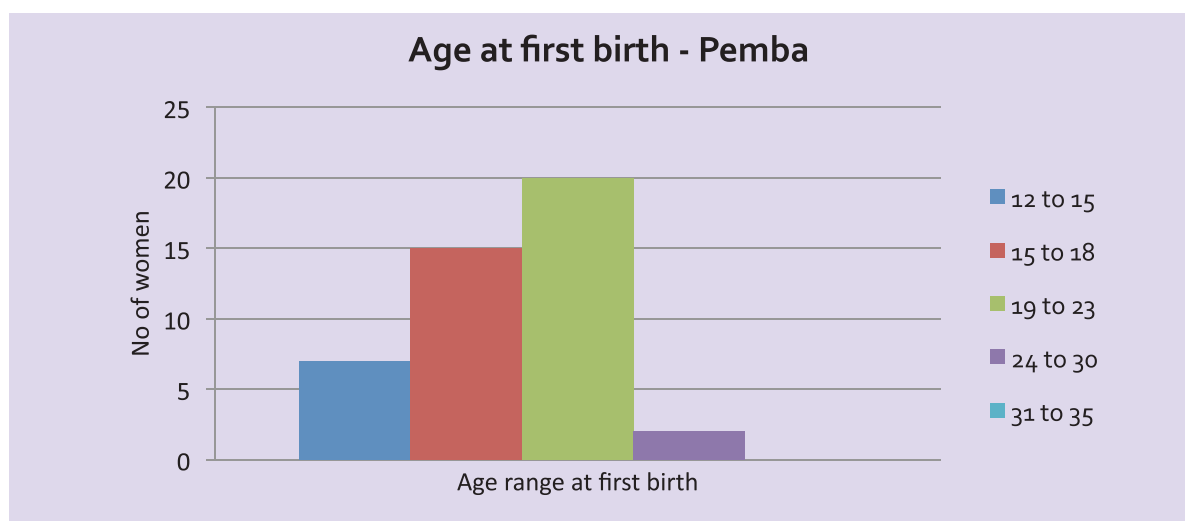
⁴⁴ J.R. Glynn et al. “Why do young women have a much higher prevalence of HIV than young men? A study in Kisumu, Kenya, and Ndola, Zambia.” AIDS 15 (suppl 4): S51–S60, 2001 cited in Temin, M and R Levine, Start with a Girl: A New Agenda for Global Health. Washington: Center for Global Development. 2009, p.20.

⁴⁵ M. Temin and R Levine, Start with a Girl: A New Agenda for Global Health. Washington: Center for Global Development. 2009, p.20

⁴⁶ The United Nations Interagency Task Force on Adolescent Girls (2009) Factsheet. ILO, UNESCO, UNFPA, UNICEF, UNIFEM, WHO. Available at: www.unicef.org/adolescence/files/Fact_Sheet_Final.pdf (accessed 25 August 2011)

⁴⁷ International Center for Research on Women (ICRW) ‘Child Marriage By the Numbers’ Toolkit, 2006, www.icrw.org

Figure 3.15 Age of first birth - Pemba



Girls who marry early are at greater risk of violence than those who marry later, especially those who are much younger than their husbands.⁴⁸ Early marriage has also been linked to wife abandonment and increased levels of divorce and separation⁴⁹ as well as increased risk of domestic violence.⁵⁰ Child brides also face the risk of being widowed by much older husbands.

"In my area a 14 year old in standard 6 was made pregnant by an 18 year old man who is not in school. The parents decided that they should get married but the marriage has not yet been conducted."
Respondent, AAITz VAW Survey

Abandonment

Abandonment and neglect of women by their husbands was highlighted as an issue in both Unguja and Pemba. 36 per cent of respondents in North Unguja surveyed by AATZ identified desertion as a frequent form of VAW in their community.

"A 40 year old woman with crippled children was abandoned by her husband. She has two children. She is the only one taking care of the children and they are all in school. One of the children is in standard nine. There are so many school contributions that must be paid but woman has failed to pay them. This has led to the children not being able to go to school as the woman could not afford the fees. The husband only takes care of his other junior wife."
Respondent, AAITz VAW Survey

⁴⁸ N. Otoo-Oyortey and S. Pobi. "Early Marriage and Poverty: Exploring Links for Policy and Programme Development." London: Forum on Marriage and the Rights of Women and Girls, 2003.

⁴⁹ UNICEF, Early Marriage: Child Spouses, 2001, available at: <http://www.unicef.org/publications/pdf/digest7e.pdf#search=%22UNICEF%2C2001%2C%20Early%20Marriage%3A%20Child%20Spouses%22>

⁵⁰ International Center for Research on Women (ICRW) 'Child Marriage and Domestic Marriage' Toolkit, 2006, www.icrw.org

ZAFELA handles approximately three cases of abandoned women daily.⁵¹ According to research conducted by ZAFELA, the practice of Dago (where men travel to the coastal areas for fishing for periods of more than six months), polygamy, poverty, early marriage and immigration contribute to high levels of abandonment.⁵² Abandonment may also occur as a result of VAW. As one respondent described, 'A violent act was committed against a girl and her husband left her. She was raped and she got pregnant. She is 33 years old and the husband is a 35 years old security guard.'

FGM

Female Genital Mutilation (FGM) is the name given to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.⁵³ Evidence suggests that FGM is not widely practiced in Zanzibar. In this study, only four respondents in North Unguja stated that they had heard of cases of FGM and none in Pemba.

Denial of inheritance rights

The land laws in Zanzibar grant access to land ownership by women but the majority are not aware of their land rights.⁵⁴ Widespread discrimination against women in property matters related to divorce and inheritance has been reported in Zanzibar.⁵⁵ Widows are often barred from inheriting from their dead husband's estate or owning any property; may be evicted from the family home; and lose custody of their children to the male relatives of their deceased spouse.

⁵¹ K. Taymiya 'Zanzibar women miss husbands', Habari, 27 November 2010, available at: <http://www.mzalendo.net/habari/zanzibar-women-miss-husbands>

⁵² ZAFELA, A survey on the women Desertion for North regions in Unguja and Pemba, 2010

⁵³ B. Ras-Work, The impact of harmful traditional practices on the girl child, Paper from the UN Expert Group Meeting on the Elimination of all forms of discrimination and violence against the girl child, 25-26 Sept 2006.

⁵⁴ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.18.

⁵⁵ US Department of State, 2010 Human Rights Report: Tanzania, Bureau of Democracy, Human Rights, and Labor, 8 April 2011, available at: <http://www.state.gov/j/drl/rls/hrrpt/2010/af/154373.htm>

4 Measuring the acceptance and understanding of VAW

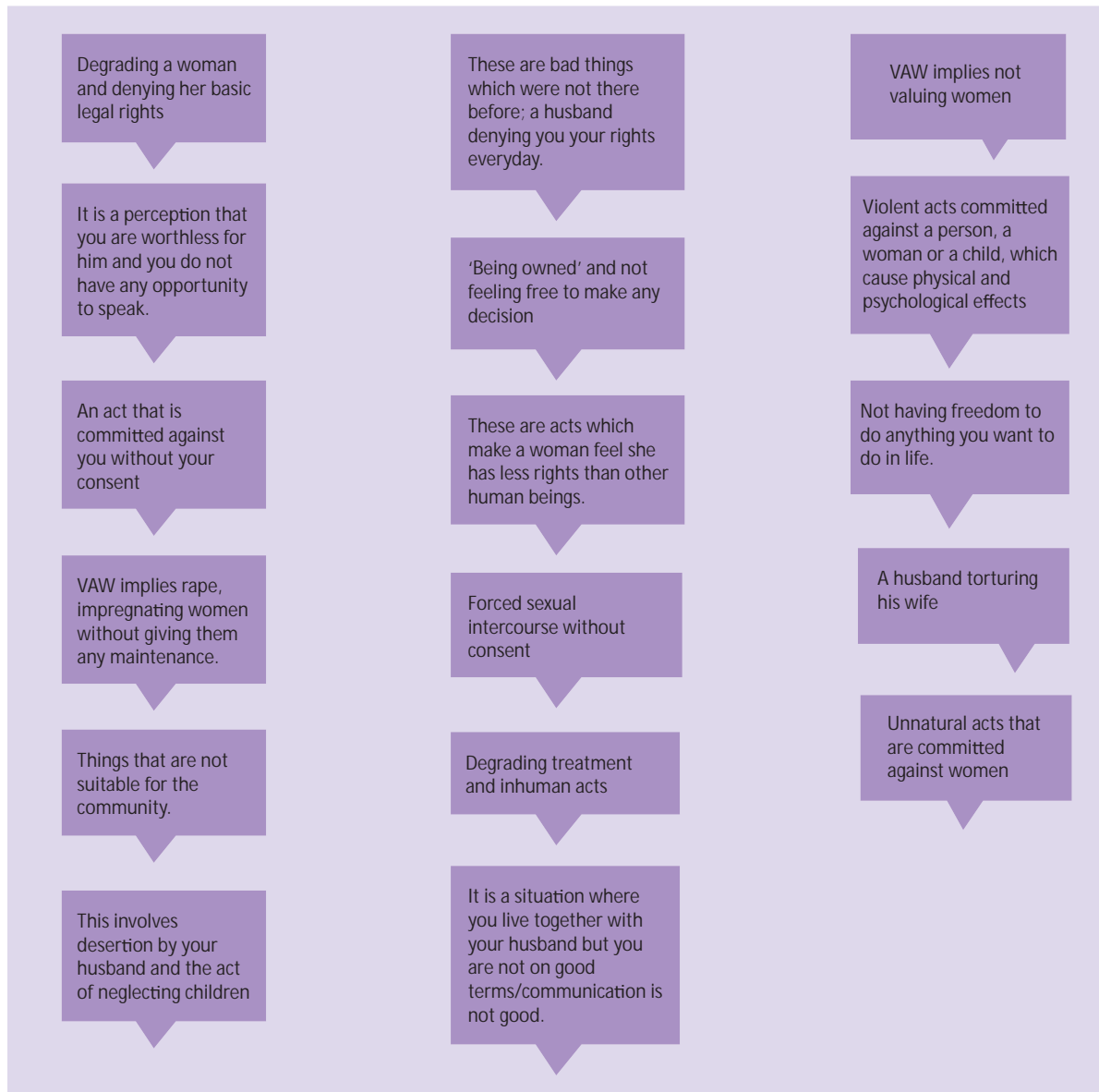
4.1 Defining VAW

Generally this is some understanding of VAW in the study areas. However, when respondents were asked to explain the meaning of VAW, the range of responses, which were at times inaccurate, and the lack of consistency across responses suggests there is not a comprehensive understanding of what constitutes VAW. As can be seen from the extracts on the following page, the meaning of VAW was often more connected by respondents to acts of violence rather than the actual definition. Questionnaire responses also suggested that respondents did not have a clear understanding of VAW. For example, respondents answered positively to questions around marital control such as verbal abuse or restricting movement but did not recognise patterns of this behaviour as emotional violence. As discussed in the previous Chapter, there was also a tendency in the study areas to associate VAW with pregnancy or with violence against children. Tellingly, when respondents were asked how they received information about VAW, a number of respondents stated that they became aware of it due to signs of pregnancy.

"An 18 year old school girl in from 2 was made pregnant by a 23 year old fisher man. They agreed that after she gives birth, she should get married. This incident happened 2 months ago."
Respondent, AAITz VAW Survey

However, there was some evidence of positive development in awareness around VAW since the 2007 GBV study which found widespread ignorance as to what constituted GBV.⁵⁶ For instance, in this study, a high proportion of respondents indicated that male chauvinism was a cause of VAW and recognised that VAW was harmful to a human being. Respondents could also identify a wide range of forms of VAW.

What do the words ‘violence against women’ mean to you?



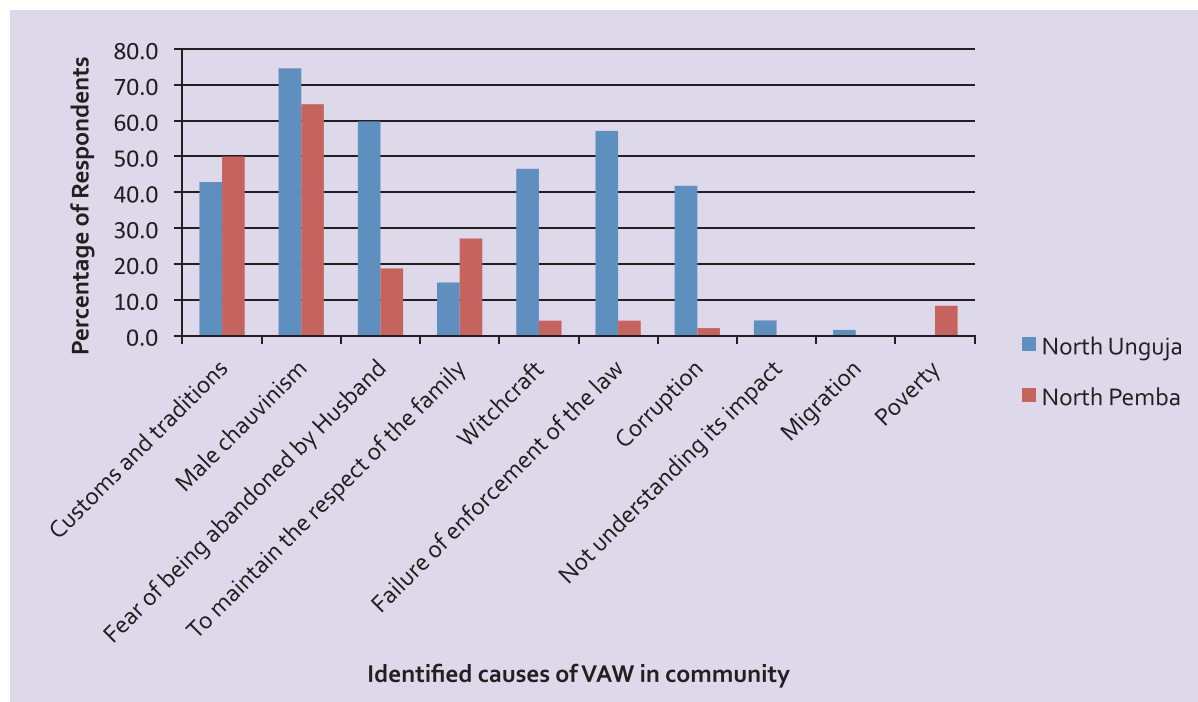
⁵⁶ MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.ix.

4.2 Causes and Perpetrators of VAW

Respondents were asked to identify the causes of VAW in their community. This sheds interesting light on attitudes to VAW. A significant proportion of respondents in North Unguja identified male chauvinism as a cause of VAW (74.6 per cent) followed by fear of being abandoned by a husband (59.8 per cent) and customs and traditions (42.9 per cent). In Pemba, male chauvinism was also the most identified cause (64.6 per cent) followed by customs and traditions (50 per cent). This indicates some understanding of the attitudes and cultural practices which perpetuate VAW. However, the fact that witchcraft is identified by almost half of respondents as a cause (46.6 per cent) in North Unguja suggests that there is still a tendency in the community to view VAW as something which is uncontrollable / inevitable. While in Pemba, although witchcraft was only identified as a cause by 4.2 per cent of respondents, maintaining the respect of the family was identified as a cause by 27.1 per cent of respondents, suggesting a worrying association of VAW with family honour and respectability.

“There is a person that has a habit of frequently raping women. Every time he is taken to the police he is always released and goes free. People are speculating that his parents are practicing witchcraft and that is why he has always been let free.” Respondent, AAITz VAW survey

Figure 4.0: What do you think causes people to commit VAW in your community?



Respondents were also asked to identify the main perpetrator(s) of VAW. 85.2 per cent of those surveyed in North Unguja and 91.7 per cent of those surveyed in Pemba identified men followed by youth (84.1 per cent in Unguja, 18.8 per cent in Pemba). More than one quarter of respondents in Unguja (29.6 per cent) and 10.4 per cent of respondents in Pemba also identified women as the main perpetrators. This indicates that women may be perpetrating violence against other women in communities (for example, mother-in-laws against their daughter-in-laws) but this finding must be treated with caution. Such a high identification of women as perpetrators (particularly in North Unguja) may also reflect community attitudes which blame female

victims for causing abuse or blame unmarried women for falling pregnant. School teachers and Madras (Islamic religious school) teachers, hoteliers, drunkards/drug users and visitors from other shehias were also identified as perpetrators.

Table 4.1: Attitudes - Perpetrators of VAW

Who are the main perpetrators of VAW? (more than one could response could be identified)	Unguja % (of total Respondents)	Pemba % (of total Respondents)
Men	85.2	91.7
Female	29.6	10.4
Youth	84.1	18.8
Elderly	37.6	4.2
Young children	1.6	–
Visitors from other shehia	1.6	–
Drunkards / drug users	1.1	–
Teachers	4.2	–
Hoteliers	0.5	–

4.3 Community Attitudes towards VAW

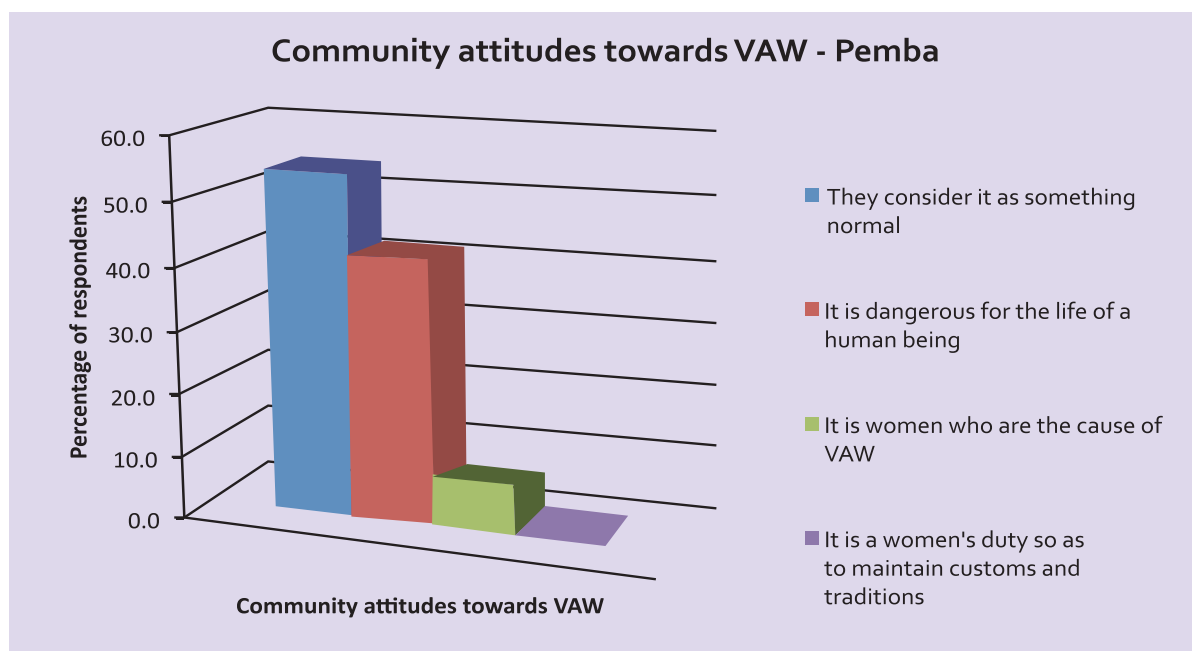
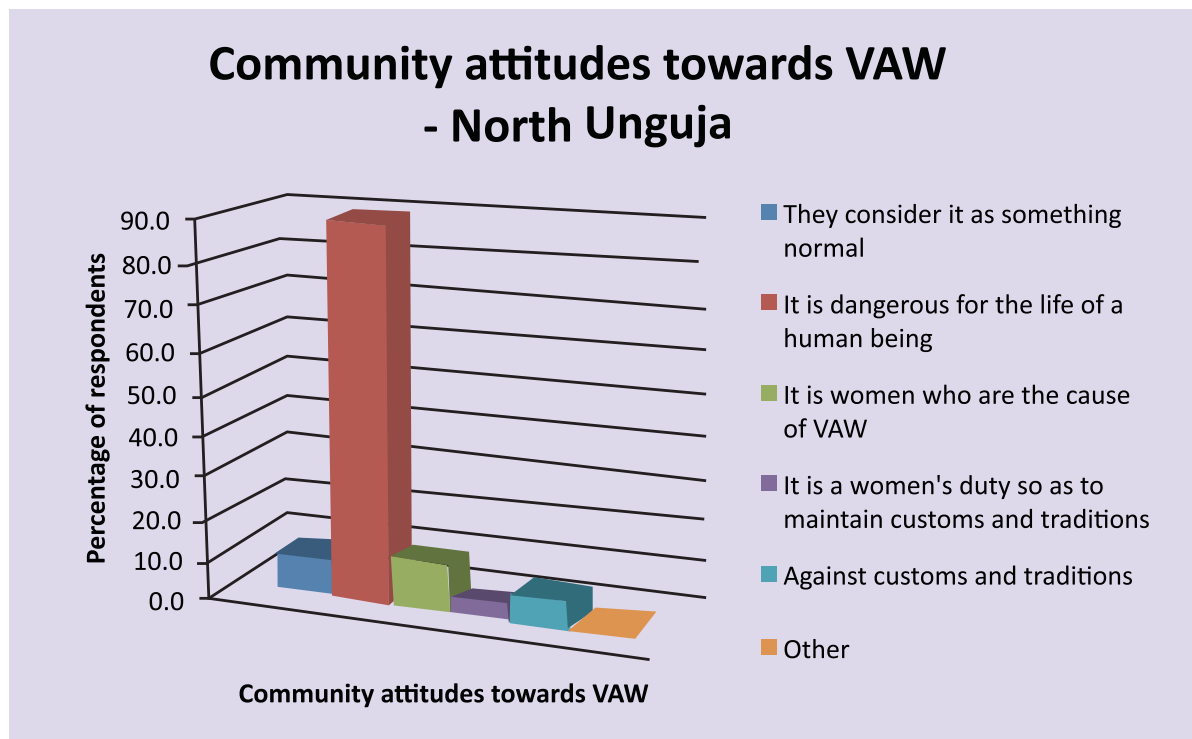
“There was one rape incident in the past two months. It was an 18 year old girl and a twenty year old man. The community isolated/rejected her.” Respondent, AAITz VAW Survey

The survey asked respondents about the attitudes in their community towards VAW (respondents could indicate more than one attitude – see Figure 4.2). In North Unguja, 89.4 per cent of respondents surveyed indicated that VAW was dangerous to the life of a human being. This is an encouraging statistic. However, it remains worrying that more than 10 per cent of respondents in North Unguja believe the community thinks that women are the cause of VAW while 9 per cent stated the community thought VAW was ‘normal.’ At the District level, the attitude that women are the cause of VAW was identified by 13 per cent of respondents in North B and that VAW was regarded as ‘normal’ by 10.7 per cent of respondents in North A.

“Most of them [the community] are afraid to speak out because if they do so their children will have problems.” Respondent, AAITz VAW Survey

In Pemba, a much lower percentage of respondents thought the community identified VAW as dangerous to the life of a human being (54.2 per cent). While only 6.3 per cent of respondents in Pemba thought that women were the cause of VAW, a concerning 41.7 per cent stated that the community thought VAW was ‘normal.’ This is a significantly higher percentage than Unguja and suggests that VAW in Pemba is an accepted cultural practice. Challenging these attitudes towards VAW in both Unguja and Pemba will be an important part of programme work in these communities. Until VAW is recognised as a violation of human rights rather than as an accepted part of community life, there will be little change in the prevalence of VAW or reporting rates.

Figure 4.2: Community attitudes towards VAW



Where women turn for help

5

*"I was afraid and felt ashamed to tell others and later I told him to leave me."
VAW Survivor, AAITz VAW Survey*

Women who are experiencing violence may use many different strategies to cope with the violence ranging from leaving the relationship to seeking help from the police, health professionals or other support services to not telling anyone about the abuse. This study considered the avenues which women can utilise for information about VAW as well as the available services. This information can potentially be useful for other women experiencing violence as well as indicating where additional resources should be targeted to support VAW survivors. If women do not have confidence that the justice system will provide them with support, safety and justice then they are unlikely to make the decision to report an offence or even to tell anyone. The Tanzania Demographic and Health Survey revealed that 25.2 per cent of female respondents in Zanzibar who had experienced violence had never told anyone.⁵⁷ While, the 2007 GBV study indicated that in 45 per cent of cases of personal experience of GBV nothing happened after the abuse.⁵⁸

⁵⁷ The Tanzania Demographic and Health Survey op cit. p.291

⁵⁸ MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.ix.

5.1 Reporting VAW

“They [VAW victims] think their shame will be publicised without taking any further action.”

Respondent, AAITz VAW Survey

In this survey, only 22 per cent of all women in North Unguja and 29.8 per cent of women in Pemba who reported experiencing VAW told anyone what had happened to them. As one interviewee explained, ‘those who report are afraid of being deserted and being perceived negatively in the community’ and another, ‘People feel shy to give information because they may be isolated and disliked.’



81 per cent of all respondents in North Unguja and 95.8 per cent of respondent in Pemba indicated that there were places in the community where violence could be reported. Significantly, the majority of respondents identified the Sheha (local Government leader) as the place to report VAW (91.5 per cent in North Unguja and 85.4 per cent in Pemba). This indicates the importance of engaging with local leaders on VAW and the tendency for incidents of violence to be resolved informally at the community level rather than being treated as criminal offences. This is explored in more detail in the next Chapter. The Police were also identified as an avenue for reporting VAW (86.8 per cent in Unguja and 83.3 per cent in Pemba) followed by the Hospital (68.8 per cent in North Unguja). Only a small number of respondents identified legal aid centres (4.8% in Unguja and 12.5 per cent in Pemba) and women’s organisations were not identified (see Table 5.0).

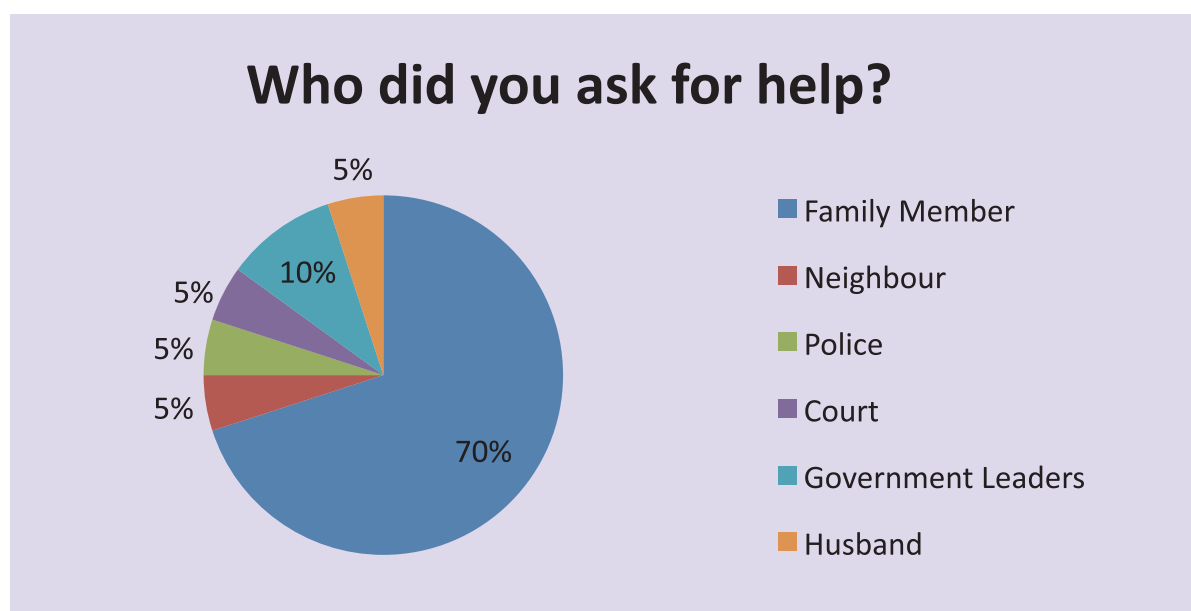
Table 5.0: Avenues to Report VAW

Avenues to report VAW – identified by respondents (%)		
	Unguja	Pemba
Police	86.8	83.3
Court	63.5	29.2
Hospital	68.8	14.6
Government Leaders (e.g. Sheha)	91.5	85.4
Legal aid centres	4.8	12.5
Parents	1.1	–
Shehia coordinator	2.6	–

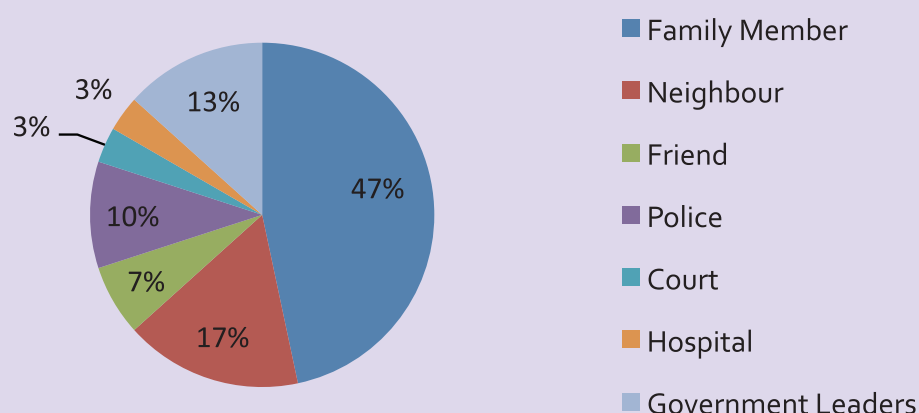
Significantly, only 1.1 per cent of respondents when asked about available avenues for seeking help in the community identified parents as an avenue for reporting VAW in Unguja and not at all in Pemba. It is interesting to compare these findings with the avenues for help actually used by VAW survivors in the community. Women who had experienced violence and had sought help were asked who they had asked for help. In stark contrast to the community perceptions of avenues for assistance, 70 per cent of VAW survivors who sought help in North Unguja and 47 per cent in Pemba asked their families for assistance (see Figure 5.1). 10 per cent sought help from Government leaders in Unguja and 13 per cent in Pemba, 5 per cent from their neighbours in Unguja and 17 per cent in Pemba and only 5 per cent reported the matter to the police in Unguja and 10 per cent in Pemba. This indicates that VAW survivors are utilising informal channels for seeking help and also that community members lack awareness as to how VAW is being dealt with by women in the community.

“My father called my husband and rebuked him then I went back home later.”
 VAW Survivor, AAITz VAW Survey

Figure 5.1: Actual avenues of assistance used by VAW survivors



Who did you ask for help? (Pemba)



Notably, hospitals or health-related support services were not mentioned by VAW survivors as avenues for seeking help in Unguja and only by 3 per cent of respondents in Pemba. Research by MLYWCD indicated that most GBV cases attended by health clinics are referrals from police (39.1 per cent) and relatives. This can be attributed to the fact that no medical service is provided without PF3 forms from the police.⁵⁹

5.2 VAW Services in Zanzibar

Table 5.2 sets out a number of services which are available to support VAW survivors. However, there remain many challenges in accessing these services ranging from a lack of resources and facilities to distance and transportation costs. These are summarised in the Table below.

Table 5.2: Organisations which provide VAW services in Zanzibar

Institution	Services offered for VAW survivors	Challenges
Tanzania Police Force <ul style="list-style-type: none"> Police Gender Desk Tanzania Female Police Network (TPFNet) 	<ul style="list-style-type: none"> Assist to fill in police form 3 (PF3) Support victims Collect evidence 	<ul style="list-style-type: none"> Limited number of gender desks (currently there is only one gender desk in North Unguja and one gender desk in Pemba) Lack of facilities at gender desks in the regional centres (such as computers to record data, facilities to ensure privacy for victims) No DNA testing centre in Zanzibar
One stop centre Mnazi Moja Hospital	<ul style="list-style-type: none"> Medical assistance to victims of VAW Counselling Police within the centre fill in PF3 and collect evidence 	<ul style="list-style-type: none"> Currently the only one stop centre in Zanzibar. Women must travel long distances / pay travel costs Evidence can be destroyed during the time taken to reach the centre

⁵⁹ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.38.

Government leaders at district and shehia level (including District Women's Officer and Coordinator)	<ul style="list-style-type: none"> • Receive and follow up the cases • Report VAW incidents to the police • Refer the survivors to the police and hospital 	<ul style="list-style-type: none"> • Contradictions between statutory and religious laws • Culture of silence and impunity • Pressure to resolve VAW cases within the community • Training needs
District Health Hospitals <ul style="list-style-type: none"> • Pemba: Wete and Micheweni • Unguja: Makunduchi, Chaani and Kivunge 	<ul style="list-style-type: none"> • Medical services for VAW victims 	<ul style="list-style-type: none"> • Lack of resources • Long distance to travel for many women • Women must travel elsewhere for evidence collection and counselling
Zanzibar Female Lawyers Association (ZAFELA)	Legal aid Monitor cases Counselling Preparation of legal documents Referral to other service providers Court representation	Limited resources Transport costs and long distances make it difficult for women to access legal services. Limited availability of legal aid funding
Zanzibar Legal Services Corporation (ZLSC)	<ul style="list-style-type: none"> • Legal aid • Counselling and referral • Court representation for public interest litigation cases • Follow up and monitoring of cases through paralegals 	<ul style="list-style-type: none"> • Limited availability of legal aid • Limited resources
Social welfare department, within the Ministry of Social Welfare, Youth Women and Children development	<ul style="list-style-type: none"> • Receive the victims, counsel and investigate the incidents and thereafter refer the survivors to Mnazi Moja one stop centre 	<ul style="list-style-type: none"> • Limited resources • Difficult for survivors to access
Women's union in Pemba and Unguja (JUMAKU and JUWAKAP)	<ul style="list-style-type: none"> • Report VAW cases • Offer support and counselling to the survivors of VAW 	<ul style="list-style-type: none"> • Limited resources • Long distance between villages • Culture of silence and impunity
Tanzania Media Women's Association (TAMWA)	<ul style="list-style-type: none"> • Media campaigns and advocacy • Provide media coverage to VAW survivors ready to share their stories 	<ul style="list-style-type: none"> • Limited resources • Many survivors are not ready to share their experiences due to fear and feelings of shame

6 Barriers to accessing justice

"A girl in form two was raped by her father. Her mother is deceased. Words are spoken/it is talked about but the issue is not brought before legal institutions." Respondent, AAITz VAW Survey

6.1 Existing policies and laws on VAW

The legal framework

International

It is well established under international law that violence against women is a form of discrimination and a human rights violation. International human rights treaties⁶⁰, and in particular the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), set out a series of rights that are critical in the protection of women from violence. The United Republic of Tanzania ratified CEDAW on 20 August 1985 and the Optional Protocol to CEDAW in February 2004.

Tanzania is also a signatory to the Beijing Declaration and its Platform for Action which identified VAW as one of the twelve critical areas of concern. It calls upon governments to develop strategies or national plans of action to implement the Platform locally and improve the situation of women in their country.

⁶⁰Including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

Regional

At the regional level, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (also known as the Maputo Protocol) addresses violence against women within many of its provisions. Tanzania has also ratified the Southern African Development Community (SADC) Protocol on Gender and Development of 2008⁶¹. This includes measures aimed at ensuring equality in the criminal justice system, , and providing accessible and affordable legal services for all women. The Addendum to the 1997 Declaration on Gender and Development by SADC Heads of State or Government of 1998⁶² strongly condemns all forms of violence against women and children.

Notably, regional and international instruments are not automatically part of the law in Tanzania / Zanzibar after ratification, but rather must be incorporated into domestic law in order to be enforceable. However, this is qualified by Article 10(9) of the Zanzibar Constitution which requires that all civil servants adhere to the international treaties on human rights.

National

The Constitution of Zanzibar guarantees equal rights to all Zanzibaries (article 11), provides that all persons are equal before the law and are entitled without discrimination to protection and equality before the law (article 12), and prohibits discrimination on the grounds of 'nationality, tribe, place of origin, political opinion, colour, gender, religion or station in life' (article 12 (5)). It also provides for the victims of human rights violations to institute proceedings for redress in the High Court (article 24(2)). Apart from these constitutional safeguards, the government of Zanzibar has enacted specific laws to translate into reality key provisions of international human rights instruments relating to women's rights. However, despite these developments, some discriminatory laws remain in place and gaps in the law create additional challenges for the reduction of VAW. Table 6.0 below summarises the promising developments and existing challenges in the Zanzibar legal framework.

Table 6.0:

Important developments in the Law	Existing Limitations
The Penal Act of 2004 provides for a number of VAW offences including rape, indecent assault, sexual abuse, trafficking of persons, acts of gross indecency between persons, grave sexual assault and sexual harassment.	<ul style="list-style-type: none">• Zanzibar legislation does not define sexual violence or domestic violence.• The Penal Act 2004 does not recognise marital rape.• Zanzibar laws are silent on the minimum age for marriage.• Under the Marriage and Divorce (Muslim) Registration and Divorce (cap 91) there are unequal divorce rights - a man may divorce his wife at his own will whereas a woman must apply to Kadhi's Court for an order of divorce.¹²

⁶¹ Adopted August 2008, available at <<http://www.sadc.int/index/browse/page/465>>

⁶² Adopted 14 September 1998, available at http://www.justice.gov.za/docs/other%20docs/1998_SADC%20DeclarationAddendum.pdf

<p>The Sexual Offences (Special Provisions) Act No. 7 of 1998 includes both minimum and maximum sentences and makes the payment of compensation mandatory upon conviction (section 121). It also raises the age of consent to a sexual act for girls to eighteen years (section 148) and requires a lower standard to prove sexual crimes. For example, corroboration is no longer required to prove rape although there must be proof of penetration.¹⁰</p>	<ul style="list-style-type: none"> • The Spinster and Single Parent Child Protection Act 2005 qualifies the right of a mother to education because it also provides that an educational authority can withhold reinstatement of a child mother on account of any apparent unreformed behaviour. • Under the Zanzibar Employment Act there is no criminal sanction for sexual harassment in employment.
<p>The Spinster and Single Parent Child Protection Act 2005 repeals Section 20(4) of the Education Act 1982 which provided for the expulsion from school of a pregnant female student. This Act provides for the suspension of a pregnant student for no longer than two academic years.</p> <p>The Zanzibar Employment Act 1995 prohibits all forms of sexual harassment in employment.</p> <p>The Government is also in the process of reviewing the Kadhis' Court Act, 1985. It has been recommended that this law be amended to clearly define matrimonial property, to provide for maintenance of the divorcee, to provide for the appointment of advocates to Kadhis' Courts and to create simple procedural rules.¹¹</p>	<ul style="list-style-type: none"> • The law is silent on mechanisms which should be put in place to protect VAW survivors in rape and sexual assault cases such as testifying by camera, privacy precautions, and standards for the consideration of evidence in these cases such as guidance on consent and the myths and stereotypes surrounding VAW. • There is no provision for matrimonial property under Zanzibar law except where there is evidence of actual contribution. The Kadhi's Court Act 1985, The Marriage and Divorce (Muslim) registration and Divorce Decree Cap 91 and The Marriage (Solemnization and Registration) Decree Cap 52 do not recognize matrimonial property and lack a clear definition of matrimonial assets and the division of same during divorce. • Sexual crimes committed against males attract harsher sentences. For example, under the Penal Act 2004, anyone who indecently assaults a woman is liable for 3 to 14 years imprisonment (section 131) while those who assault young boys are liable to not less than twenty-five years (section 152).

National Policy Development

The Women Protection and Development Policy of Zanzibar was adopted in 2001. This policy deals broadly with empowering women in politics and the economy, legal awareness, education and vocational training and also recognises the existence of laws which discriminate against women in Zanzibar. However, the broad nature of this policy has decreased its effectiveness in addressing VAW or in facilitating institutions in Zanzibar to address VAW.⁶³ In 2011, MSYWCD introduced A Multi – Sectorial Strategy and action plan for preventing and responding to Gender based Violence in Zanzibar. This plan aims to:

- a. Facilitate access to user friendly pro- survivor services including protection services; Medical services; legal services; and psychosocial services.
- b. Adopt a comprehensive GBV Legal and policy framework.
- c. End the silence over GBV incidence and impunity.

⁶³ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.17.

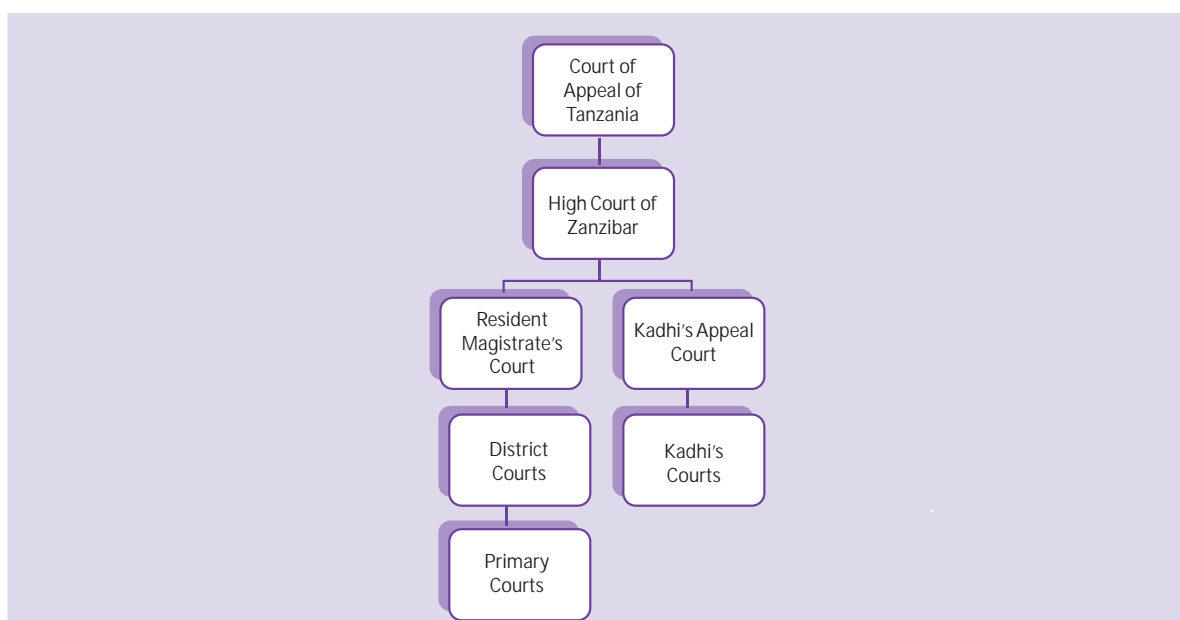
- d. Ensure systems and standards of accountability in GBV responses.
- e. Bolster the capacity of key GBV institutions, structure and actors.

The government has also introduced various other policies which have the potential to further the rights of women. These include the Zanzibar Employment Policy (2009), which among other things, promotes equal access to employment opportunities, Zanzibar food security and Nutrition Policy (2008); Zanzibar Small and Medium Enterprises policy (2006); and the Zanzibar Mainstreaming Operational Plan. Currently MSYWCD is also finalising a Gender Policy that aims to enhance the effective involvement of women in socio-economic and political issues including their participation in leadership and decision making.

The Zanzibar Judicial System

Zanzibar has a dual court structure made up of the common law courts and religious (Kadhi) courts (see Figure 6.1 below). The Kadhi courts, established under section 3(1) of the Kadhi Courts Act 1985, adjudicate all Islamic family matters such as divorce, distribution of matrimonial property, custody of children, maintenance and inheritance but only if both parties are Muslim. Every Kadhi is, by virtue of his office, a registrar of Muslim marriages and divorces for the district in which he has jurisdiction.⁶⁴ The Kadhi Appeal Court hears all appeals from the Khadi courts. The primary, district and Magistrate’s courts deal with criminal and civil cases except for cases under Islamic law. The High Court of Zanzibar has the same structure as the High Court of Tanzania Mainland and handles all appeals from the lower subordinate courts. The Court of Appeal Tanzania handles all matters from the High Court of Zanzibar.

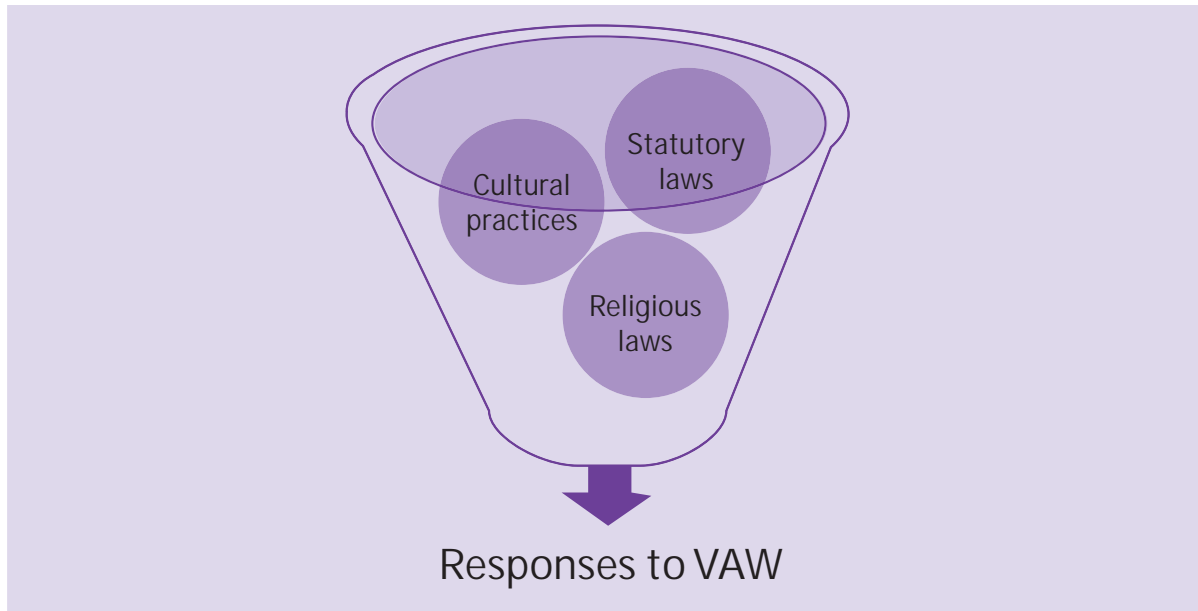
Figure 6.1: Judicial System of the Revolutionary Government of Zanzibar



This dual court system and the values embedded in culture, religion and patriarchy very much influence the effectiveness and implementation of the law in Zanzibar. VAW is often analysed within the religious and/or cultural contexts instead of being linked to the legal and political framework.⁶⁵

⁶⁴Section 5, Marriage and Divorce (Muslim) Registration and Divorce (cap 91).

⁶⁵MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.xii.



For example, although Kadhi courts are only empowered to hear civil cases, they regularly hear and adjudicate on cases of sexual assault.⁶⁶ This leads to VAW being treated as a civil matter rather than as a criminal offence. Kadhi Courts are also problematic as advocates are not allowed in the courts meaning women are not afforded legal representation and are often not aware of their legal rights let alone court procedure.

6.2 The Findings: Access to Justice

One of the central findings of this study is the real and perceived barriers which deny women who have experienced VAW access to justice and lead to cases of VAW being resolved informally within the community.

'I do not know any other practical ways to resolve the issues except the one where parents sit together and resolve the issue.' Respondent, AAITz VAW survey

Mediation – dealing with VAW in the community

This study clearly illustrates that although not provided for under the law, marriage or informal compensation arrangements are often used in place of the criminal justice system in Northern Zanzibar. When asked about recent examples of VAW in their community, a large number of respondents described instances of rape or pregnancy where the matter had been resolved through marriage. As one respondent commented, 'A girl experienced sexual violence and got pregnant and she does not go to school. The man does not go to school. The parents discussed and together decided that they should get married.' While another male respondent said, 'VAW survivors are given compensation. The parents know each other so the family of the man give bride price and the VAW survivor and perpetrator get married.' Responses revealed that mediation was usually conducted by the Sheha or between the parents of the perpetrator and the victim.

⁶⁶S. Maoulidi, 'Zanzibar GBV advocacy, op cit.

"Our parents sat together and resolved the issue then I went back home." VAW Survivor, AAITz survey

Given cases take so long to progress through the legal system and many families are living in poverty, compensation can be an inducement to 'resolve' the matter informally. Many respondents noted that compensation was paid in VAW cases but that this was often done secretly.

"A man aged 20 years assaulted and impregnated a girl aged 17 years in January 2012. The matter was taken to the Shehia leaders and the girl's parents have demanded to be compensated with the amount of 20,000 schillings for their daughter and at the same time they do not want her to be married. I was told about this by a neighbor." Respondent, AAITz VAW Survey

A large number of responses suggested that it was only when mediation failed between the parties that the matter would be referred to the police or progress to court. 'When they fail to reach a consensus with the perpetrator they go to court. ..They call the families for reconciliation and when they fail they are taken to court.' Respondents also described how some police officers actively encourage mediation within the community - The police take legal steps and call the parents of both parties. If the issue is not resolved then it is taken to court.

"They [the police] call the parents and give advice that they should get married." Respondent, AAITz VAW survey.

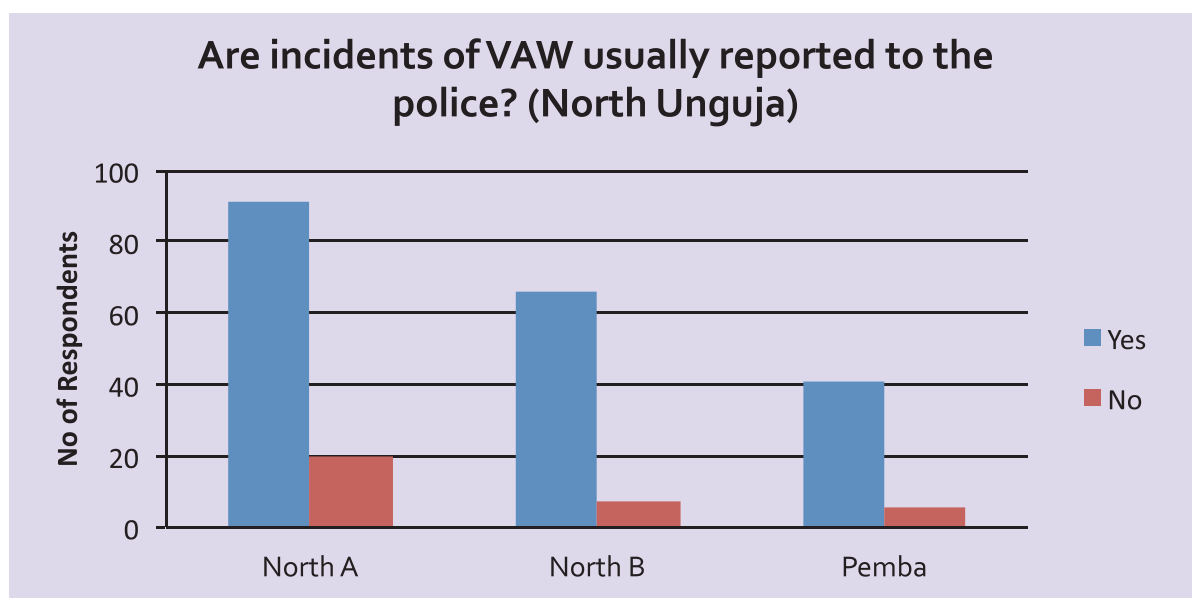
This practice of mediation between the parties leads to VAW being seen as a community issue rather than a criminal offence. Marrying off a victim of VAW to her perpetrator represents a double violation of her rights. Not only is the perpetrator not brought to justice but the VAW survivor is effectively punished for the violence which has been committed against her. Marriage may lead to her being expelled from school, being exposed to marital rape and reliving the trauma of the sexual violence she experienced on a daily basis. Marriage as a solution to VAW demonstrates ignorance in the community as to the effect of VAW on the survivor's life and livelihood. Worryingly, the concern of the community is the potential damage to the family's reputation rather than the long term impact on the survivor or the rights of women to be free from violence.

"A 16 year old child in standard was sexually harassed by a 19 year old man who is out of school. The incident occurred in November 2011. The girl is three months pregnant now and they have agreed that she should get married." Respondent, AAITz VAW survey

Police responses

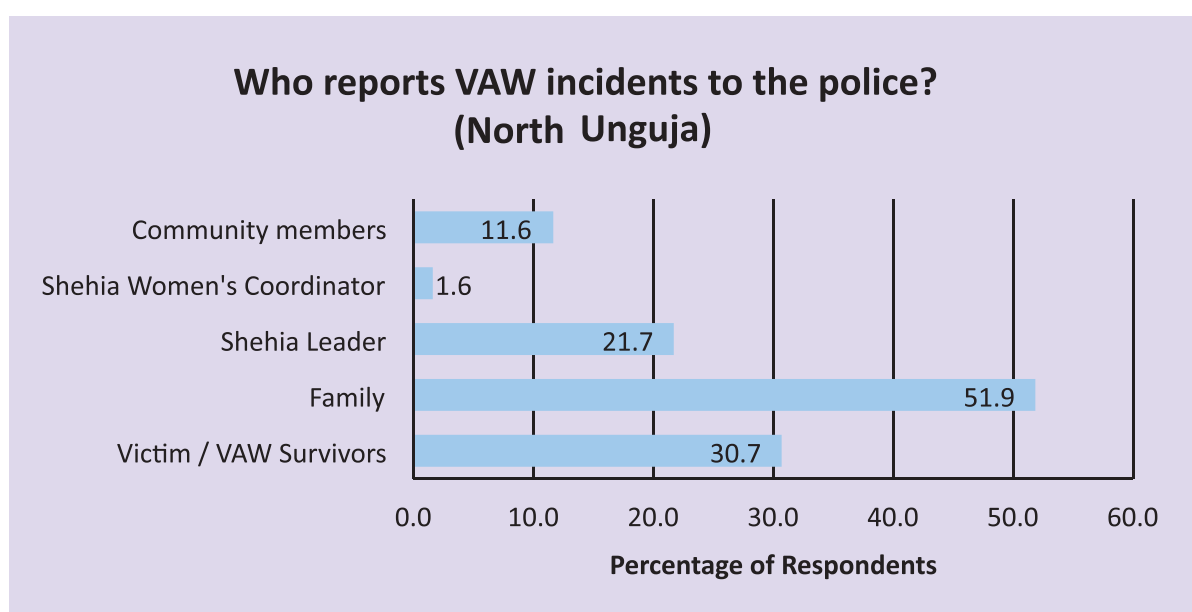
Despite the substantial anecdotal evidence that VAW is resolved with the community, the majority of respondents stated that incidents of VAW were usually reported to the police (81.3 per cent, 85.7 per cent and 85.4 per cent of respondents in North A, North B and Pemba respectively – see Figure 6.2).

Figure 6.2: Reporting incidents of VAW to the police

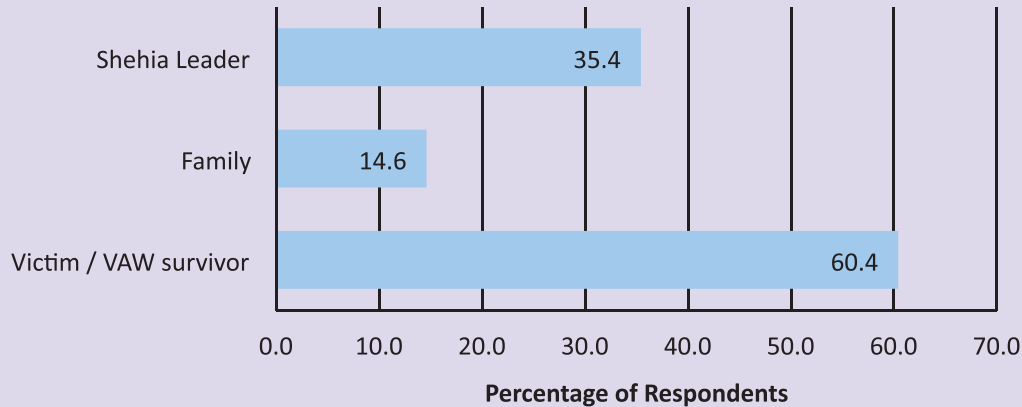


Respondents in North Unguja indicated that it is typically the family of the victim (51.9 per cent), the victim herself (30.7 per cent) or the Shehia Leader (21.7 per cent) who report the incident to the police (see Figure 6.3). In Pemba, respondents thought VAW was usually reported by the victim herself (60.4 per cent), the Shehia leader (35.4 per cent) or the family of the victim (14.6 per cent). This perception that a large number of women themselves report VAW incidents to the police does not accord with other findings of this study, namely that only 5 per cent of VAW survivors surveyed in Unguja and 10 per cent in Pemba indicated they had reported the crime to the police.

Figure 6.3: Community perceptions: Who reports incidents of VAW to the police?



Who reports VAW incidents to the police? (Pemba)



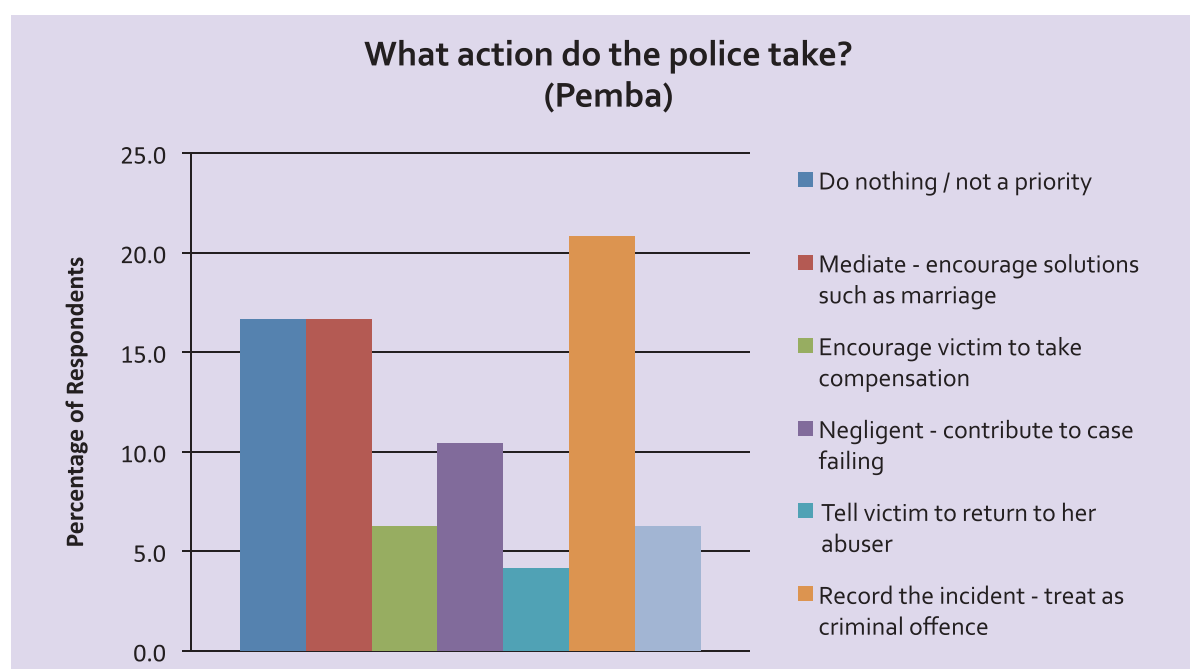
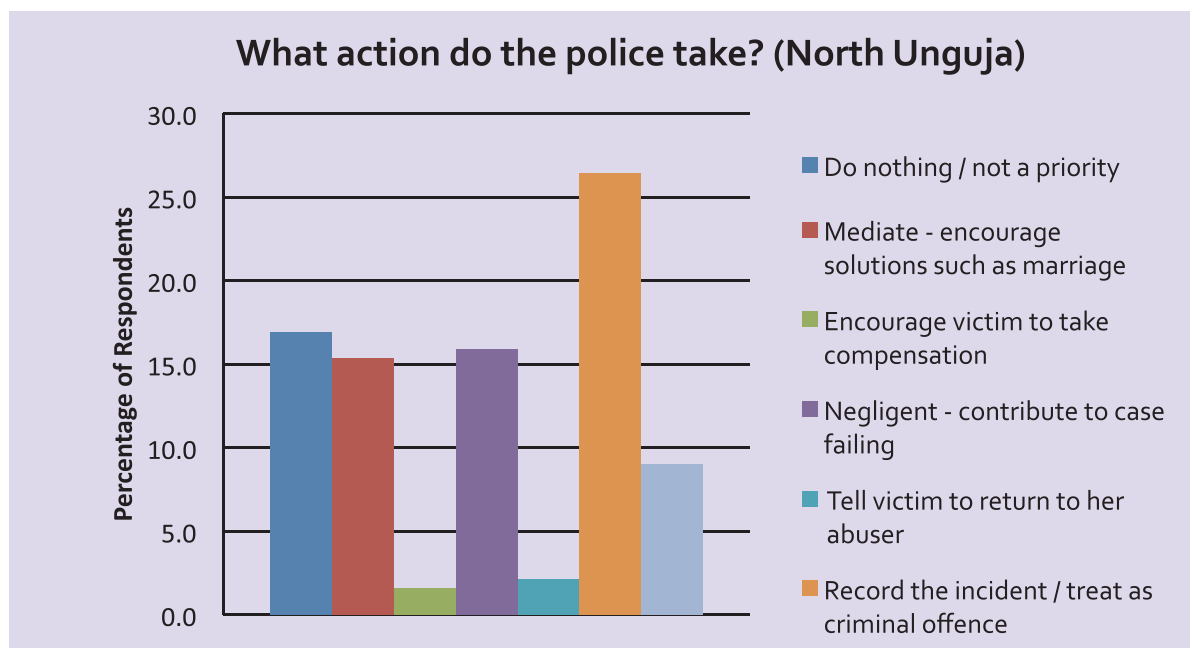
“A woman with mental problems was raped by a man. He was arrested and the Sheha in both areas were informed and reported the case to the police on the same day. However, no action was taken.” Respondent, AAITz VAW survey

Respondents were also asked to describe what action the police take in response to a report of VAW. Just over a quarter of respondents in North Unguja and over a fifth of respondents in Pemba stated that the police would treat the report as a criminal offence. However, 16.9 per cent in Unguja and 16.7 per cent in Pemba thought the police would do nothing or would not prioritise the report, 15.3 per cent in Unguja and 16.7 per cent in Pemba believed the police would mediate between the parties (encouraging solutions such as marriage) and 15.9 per cent in Unguja and 10.4 per cent in Pemba indicated that the negligence of the police would contribute to the case failing (figure 6.4 below). These results indicate a lack of confidence across the study areas in the responsiveness of police action to incidences of VAW. 34.4 per cent of respondents in North Unguja and 20.8 per cent in Pemba indicated a lack of diligence in legal institutions was a reason that VAW cases were not reported while 46.6 per cent of respondents in North Unguja stated corruption was a reason for not reporting.

“They [the police] do not take the issue anywhere they just delay you.” Respondent, AAITz VAW survey

This was further supported by anecdotal evidence from respondents, ZAFELA and partners working in the communities describing the delays associated with the police taking any action. For example women were often asked to return to the police station many times. As one respondent described, ‘When you report it to them then every day you have to go back and forth then in the end it is tiresome. Then the people agree that they should just get married.’ 5.3 per cent of respondents in North Unguja indicated that wasting time travelling back and forth was a reason why VAW was not reported to legal institutions.

Figure 6.4: What action do the police take?



“The community is afraid of bureaucracy and delays - come back tomorrow, come back the day after tomorrow.”
Respondent, AAITz VAW Survey

In research conducted by MLYWCD, out of the 96 per cent of police officers who attended training and courses only 25 per cent had attended a course that had incorporated GBV as a topic.⁶⁷ GBV and more specifically VAW should be mainstreamed across police officer’s training. For example, training on investigative skills should include how the trauma of VAW may impact on how victims behave.

⁶⁷ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.25.

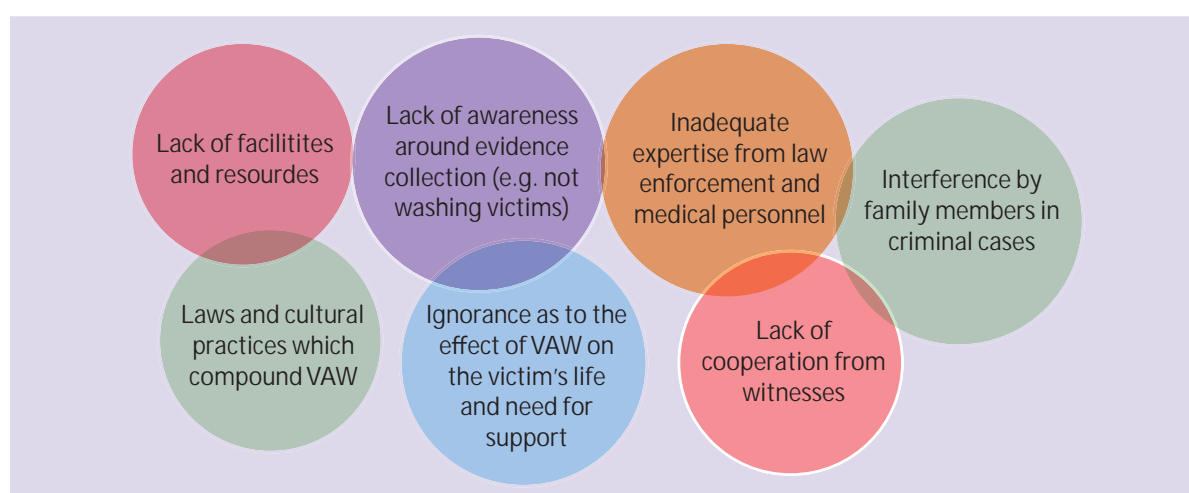
Table 6.5: Why incidents of VAW are often not reported to legal institutions

Why are incidents of VAW often not reported to legal institutions?	Unguja Percentage of Respondents who identified	Pemba Percentage of Respondents who identified
Lack of evidence	36.5	20.8
Bureaucracy in cases	40.2	29.2
Lack of diligence in legal institutions	34.4	20.8
Corruption	46.6	14.6
Do not know what to do	2.6	–
Wasting time - to and from police stations	5.3	–
Mediated outside court	–	2.1
Fear of discrimination	–	2.1

Evidence Challenges

Evidence is a major problem in prosecuting cases of VAW in Northern Zanzibar. The MLYWCD 2007 study found that 40 per cent of sexual offences cases fail due to insufficient evidence.⁶⁸ 36.5 per cent of respondents in North Unguja and 20.8 per cent in Pemba in this study indicated that a lack of evidence was the reason VAW cases were not reported to legal institutions.

Figure 6.6: Challenges – Evidence Collection



There are many challenges surrounding evidence collection (see Figure 6.6 above). For example, criticism has also been made of the PF3 form, which is used to record an offence, on the basis that it is not specific enough to capture VAW incidents.⁶⁹ The requirement to examine the victim immediately following the rape is also not known to most victims or front-line police officers. Therefore, it is common for the police or parents to clean the victim which destroys the evidence before referral to medical officers.⁷⁰ It is also difficult to collect DNA evidence when there is no testing centre in Zanzibar. Further, VAW does not form part of medical

⁶⁸ MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.35.

⁶⁹ MLYWCD, GBV Incidences and Responses in Zanzibar, op cit. p.48.

⁷⁰ MLYWCD, A study of gender based violence related law in Zanzibar, October 2008, p.37.

training which leads to limited forensic knowledge and a lack of confidence to provide evidence in court.⁷¹ The Tanzania Police Network and the Police gender desks are important initiatives which have the potential to ensure targeted investigation, safety and support for victims of VAW. However, resourcing and appropriate facilities remain a problem. For example, there is only one gender desk in North Unguja and one in Pemba, there is no DNA testing centre in Zanzibar and there is a general lack of facilities in the regional centres such as computers to record data and privacy is also an issue. Research by MLYWCD revealed that only 4.2 per cent of police respondents said the room where GBV interviews were conducted is very private. Due to inadequate office space often a vacant office is used which does not ensure privacy. Files for GBV cases have no specific storage space and can therefore be accessed by anyone.⁷² The absence of processes, procedures and systems to address VAW in Zanzibar is of great concern to combatting VAW.⁷³ For example, there is a need for a specific National Policy and Guidelines for medical Professionals, police investigators, prosecutorial staff and institution concerning with social development in dealing with victims of VAW. The one stop centre in Mnazi Moja Hospital is an important development which can provide support and health care to victims while ensuring appropriate evidence is collected. However, at this stage this is the only centre in Zanzibar, making it difficult for many women to access this service. Further, this service is largely focused on providing services for child survivors of violence meaning that services are not necessarily responsive to the needs of adult women.

Barriers to taking cases to court

Throughout this study, several key barriers to taking cases to Court were noted.

Long delays - Cases can take three to four years to progress through the court system. These delays can partly be attributed to a shortage in the number of judges and magistrates in Zanzibar. According to the Zanzibar Human Rights report 2011, in the Mwanakwerekwe District court it was estimated that one Magistrate handles an average of 9 to 10 cases per day.⁷⁴ Delaying tactics are also employed by perpetrators. For example, a perpetrator may deliberately fail to attend court which is likely to result in the hearing being postponed.⁷⁵

Legal Aid - The lack of a proper mechanism to provide legal aid in Zanzibar is another problem that impacts on access to justice. The provision of legal aid in Zanzibar is guided by the Criminal Procedure Act no 7 of 2004. Under this Act the High Court in any criminal trial involving capital punishment may assign an advocate to defend an unrepresented accused where it appears that the accused has no sufficient means to engage an advocate. Currently, it is NGOs, namely ZAFELA and the Zanzibar Legal Services Centre, which provide free legal aid to Zanzibaries.

Legal Representation - This right is provided under Article 12 of the Zanzibar Constitution. However, due to the high cost of engaging advocates as well as the shortage of advocates in Zanzibar this right is not widely exercised. In 2011, there were only 52 advocates enrolled in Zanzibar.⁷⁶ Further, as discussed earlier in this Chapter, advocates are not allowed to appear in Kadhis Courts. According to the Zanzibar Legal Services Centre, there are only 43 registered lawyers residing and working in Zanzibar, primarily concentrated in and around the city centre, and only one resident lawyer on Pemba.

⁷¹ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.6.

⁷² MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.29.

⁷³ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.6.

⁷⁴ US Department of State, 2010 Human Rights Report: Tanzania, Bureau of Democracy, Human Rights, and Labor, 8 April 2011, available at: <http://www.state.gov/j/drl/rls/hrrpt/2010/af/154373.htm>

⁷⁵ Interview with ZAFELA, 25 January 2012.

⁷⁶ Data from Zanzibar Legal Services Centre.

Court Fees - The payment of court fees in civil cases is a problem that hinders access to justice especially for women who are the most likely to be living in poverty in Zanzibar.⁷⁷ The practice is that any person who files a civil suit before any court of law must pay a court fee which is based on the value of the claim. The law (civil procedure Cap 8 law of Zanzibar order XXVII) does allow for those who cannot afford the court fees to apply for a waiver. However, most people are not aware of this option.

Legal Education - The majority of Zanzibaris have limited knowledge of the law and their rights. Limited knowledge of criminal procedure can also lead the community to think corruption has occurred when proper procedure is actually being followed. For example, if an accused is released from custody after interview when there is not enough initial evidence to remand without charge.⁷⁸

Travel costs – the costs of travelling long distances to report to the Police, attend at Court or to seek legal advice make justice prohibitively expensive for many women.

Conviction rates

Not surprisingly given the attitudinal, process and evidence challenges identified above, conviction rates for VAW cases are extremely low. This tables set out the number of reported VAW cases in Northern Unguja according to the Police Report (Jan to Sept 2011) and the MSYWCD officer’s report. During this time, there is only one conviction recorded.

Table 6.7: North Region Unguja: January to September 2011 (Police report)

Offence	Reported	Conviction rate
Rape	29	1
Sodomise	7	-
Assault	6	-
Desertion	1	-
Adoption	28	-

Table 6.8: North B. District Unguja: MSYWCD officers report. 2011

Offence	Reported	Conviction rate
Rape	41	-
Sodomise	7	-
Assault	3	-
Desertion	1	-
Abduction	28	-
Defilement	37	-
Attempt rape	1	-

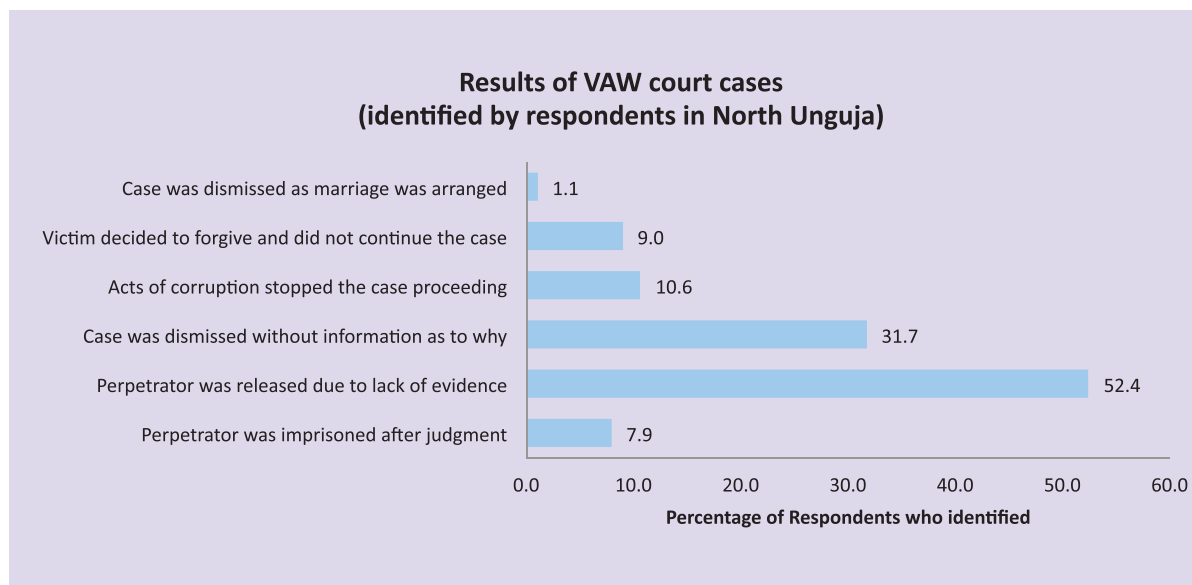
Respondents were also asked in this study if they knew of the legal steps which had been followed for VAW cases that progressed to Court. 52.4 per cent of respondents indicated that the perpetrator had been

⁷⁷ Zanzibar Manpower Survey, 2002

⁷⁸ MLYWCD, Mapping up of Capacity gaps of law enforcement institutions and health care providers, op cit. p.31.

released due to lack of evidence and 31.7 per cent that the case had been dismissed without any information as to why. Retraction by the victim was also noted by 9 per cent of the respondents. In Pemba, release of the perpetrator due to lack of evidence was identified by the highest proportion of respondents.

Figure 6.9: Steps taken by the courts in VAW cases



Women who are victims of VAW need to have confidence in the justice system before they will consider reporting the offence and pursuing the matter to court. While, there are other factors to consider when measuring the success of the justice system, conviction rates remain important in that they may deter perpetrators and encourage victims to have confidence in the delivery of justice.

Conclusions and Recommendations

7

7.1 Key Findings

Over the last five years, the Zanzibar Government has introduced some important initiatives to address VAW such as the GBV Committees, the female police network, police gender desks and, most recently, the one stop centre at Mnazi Moja Hospital. However, the pace of change has been slow. Justice, safety, and support remain inaccessible for many women in Northern Zanzibar.

A culture of shame and silence surrounds VAW in communities in North Unguja and North Pemba. Respondents were more comfortable talking about instances of VAW in the community, and in particular violence against children, rather than their own personal experiences. This makes it extremely difficult to determine the prevalence of VAW and also leads to a problem of under-reporting. The vast majority of abused women do not seek help from the police or other support services meaning data from formal institutions and service-based surveys is likely to be a severe underestimate of the real extent of the problem.

Information is not being routinely collected by institutions and service providers on violence against adult women or on the different types of VAW in Northern Zanzibar. Data, when it is available, is inconsistent and frequently not disaggregated by gender. Furthermore, much of the data is not held electronically or when it is, is often not searchable by offence type or publicly available. This lack of a clear picture on VAW makes it very challenging to determine the prevalence of VAW and, in turn, to design age appropriate support and legal services for VAW survivors

This study found that a lack of understanding of VAW is compounded by a shortage of research, community discussion and policy development specifically on the needs of adult women experiencing violence. Research which has been conducted has tended to focus on a wider analysis of gender-based violence (including violence against children and men) or on violence against children. Service development has also been disproportionately focused on the needs of children.

In the communities in North Unguja and Pemba which were the subject of this study, there was a tendency for community members to associate VAW with early pregnancy and this was identified as the most frequent form of VAW. The focus was on the unmarried girl/woman becoming pregnant rather than the act of violence itself. This, together with the tendency of respondents to externalise VAW, may have impacted on the prevalence data collected, meaning prevalence rates are likely to be much higher than our findings indicate. This finding highlights the need for awareness-raising in relation to the incidence of VAW in the community as well as legal reform to secure the rights of unmarried pregnant women.

In this study 17.2 per cent of women in Unguja and 35.6 per cent in Pemba indicated they had experienced physical violence and that this had occurred often in the previous twelve months. Physical violence was associated with discipline or compelling obedience. Responses from community members surveyed indicated that sexual violence tended to be viewed more seriously than physical and emotional violence. 17.2 per cent of women surveyed in Unguja and 33.3 per cent in Pemba indicated they had experienced sexual violence. The largest proportion of respondents in North Unguja stated that they had experienced emotional violence – 23.4 per cent. However, responses in relation to marital control indicate this form of violence may in fact be much greater in North Unguja with a significantly higher proportion of ever-married women indicating that they had experienced verbal abuse and restriction of movement (although not associating this with violent behaviour). In Pemba, 57.8 per cent of ever-partnered women indicated they had experienced emotional violence. These higher prevalence rates in Pemba support the findings of previous studies that VAW prevalence rates are particularly high in Pemba.

In addition to intimate partner violence, 11.3 per cent of female respondents in Unguja and 8.3 per cent of respondents in Pemba answered yes to experiencing violence at the hands of a non-partner. While, 8.4 per cent of women surveyed in North Unguja and 17.8 per cent of women surveyed in Pemba who have ever been pregnant indicated they had been physically abused while pregnant. More than three quarters of those who had experienced violence in pregnancy, identified a current or former partner as the perpetrator.

Child marriage was identified as a prevalent form of violence in both Unguja and Pemba and notably there is no minimum age for marriage stipulated in Tanzania or Zanzibar legislation. 48 per cent of ever-married women surveyed in North Unguja and 62 per cent in Pemba were married between the ages of 12 and 18 years. Child marriage robs girls of the opportunity for education, skills, and social networks and large numbers of girls who leave school in Tanzania do so because of early marriage or pregnancy. Girls, who enter into marriage early, face serious health risks and are likely to become pregnant at an early age. In North Unguja, 19.1 per cent of all child-bearing women gave birth between the ages of 15 to 18 years and 4.3 per cent between the ages of 12 to 15 years old. In Pemba, this increased to 15.9 per cent who gave birth to their first child between the ages of 12 and 15 years old and 34.1 per cent between the ages of 15 to 18 years.

Abandonment and neglect of women by their husbands was also highlighted as an issue in both Unguja and Pemba together with discrimination against women in property matters related to divorce and inheritance. Any programmes and policies to address VAW need to take into account the attitudes surrounding VAW in Northern Zanzibar. Significantly while respondents who were surveyed identified male chauvinism as the main cause of VAW, alternate causes identified by a large number of respondents such as witchcraft and maintaining the respect of the family, suggest that other worrying attitudes are commonplace. Responses

around community attitudes towards VAW revealed a similar trend. While the majority of respondents identified VAW as being dangerous to the life of a human being, 10 per cent of respondents in North Unguja believe that the community thinks that women are the cause of VAW and 41.7 per cent of respondents in Pemba stated that the community thought VAW was 'normal.'

The study revealed that only 22 per cent of all women in North Unguja and 29.8 per cent in Pemba who reported experiencing VAW told anyone what had happened to them. The majority of women who did seek help sought assistance from family members. Only 5 per cent reported the matter to the police in Unguja and 10 per cent in Pemba. In contrast, community members, when asked what they thought were the avenues by which VAW victims would report VAW, identified the police and Government leaders (Sheha) as the most likely avenues for seeking help.

This indicates that VAW survivors are utilising informal channels for seeking help and also that community members lack awareness as to how VAW is being dealt with by women in the community. This approach to reporting violence informally leads to marriage or informal compensation arrangements, although not provided for by the law, frequently being used in place of the criminal justice system in Northern Zanzibar. This practice of mediation between the parties leads to VAW being seen as a community issue rather than a criminal offence and demonstrates ignorance in the community as to the effect of VAW on the survivor's life and livelihood. Marrying off a victim of VAW to her perpetrator represents a double violation of her rights and, worryingly, the concern of the community appears to be the potential damage to the family's reputation rather than the long term impact on the survivor or the rights of women to be free from violence. The system itself often reinforces this perception that VAW is a community matter. For example, although Kadhis courts are only empowered to hear civil cases, they regularly hear and adjudicate on cases of sexual assault.

Coupled with this tendency to resolve cases at the community level, is a lack of confidence in the formal justice sector. In describing what action the police would take in response to a report of VAW, 16.9 per cent of respondents in Unguja and 16.7 per cent in Pemba thought the police would do nothing or would not prioritise the report and 15.3 per cent in Unguja and 16.7 per cent in Pemba believed the police would mediate between the parties. Long delays, lack of legal aid and legal representation, court fees, travel costs and a limited knowledge of the law all impact on cases progressing through the court system. Conviction rates remain low and while there are other factors to consider when measuring the success of the justice system, conviction rates are important in that they may deter perpetrators and encourage victims to have confidence in the delivery of justice.

Evidence is a major problem in prosecuting cases of VAW in Northern Zanzibar. Respondents indicated that cases were not reported or court cases from their community failed due to lack of evidence. Limited forensic knowledge, an absence of policies and procedures, resourcing and appropriate facilities remains a problem. An absence of support services for women also impacts on whether women feel safe to report incidents of VAW. Services which have been developed to date, such as the one stop centre, are largely focused on providing services for child survivors of violence meaning that services are not necessarily responsive to the needs of adult women.

These barriers, at the institutional and the community level, which deny women who have experienced VAW access to justice, necessitate that policies and programmes to address VAW adopt a two-prong approach. Firstly, community values and attitudes which promote VAW as a community matter rather than a criminal offence and encourage marriage or the payment of compensation must be targeted through legal awareness programmes. Secondly, legal institutions and services must be strengthened so that they offer a viable alternative to informal mediation of VAW offences.

7.2 Recommendations

This preliminary study has highlighted some key areas for action on the part of the Government, law enforcement institutions, NGOs and communities.

Justice

- Increase the representativeness of the justice sector and institutions with responsibility for VAW.
- Introduce a central database to record and collate data on VAW across criminal justice agencies and health and support services. This database should be searchable by offence, disaggregated by gender and the data should be available to the public.
- An advocate-paralegal should be available to a survivor of VAW in the police station at initial report or to attend the scene of the crime to provide support and to observe appropriate police procedure. This advocate paralegal should be available to assist the VAW survivor throughout the court process (such as by attending Court, explaining procedures, requesting protective measures).
- A VAW performance monitoring group should be introduced in each region in Zanzibar comprising representatives from Government, law enforcement agencies, NGOs and health services.

The Police

- A special police unit should be introduced with responsibility for managing gender desks, responding to cases of VAW and developing the capacity of local police to respond appropriately.
- Specific training aimed at frontline staff should be introduced to change attitudes towards VAW, improve initial responses to women reporting and evidence collection.
- GBV and more specifically VAW should also be mainstreamed across police officer's training. For example, training on investigative skills should include how the trauma of VAW may impact on how victims behave.
- A female police officer should be made available if requested by a victim.
- The police should actively refer women to support services such as the one stop centre.
- A national police action plan should be introduced on VAW with targets and priorities which can then be adapted and applied locally.
- Key performance indicators should capture police officer's performance on VAW cases.
- Police should be incentivised to put skills developed through VAW training into action through incentivised performance schemes such as performance awards, financial incentives and promotions.

Evidence Collection

- VAW should form part of medical training in order to improve forensic knowledge and confidence to provide evidence in court
- Each gender desk should be assigned a CSI officer to provide forensic support. If a CSI officer is not available to attend a crime scene or support service, a medical practitioner should be sent to assist in analysing evidence.
- If the police are attending a VAW crime scene in the community, an advocate-paralegal should always be present.
- Facilities should be well equipped with the appropriate resources and tools to enable evidence collection such as computers to record data and dedicated rooms to ensure privacy for women reporting VAW.

The Court System

- Legal aid should be available to all victims of VAW. This should include transport allowances to enable women to travel to receive legal support and attend hearings.
- Mechanisms should be put in place to protect VAW survivors in rape and sexual assault cases such as testifying by camera, privacy precautions, and standards for the consideration of evidence in these cases such as guidance on consent and the myths and stereotypes surrounding VAW. Guidance should be introduced to explain these protective measures to victims.
- Judges should be trained on the myths surrounds VAW and also the likely trauma that victims may undergo during court proceedings.
- Any amendment to the Kadhis Court Act (which is currently being reviewed) such as the appointment of advocates should be widely publicised.
- Periodic review and monitoring of judicial practices to ensure compliance with substantive and procedural aspects of the law should be carried out.

Law Reform

- It should be clearly defined in law that domestic violence, marital rape and all forms of VAW constitute a criminal offence and are not under the jurisdiction of the Kadhis Courts.
- The minimum age for marriage should be stipulated in the law.
- Legal protection should be provided against the expulsion from school or discrimination against married young women / girls.
- Matrimonial property should be clearly defined in the law.

Building the link – support, safety and justice

- A public awareness campaign should be launched to educate the community on VAW, the existing services and to empower women with knowledge of their legal rights. This campaign should make clear that informal mediation of VAW is illegal and can also introduce the advocate-paralegal scheme.
- An evaluation should be carried out of the one stop centre at Mnazi Moja Hospital to ensure the centre is meeting the support needs of adult women. Similar centres should be replicated across Zanzibar.
- Shelters and counselling services should be made available for all survivors of VAW.
- An early marriage unit should be introduced in MSYWCD to track cases of early marriage including impact on school attendance. This unit should also be responsible for an awareness raising campaign targeting the community perceptions around pregnancy as a form of VAW.

Cross-Government

- The MSYWCD Multi-Sectorial Strategy and action plan for preventing and responding to GBV in Zanzibar should be well-resourced.
- A specific Cross-Government action plan should be developed on VAW with designated focal point staff in each Department tasked with monitoring and reporting on progress.

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Annex One:

Sample Questionnaire used for data collection

NO.....

QUESTIONNAIRE

Date.....

Region.....

District.....

Shehia.....

Village.....

Gender of the interviewee.....

Age of the interviewee.....

Name of the researcher.....

Are you speaking to the interviewee in private? If not, do not continue until you can speak privately.

GENERAL QUESTIONS (All interviewees)

1. Are you employed?

Yes

No

2. If yes, what kind of work are you involved in?.....

3. What is your level of education?

a) Standard seven

b) Secondary school

c) Vocation school

d) Diploma

e) University level

f) Others.....

GENERAL QUESTIONS (Women only)

4. Are you: (Circle the relevant answer)

Married or living with a man

Formerly married or lived with a man

Never married or lived with a man

widow

(If 4a or 4b) go to question 5 (if 4c go to question 12)

5. How old were you when you got married?.....

6. How many children do you have?.....

EXPERIENCE OF VIOLENCE (Women only)

I would like to ask you some questions about some important aspects of a woman’s life. I know these questions are personal but they will remain entirely confidential and will not be told to anyone. Your answers are very important to understand the condition of women in Zanzibar. If you feel uncomfortable at any point please tell me.

Firstly I am going to ask you some questions about some situations which happen to some women. Please tell me if these apply to you.

MARRIED/PARTNERED WOMEN ONLY:

7. Does your husband (current or former) do the following? (If yes – ask how often)

(a) Get jealous or angry if you communicate with other men: (a) often b) sometimes c) not at all)

(b) Frequently accuse you of being unfaithful: (a) often b) sometimes c) not at all)

(c) Does not permit you to see your female friends: (a)often b) sometimes c) not at all)

(d) Tries to limit your contact with your family: (a)often b) sometimes c) not at all)

(e) Insists on knowing where you are at all times: (a) often b) sometimes c) not at all)

(f) Does not trust you with any money: (a) often b) sometimes c) not at all)

Question	Answer
<p>PHYSICAL VIOLENCE (Circle if yes)</p> <p>8. Did / does your husband / partner ever?</p> <p>(a) Push you, shake you, or throw something at you?</p> <p>(b) Slap you?</p> <p>(c) Twist your arm or pull your hair?</p> <p>(d) Punch you with his fist or with something that could hurt you?</p> <p>(e) Kick you or drag you or beat you up?</p> <p>(f) Try to choke you or burn you on purpose?</p> <p>(g) Threaten or attack you with a knife, gun, or any other weapon?</p>	<p>If answer is yes – How often did this happen in the last 12 months?</p> <p>a) Often</p> <p>b) Sometimes</p> <p>c) Not at all</p>
<p>SEXUAL VIOLENCE (Circle if yes)</p> <p>9. Did / does your husband / partner ever?</p> <p>a) Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>b) Force you to perform any sexual acts you did not want to?</p>	<p>If answer is yes – How often did this happen in the last 12 months?</p> <p>a) Often</p> <p>b) Sometimes</p> <p>c) Not at all</p>
<p>EMOTIONAL VIOLENCE (circle if yes)</p> <p>10. Did / does your husband / partner ever?</p> <p>(a) Say or do something to humiliate you in front of others?</p> <p>(b) Threaten to hurt or harm you or someone close to you?</p> <p>(c) Insult you or make you feel bad about yourself?</p>	<p>If answer is yes – How often did this happen in the last 12 months?</p> <p>a) Often</p> <p>b) Sometimes</p> <p>c) Not at all</p>

11. Did the following ever happen as a result of what your (last) husband/partner did to you (circle if yes):

a) You had cuts, bruises or aches?

b) You had eye injuries, sprains, dislocations, or burns?

c) You had deep wounds, broken bones, broken teeth, or any other serious injury?

ALL WOMEN

Question	If answer is yes – ask who?	If answer is yes – How often did this happen in the last 12 months?
12. From the time you were 15 years old has anyone (other than your (current/ last) husband) hit, slapped, kicked, or done anything else to hurt you physically?	a) Current boyfriend b) Former boyfriend c) Father/step-father d) Mother/ step-mother e) Sister/brother f) Other relative g) Mother-in-law h) Other in-laws i) Teacher j) Employer/someone at work	a) Often b) Sometimes c) Not at all

13. Have you ever been pregnant?

- a) Yes b) No

14. If the answer is yes, Has anyone ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?

- a) Yes b) No

15. If the answer is yes – ask who?

Current Husband

Former Husband

Current boyfriend

Former boyfriend

Father/step-father

Mother/ step-mother

Sister/brother

Other relative

Mother-in-law

Other in-laws

Teacher

Employer/someone at work

Others.....

16. How old were you when you first gave birth?.....

12-15

15-18

19-23

24-30

31-35

More than 35 years

SEEKING HELP (all women who answered yes above to experiencing some form of VAW)

17. Did you tell anyone about what happened to you?

- a) Yes
- b) No

18. If yes – ask who

Family member

Neighbour

Friend

Police

Court

Hospital

Government leaders

Legal aid centers

Others:.....

19. Did you receive any help (ask for details / what else did you do).

.....
.....

ATTITUDES TO VAW (All interviewees – women and men)

20. What do you understand when you hear the words Violence Against Women (VAW)?

.....
.....

21. Can you tell me any of the types of violence against women

Rape

Desertion

Early pregnancy

Buttery

Sodomy

Eloping

Abortion

Forced marriage

Early marriages

insult

FGM

Others.....

22. Amongst the above mentioned types of VAW, which one do you think occurs more frequently in your community?

.....
.....

23. What do you think causes people to commit VAW in your community ?

Customs and traditions

Male chauvinism

Fear of being abandoned by husband

To maintain the respect of the family

Witchcraft

Failure of enforcement of the law

Corruption

Others.....

24. Generally who do you think are the main perpetrators of Violence Against Women (VAW)?

Men

Female

Youth

Elderly

Young children

Others.....

25. What attitude do you think your community has towards Violence Against Women (VAW)?

They consider it as something normal

It is a dangerous for the life of a human being

It is women who are the cause of Violence Against Women

It is a woman's duty to have Violence committed against her so as to maintain customs and traditions

Other.....

26. How do people get information about Violence Against Women in this area? How is the information collected? Who reports these incidents?

.....
.....

27. In your opinion, are people in this community free to give information about Violence Against Women?

Probe: is there is a habit amongst the people i.e. feeling shy to give information. Why do they feel shy?

.....
.....
.....

28. Do you have places where you can report Violence Against Women?

a) yes b) No

29. If yes, where can you report?

Police

Court

Hospital

Government leaders

Legal aid centers

Others:.....

30. For cases that are in court, which legal steps were followed?

Perpetrator was imprisoned after judgment

Perpetrator was released due to lack of evidence

Case was dismissed without information as to why

Acts of corruption stopped the case proceeding

I decided to forgive and did not continue with the case

Other.....

31. In your opinion are incidents of Violence Against Women usually reported to the police?

a) Yes b) No

32. Who specifically reports these incidents to the police?

33. How do the police deal with these incidents of Violence Against Women?
.....

34. Why are incidents of Violence Against Women often not reported to legal institutions

Lack of evidence

Bureaucracy in cases

Lack of diligence in legal institutions

Corruption

Other

35. Do you know any practical ways that can be used to deal with issues of Violence Against Women (VAW)?
Probe: Who are the mediators in these cases? Are the victims given any compensation? If they are given compensation, in what way are they compensated?

FEMALE GENITAL MUTILATION

In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice?

36. Have you ever heard of Female circumcision?

a) Yes b) No

37. Have you been circumcised?

a) Yes b) No

38. How old were you when this occurred (if interviewee doesn't know exactly – ask for an estimate)?
.....

39. Do you know the types of FGM

a) Yes b) No

40. Was the instrument that was used to do the FGM sterile?

a) Yes b) No

41. Who performed the FGM?

Traditional birth attendant

Grand mother

Witch doctor

Professional doctor

Mother

Auntie

Others.....

42. If she has a daughter – (ask the interviewee the following question)

Have any of your daughters been circumcised?

a) Yes b) No

EXAMPLES OF RECENT VAW INCIDENTS

43. Finally, would you feel comfortable sharing with me any recent incident of Violence Against Women (VAW) that you are aware of? Probe: When did it occur? Gender and age of the victim? Age, gender and occupation of the perpetrator ? What action was taken ? Was it a case of child sexual abuse?

Thank you very much for your time. your contribution will make a difference in the lives of women in this community.

Annex Two: Sample Focus Group Discussion Questionnaire

No.....

QUESTIONNAIRE

Date-----

Region-----

District.....

Shehia-----

Village.....

Name of Researcher 1.....

Name of Researcher 2.....

GENERAL QUESTIONS (For each respondent – Female or Male)

As respondents from..... (mention name of the village) community, we hereby seek your consent to discuss with you issues related to women and the challenges they encounter. We acknowledge the sensitive nature of discussing women’s issues and we would like to assure you that our discussion has specific objectives and any information given will be confidential and will be used research purposes only. In the course of discussion if any issue comes up that you are not free to discuss publicly, feel free to explain it to us in private.

May you share with us generally about the ordinary life of a woman in this village/community?

What do you understand when you hear the words, ‘violence against women and gender based violence? Probe: Understanding about the forms and types of violence against women and gender based violence. Which types are more frequent?

Generally who do you think are the main perpetrators of Violence Against Women (VAW)? Probe further to find out different perspectives

How do people get information about Violence Against Women (VAW) in this area? How is the information collected? Who reports these incidents? Probe further if there is a habit amongst the people i.e. feeling shy to give information about Violence Against Women (VAW).

Are there places or centers where women and the community can report Violence Against Women (VAW). Probe to find out about other places.

Are there any cases that have ever been reported in court? Probe to understand the steps that were taken and the outcome of the case i.e. judgement.

In your opinion are incidents of Violence Against Women (VAW) in this community reported to the police?

How do the police and other government institutions deal with incidents of Violence Against Women (VAW)?

Why are the incidents of Violence Against Women (VAW) often not reported to legal institutions?

Do you know any practical ways that can be used to deal with issues of Violence Against Women (VAW)?

Probe: Who are the mediators in these cases? Are the victims given any compensation? If they are given compensation, in what way are they compensated?

FEMALE GENITAL MUTILATION

In a number of countries, there is a practice in which a girl may have a part of her genitals cut.

Have you ever heard about female genital mutilation in your community? (Do not ask further questions if the answer is negative)

Is female genital mutilation practiced in your community?

Finally would you feel comfortable sharing with me any recent incident of Violence Against Women (VAW) that you are aware of?

Probe: When did it occur; Gender and age of the victim? Age, gender, occupation of the perpetrator in the community; what action was taken; Child sexual abuse?

Thank you very much for your time, your contribution will make a difference to the lives of women in this community.

Annex Three: Sample Interviewee Consent Form

VAW CONSENT FORM

You are invited to participate in a study conducted by AAITz on Violence Against Women in Zanzibar with the support of European Union. We hope to learn more about the incidents of violence against women in Unguja and Pemba. You were selected as a possible participant in this study because of importance of the information you may share with us about violence against women.

If you decide to participate, our data collectors/partners will interview you for thirty minutes to document the incidents of violence against women. This is a sensitive topic and may involve asking confidential questions. We cannot guarantee, however that you will receive any direct benefits from this study. However your participation and the information you share with us will make a difference in the lives of many women going through violence against women.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be used for research purposes. If you give us your permission by signing this document, we plan to disclose the information for research and advocacy to reduce violence against women only. Your decision whether or not to participate will not prejudice your future relations with AAITz and partners. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time during the discussion.

If you have any questions, please ask us. If you have any additional questions later, Ms. Khadija Juma, Tel: 0773080378, AAITz Unguja and Ms.Nadra Subeit Tel: 0777 464211, AAITz Pemba AAITz will be happy to answer them.

You will be given a copy of this form to keep for your record.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Date..... Signature.....

Witness/Data collector:.....

Annex Four:

Schedule of interviews and community focus groups in North A and North B Districts, Unguja

S/N	ENUMERATOR	DATE	SHEHIA	TIME
1	Kanuni Vuai Khamis	23/01/2012	Nungwi	Morning
2	Hadia Ali Makame		Fukuchani	Afternoon
3	Batuli Abass Haji		Kigunda	Morning
4	Hamisa Yussuf Taufik		Potoa	Afternoon
5	Mwandiwe Makame Kali		Kidoti	Morning
6	Mwanajuma kassim		Kidoti Chanjaani** (FGD) A	Morning
1	Mwandiwe Makame Kali	24/01/2012	Pitanazako	Morning
2	Hadia Ali Makame		Muwange	Afternoon
3	Batuli Abass Haji		Mkokotoni	Morning
4	kanuni Vuai khamis		Pale	Afternoon
5	Hamisa Yussuf Taufik		Kitope	Morning
6	Mwanajuma Kassim		Kitope Mkaratini** (FGR) B	Afternoon
1	Kanuni Vuai Khamis	25/01/2012	Gamba	Morning
2	Hamisa Yussuf Taufk		Mchezashauri	Afternoon
3	Batuli Abass Haji		Matemwe	Morning
4	Mwandiwe Makame Kali		Mkwajuni	Afternoon
5	Hadia Ali Makame		Pwanimchangani	Morning
6	Mwanajuma Kassim		Kinyasini Kidimni** (FGD) A	Morning
1	Kanuni Vuai Khamis	26/01/2012	Misufini	Morning
2	Mwandiwe Makame Kali		Mangapwani	Afternoon
3	Hadia Ali Makame		Pangeni	Morning
4	Hamisa Yussuf Taufik		Upinja	Afternoon
5	Batuli Abass Haji		Kikobweni	Morning
6	Mwanajuma Kassim		Mgambo Skuli** (FGD) B	
1	Hadia Ali Makame	27/01/2012	Mkataleni	Morning
2	Batuli Abass Haji		Mahonda	Afternoon
2	Hamisa Yussuf Taufik		Donge mnyimbi	Morning
4	Mwandiwe Makame Kali		Donge Vijibweni	Afternoon
5	Kanuni Vuai Khamis		Kiomba mvua	Morning
6	Mwanajuma Kassim			

Annex Five:

Schedule of interviews and community focus groups in Wete and Micheweni Districts, Pemba

S/N	NAME	DATE	SHEHIA	TIME
	TIKE & NADRA	11/2/2012	Mgogoni	Afternoon
		12/2/2012	Mtambwe Kaskazin	Morning to Late
			Shumba Mjini	Morning to Late Evening
			Tumbe,	Morning to Late Evening
			Konde	Morning to Late Evening
			Kinyasini	Morning to Late Evening
		13/2/2012	Mjini Ole	Morning & Afternoon
			Mtemani	Morning & Afternoon
			Kambini	Morning & Afternoon