

MOMENTUM TOWARD EQUALITY:

RESULTS FROM THE INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES) IN TANZANIA



ABOUT THIS STUDY

The International Men and Gender Equality Survey (IMAGES) in Tanzania included a population-based quantitative survey with women and men aged 15 to 49, as well as qualitative research focused on adolescents and young adults. Promundo-US produced this study in collaboration with Uzazi na Malezi Bora Tanzania (UMATI) and Tanzania Commission for AIDS (TACAIDS). Research partners included Economic Development Initiatives (EDI) Limited and Institute of Rural Development Planning (IRDP).

ABOUT THE INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES)

The International Men and Gender Equality Survey (IMAGES) is a comprehensive, multi-country study on men's and women's realities, practices, and attitudes with regard to gender norms, gender-equality policies, household dynamics, caregiving and fatherhood, domestic violence, sexual diversity, health, and economic stress, among other topics. Promundo and the International Center for Research on Women created IMAGES in 2008. As of 2018, IMAGES and IMAGES-inspired studies have been carried out in more than 40 countries, with more studies planned or underway. IMAGES is generally carried out together with qualitative research to map masculinities, contextualize survey results, and provide detailed life histories that illuminate quantitative findings. The questionnaire is adapted to country and regional contexts, with approximately two-thirds of the questions being standard across settings. For more information, see: www.promundoglobal.org/images.

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LIST OF ACRONYMS

CAPI	COMPUTER-ASSISTED PERSONAL INTERVIEWING
CDC	CENTERS FOR DISEASE CONTROL AND PREVENTION
CES-D	CENTER FOR EPIDEMIOLOGICAL STUDIES-DEPRESSION
COSTECH	COMMISSION OF SCIENCE AND TECHNOLOGY
EDI	ECONOMIC DEVELOPMENT INITIATIVES
FGD	FOCUS GROUP DISCUSSION
GBV	GENDER-BASED VIOLENCE
GEM SCALE	GENDER EQUITABLE MEN SCALE
HIV/AIDS	HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME
IDI	IN-DEPTH INTERVIEW
IMAGES	INTERNATIONAL MEN AND GENDER EQUALITY SURVEY
IPV	INTIMATE PARTNER VIOLENCE
IRDP	INSTITUTE OF RURAL DEVELOPMENT PLANNING
MOHCDEGEC	MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY, AND CHILDREN
MUHAS	MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
NBS	NATIONAL BUREAU OF STATISTICS
OR	ODDS RATIO
PPS	PROBABILITY PROPORTIONAL TO SIZE
SD	STANDARD DEVIATION
SDG	SUSTAINABLE DEVELOPMENT GOAL
SRH	SEXUAL AND REPRODUCTIVE HEALTH
STI	SEXUALLY TRANSMITTED INFECTION
TACAIDS	TANZANIA COMMISSION FOR AIDS
UMATI	UZAZI NA MALEZI BORA TANZANIA
UN	UNITED NATIONS
UNDP	UNITED NATIONS DEVELOPMENT PROGRAMME
UNICEF	UNITED NATIONS CHILDREN'S FUND
VAC	VIOLENCE AGAINST CHILDREN
VAW	VIOLENCE AGAINST WOMEN

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Technical Advisory Group

The multi-sectoral IMAGES Technical Advisory Group met over the course of nearly two years to provide inputs at all phases of the study. Members include:

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ABOUT THE ORGANIZATIONS

PROMUNDO

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women and girls. Promundo is a global consortium with member organizations in the United States, Brazil, Portugal, and the Democratic Republic of the Congo that collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; by developing, evaluating, and scaling up high-impact gender-transformative interventions and programs; and by carrying out national and international campaigns and advocacy initiatives to prevent violence and promote gender justice. For more information, see: www.promundoglobal.org.

UZAZI NA MALEZI BORA TANZANIA (UMATI)

Uzazi na Malezi Bora Tanzania (UMATI) is an autonomous, not-for-profit, non-political voluntary national organization that provides sexual and reproductive health information, education, and services to young people, the marginalized, and vulnerable and underserved communities in Tanzania. UMATI was established in 1959 and is an affiliate and fully accredited member of the International Planned Parenthood Federation. UMATI is governed by a well-established policy volunteer structure from the national to community grassroots level. For more information, see: www.umati.or.tz.

TANZANIA COMMISSION FOR AIDS (TACAIDS)

The Tanzania Commission for AIDS (TACAIDS) was established by Act of Parliament No. 22 of 2001 and operates under the jurisdiction of the Prime Minister's Office to guide the national response to HIV/AIDS and oversee the multi-sectoral coordination necessary for integrated action by state and non-state actors. TACAIDS serves as an institution of the Government of the United Republic of Tanzania that is legally mandated to provide strategic leadership and to coordinate and strengthen the efforts of all stakeholders in the fight against HIV/AIDS. TACAIDS coordinates the implementation of a national multi-sectoral response to HIV/AIDS to reduce further incidence of HIV/AIDS and associated diseases and the adverse socioeconomic effects of the epidemic. TACAIDS aims to have a society in which children can grow up free from the threat of HIV/AIDS and which cares for and supports all those still living with and affected by HIV/AIDS. For more information, see: www.tacaids.go.tz.

ECONOMIC DEVELOPMENT INITIATIVES (EDI) LIMITED

Economic Development Initiatives (EDI) Limited in the United Kingdom and its sister company EDI Limited in Tanzania are part of the EDI Group of companies who design, implement, manage, and support a wide range of socioeconomic surveys through the provision of world-class services, tools, and innovations. From offices in Bukoba and Dar es Salaam, the Tanzanian entity conducts many surveys throughout the country and more widely within East Africa, on behalf of national governments, donors, research institutes, and foundations. These projects normally cover large sample groups (2,000+) and include impact evaluations, panel surveys, and health and biometric data collection, among others. For more information, see: www.edi-global.com.

INSTITUTE OF RURAL DEVELOPMENT PLANNING (IRDP)

The Institute of Rural Development Planning (IRDP), established by Act of Parliament No. 8 of 1980 as a corporate body and an important national center for training, research, and consultancy services, aims to be a center of excellence for study and practical work in rural development planning to achieve poverty reduction and sustainable development. The institute facilitates the process of development planning and management with an emphasis on rural areas by providing quality training, research, and consultancy services aimed at bridging the knowledge gaps among practitioners of development planning, including central government sectors, local government authorities, community-based organizations, non-governmental organizations, and the private sector. For more information, see: www.irdp.ac.tz.

FOREWORD

Dr. Leonard L. Maboko

Executive Director, TACAIDS

Globally, it is documented that gender inequality has a negative impact on the overall development of countries' economies, and in Tanzania, this is a reality as well. According to a 2011 UNICEF report, there are gender gaps in literacy and in secondary and tertiary education enrollment and achievement among Tanzanian youth; the Tanzania Commission for AIDS (TACAIDS) Gender Operational Plan for HIV and AIDS Response (2010–2012) also identified gender inequality as a major development issue to be addressed.

Now, Tanzania is making progress toward reducing gender inequalities across various sectors. The Tanzania Development Vision 2025 explicitly recognizes gender equality and women's empowerment as one of the strategies to attain the vision; key national policy frameworks — from the National Strategy for Growth and Reduction of Poverty — play their part in advancing this agenda.

To push this momentum forward, TACAIDS for the Government of Tanzania requested that the International Men and Gender Equality Survey (IMAGES) be conducted in Tanzania. IMAGES is one of the most comprehensive household studies ever carried out on men's and women's attitudes and practices on a wide variety of topics related to gender equality. In Tanzania, this survey helps to address the lack of sufficient information on how gender norms, household dynamics, and childhood experiences (among other factors) can impact a wide range of well-being and development outcomes such as intimate partner violence and sexual and reproductive health. The current report is designed to highlight gender dimensions of everyday life, shedding light of what is happening in Tanzanian households and communities.

I believe that this report will become a cornerstone of promoting gender equality, as it provides information beyond what is known. The survey findings are important and will assist as a source and reference document, complementing existing research and policy initiatives in Tanzania that work to address gender and human-rights issues.

In the Tanzanian context, the data and conclusions in IMAGES shall inform national-level policy, decision-makers, and implementers on issues related to gender inequality. I would request that all partners and stakeholders across sectors and at various levels take ownership of this report, and that they use it for developing plans and strategies in order to contribute to achieving the national goals and the Sustainable Development Goals on gender and human rights.



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In spite of strong commitments, in Tanzania — as in much of the world — gender inequality and its negative impacts persist. Tanzania ranked 129 of 159 countries on the United Nations Development Programme’s 2015 Gender Inequality Index (UNDP, n.d.). Rates of violence against women remained unchanged between 2010 and 2015 (ICF, 2015), and gender gaps in literacy and in secondary and tertiary education enrollment and achievement persist (UNICEF, 2011), as do high rates of unmet needs related to family planning, adolescent pregnancy, early marriage, and violence against children (MoHCDGEC et al., 2016; UNICEF, CDC, & MUHAS, 2011).

At the root of many of these issues are gender expectations, norms, and power dynamics, which shape attitudes, behaviors, opportunities, and material realities. The goal of the International Men and Gender Equality Survey (IMAGES) is to provide data and insights to understand how gender and masculinities impact a wide range of well-being and development outcomes. IMAGES Tanzania includes both a population-based quantitative survey with more than 2,000 men and women aged 15 to 49 and a qualitative study focused on adolescents and young adults. The study is innovative in several ways: It is the first IMAGES study globally to include respondents under the age of 18, to collect time-use data, and to focus on the measurement of gender-related social norms in addition to individual attitudes.

FINDINGS FROM IMAGES TANZANIA

The results from IMAGES Tanzania show that much work remains to challenge and transform patriarchal norms and practices regarding women and girls’ value and roles in Tanzanian society. Mirroring global findings on gender equality, IMAGES findings in Tanzania affirm the relationship between how societies treat and value women and girls, and the ability of women and girls to have agency over their bodies, legal rights, health, decision-making, and many other areas. IMAGES Tanzania highlights how men and boys are also harmed by gender inequality from an early age through adulthood.

In terms of gender attitudes, most men and even more women generally reject a zero-sum view of equality. Only 21 percent of men and 16 percent of women feel that “more rights for women means that men lose out,” and less than 18 percent of men and only 13 percent of women feel that when women work they are taking jobs away from men.

Men and women are less supportive of equality, however, when it comes to day-to-day gender relations – in terms of gender roles in the household, power and decision-making, violence against women, sexuality and reproduction, and attitudes about sexual orientation and diversity. For example, 71 percent of women and 63 percent of men believe that a woman’s most important role is to take care of the home and cook for the family; about 90 percent of respondents said that they would not have a gay friend and that they would be ashamed if they had a gay son.

Men’s and women’s attitudes, practices, and circumstances are shaped in part by their childhood experiences, both positive and negative. In IMAGES Tanzania, men and women have divergent recollections of relationship dynamics in their childhood homes. Men are more likely than women to attribute decision-making power to their fathers (or their mothers’ partners), for example, with approximately two-thirds saying that the man had the final say in decisions on large investments such as a motorcycle, cow, or land, as compared to slightly less than half of women reporting this. At the same time, larger proportions of men than women reported that their fathers or other men in their childhood homes had ever participated in various domestic tasks; 54 percent of men and 42 percent of women reported that their fathers had ever participated in at least one of four “typically female” domestic tasks.

Men and women have widely varying views on some issues related to sexual and reproductive health. The nature of respondents’ reported first sexual experiences demonstrates a gap between men and women in their experiences and perceptions of sexual coercion and consent. While almost all sexually active men (94 percent) reported their first sexual experience as being “wanted” by both parties, significantly fewer women (77 percent) reported the same view of their first sexual experience. Twenty percent of women reported that the first time they had sex was either forced or coerced, as compared to just 3 percent of men who reported this.

In some areas related to sexual and reproductive health, men and women broadly agree. For example, around one-third of both male and female respondents think that it is a woman’s responsibility, not a man’s, to avoid getting pregnant. The data further suggest ambivalence among both men and women toward the use of family planning methods, and significant portions of both male and female respondents reported negative attitudes and misconceptions about contraceptives. Additionally, respondents – male and female, adult and adolescent – strongly disapprove of, and reported that their communities disapprove of, adolescent women having sex before marriage and men having multiple sexual partners, although reported attitudes and norms are less permissive than reported community practices.

Women continue to do the bulk of household tasks in Tanzania, although men and women disagree on the extent to which this is the case. Time-use data showed that across the full sample – including both cohabitating couples and adolescents still living with their families – women spend an average of nearly 30 hours per week on cooking, cleaning, doing laundry, fetching water, and going to the market, while men spend just over 12 hours per week on these tasks. In response to a question on how they perceive the division of labor in their household, 96 percent of women said that they do more household work than their partners, while only 68 percent of men agreed.

Men's participation in household tasks has intergenerational benefits: Consistent with research from around the world, men in Tanzania whose fathers ever participated in household tasks are significantly more likely to currently participate in these tasks. Forty-five percent of men whose fathers participated in household tasks in their childhood homes reported that they themselves now perform these tasks, as compared to 29 percent of men whose fathers did not participate.

The findings also confirm that — as in other contexts where IMAGES has been carried out — women in the sample do the vast majority of caregiving, men have some involvement, and women and men disagree about the level of men's involvement. While 61 percent of men and 43 percent of women reported that men play an equal or greater role in the daily care and supervision of children, the vast majority of both genders said that women generally do the routine childcare tasks like diapering, feeding, and bathing. Men, and to a lesser extent women, reported greater male participation in helping with homework, talking about personal matters in the child's life, and using physical and verbal discipline. For example, 29 percent of men reported that they always or usually help the child with homework, while only 8 percent of women reported that their partner always or usually does this task. Overall, men are much more likely than women are to report that childcare tasks are shared equally or done together.

Rates of men's controlling behaviors in intimate partner relationships are high in Tanzania, as reported by both men and women. Three in four men reported using at least one controlling behavior with their current or most recent intimate partner, such as the man having more say in important decisions affecting the couple, needing to know where the woman is all the time, or expecting his partner to agree to sex when he wants it. Four in five women reported that their partner used at least one of these behaviors. Men are less likely than women are to report conflict in their relationship. When asked how often they argue with their current or last partner, twice as many men as women reported that they never argue, and only 3 percent of men (as compared to 19 percent of women) reported that their arguments take place often. Many women also reported frequently being afraid of their partner — nearly one in four (23 percent) said that they fear him often or all the time.

Findings from IMAGES Tanzania show high lifetime rates of intimate partner violence, with large differences between men's reported perpetration and women's reported experiences. Two in five women reported ever experiencing physical violence or economic violence, one in three reported sexual violence, and over 60 percent reported emotional violence. In contrast, rates of men's reported perpetration of physical and emotional violence are half that of women's reported experiences; in the case of sexual violence, men's reported perpetration is about ten times lower than women's reported experiences. Given that women's reported rates of violence are generally consistent with other studies in Tanzania, it is likely that men are underreporting their use of violence. This may be related to a number of factors, including social desirability in responding to the interview questions and awareness of increasing attention to violence prevention and response; these rates should be interpreted with caution and in the context of women's much higher reports.

Across the spectrum of areas measured by IMAGES, individuals generally reported personal attitudes that are more progressive than their perceptions of behaviors and expectations in the community. It is possible that in the context of the study, individuals wanted to appear more gender equitable and to provide what they perceived as the “socially desirable” response. However, it may also be that there is a difference between individuals’ attitudes and their perceptions of their communities, which is consistent with qualitative findings suggesting a plurality of opinions and experiences. These differences between personal attitudes and perceptions of the community offer an important space and opportunity for change.

LOOKING FORWARD

The findings from IMAGES Tanzania illuminate potential areas for pushing the gender-equality agenda forward in the country. Recommended short- to medium-term actions based on the results include:

- **Combine efforts to promote gender equality with income security:** IMAGES Tanzania finds high rates of economic hardship, as reported by both men and women. Gender-transformative programming and violence-prevention efforts in Tanzania, as in many other places, will likely achieve greater impact if they account for food insecurity and economic stress, for example, through the provision of cash, food, in-kind transfers, or income-generation supports.
- **Build on existing gender-equitable attitudes and behaviors, as well as their intergenerational transmission:** IMAGES Tanzania finds that individuals with educated mothers, educated fathers, or fathers who modeled equitable decision-making — as well as men exposed to more media — demonstrate more equitable gender attitudes. There is momentum towards gender equality in Tanzania, including among men, and campaigns, interventions, and policies should emphasize and work to speed up this momentum, with a focus on parenting that models respect and equality. Positive, or non-deficit, approaches that encourage men’s existing beliefs in equality are also more likely to be effective.
- **Use perceived changes in social norms to inform violence-prevention campaigns and interventions:** Men’s low reported use of intimate partner violence compared to women’s rate of experiencing it suggests that men know violence is socially unacceptable. While a perception that social norms are changing is positive, these shifts may be insufficient to drive changes in men’s practices and use of violence. However, social-norms-change approaches can provide a strong foundation for bystander or related interventions that educate men to act on what they know or perceive is “right.” Future campaign work targeting men can emphasize the positive: “You agree that violence is wrong. Now let’s put an end to it.”

- **Engage men as fathers to support adolescent sexual and reproductive health and rights:** Men are generally supportive of adolescents’ access to and use of contraception, suggesting opportunities to engage men as fathers, alongside mothers, in promoting adolescent sexual and reproductive health and rights, including support for adolescents’ sexual decision-making and contraceptive use.
- **Build on positive attitudinal change to facilitate transformation of social norms:** Women and men consistently hold more equitable views and are more supportive of equality for women than they perceive individuals in their community to be. This provides a tremendous opportunity for building on men’s and women’s willingness to question community norms, as well as to design community and national campaigns emphasizing that many individuals already agree with equality.
- **Ensure prevention of intimate partner violence includes a strong focus on interventions for parents and couples:** IMAGES Tanzania finds that childhood exposure to violence, quarreling, or generally high-conflict partner relations and economic stress is strongly related to men’s use of violence against women. This suggests the importance of community and couple-focused approaches, which promote communication and more equitable power dynamics, as well as approaches that include income-generation activities or economic supports. In addition, the high rates of acceptability, self-reported use, and experiences of violence against children — together with women’s high reported rate of experiencing intimate partner violence, and men’s low reported participation in childcare — suggest the importance of prevention interventions that include parent training with a gender-transformative approach.
- **Remember that Tanzanian fathers do care and want to care:** Caring for children is the household task in which men most reported participating and which is apparently the least stigmatizing, affirming that promoting men’s equitable participation in caring for children and other household members may be one of the most strategic points of entry for promoting gender equality and achieving significant reductions in violence against children and women in Tanzania.



PART I

**INTRODUCTION,
BACKGROUND, AND METHODS**

1. INTRODUCTION

In Tanzania and around the world, there has been increased attention and commitment to promoting gender equality and women’s empowerment at the policy and program levels. A growing understanding of how gender norms influence men’s and women’s expectations, attitudes, and behaviors, as well as the role of gender as a powerful determinant of social and economic well-being, drove the creation of a United Nations (UN) Sustainable Development Goal (SDG) to achieve gender equality and empower all women and girls. SDG 5 on gender equality includes targets around eliminating violence and harmful practices, recognizing and valuing unpaid care, ensuring women’s participation in leadership and public life, and guaranteeing universal access to sexual and reproductive health and rights — all topics explored in the International Men and Gender Equality Survey (IMAGES).

Tanzania has made significant progress on health and development indicators in recent decades. According to the most recent Demographic and Health Survey data, the total fertility rate has declined significantly over the past decade, from 5.7 children in 2004-2005 to 5.2 children in 2015-2016 (MoHCDGEC et al., 2016). Modern contraceptive use among married women has increased from 7 percent to 32 percent; the proportion of women experiencing female genital cutting has declined by nearly half (from 18 percent to 10 percent); and the proportion of women with secondary education or higher has nearly quintupled, from 5 percent to 23 percent. (ICF, 2015). In addition, the HIV prevalence rate has declined from 7 percent in to 5 percent (ICF, 2015).

The government of Tanzania, together with development partners and civil society organizations, has made important commitments to promoting gender equality. The Tanzania Development Vision 2025 explicitly recognizes gender equality and women’s empowerment as strategies for attaining the vision (United Nations Tanzania, n.d.). Key national policy frameworks — such as the Strategy for Growth and Reduction of Poverty and the Gender Operational Plan for HIV and AIDS Response — identify gender inequality as a major development issue to be addressed. The government, led by the Ministry of Finance, has also introduced gender-responsive budgeting to track and improve financial allocation in support of gender equality and women’s empowerment (United Nations Tanzania, n.d.; Tanzania Ministry of Health and Social Welfare, 2014).

Tanzania has been a pioneer in measuring violence against children, another topic addressed by IMAGES. In 2011, Tanzania — now a “pathfinding” country for the Global Partnership to End

Violence Against Children — was the first nation in Africa to release the results of the partnership's Violence Against Children Survey. Tanzania subsequently established an ambitious and multi-sectoral National Plan of Action to End Violence Against Women and Children, which consolidated eight action plans to create a single comprehensive plan (UNICEF, CDC, & MUHAS, 2011). The plan recognizes the complex, cyclical, and intergenerational transmission of violence and the need for systemic reform, and it specifically calls out the need to reshape perceptions of violence and gender roles (MoHCDGEC, 2016).

Tanzania has also taken on a global leadership role in advancing women's economic empowerment, with Vice President H.E. Samia Suluhu Hassan serving as a member of the United Nations High-Level Panel on Women's Economic Empowerment. The country has made commitments to increase recognition of unpaid care, to support childcare as a core element of social protection, to ensure women's access to land and property rights, and to increase the proportion of women in local government and leadership roles (Klugman & Tyson, 2016).

Despite these strong commitments, gender inequality and its negative impacts persist in Tanzania — as in much of the world. In 2015, Tanzania ranked 129 of 159 countries on the United Nations Development Programme's Gender Inequality Index (UNDP, n.d.). Rates of violence against women were unchanged between 2010 and 2015 (ICF, 2015). Gender gaps in literacy and in secondary and tertiary education enrollment and achievement persist (UNICEF, 2011), as do high rates of unmet family planning needs, adolescent pregnancy, early marriage, and violence against children (MoHCDGEC et al., 2016; UNICEF, CDC, & MUHAS, 2011).

At the root of many of these issues are gender expectations, norms, and power dynamics, which shape people's attitudes, behaviors, opportunities, and material realities. Progress toward gender equality requires acknowledging the need to involve men and boys — as well as women and girls — and to consider how gender dynamics between and among men and women are deeply rooted across multiple dimensions of daily life. However, the role of men in promoting gender equality — and men's own gendered experiences — are rarely acknowledged in policies, programs, and public discourse.

IMAGES, co-created by Promundo and the International Center for Research on Women, is one of the most comprehensive household studies carried out on men's and women's attitudes and practices around a wide variety of topics related to gender equality. IMAGES and IMAGES-inspired studies have been implemented in more than 40 countries, with the questionnaire adapted across contexts to ensure its cultural acceptability and relevance. IMAGES data provide important insights into gender norms, sexual and reproductive health, household dynamics, intimate partner violence, and childhood experiences, among other themes. Across countries, the data and conclusions generated from IMAGES have contributed to evidence-based program development, community campaigns, local and national policy change, and global dialogue on advancing gender equality.

The goal of IMAGES Tanzania was to provide data and insights to better understand how gender and masculinities impact a wide range of well-being and development outcomes in the country. From 2016 to 2017, the IMAGES study was conducted with more than 2,000 men and women aged 15 to 49 across five regions in Tanzania. The study was innovative in several ways: It was the first IMAGES study to include respondents under age 18,¹ to collect time-use data, and to focus on the measurement of gender-related social norms in addition to individual attitudes. The study sought to understand the gender dynamics influencing a wide range of men's and women's behaviors in order to complement existing research and policy initiatives in Tanzania.

¹ Most IMAGES studies have included male and female respondents aged 18 to 59.

2. METHODS

IMAGES Tanzania included both a population-based quantitative survey and a qualitative study focused on adolescents and young adults. This section describes the methods used to collect and analyze the data presented in this report.

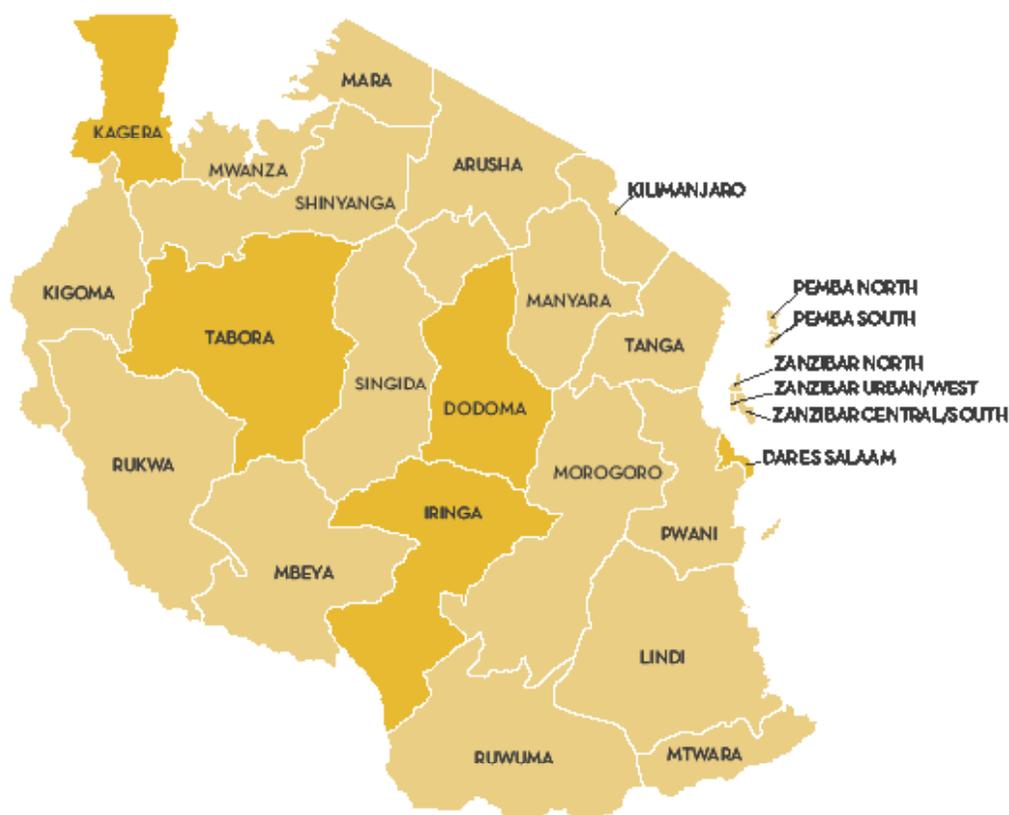
2.1 SURVEY

2.1.1 Survey Sample and Coverage

The quantitative survey included 2,016 respondents (1,008 men and 1,008 women) aged 15 to 49. In order to achieve sufficient statistical power in stratified analyses, adolescent men and women (aged 15 to 19) were oversampled to represent one-third of the total sample size (672 respondents).

Figure 2.1.1a.

Map of regions where IMAGES Tanzania was conducted



The respondents were selected through a multi-stage sampling design. First, five of Tanzania's 31 regions were selected in a manner that represented both geographical spread and diversity based on a number of gender-related indicators. The five regions chosen were Dar es Salaam, Iringa, Dodoma, Tabora, and Kagera.² From these five regions, 66 villages/*mtaa*³ (56 for data collection and 10 for replacement) were randomly selected using probability proportional to size (PPS) sampling. Then, from each of the 66 villages/*mtaa*, two sub-clusters were randomly selected and assigned to be either “male” or “female,” so that a single sub-village/*mtaa* would include only male or only female respondents, not both (see Section 2.3, “Ethics and Safety Considerations”). From each sub-village/*mtaa*, 18 households were selected using the random walk approach; one eligible respondent per household was then randomly selected from a household listing. Eligibility criteria included age, Kiswahili fluency, and availability for an interview during the field team's stay in the village/*mtaa*. For a more detailed description of the sampling strategy, contact the authors.

2.1.2 Data Collection Tools

The survey tools were adapted from previous IMAGES studies for the Tanzanian context and for the research questions of interest, based on inputs from various key stakeholders, as well as insights from the qualitative research. The adapted tools were translated into Kiswahili and back-translated into English. Discrepancies in translation were discussed collaboratively to refine the meaning of each translated item.

Questionnaires, programmed into handheld tablets using Surveybe software, were piloted with 51 male and female adult and adolescent respondents to test the configuration, translation, length, and appropriateness of the questionnaire content. Piloting was also used to test fieldwork procedures with a random selection of households and respondents, as well as replacement protocols. The questionnaire and fieldwork manuals were further refined based on the pilot.

2.1.3 Fieldwork

Data collection took place in November and December 2016, with additional follow-up data collection in June 2017 due to a correction to the original questionnaire routing.⁴ A total of 2,354 households were visited to reach the target of 2,016 completed interviews (see Table 2.1.3a).

2 Because the initial five regions were selected purposively, this survey cannot be considered nationally representative. Rather, it is representative of the geographical regions in which it was conducted.

3 *Mtaa* is the Kiswahili word for “town quarter,” and it is the sampling unit used in urban areas.

4 In the initial fielding, questions about sexual and reproductive health were incorrectly enabled based on partnership status (i.e., for ever-partnered respondents) instead of sexual-activity status (i.e., respondents who have ever had sex). In June 2017, 455 respondents were revisited in their homes to complete the sexual and reproductive health section.

Table 2.1.3a.

Overview of IMAGES Tanzania interview results

FINAL INTERVIEW RESULT	NUMBER OF ATTEMPTED INTERVIEWS (n)	PERCENTAGE OF ATTEMPTED INTERVIEWS* (%)
Completed	2,016	85.6%
Respondent unavailable / unavailable at scheduled time	78	3.4%
Household not eligible	251	10.7%
Incomplete	2	0.1 %
Refused (household or respondent)	7	0.3 %
TOTAL	2,354 attempted interviews	

* Percentages may not total 100 due to rounding.

The interviews were administered by 24 trained interviewers (12 men and 12 women) organized into four same-sex teams led by a same-sex supervisor. All interviews were sex-matched, meaning that male interviewers interviewed male respondents and female interviewers interviewed female respondents. All supervisors and interviewers received extensive training on the questionnaire content; the use of computer-assisted personal interviewing (CAPI) technology and electronic tablets; fieldwork procedures; and the ethics and procedures for conducting research on sensitive topics, including violence. The training also included sessions on gender, violence, and sexual and reproductive health to create awareness and comfort among interviewers, preparing them to administer questions on these topics openly and respectfully.

A range of quality-assurance mechanisms during and after data collection ensured that the data met high-quality standards. Supervisors directly observed interviews during the first days of data collection to reinforce adherence to protocol and good interviewing techniques. Automated routing patterns and customized consistency checks provided immediate feedback to the interviewers on errors, missing responses, and inconsistencies. The data-processing team conducted additional crosschecks and provided ongoing feedback to the field teams. Finally, 11 percent of the total sample was randomly selected for revisits with a short version of the questionnaire, with few discrepancies that were noted and resolved.

2.1.4 Data Analysis

This report presents descriptive statistics as well as results from bivariate and multivariate analyses. Data were entered and analyzed using Stata 14. Composite variables and scales were constructed as appropriate and are explained in the relevant sections of the report. Statistical tests used include t-tests, analysis of variance, chi-squared tests, and regression models, as appropriate. Detailed multivariate analysis results are not presented in the text but are available from the authors.

The data were weighed using Stata's post-stratification survey setting function to correct for the oversampling of adolescents, using age, gender, and regional population distributions as reported in the 2015–2016 Tanzania Demographic and Health Survey (MoHCDGEC et al., 2016). This report presents weighted data for the full sample and unweighted data when presenting disaggregated data comparing adolescents to adults.

2.2 QUALITATIVE RESEARCH

The qualitative study, conducted in partnership with the Institute of Rural Development Planning in Dodoma, included focus group discussions and in-depth interviews with male and female adolescents (aged 15 to 19) and young adults (aged 20 to 24), in eight communities across Dodoma and Kagera (two of the five regions represented in the overall study). This qualitative research focused on understanding the gendered norms and dynamics shaping the lives of Tanzanian adolescents and young adults.

The focus group discussions used activity-based and vignette research methodologies. Each group participated in a time-use reflection activity to compare typical days of men and women their age, and each group discussed three vignettes, which presented fictional anecdotes related to adolescent pregnancy, sexual relationships, condom negotiation, and violence in relationships. The vignettes were developed based on team discussions, a review of relevant and country-specific research, examples of vignettes used by CARE International and the Global Early Adolescent Study,⁵ and consultation with social-norm experts; they were refined after piloting.

In-depth individual interviews were conducted with married and unmarried young men and women aged 20 and 21 using semi-structured interview guides. The interviews were designed as “mini” life-history interviews, asking participants to reflect on their lives since age 15, including on perceived transitions to adulthood and on changes in family life, relationships, aspirations, expectations, and emotions.

Twenty-four focus group discussions and 16 in-depth interviews were conducted between August and December 2016. Focus group discussions were conducted in urban and rural settings in Dodoma and Kagera, separated by gender and age (15 to 19 and 20 to 24) to foster more open communication; each group had an average of seven to eight participants. In-depth interviews were conducted in urban and rural communities in Dodoma only. In total, nearly 200 adolescent and young men and women participated in the interviews and focus groups.

5 For more information on the vignettes used in the Global Early Adolescent Study, see: www.geastudy.org.

Participants were recruited for the study through a multi-stage process. First, eight communities in Dodoma and Kagera were purposively selected to capture urban and rural areas. The research team then approached local leaders in the selected communities to inform them of the study and to request permission and support in recruiting and conducting interviews and focus group discussions. Local leaders referred the team to possible participants, as well as to other community stakeholders who helped with recruitment. The research team leader and community mobilizer – a trusted individual from the respective community – visited households identified in the list of potential participants to invite them to participate in the focus group discussions and in-depth interviews.

Focus group discussions and interviews were conducted in Kiswahili by a team of four trained qualitative researchers from the Institute of Rural Development Planning, who were sex-matched to the participants and supervised by an experienced senior gender researcher. The team received additional training on the study tools, as well as on gender, social norms, and research ethics. For all focus group discussions, the research team recorded the discussions with permission, transcribed them, and translated them into English. The senior researchers reviewed the transcripts for accuracy and completeness.

2.2.1 Data Analysis

Local and international teams conducted thematic analysis of the data. After an initial review of a sample of transcripts, the team jointly developed a codebook over the course of two in-person workshops, further refining it as additional transcripts were coded to develop a final codebook. A selection of the data was then analyzed using QDA Miner Lite 2.0.1, with additional analysis planned for future dissemination. This report presents overall themes and quotes from the initial analysis.

2.3 ETHICS AND SAFETY CONSIDERATIONS

The research team obtained ethical approval for both components of the study from the Tanzania Commission for Science and Technology, with support from partners from IRDP and EDI. The team obtained and recorded informed consent from all participants, who were assured that participation was voluntary and that they could refuse to answer any question or terminate the interview at any point. Parental consent was required for respondents under age 18, and the respondent's informed consent was then sought in private. Only minors living on their own or considered the “head of household” (e.g., married, running their own household, or not living with parents) were administered informed consent directly without parental approval.

The research team followed standard ethical procedures for research on intimate partner violence as outlined by the World Health Organization (2001). For the survey, men and women were sampled from different sub-clusters to avoid interviewing men and women from the same communities, thereby reducing the likelihood they would alert others to the content of the study. Interviewers carried out

the interviews in private, quiet spaces (only children younger than 2 were allowed). Warning labels to the interviewer to confirm privacy were programmed into the most sensitive sections of the interview. Interviewers offered all survey participants a list of relevant services in their area, including health clinics and social welfare offices. Interviewers participated in sessions led by a trained mental health professional about vicarious trauma and self-care methods for researchers of sexual and intimate partner violence before and after data collection, and they were able to seek additional individual support as needed. Supervisors received additional training in conducting debriefing sessions and supporting the health and well-being of their teams.

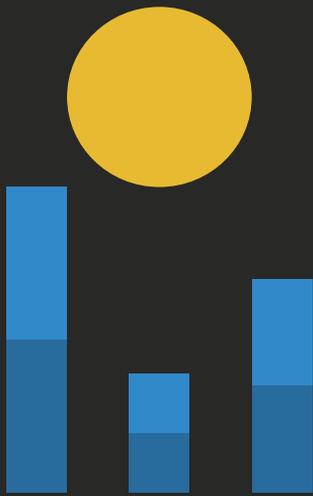
Finally, survey data files were encrypted, and thus third parties (including interviewers) could not access any study-related information at any point during the project.

2.4 LIMITATIONS AND CHALLENGES

While the study aimed for broad geographic representation, budget and logistical constraints limited the quantitative sample to five regions; thus, the survey is not representative of the entire country. The sample size also limits the possibility for in-depth regional analyses of the data. In addition, certain experiences or behaviors were too infrequent in the sample of adolescents to allow for meaningful analysis (e.g., the small number of adolescent parents).

Given the wide range of gender-related topics covered in IMAGES, as well as the rich diversity in traditions and experiences across communities in Tanzania and the population-based nature of the sample, this report cannot address (or address in sufficient depth) several priorities of government and civil society stakeholders. These include female genital cutting, early and forced marriage, and the experiences of people living with HIV and AIDS. Readers of this report are encouraged to apply the gender and masculinities lens that IMAGES provides to new and existing research, programming, and advocacy efforts in these areas.

Finally, there is a risk that participants responded in what they perceived as socially desirable ways, particularly around violence and sexuality. In anticipation of these challenges, data collectors received thorough training, as previously described. While IMAGES draws on years of testing various ways to minimize social desirability bias and maximize the comfort of men and women answering sensitive questions, these are challenges faced by any survey research on such topics. Presenting the broad range of both attitudinal and behavioral data from IMAGES, as reported by both men and women and as enhanced by the qualitative data, helps mitigate this concern and provide a comprehensive picture of gender relations and masculinities in Tanzania.



PART II

FINDINGS

3. SAMPLE BACKGROUND AND CHARACTERISTICS

Table 3.1a provides a general overview of the demographic characteristics of the men and women surveyed, presented as weighted percentages and counts of the full sample. The average age was 27.0 years old for women and 26.6 years old for men. Education level was generally low, especially for women, with nearly 80 percent of women and 66 percent of men reporting no formal schooling or completion of only primary education. Younger participants — both male and female — were generally more educated: 9 to 11 percent of those aged 25 and older had no formal schooling compared to less than 5 percent of those younger than 25. Approximately 60 percent of participants identified as Christian, one-third as Muslim, and a small proportion as belonging to other groups, including indigenous religions or no religion (atheist or agnostic). Over 85 percent of men and women declared that religious beliefs are very important to the way they live.

Forty-six percent of men and 59 percent of women were married or cohabitating at the time of the survey. Marriage and cohabitation patterns varied substantially by gender and age: Among adolescents aged 15 to 19, only 3 percent of men and 13 percent of women were married or cohabitating, compared to 64 percent of men and 72 percent of women in the rest of the sample (aged 20 to 49). Similarly, while in the overall sample three-quarters of women and almost half of men had children, only 1 percent of adolescent men (n=4) and 14 percent of adolescent women reported having a child.

Similar proportions of men and women — 81 percent of men and 84 percent of women — reported being employed in the three months prior to the survey, mostly on their family farms or businesses. Participation in wage employment, while low overall, was highly gendered: More than double the proportion of men than women worked for a wage (11 percent versus 4 percent). More women than men said that their work situation was mostly stable (55 percent versus 46 percent).

Table 3.1a.

Background characteristics of survey respondents (weighted data)*

	MEN		WOMEN	
	%	n	%	n
Age				
15-19	28.3%	286	21.3%	215
20-24	20.8%	210	17.4%	175
25-34	26.2%	264	31.1%	314
35-49	24.6%	248	30.2%	304
Residence				
Urban	39.3%	396	39.3%	396
Rural	60.7%	612	60.7%	612
Education⁶				
No formal schooling	5.6%	57	9.2%	93
Primary (up to Standard 8 + vocational)	60.3%	608	69.0%	696
Secondary (up to Form 6 + vocational)	31.6%	318	20.5%	206
Beyond secondary (ordinary diploma and/or university)	2.4%	24	1.2%	12
Adult education	0.1%	1	0.1%	1
Current relationship status				
No relationship/single	35.1%	354	26.2%	264
Married (traditional)	24.7%	249	30.2%	305
Married (legal)	16.8%	170	25.3%	255
Has partner, living together	4.7%	48	3.9%	39
Has partner, not living together	18.7%	188	14.3%	144
Has children	47.0%	473	74.5%	751
Employment status in last three months				
Employed for wage	10.6%	107	4.4%	44
Working on own family farm/business	70.4%	710	79.4%	801
Not employed	5.2%	53	7.1%	72
Student	13.2%	133	8.4%	84
Unable to work	0.6%	6	0.7%	7
Employment situation is mostly stable (% of those employed in last three months who agree or strongly agree)	45.6%	389	55.1%	486

* Percentages may not total 100 due to rounding.

6 Respondents were asked about their highest completed grade/standard in school and offered a list of 22 grades, extracted from the Basic Education Statistics (BEST) 2010 Report (Tanzania Ministry of Education and Vocational Training) and adapted during piloting to include Standard 8 (a grade eliminated in 1967 that older respondents could have attended) and the intermediate categories “primary + vocational course,” “Form 4 + vocational course,” and “Form 6 + vocational course.” Educational attainment was then recoded into five categories adapted from BEST: no formal schooling, primary (up to Standard 8 + vocational course), secondary (ordinary and advanced – up to Form 6 + vocational course), and beyond secondary (ordinary diploma and university). The category “adult education” was kept separate, as it does not fall into any of the previous categories.

Table 3.1a. Continued

Background characteristics of survey respondents (weighted data)*

	MEN		WOMEN	
	%	n	%	n
Religion				
Christian	60.4%	609	61.4%	619
Muslim	35.5%	358	33.0%	332
Other (including indigenous religions, no religion)	4.1%	41	5.7%	57

* Percentages may not total 100 due to rounding.

Generally, participants reported high levels of economic difficulty — 50 percent of men and 44 percent of women reported that their household has some or great difficulty making ends meet. Approximately 40 percent of men and nearly half of women are only sometimes (versus often or always) able to afford basic items such as food and shelter, and only 10 percent or fewer of men and women reported always being able to afford important expenses such as clothing, health insurance, or school fees. Economic stress is evident among respondents: 72 percent of women and 73 percent of men (79 percent and 80 percent, respectively, among the adult subsample) agree or strongly agree that they are frequently stressed or depressed because of not having enough work or income.

Finally, there is evidence of gendered patterns of media exposure in the sample. While 45 percent of men reported reading newspapers or magazines at least once a week or nearly every day, 77 percent of women reported infrequently (less than once a week) or never consuming these media. About 15 percent more men than women reported listening to the radio almost every day (58 percent versus 43 percent). Internet access is low, and lower for women than for men: 86 percent of women and 70 percent of men had never accessed the Internet. Additionally, there are significant differences in media exposure between those residing in urban and rural settings, with much higher frequency of exposure to all types of media (with the exception of radio) in urban centers.

4. GENDER ATTITUDES

Attitudes and norms about gender — ideas about what is appropriate or typical for men or for women — shape and influence men’s and women’s daily lives, from their household responsibilities to contraceptive use, the prevention of HIV and sexually transmitted infections (STIs), and use or experiences of violence (Pulerwitz & Barker, 2008; Barker et al., 2011; Levtoy et al., 2014; Fleming et al., 2015). This section explores what ordinary men and women think about gender equality in general — as well about gendered roles and dynamics in their homes, in their communities, and in public life — by asking participants to indicate their level of agreement or disagreement with a set of statements about gender equality and gender relations.⁷

4.1 ATTITUDES ABOUT GENDER EQUALITY AND GENDERED ROLES AND DYNAMICS

In general, most men and even more women reject a zero-sum view of equality. Only 21 percent of men and 16 percent of women feel that “more rights for women means that men lose out,” and less than 18 percent of men and only 13 percent of women feel that when women work they are taking jobs away from men.

Men and women are less supportive of equality, however, when it comes to day-to-day gender relations across several domains: gender roles in the household, power and decision-making, violence against women, sexuality and reproduction, and attitudes about sexual orientation and diversity (see Table 4.1a). While men and women reported very similar attitudes across certain statements and domains, women were much more likely to support the gendered division of labor in the home, as well as slightly more likely to support statements related to minimizing family conflict. Men, on the other hand, were much more likely to uphold their role as decision-makers, to support intimate partner violence, and to agree that men needed more sexual partners.

Specifically, in terms of household gender roles, larger proportions of women than men believe that a woman’s most important role is to take care of the home and cook for the family (71 percent of women compared to 63 percent of men), that women are primarily responsible for the daily caregiving of children (62 percent compared to 55 percent), and to a lesser extent, that men’s participation in these tasks is shameful (30 percent compared to 27 percent).

⁷ These items were adapted from the Gender Equitable Men (GEM) Scale developed and validated by Promundo and the Population Council in 2008 and widely used in research and program evaluation around the world (Pulerwitz & Barker, 2008), as well as from other relevant surveys.

Men are also more likely than women to agree that there are times when a woman deserves to be beaten (33 percent compared to 21 percent), although slightly more women than men feel that women should tolerate violence to keep their family together and that violence is a private matter in which others should not interfere. Given the high rates of intimate partner violence in Tanzania, as reported in this and other studies, addressing violence-supportive attitudes — which contribute to both normalizing violence and making it difficult to respond to — should be a priority. Attitudes, norms, and experiences of violence are discussed further in Section 9.

Table 4.1a.

Percentage of respondents who agreed or strongly agreed with each statement about gender roles and relations (weighted data)

	MEN	WOMEN
Gender roles in the household		
I believe a woman's most important role is to take care of the home and cook for the family.*	63.0%	70.5%
I think changing diapers, giving baths to children, and feeding children are the mother's responsibility, not the father's.*	54.7%	62.3%
I think it is shameful when men engage in caring for children or other domestic work.*	27.1%	30.2%
Power and decision-making		
I think that a man should have the final word about decisions in the home.*	65.6%	51.5%
A woman does not have the right to challenge her man's opinions and decisions, even if she disagrees with him.*	26.7%	30.9%
Violence against women		
I think there are times when a woman deserves to be beaten.*	32.7%	21.0%
I believe that a woman should tolerate violence to keep the family together.*	39.4%	43.8%
I think violence between a husband and a wife is a private matter and others should not interfere.*	27.0%	31.3%
Sexuality and reproduction		
I think a man needs more than one sexual partner even if they already have a partner.*	17.5%	11.4%
It is a woman's, not a man's, responsibility to avoid getting pregnant.*	34.9%	33.6%
Sexual orientation and diversity		
I would never have a gay friend.	92.2%	88.6%
I would be ashamed if I had a homosexual son.	90.7%	91.1%
Gender attitude composite score: Mean (standard deviation, SD) <i>Range: 0-3; higher scores indicate more equitable attitudes</i>	1.62 (0.4)	1.69 (0.4)

* Item used to construct the Tanzania gender attitudes scale.

Over one-third of both men and women believe that avoiding pregnancy is a woman's responsibility and not a man's. However, the majority of respondents disagree with this statement, suggesting that they view family planning as a joint responsibility between men and women. The respondents, particularly women, generally do not support the idea that men "need" more than one sexual partner – less than one in five men and about one in 10 women agree with this statement.

Finally, the survey included two questions about acceptance of diverse sexual orientations, a highly debated topic in this context, but an important component in moving towards a more gender-equitable society. Homophobia is widespread among both men and women: About 90 percent of respondents said that they would not have a gay friend and that they would be ashamed if they had a gay son, with little difference between men and women and across age groups.

GENDER ATTITUDES AND GENDERED RESPONSIBILITIES: PERSPECTIVES OF ADOLESCENTS AND YOUNG ADULTS

A time-use activity as part of the focus group discussions among adolescents and young adults highlights the extent to which household work and childcare remain the central responsibility of women. The activity incorporated discussions around the time spent on various activities that adolescent and young men and women in this age group engage in, consistently finding that men spend the majority of their time attending school and studying, working outside the home, and engaging in physical exercise and recreational activities, while women spend the majority of their time working inside the home. Adolescent and young men did report participating in household work, but this most commonly revolved around chores outside the house, including feeding or fetching water for animals, working in gardens or on land, and collecting firewood; household work designated

for adolescent and young women was confined to the home and included cleaning the compound, preparing meals, and washing clothes.

While some respondents indicated household task-sharing among adolescent and young men and women, men who discussed engaging in household work (e.g., making tea or washing school uniforms) typically did it solely for themselves, while women were expected to undertake household responsibilities on behalf of all family members. Discussions around gendered division of responsibilities were rooted in gender norms and stereotypes. While cultural expectations mandate that girls become good wives and mothers, boys are expected to be the providers and hence are pushed to pursue their education and engage in income-generating activities, as these two young men described:

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“Boys have to think how to run the family while a woman is working to prepare food for her husband when he returns home from daily activities.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG MAN AGED 20 TO 24, RURAL TANZANIA

“Women work to raise children at home while men are engaged in various activities to get food and other needs to their families.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG MAN AGED 20 TO 24, RURAL TANZANIA

Respondents recognized that these gendered responsibilities affect girls’ aspirations and options around schooling and paid work:

“The expectation of most of the girls is to get married, so this may also affect school life as well as employment. Why should they study hard if they know they will get married to men who will take care of them? Why should they not concentrate on housework which they will do when married?”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT WOMAN AGED 15 TO 19, URBAN TANZANIA

Two-thirds of adolescent men and about half of adolescent women surveyed agree that a man should have the final word about decisions in the home, and 31 percent of adolescent women and 27 percent of adolescent men agree that a woman does not have the right to challenge

these decisions if she disagrees. While fewer adolescent women than men support men’s dominance in household decisions, their similar responses on whether a woman should be able to challenge these decisions may be a reflection of their lived realities.

To further explore gender attitudes across multiple domains, the analysis team constructed a gender attitudes scale (adapted from the Gender Equitable Men, or GEM, Scale) from a selection of the attitudinal items in Table 4.1a and validated it for the Tanzanian context.⁸ The gender attitudes scale consisted of 10 items measuring attitudes related to gender roles, sexuality, violence, and caregiving, noted with an asterisk in Table 4.1a. The scale was constructed as a continuous variable representing the mean across responses to the 10 items, scored on a range from 0 to 3, with higher scores signaling more equitable attitudes.⁹ Men and women had similar mean scores, with slightly higher (more equitable) scores for women (1.62 for men and 1.69 for women).

Previous research has shown that men's and women's attitudes are shaped by their background and childhood experiences (Levtov et al., 2014). Using sex-specific multivariate regression models, the research team examined the association between respondents' demographic characteristics and gendered childhood experiences and their gender attitude scores. In the Tanzanian sample, education and more equitable childhood home environments contributed to more equitable attitudes, particularly for men. Women who were older, were more educated, lived in urban settings, and had more educated fathers had more equitable attitudes. Growing up in an equitable home was even more important for shaping men's attitudes: Men who had more equitable attitudes were more educated, were urban, had mothers who worked outside the home, had fathers more involved in domestic tasks, reported less decision-making dominance by their fathers, and had not experienced or witnessed violence in childhood.

A separate bivariate analysis shows that attitudes seem more equitable among men exposed to any form of media (newspapers, magazines, TV, radio, or Internet) at least once a week. Women who reported listening to the radio almost every day also held more equitable attitudes; however, the associations between other media and their attitude scores could not be determined due to the large number of women who reported no regular exposure to TV, Internet, or newspapers.

8 The Gender Equitable Men (GEM) Scale was originally developed by the Population Council and Promundo with young men aged 15 to 24 (Pulerwitz & Barker, 2008). The original scale includes 17 attitudinal statements about different dimensions of men's gender-inequitable attitudes. The scale has since been used in household research and program evaluation in more than 20 countries (Singh, Verma, & Barker, 2013). The GEM Scale is often adapted to specific country contexts. Items are added to the scale for cultural specificity and other items that show limited variation and limited contribution to the overall scale in that setting are not included.

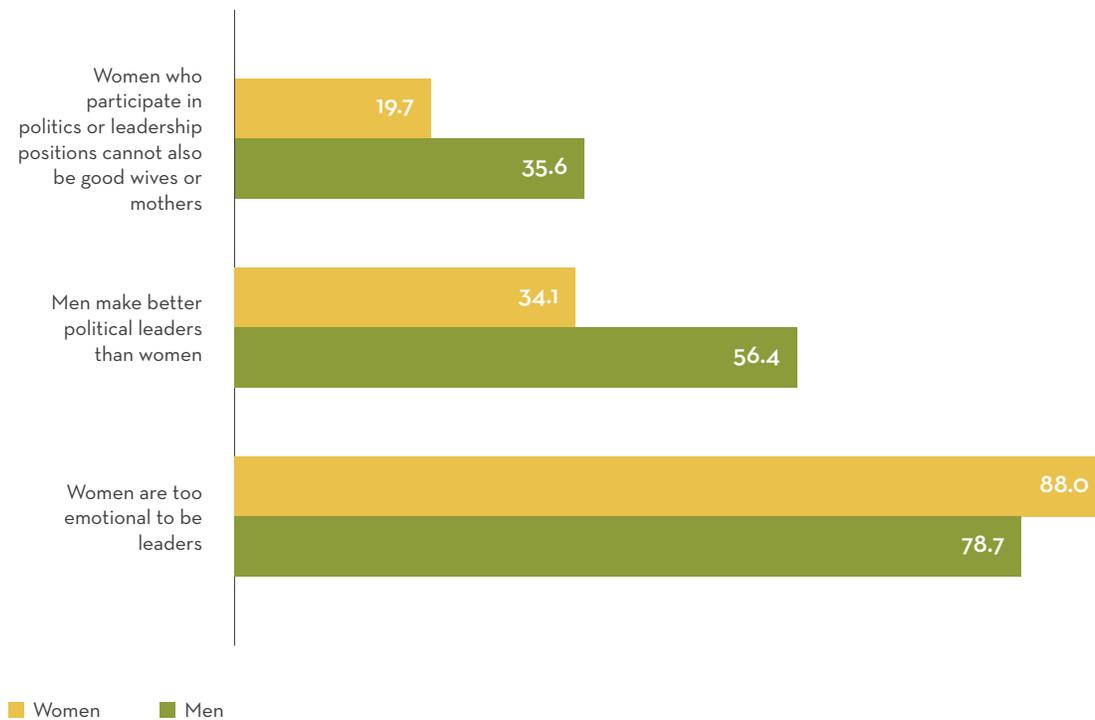
9 Exploratory factor analysis was carried out to develop an adapted gender attitudes scale for IMAGES Tanzania. Separate analyses were run for (1) the full sample of men, (2) the full sample of women, (3) adolescent men, and (4) adolescent women. Factor analyses resolve in a one-factor solution, with Cronbach's alphas of 0.80 for men (full sample, weighted), 0.77 for women (full sample, weighted), 0.77 for adolescent men (unweighted), and 0.76 for adolescent women (unweighted).

4.2 WOMEN'S POLITICAL PARTICIPATION

What do men and women think about women's participation in politics and public life? As shown in Figure 4.2a, men in the sample resist women's participation in public life: More than half believe that men make better political leaders, as compared to about one-third of women who think the same. At the same time, nearly all respondents — and more women (88 percent) than men (79 percent) — agree that women are too emotional to be leaders. One-third of men and only about one-fifth of women said women who participate in politics or leadership positions cannot also be good wives or mothers.

Figure 4.2a.

Percentage of respondents who agreed or strongly agreed with statements related to attitudes toward women in leadership positions or public life (weighted data)



4.3 ATTITUDES ABOUT GENDER-RELATED LAWS AND POLICIES

IMAGES included a small number of questions about laws and policies that impact gender relations and that are current areas of interest or debate in Tanzania. These include policies related to inheritance, quotas for women in government, and pregnant girls' right to access education. While seemingly unrelated, what these policies have in common is their potential to advance equal rights and opportunities for women.

Tanzania's current inheritance laws¹⁰ do not provide equal rights for men and women, whether they are surviving spouses or children (World Bank, 2018). However, most men (75 percent) and women (81 percent) feel that current inheritance laws are fair to both men and women, while only about 15 percent of men and women feel the laws are unfair to women.

Tanzania has long guaranteed women a 30 percent proportion of reserved seats in the national parliament (World Bank, 2018). The majority of both men and women support a quota guaranteeing a fixed proportion of women in government, with nearly universal support from women for this measure. This public support, however, needs to be viewed in the context of less supportive attitudes towards women's participation in political leadership described in the previous section.

There has been much debate in recent years in Tanzania about access and re-entry to schooling for pregnant girls. The survey asked about perhaps the most controversial aspect of this debate — a girl's right to continue schooling *during* pregnancy — and found that 29 percent of men and 27 percent of women support this right. Data from a study by Sauti za Wananchi (Voices of Citizens) found that 71 percent of Tanzanian citizens believe that pregnant girls should be allowed to go back to school *after* they give birth (Shussa, 2017).

¹⁰ Local Customary Law (Declaration) Order 279 of 1963 set customary rules regarding rights and duties associated with marriage, divorce, and inheritance. The Land Act and Village Land Act of 1999 specified the pluralistic nature of the legal regime on inheritance and succession, in which inheritance laws are not unified and customary, Islamic, statutory, and Hindu laws are applicable.

Table 4.3a.

Percentage of respondents expressing particular opinions about laws and policies on inheritance, quotas, and education rights for pregnant girls (weighted data)*

	MEN	WOMEN
Respondents who feel that inheritance laws are...		
Fair to both men and women	75.0%	81.0%
Unfair to men	4.4%	1.9%
Unfair to women	14.3%	15.9%
Don't know	6.3%	1.1%
Respondents who support...		
A fixed proportion of places or quotas for women in parliament or cabinet	76.5%	96.0%
Respondents who think...		
A pregnant girl should be allowed to continue her schooling during pregnancy	28.9%	27.3%

* Percentages may not total 100 due to rounding.

As the findings in this section demonstrate, people's perceptions and attitudes related to gender are complex and sometimes contradictory; however, several patterns emerge from the data that are generally consistent with IMAGES findings around the world. In general, men and women express support for gender equality broadly (as captured by disagreement with statements about men losing out as women gain rights). Yet both men and women buy into relatively rigid ideas about men's and women's roles, responsibilities, and relations in day-to-day life and are, to some extent, more protective of the traditional roles ascribed to their own gender (e.g., women more supportive of caregiving and family preservation, and men more focused on power, authority, and sexuality). Still, the results indicate that both men's and women's attitudes are shaped by their backgrounds and experiences, with equitable childhood home environments playing a particularly important role in shaping men's attitudes. This carries the powerful message that promoting gender equality at home yields dividends across generations.

5. CHILDHOOD EXPERIENCES

Men’s and women’s attitudes, practices, and circumstances are shaped in part by their childhood experiences, both positive and negative. This section presents findings related to respondents’ recollections of their childhood homes, including the gendered dynamics around decision-making and the division of labor among their caregivers and for the respondents themselves. Additional data on respondents’ experiences of violence in childhood can be found in Section 9.

5.1 CHARACTERISTICS OF RESPONDENTS’ CHILDHOOD HOMES

A majority of respondents reported growing up with both parents (slightly more than 60 percent of men and women), while approximately 20 percent of men and 17 percent of women grew up only or mostly with their mother. A minority, 6 percent, grew up with only or mostly their father (see Table 5.1a). Respondents generally reported that their father had a higher level of education than their mother, and slightly less than 30 percent of respondents reported that their mother worked outside the home.

Table 5.1a.

Characteristics of respondents’ childhood home experiences, reported as percentages (weighted data)*

	MEN	WOMEN
Growing up, respondent lived mostly with...		
Both mother and father	62.9%	60.8%
Mostly or only mother	19.7%	16.5%
Mostly or only father	6.2%	6.4%
Other (e.g., relatives, foster home, or orphanage)	11.1%	16.3%
Mother’s highest level of education		
No formal schooling	24.4%	29.3%
Primary (up to Standard 8 + vocational)	61.9%	56.4%
Secondary (up to Form 6 + vocational)	5.8%	5.6%
Beyond secondary (ordinary diploma and/or university)	0.7%	0.7%
Adult education	0.5%	1.2%
Don’t know/other	6.7%	6.8%

* Percentages may not total 100 due to rounding.

Table 5.1a. Continued

Characteristics of respondents' childhood home experiences, reported as percentages (weighted data)*

	MEN	WOMEN
Father's highest level of education		
No formal schooling	14.2%	16.8%
Primary (up to Standard 8 + vocational)	60.1%	62.0%
Secondary (up to Form 6 + vocational)	11.2%	7.4%
Beyond secondary (ordinary diploma and/or university)	3.1%	1.7%
Adult education	0.4%	0.8%
Don't know/other	10.9%	11.3%
Mother worked outside the home		
	27.0%	29.6%
There were times when respondent did not have enough to eat		
Never	40.3%	48.8%
Once	14.5%	9.6%
2-10 times	27.6%	27.4%
Often	17.5%	14.2%

* Percentages may not total 100 due to rounding.

Poverty and deprivation were a common experience: More than four in ten men and women reported that on more than one occasion they did not have enough to eat; 18 percent of men and 14 percent of women reported that this happened often. Qualitative data also show that many young people face economic difficulties due to unemployment, low wages, and school fees.

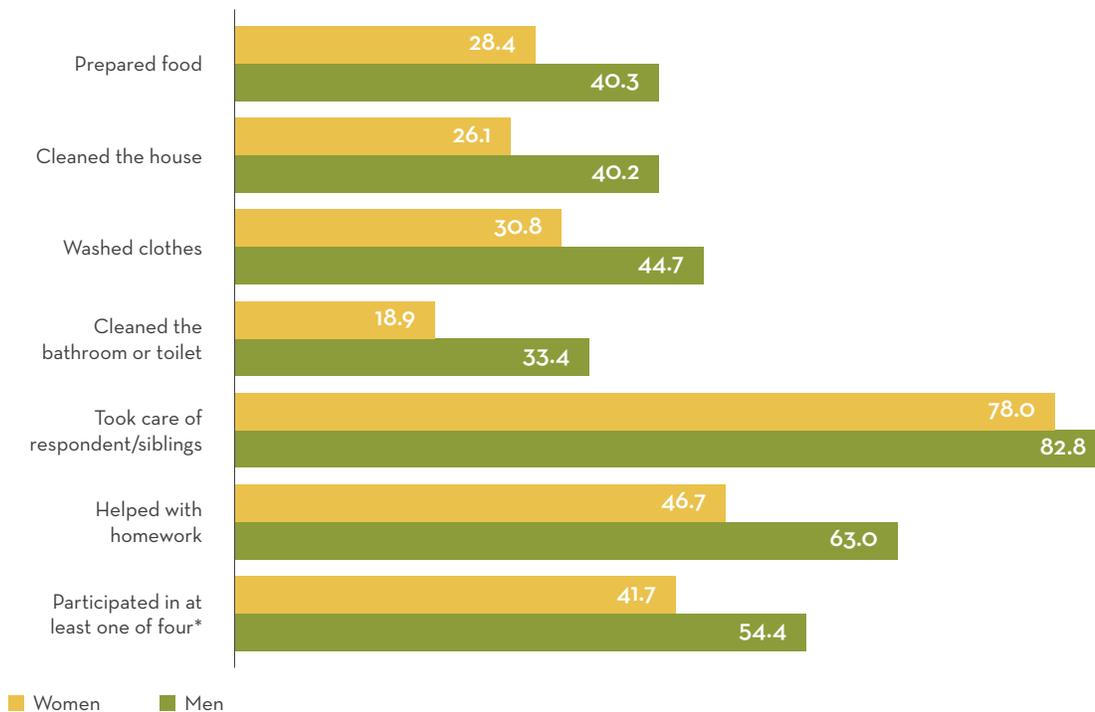
5.2 GENDER DYNAMICS IN THE CHILDHOOD HOME

Men and women have different recollections of the relationship dynamics in their childhood homes. Men are more likely than women to attribute decision-making power to their fathers (or their mothers' partners), with approximately two-thirds saying that the man had the final say in decisions on large investments such as a motorcycle, cow, or land, as compared to slightly less than half of women reporting this. Women were more likely than men (36 percent versus 22 percent) to say that final decisions were made either jointly between parents or only by the mother.

At the same time, larger proportions of men than women reported that their fathers or other men in their childhood homes had ever participated in various domestic tasks; 54 percent of men and 42 percent of women reported that their fathers had ever participated in at least one of four "typically female" domestic tasks (preparing food, cleaning the house, washing clothes, or cleaning the bathroom or toilet), as shown in Figure 5.2a. Respondents reported that fathers were more likely to participate in childcare than in other household tasks.

Figure 5.2a.

Percentage of respondents reporting that their father or another man in the home ever participated in household or caregiving tasks (weighted data)



* Participated in at least one of the following: preparing food, cleaning the house, washing clothes, or cleaning the bathroom or toilet.

5.3 EXPERIENCES AND EXPECTATIONS: GENDERED RESPONSIBILITIES IN ADOLESCENCE

Adolescence is often a time when expectations for boys' and girls' behaviors diverge and become more distinct, reinforcing traditional roles. Findings from both the quantitative survey and the qualitative study suggest that this is a common experience for Tanzanian men and women in the study sites.

This differentiation in roles often manifests in girls' greater burden of domestic and caregiving tasks. While both men and women reported high levels of participation (generally above 80 percent) in domestic tasks such as preparing food, washing clothes, cleaning the house, and taking care of or helping siblings during adolescence, for women, this participation was nearly universal. Indeed, approximately 65 percent of men and 70 percent of women agree that when they were growing up, boys in their families had more free time because they were not expected to do housework like the girls (as shown in Figures 5.3a and 5.3b). Girls were also more restricted in their movements: 81 percent of men and 73 percent of women reported that it was easier for boys in their families to spend time outside the home.

Focus group discussions further demonstrate restrictions on girls' freedom of movement, as reflected in the following quotes:

“Girls are more monitored than boys. A girl cannot leave home with no permission and come back at any time. At 6 p.m. in the evening, all girls are supposed to have been back home; we boys can go without permission and come back.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT MAN AGED 15 TO 19, RURAL TANZANIA

“Girls are too controlled, especially in their movements. They should remain most of the time in the house; at night, they can hardly get out.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG MAN AGED 20 TO 24, RURAL TANZANIA

The qualitative research also highlights new or greater restrictions on spending time outside the home as a key feature of girls' transition into adolescence or adulthood. The focus group discussions demonstrate the benefits associated with staying home for girls. As one participant clearly expressed, despite inequitable gender attitudes, keeping girls in the household serves as a protective factor:

“Don't know what is happening outside there. [Girls] are kept like chickens in the house to do whatever is in the house. But it is better that way, because men are like hungry lions for women out there.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG WOMAN AGED 20 TO 24, RURAL TANZANIA

On the other hand, some female participants in the focus group discussions voiced the need to venture outside the home. A participant aged 20 to 24 from rural Tanzania expressed this dissent, stating that sometimes there is a “need to go outside ... [to] know what is happening.” She described that she enjoys “having fun with [her] friends outside” and that staying home binds girls locally, causing them to only “know what happens at home and only work at home.”

Gendered expectations also shape boys' lives: Nearly half of men and 40 percent of women reported that boys in their families had less free time than girls because boys were expected to earn money to support their families.

Figure 5.3a.

Percentage of men who agreed or strongly agreed with statements related to restrictions and expectations before age 18 (weighted data)



Figure 5.3b.

Percentage of women who agreed or strongly agreed with statements related to restrictions and expectations before age 18 (weighted data)*



* Respondents were asked about their opposite-sex siblings or other peers of the opposite sex in their neighborhood (in case the respondent did not have an opposite-sex sibling) to maximize response rates.

EXPECTATIONS VERSUS REALITY? ATTITUDES AND NORMS ABOUT ROLES AND RESTRICTIONS FOR ADOLESCENT MEN AND WOMEN

In addition to the respondents' lived experiences in adolescence, IMAGES Tanzania explored attitudes and norms related to gendered expectations and restrictions on the lives of adolescents. Respondents were asked about their own attitudes, their perception of what their communities expect of adolescents, and their perception of actual behaviors in their communities. These findings are presented in Figure 5.3c.

Approximately 38 percent of male respondents and 32 percent of female respondents reported that girls in their community *do* stay home from school as often as necessary to help with housework, which is consistent with narratives from the qualitative research. Slightly fewer agree that most people in the community feel girls actually *should* stay home as often as necessary. Respondents generally expressed very little personal support or belief that girls actually *should* stay home from school to help around the house (9 percent of men and 7 percent of women).

Interestingly, respondents expressed slightly greater personal support for boys staying home from school to provide for the family, although fewer women than men reported that this is a reality in their community. Still, 36 percent of men and 30 percent of women reported that people in their community would disapprove of boys who continue to go to school even though they have to provide for the family – very similar to the proportion that would expect girls to stop their schooling if needed to support the family. Participants in the qualitative study did not discuss the need for boys to stay at home to engage in income-generating activities. On the contrary, participants often supported the importance of boys' education as a factor shaping their identity as a man and provider for the family.

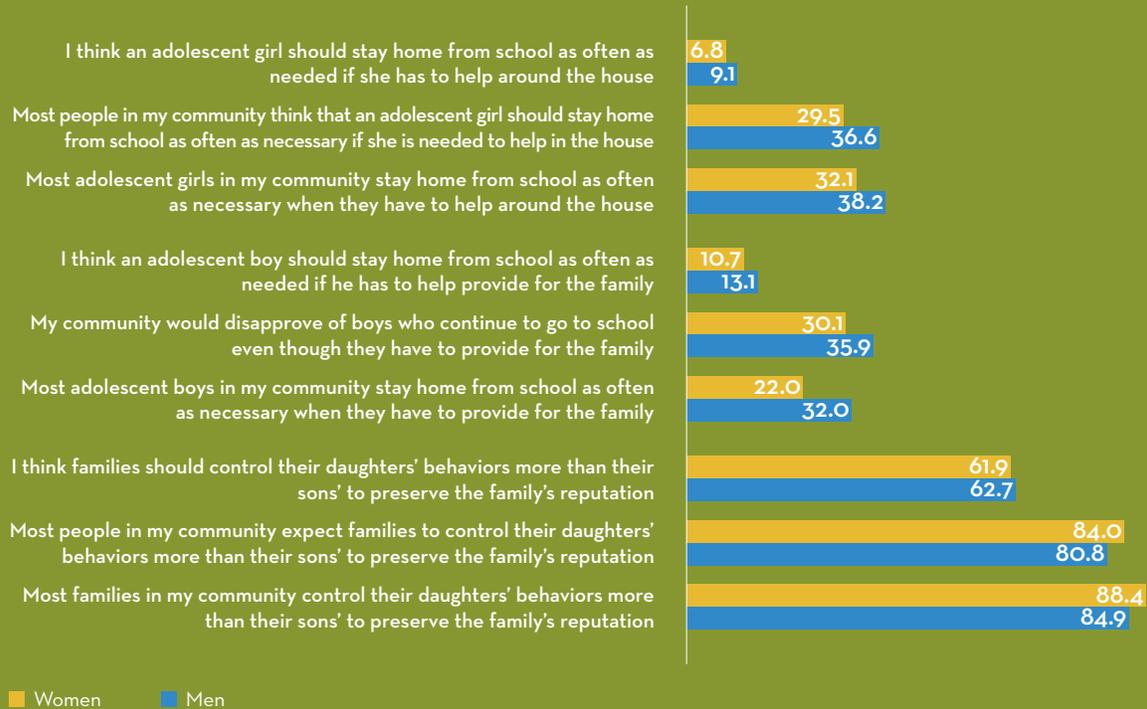
Families' stronger control over girls' behavior compared to boys' was overwhelmingly reported as the norm, both in terms of what families actually do and what communities expect. A smaller number – but still over 60 percent – of participants expressed personal support for the family asserting more control over girls' behavior than boys'.

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Figure 5.3c.

Percentage of respondents who agreed or strongly agreed with statements related to attitudes and norms about expectations and restrictions for adolescents (weighted data)



These findings suggest that individuals generally report more progressive personal attitudes, as compared to their perceptions of actual behaviors in the community and of the community's expectations. This finding is repeated on different topics throughout this report. It is possible that in the context of the study, individuals wanted to appear more gender equitable and to provide what they perceived as the "socially desirable"

response. However, it may also be that there is a difference between individuals' attitudes and their perceptions of their communities, which is consistent with qualitative findings suggesting a plurality of opinions and experiences. These differences between personal attitudes and perceptions of the community offer an important space and opportunity for change, and they deserve further exploration in future research.

ACROSS THE COUNTRY: REGIONAL VARIATION IN KEY IMAGES FINDINGS

Tanzania is a large and diverse country, where differences in history, culture, tribe, and religion (among many other factors) may have differentially shaped the gendered experiences and behaviors explored by the IMAGES study, which collected data from five of Tanzania's

regions: Dar es Salaam, Dodoma, Iringa, Kagera, and Tabora. While the limited sample size does not allow for detailed analysis by region throughout the report or on specific indicators, this box highlights some key findings by region, which should be interpreted cautiously.

Table 5.3d.

Key IMAGES findings by region (weighted data)*

		DAR ES SALAAM	DODOMA	IRINGA	KAGERA	TABORA
Mean gender attitudes scale score (SD)**	Men	1.80 (.32)	1.55 (.33)	1.72 (.36)	1.56 (.35)	1.42 (.33)
	Women	1.90 (.33)	1.53 (.49)	1.79 (.25)	1.66 (.37)	1.54 (.34)
Mean age at first sex (SD)	Men	17.8 (2.9)	17.7 (3.5)	19.0 (3.3)	18.6 (3.3)	16.9 (3.2)
	Women	18.4 (2.7)	17.6 (2.7)	18.7 (3.0)	18.2 (2.8)	16.4 (2.1)
Used condom at last sex with main partner	Men	29.9%	31.5%	21.8%	21.9%	25.1%
	Women	15.1%	10.4%	16.1%	10.3%	17.3%
Mean desired number of children (SD)	Men	3.6 (1.4)	3.6 (2.1)	4.2 (1.8)	4.0 (1.8)	4.9 (1.9)
	Women	3.8 (1.3)	4.3 (1.7)	4.0 (1.4)	4.4 (1.4)	5.3 (1.8)
Used (men) or experienced (women) intimate partner physical violence	Men	12.8%	12.9%	17.1%	31.9%	19.9%
	Women	25.8%	52.5%	43.8%	50.7%	40.1%
Men participated in household tasks***	Men	40.1%	40.8%	58.3%	25.2%	34.7%
	Women	14.3%	8.1%	18.4%	7.9%	9.4%

* Findings in **bold** indicate statistically significant differences among regions at $p < .05$.

** The gender attitudes scale is scored on a range from 0 to 3, with higher scores signaling more equitable attitudes.

*** Men participated in at least one of four domestic tasks: preparing food, cleaning the house, washing clothes, cleaning the bathroom or toilet.

6. SEXUAL AND REPRODUCTIVE HEALTH

Gender norms and power dynamics can shape behaviors in ways that directly impact the sexual and reproductive health and rights of women, men, and families. Key behaviors shaped by gendered norms and attitudes include (but are not limited to) sexual debut, condom use, family planning, forced or unwanted sex, number of sexual partners, and transactional sex. IMAGES Tanzania measured behaviors, norms, and attitudes related to these domains. This section presents overall results for the full sample (based on data weighted to correct for the oversampling of adolescents), followed by a separate section focused on findings specific to adolescent sexual and reproductive health, and the differences between adults and adolescents in the sample.

6.1 SEXUAL DEBUT

Most of the sample, 81 percent of men and 86 percent of women, reported ever having had sex. Men and women reported the same mean age at first sex, 17.8 (SD=3.2 for men and SD=2.8 for women). While there were no differences in mean age at first sex between urban and rural men, rural women were almost a full year younger on average than their urban counterparts at the time of their first sexual encounter (17.3 with SD=2.7 for rural women and 18.5 with SD=2.7 for urban women; $p < .001$).

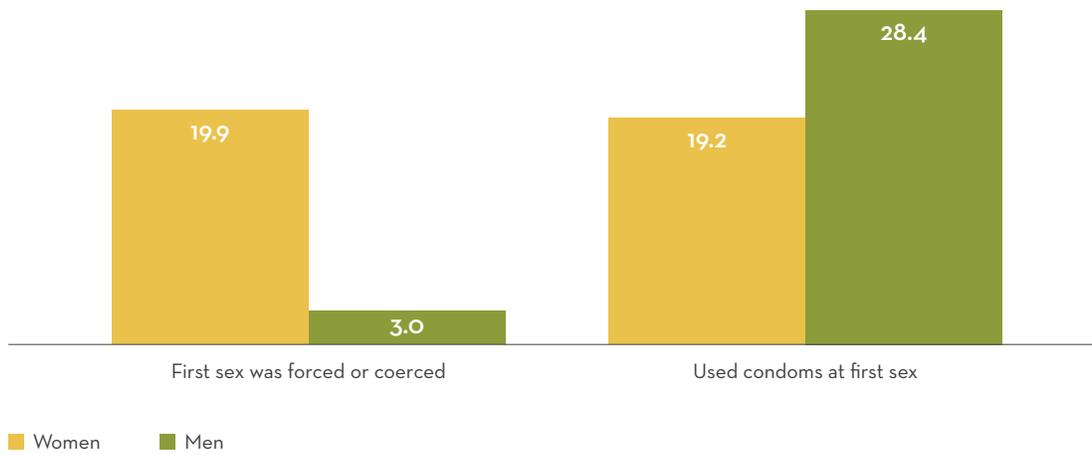
The nature of respondents' reported first sexual experiences varied, revealing a gap in men's and women's experiences and perceptions of sexual coercion and consent, as well as gender differences in condom use at first sex. While almost all sexually active men (94 percent) reported their first sexual experience as being "wanted" by both parties,¹¹ significantly fewer women (77 percent) reported the same view of their first sexual experience. Twenty percent of women reported that the first time they had sex was either forced or coerced, as compared to just 3 percent of men who reported this, as shown in Figure 6.1a.

Condom use at first sex was reported by 19 percent of women and 28 percent of men, with no significant differences between those who had unwanted or forced first sex and those who did not. Urban men and women were more likely to report using condoms at first sex, as compared to their rural counterparts (33 percent of urban men and 23 percent of urban women, as opposed to 25 percent of rural men and 17 percent of rural women). Generally, the gendered picture of respondents' first experiences of sexual intercourse is similar for adults and adolescents (see "Focusing In: Adolescents and Sexual and Reproductive Health").

¹¹ Participants were asked to describe their first experience of sexual intercourse with the following response options: "both wanted to have sex"; "I did not want to but it happened anyway"; "I was forced to have sex"; "partner did not want to but it happened anyway"; and "forced partner to have sex."

Figure 6.1a.

Percentage of sexually active respondents reporting forced or coerced experience of first sex and condom use at first sex (weighted data)

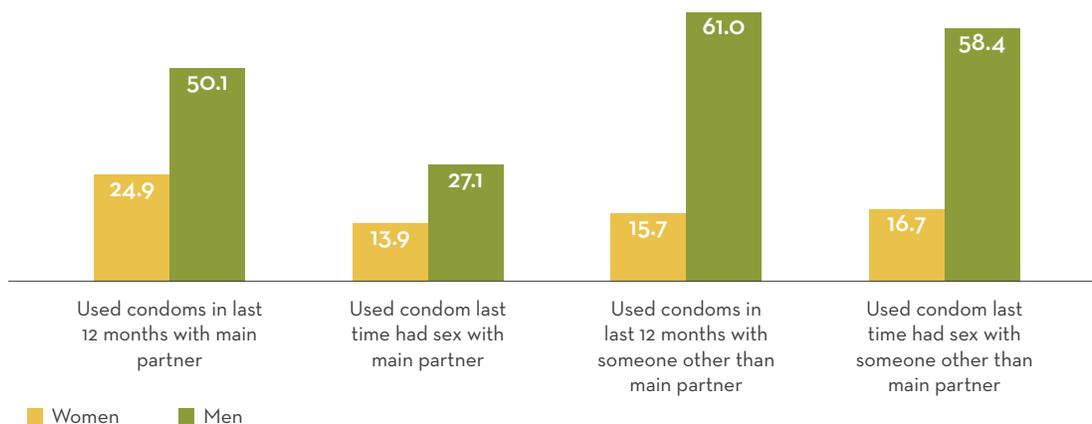


6.2 CONDOM USE AND SEXUAL PARTNERSHIPS

Among respondents who had ever had sex, the mean number of sexual partners in the past 12 months was 1.3 (SD=1.1) for men and 0.9 (SD=0.9) for women. As Figure 6.2a shows, women’s reported condom use was approximately half that of men’s both in the past year and at the last time they had sex with their main partner, as well as substantially lower than men’s when reporting on sex with someone other than their main partner.¹²

Figure 6.2a.

Percentage of respondents reporting condom use with main partners and other partners in the last 12 months and during the last time they had sex (weighted data)



¹² In this section, “partner” refers to the people that a respondent has had sex with, and “main partner” refers to the respondent’s most frequent sexual partner.

Generally, urban men reported using condoms more frequently than rural men whether reporting on sex with their main partner or someone else. Fifty-nine percent of urban men reported using condoms at last sex with their main partner, as compared to 44 percent of rural men; 68 percent of urban men reported using a condom the last time they had sex with someone other than their main partner, versus 58 percent of rural men. No similar trend was found among women.

The gender differences in reported condom use in the sample — particularly for reports of sex with someone other than the respondent's main partner — are stark and may reflect unequal bargaining power within different types of relationships. For example, there is a widespread perception that adolescent women who have sex with a man for gifts or money cannot negotiate for condom use — about three in five men (57 percent) and women (61 percent) support this notion. Therefore, it is important to further explore how different partnerships affect power dynamics around condom use (particularly those involving younger women) and, by extension, the sexual health of men and women.

6.3 HIV TESTING AND SEXUALLY TRANSMITTED INFECTIONS (STIs)

According to the *Tanzania HIV Impact Survey (THIS) 2016–2017*, HIV prevalence among those aged 15 to 49 in Tanzania is 5 percent, with a marked difference between women (7 percent) and men (4 percent). While prevalence is lower among younger people than among older people, the gender disparity is more pronounced among younger people (ICAP, 2017).

IMAGES Tanzania asked only about HIV testing, not HIV status. Women in the sample are much more likely to have ever been tested for HIV than men are: 92 percent of women and 76 percent of men reported ever having been tested; 64 percent of women and 59 percent of men reported testing in the past year. Consistent with global trends, the difference in HIV testing between men and women can be explained in part by women receiving HIV testing as part of antenatal care. Indeed, having children is significantly associated with women having ever been tested for HIV; the proportion of women *without* children in the sample who had *never* been tested was more than eight times that of women *with* children who had *never* been tested (32 percent versus 4 percent). HIV testing rates were not associated with urban versus rural residency or gender attitudes.

The proportion of women who reported experiencing STI symptoms (such as abnormal discharge from or ulcers/sores near the penis or vagina) in the past year was more than double that of men (18 percent versus 8 percent). Although women were more likely to report STI symptoms, men were more likely to seek treatment when they had those symptoms. Of those who experienced symptoms in the past year, 84 percent of men and 71 percent of women reported seeking treatment or advice, with a significantly higher proportion of urban women (about 28 percent more) doing so than their rural counterparts. No such difference was detected among men.

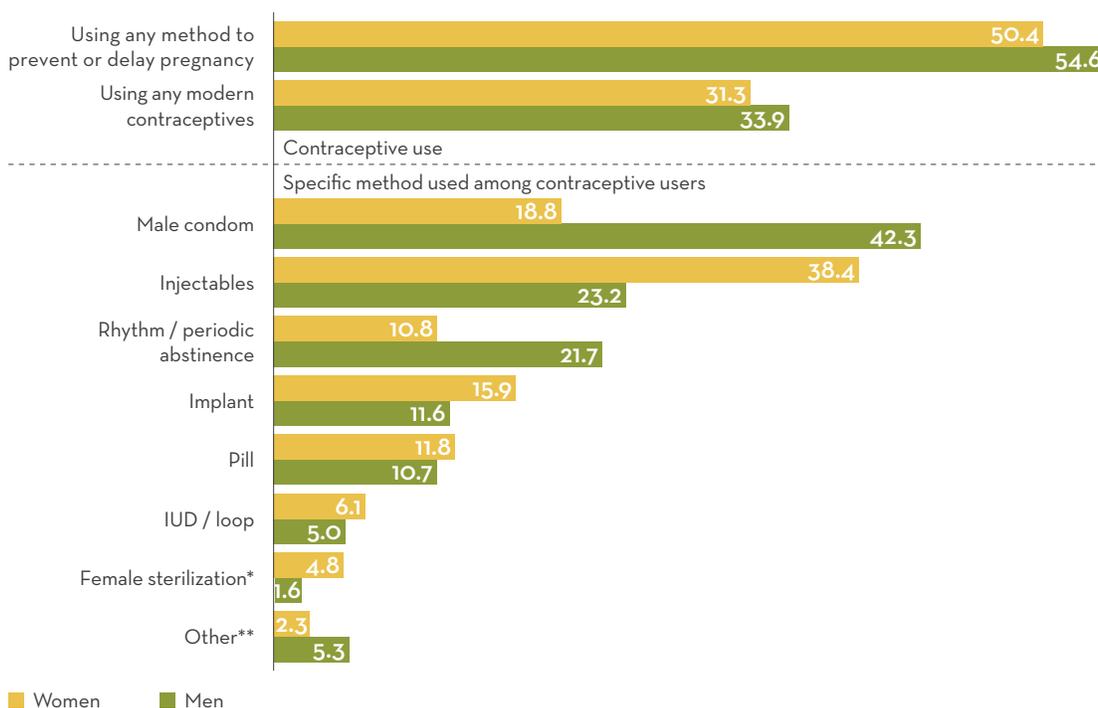
6.4 FERTILITY INTENTIONS AND CONTRACEPTIVE USE

The mean number of children desired by respondents in the sample is 4.3 among women and 4.0 among men. Urban respondents desire fewer children than their rural counterparts (4.3 and 4.8 for rural men and women, respectively, as compared to 3.5 and 3.8 for urban men and women, respectively).¹³ These means are slightly lower than those reported in the most recent Tanzania Demographic and Health Survey, which show an ideal family size of 4.7 children for women and 5.1 for men (MoHCDGEC et al., 2016). These differences are likely due to regional variations.

As Figure 6.4a shows, approximately half of men and women reported currently using any method to prevent or delay pregnancy, with about one-third reporting that they use a modern contraceptive method. Of these, male condoms, injectables, implants, and the pill are the most commonly used. There is no association between gender attitudes and current modern contraceptive use in the sample. Another recent study reports that women with more equitable attitudes are more likely to report contraceptive use, with no association found for men (Nanda, Schuler, & Lenzi, 2013).

Figure 6.4a.

Percentage of respondents reporting overall contraceptive use and specific method used (weighted data)



* Tubal ligation or hysterectomy.

** "Other" includes withdrawal, foam/jelly/cream, female condom/diaphragm, male sterilization, and other methods.

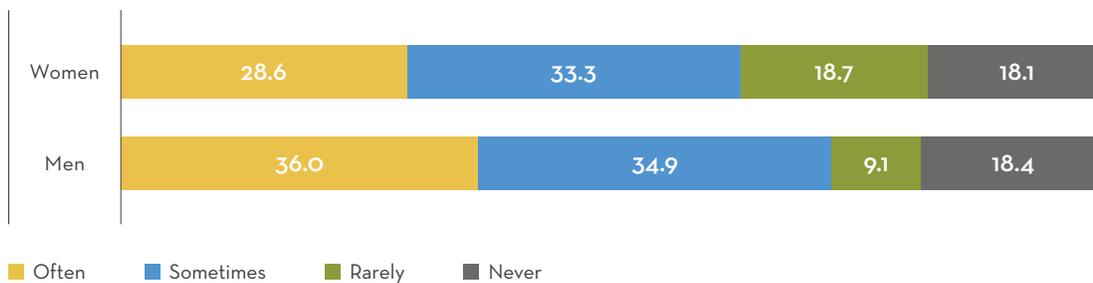
¹³ All differences were significant at $p < 0.001$.

6.5 FAMILY PLANNING COMMUNICATION AND DECISION-MAKING

As Figure 6.5a shows, 71 percent of men and 62 percent of women reported sometimes or often discussing how many children to have or the spacing of children with their partner. Women are somewhat more likely than men to report rarely or never discussing family planning with their partner.

Figure 6.5a.

Percentage of respondents reporting the frequency of discussing number of children to have and spacing of children with their partner (weighted data)*

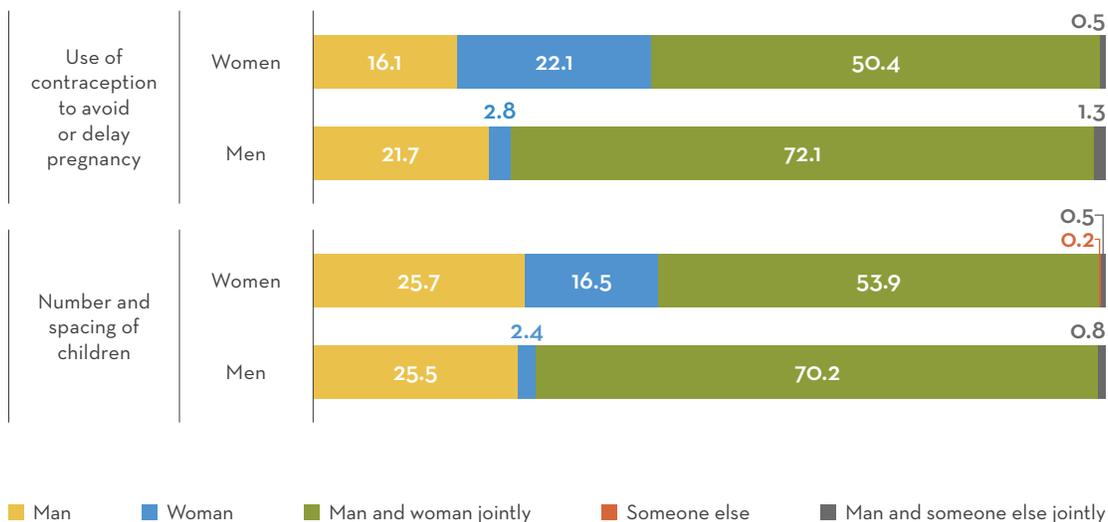


* Percentages may not total 100 due to rounding.

More than half of both men and women reported making decisions jointly with their partners related to the number and spacing of children and the use of contraception. Women are more likely than men to report that the woman has the final say in these decisions, ranging from 17 percent to 22 percent of women compared to around 2 to 3 percent of men (as shown in Figure 6.5b). Multivariate sex-specific analyses show men who reported more equitable attitudes and men in urban areas are three times as likely to engage in joint decision-making as their rural and less equitable peers are; women with more equitable attitudes are twice as likely to do so.

Figure 6.5b.

Percentage of respondents reporting who usually makes decisions around contraception and family planning (weighted data)*



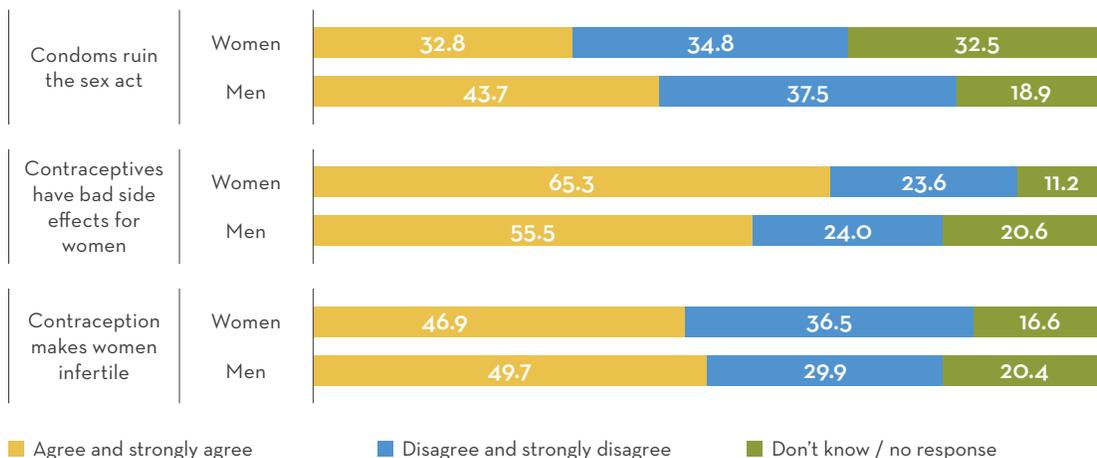
* Percentages may not total 100 due to rounding.

6.6 ATTITUDES ON FAMILY PLANNING

This section explores attitudes related to contraceptive use and family planning. As reported in Section 4.1, around one-third of both male and female respondents think that it is a woman’s responsibility, not a man’s, to avoid getting pregnant. The data further suggest ambivalence among men and women toward the use of family planning methods. Significant portions of both male and female respondents reported negative attitudes and misconceptions about contraceptives. For example, as shown in Figure 6.6a, more than half of men and nearly two-thirds of women feel contraceptives have bad side effects for women, 50 percent of men and 47 percent of women think contraception makes women infertile, and 44 percent of men and 33 percent of women say condoms ruin the sex act. It is important to note that a substantial proportion of men and women (most of whom were 15- to 19-year-old respondents) answered “don’t know” to these questions, indicating both a need and an opening for further information and education.

Figure 6.6a.

Percentage of respondents expressing different degrees of agreement with statements on family planning (weighted data)*

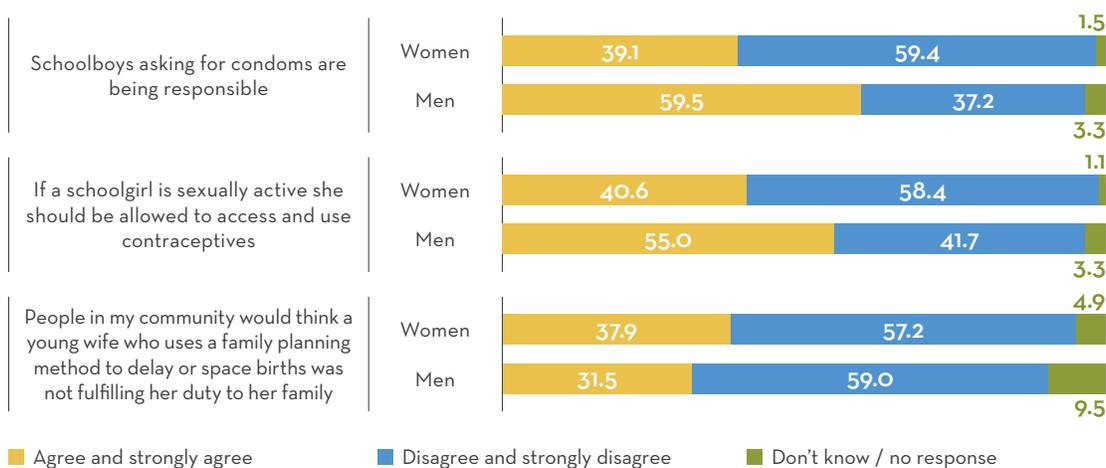


* Percentages may not total 100 due to rounding.

At the same time, respondents expressed significant support for contraceptive use by young people, as shown in Figure 6.6b. For example, 55 percent of men and 41 percent of women think if a schoolgirl is sexually active, she should be allowed to access contraception; 60 percent of men and 39 percent of women agree schoolboys asking for condoms are being responsible. In general, men are more supportive than women of young people’s access to and use of contraceptives.

Figure 6.6b.

Percentage of respondents expressing different degrees of agreement with statements related to young people and family planning (weighted data)*



* Percentages may not total 100 due to rounding.

Around one-third of both men (32 percent) and women (38 percent) believe that other members of their community would think a young wife who uses a family planning method was not fulfilling her family duties, indicating the social acceptability of contraceptive use within marriage.

Bivariate analyses uncover some gendered patterns in the associations between attitudes around contraception and respondents' plans for its use. When women agreed that a young wife using family planning is not fulfilling her duties, they also planned on using contraceptives in the next 12 months *less* than those who disagreed with that statement (40 percent versus 49 percent; $p=0.02$). By contrast, men who thought young wives using family planning are not fulfilling their duties planned to use contraception *more* than those who disagreed with that statement (63 percent versus 53 percent; $p=0.02$). Agreement with these statements was not associated with current use of any form of modern contraception for either men or women. None of the other misconceptions that the survey asked about (i.e., believing that contraceptives make women infertile, that contraceptives have had side effects for women, or that condoms ruin the sex act) were related to either current or planned use of contraception for either men or women.

As previously noted, gender attitude scores are also not associated with current modern contraceptive use, or plans to use contraceptives in the next 12 months, for either men or women. These findings merit further exploration to better understand how men's and women's perceptions of gender roles and contraception impact their patterns of use for family planning.

6.7 TERMINATION OF PREGNANCY

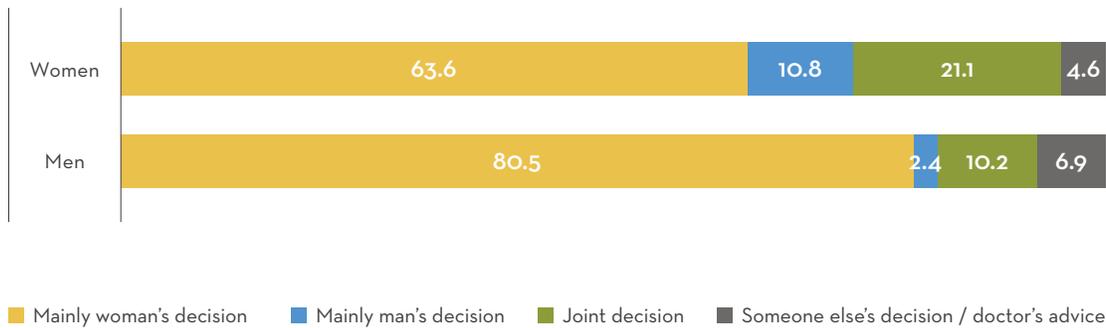
Around 6 percent of men and women who had ever had sex reported being involved in a pregnancy ending in induced termination ($n=47$ for men, $n=46$ for women).¹⁴ Women reported seeking termination services through a variety of venues, including dispensaries, private clinics, and pharmacies; however, more than half went to a hospital. Nearly one-third of the men whose wives or partners had terminated a pregnancy reported that they did not know where their wives or partners had sought termination services.

Among the 93 participants who reported a termination, a stark contrast exists between men's and women's reports of the related decision-making process. Eighty-one percent of the men reported it was mainly the woman's decision, while 64 percent of women reported this. Two times as many women as men reported it as a joint decision, as shown in Figure 6.7a.

¹⁴ Due to the small numbers for some of the items in this section, numbers of respondents are given instead of, or alongside, percentages.

Figure 6.7a.

Percentage of respondents reporting who was responsible for decision-making about the termination of pregnancy (weighted data)*



* Percentages may not total 100 due to rounding.

Women are more likely than men are to report greater male engagement in the process of accessing pregnancy termination services. More than half of women (n=23) versus only 27 percent of men (n=12) reported that the man provided financial support toward the cost of the termination; 36 percent of women (n=16) but only 6 percent of men (n=3) reported that the man accompanied the woman to the termination. Given the small number of respondents, these findings should be interpreted with caution; additional research to understand the dynamics of decision-making and men's involvement in pregnancy termination is needed.

Qualitative data highlights the dilemmas around pregnancy termination for unmarried women. In the context of community and family disapproval, shame, and violence, termination of an unintended pregnancy is considered an option for younger women, with one adolescent reflecting:

“Parents expect that one finishes school; there are traditional procedures for marriage; one goes to church and she weds, and later she can give birth. This honors the family. So, pregnancy before marriage is shameful.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT WOMAN AGED 15 TO 19, URBAN TANZANIA

Participants often viewed termination of an unintended pregnancy as the only option allowing them to continue their education.

Despite acceptance around terminating an unintended pregnancy, participants described economic and legal barriers to accessing termination services, resulting in substantial health risks. As one adolescent noted:

“First, it is not allowed. Second, because it is not allowed, it is hidden. Then, when you get any complication, you risk even dying. And, it is expensive in the hospital: Who has 100,000 shillings to take care of that? And, if you go cheap with the local herbs in the village, you can get an infection, and things are not easy then. It is not easy to abort, but it can be an option.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT WOMAN AGED 15 TO 19, RURAL TANZANIA

Another option commonly described for coping with an unintended pregnancy was suicide. As one adolescent woman reflected:

“I know suicide is not OK. But what do you do when everything is against you and you think disappearing will help? At least you are not there.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT WOMAN AGED 15 TO 19, URBAN TANZANIA

6.8 TRANSACTIONAL AND PAID SEX

Both globally and in Tanzania, studies have shown how gender-related norms, social expectations, and material realities may encourage the exchange of sex for money or goods, resulting in increased risk for HIV and STI infection (Stoebenau et al., 2016; Ricardo & Barker, 2008). Approximately 13 percent of men reported that, in the past year, they had entered into a sexual relationship with a woman by offering things that were important to her, helping with her expenses, or providing money; only 6 percent of women reported having entered into a sexual relationship because they were offered these things. The difference between men’s and women’s reports, as well as the relatively low rates overall, may be due to differences in perception on the transactional nature of the sexual relationship, or to differences in the desire to report engaging in the practice. It may also be due to the difficulty in accurately capturing complex relationship dynamics with survey questions. Qualitative research, including from Tanzania, has much to offer in terms of understanding transactional sex dynamics. (See, for example, Deabe & Wamoyi, 2015; Wamoyi et al., 2011; Wamoyi et al., 2010).

Still, strong association exists between entering into a sexual partnership in which men offer goods or money for sex and the greatly increased likelihood of women experiencing physical (odds ratio, OR=1.4; p=0.022), economic (OR=2.5; p=0.021), or sexual (OR=3.8; p=0.001) intimate partner violence, highlighting the potentially risky aspects of such relationships. Findings from the qualitative research highlight the link between financial dependence on a partner (particularly for school fees) and younger women's inability to leave abusive relationships. As one adolescent man noted:

“She will tolerate the beatings so that he can continue supporting her in paying for her studies.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT MAN AGED 15 TO 19,
URBAN TANZANIA

The survey also asked about men's and women's experiences of paying for sex. Approximately 14 percent of men reported ever having paid for sex, as compared to 4 percent of women who reported ever having been paid for sex. Men who had ever paid for sex more often used condoms with someone other than their main partner in the last year than men who had never engaged in paid sex (73 percent versus 57 percent; p=0.018). Similarly, men who entered into a sexual relationship with a woman by offering gifts or money more frequently used condoms in the last year with someone other than their main partner than those who did not report transactional relationships (70 percent versus 54 percent; p=0.001).

FOCUSING IN:

Adolescents and Sexual and Reproductive Health

Adolescence is a period characterized by significant physical, psychological, and social transitions, with specific health and developmental needs and rights. Many of the health-related behaviors that arise during adolescence – including sexual and reproductive behaviors – have implications for both present and future health and development. For example, young people who initiate sex at an early age may be at a higher risk of becoming pregnant or contracting STIs than young people who initiate sex later (MoHCDGEC et al., 2016). Adolescence is a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles (World Health Organization, 2017; Gilles, 2014).

This section looks more closely at respondents aged 15 to 19 to achieve a fuller picture of adolescent sexual and reproductive health and behavior in Tanzania.¹⁵

PARTNERSHIPS, SEXUAL DEBUT, AND CONDOM USE AMONG ADOLESCENTS

Among the sample, 50 percent of adolescent men and 43 percent of adolescent women reported ever having had a romantic or intimate partner, defined as anyone they have had an intimate relationship with (whether they are married or not, or have had sex or not). Adolescent men reported being on

average one year older (SD=1.4) than their partner, while adolescent women reported being younger by almost four years (SD=3.4). These were smaller age differences than those reported among adults aged 20 to 45, for whom women reported being on average over six years younger (SD=6.1) and men over five years older (SD=4.6) than their partners.

Regardless of whether they reported ever being in a romantic relationship, 39 percent of adolescent men and 43 percent of adolescent women reported ever having had sex. The mean reported age at first intercourse for adolescents is 15.7 for men and 15.8 for women; however, these means reflect only sexual debut for the less than half of adolescents who are sexually active, and are thus artificially low given the restricted age range of this subset of the sample. In the qualitative research, the adolescent and young men and women reported even younger ages of sexual debut.

Experiences of sexual coercion are common among adolescent women: Approximately one in five sexually active adolescent women reported that their first sexual experience was unwanted or forced, as compared to fewer than 4 percent of adolescent men who reported this. Adolescent men are more likely than women are (92 percent versus 79 percent) to report that both partners wanted their first sexual experience.

¹⁵ It is important to note that adolescents younger than 15 were not included in this study.

One-third of adolescent men and nearly 40 percent of adolescent women used a condom at first sex. For adolescent women, this represents more than twice the proportion of adult women who reported condom use the first time they had sex, perhaps highlighting important achievements in awareness-raising and access to contraception in recent years.

Of those who reported being sexually active, 63 percent of adolescent men and 48 percent of adolescent women reported using condoms in the last 12 months with their main partners; 43 percent of adolescent men and 31 percent of adolescent women said that they used a condom the last time they had sex with their main partner. Reported frequency of condom use with a main partner in the last year was significantly higher among urban adolescent women than among their rural counterparts (64 percent versus 40 percent); however, no significant difference existed for condom use at last sex with their main partner. There was no difference between urban and rural adolescent men in reported condom

use with a main partner in the last year or at last sex.

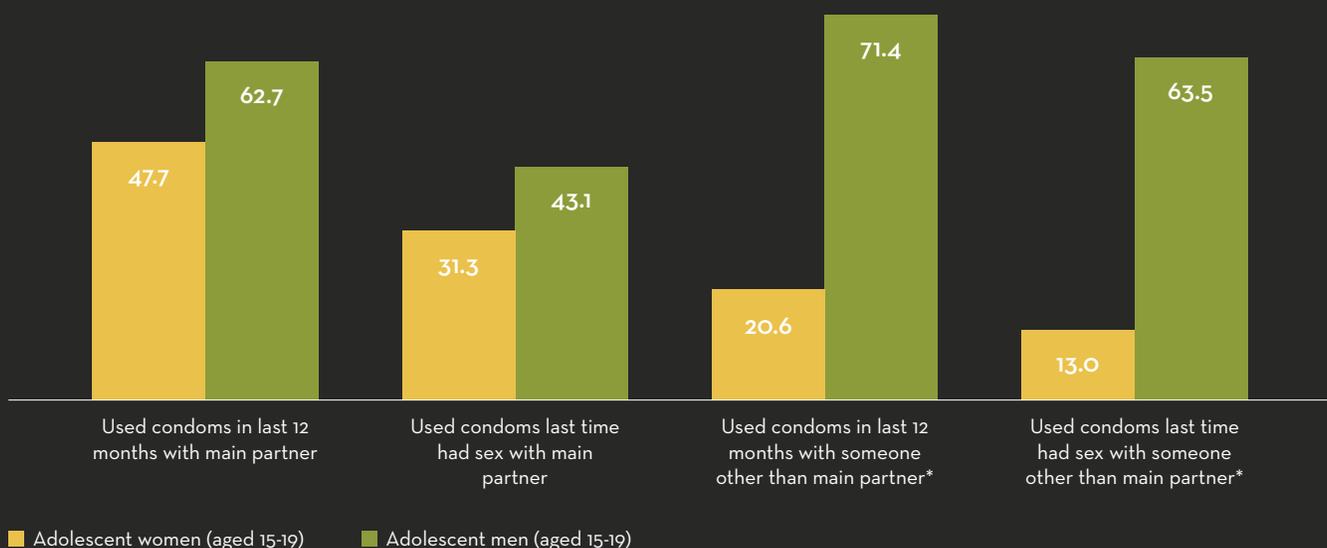
Of those who had sex with someone other than their main partner in the last year, 71 percent of adolescent men and 21 percent of adolescent women reported ever using condoms in the last year. When asked about the last time they had sex with someone other than their main partner, the proportion of adolescent men who used condoms decreased to 64 percent, as did the proportion of women, to 13 percent (see Figure 6.9a).

Sexually active adolescent men reported an average of 1.5 sexual partners in the past 12 months, as compared to one partner for adolescent women; these numbers are slightly higher for adolescents than adults, who are more likely to be in longer-term, married partnerships.

As seen when comparing Figures 6.9a and 6.9b, condom use rates are generally significantly higher among adolescents than among adults.¹⁶

Figure 6.9a.

Percentage of adolescents reporting condom use with main partners and other partners in the last 12 months and during the last time they had sex (unweighted data)

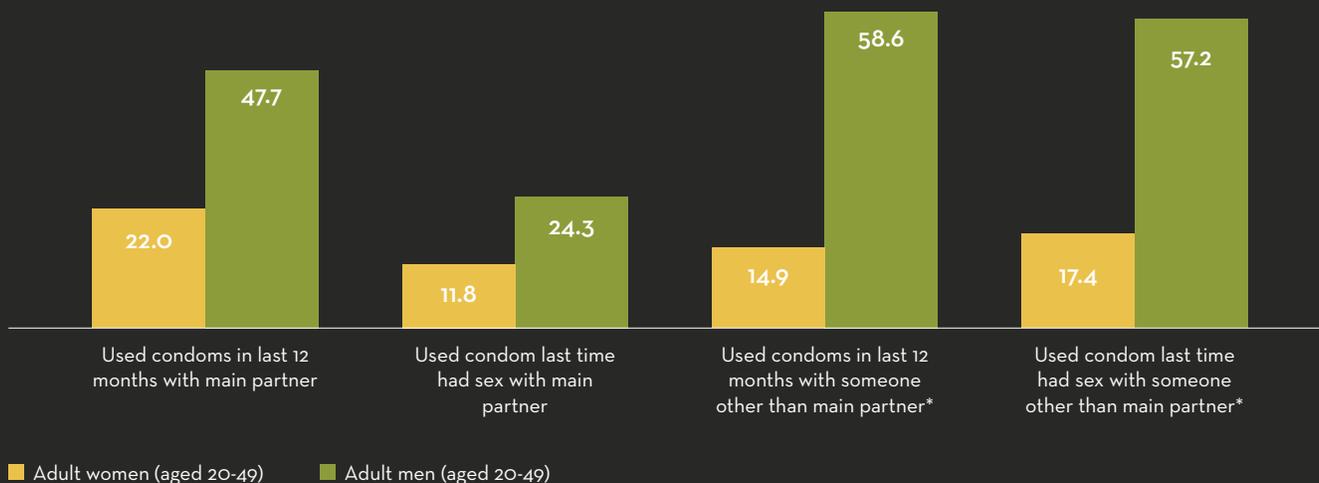


* Proportion of those who had sex with someone other than main partner in last 12 months and answered something other than “n/a,” “refuse,” or “don’t know.”

¹⁶ All differences between adults’ and adolescents’ condom use were statistically significant at $p < 0.001$.

Figure 6.9b.

Percentage of adults reporting condom use with main partners and other partners in the last 12 months and during the last time they had sex (unweighted data)



* Proportion of those who had sex with someone other than main partner in last 12 months and answered something other than “n/a,” “refuse,” or “don’t know.”

HIV TESTING AND SEXUALLY TRANSMITTED INFECTIONS (STIs) AMONG ADOLESCENTS

A significant proportion of sexually active adolescents (59 percent of men and 30 percent of women) have never been tested for HIV, and a much larger percentage of adolescent women than of adolescent men have been tested in the past year (59 percent versus 33 percent). Testing rates among adolescents are substantially lower than among adults (only 18 percent of adult men and 5 percent of adult women have never been tested for HIV), and the gap between adolescent women and men in the proportion of those tested in the past year is much greater than the gap between adult women and men. This is perhaps unsurprising since most adolescents’ sexual debut is still fairly recent and they may not yet perceive themselves to be at risk for HIV infection. However, while other research from Tanzania shows that adolescent women aged 15 to 19 are at much higher risk of infection than men the same age (ICAP, 2017), it is clear that additional outreach and access

to testing is needed for both men and women in this age group.

FERTILITY INTENTIONS AND FAMILY PLANNING PRACTICES AMONG ADOLESCENTS

Adolescent men and women roughly align in their desire for children. The mean number of desired children is 3.5 for adolescent men and 3.8 for adolescent women. The mean number of desired children for adolescents is lower than for adults by 0.7, suggesting a trend in the desire for slightly smaller families. Unsurprisingly, adolescents are significantly less likely than adults to report having ever discussed the desired number or spacing of children with their partner; only about half of adolescents reported ever having had this discussion.

Only about one-third of sexually active adolescents in the sample reported currently using some method of pregnancy prevention, as shown in Figure 6.9c.

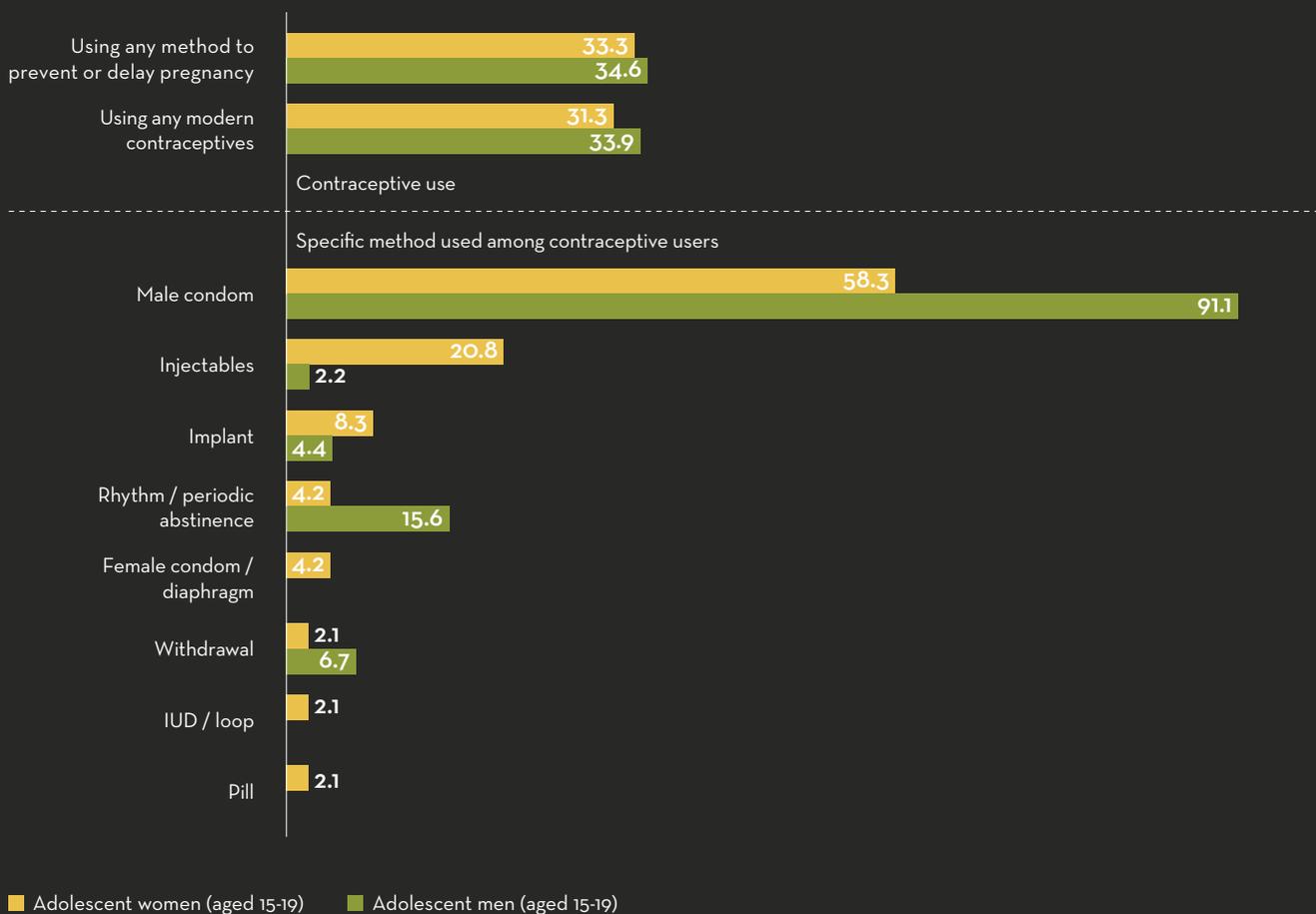
Adolescent men rely almost entirely on male condoms, with some also reporting use of the rhythm method or withdrawal. Adolescent women reported using a wider array of modern contraceptive methods, with the most popular methods being male condoms, injectables, and implants. It is important to note that the number of users for each method is quite small and should be interpreted with caution.

As with adult men, male condoms are the favored contraceptive method for adolescent men and women, while adult women prefer injectables and

implants to male condoms. This contrast between adolescent and adult women is noteworthy: It indicates that adolescent women are not accessing female-controlled modern contraceptive methods in large numbers. This may be partially explained by adolescents not yet being in long-term partnerships or committed to long-term methods of family planning; it also may indicate that they are more focused on HIV and STI prevention than adult women are. Further investigation is warranted as to why adolescent women are not accessing the full array of modern methods.

Figure 6.9c.

Percentage of adolescents reporting overall contraceptive use and specific method used (unweighted data)



ATTITUDES ON FAMILY PLANNING AMONG ADOLESCENTS

Adolescents surveyed hold a variety of negative attitudes and misconceptions about contraceptives. Over 40 percent of adolescent men and women believe contraception makes women infertile, and even more – nearly 60 percent of adolescent men and 50 percent of adolescent women – think contraceptives have bad side effects for women. Twenty-eight percent of adolescent men and 18

percent of adolescent women think condoms ruin sex (see Figure 6.9d). Similar to adults, adolescent men may be slightly more progressive than adolescent women in their views about contraceptive use, as shown in Figure 6.9e; a significantly higher proportion of adolescent men than adolescent women think that schoolboys asking for condoms are being responsible (55 percent versus 39 percent; $p < 0.001$) or that schoolgirls should be allowed access to and use contraceptives (47 percent versus 39 percent; $p < 0.05$).

Figure 6.9d.

Percentage of adolescents who agreed or strongly agreed with statements on family planning (unweighted data)

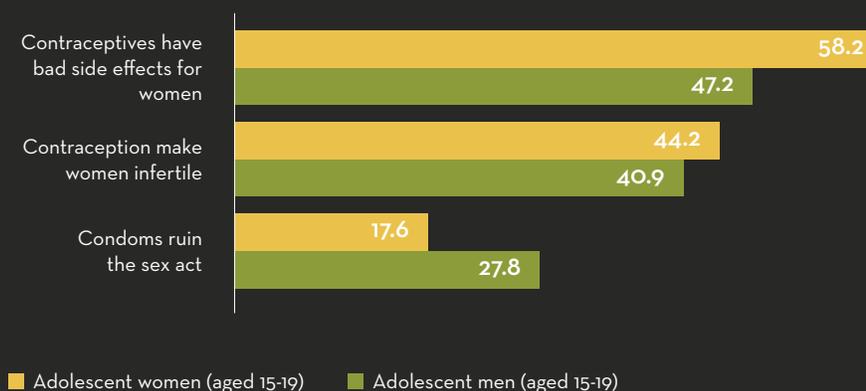
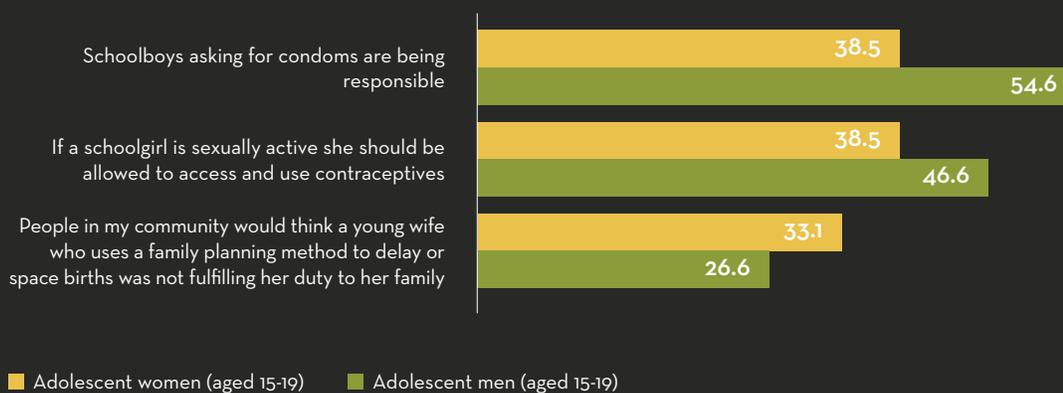


Figure 6.9e.

Percentage of adolescents who agreed or strongly agreed with statements related to young people and family planning (unweighted data)



ATTITUDES AND COMMUNITY NORMS RELATED TO SEXUAL BEHAVIOR

Respondents were asked a series of questions about their own attitudes, their perception of their communities' norms, and their perception of common practices in their communities related to adolescent sexual behavior, pregnancy, and contraception. Noteworthy inconsistencies between personal attitudes and stricter perceived community norms (see Figure 6.9f) may indicate a space for changing norms, and inconsistencies between inequitable views and acknowledged community practices suggest that some norms are not compatible with lived realities.

Respondents – male and female, adult and adolescent – strongly disapprove of, and reported that their communities disapprove of, adolescent women having sex before marriage and men having multiple sexual partners.

Disapproval of girls having sex before marriage is stronger than disapproval of men's multiple sex partners, but attitude and community norm reports were clearly negative towards both.

Nonetheless, reported attitudes and norms are less permissive than reported community practices. Over 80 percent of both men and women think adolescent women should not have sex before marriage, and about 90 percent say most people in their community disapprove of girls having sex before marriage. However, over 85 percent also agree that most girls in their community *do* have sex before marriage. Qualitative data support the finding that despite community disapproval of adolescent sexual behavior, the practice is quite prevalent among adolescent men and women, as reflected in the following discussion:

“It has been very common for young people to get involved in sexual intercourse, and they do this when still in their parents' home; they hide, of course, but the parents will never be happy.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG MAN AGED 20 TO 24, RURAL TANZANIA

“If [parents] catch you, they would kill you because this is one of the greatest sins.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT MAN AGED 15 TO 19, RURAL TANZANIA

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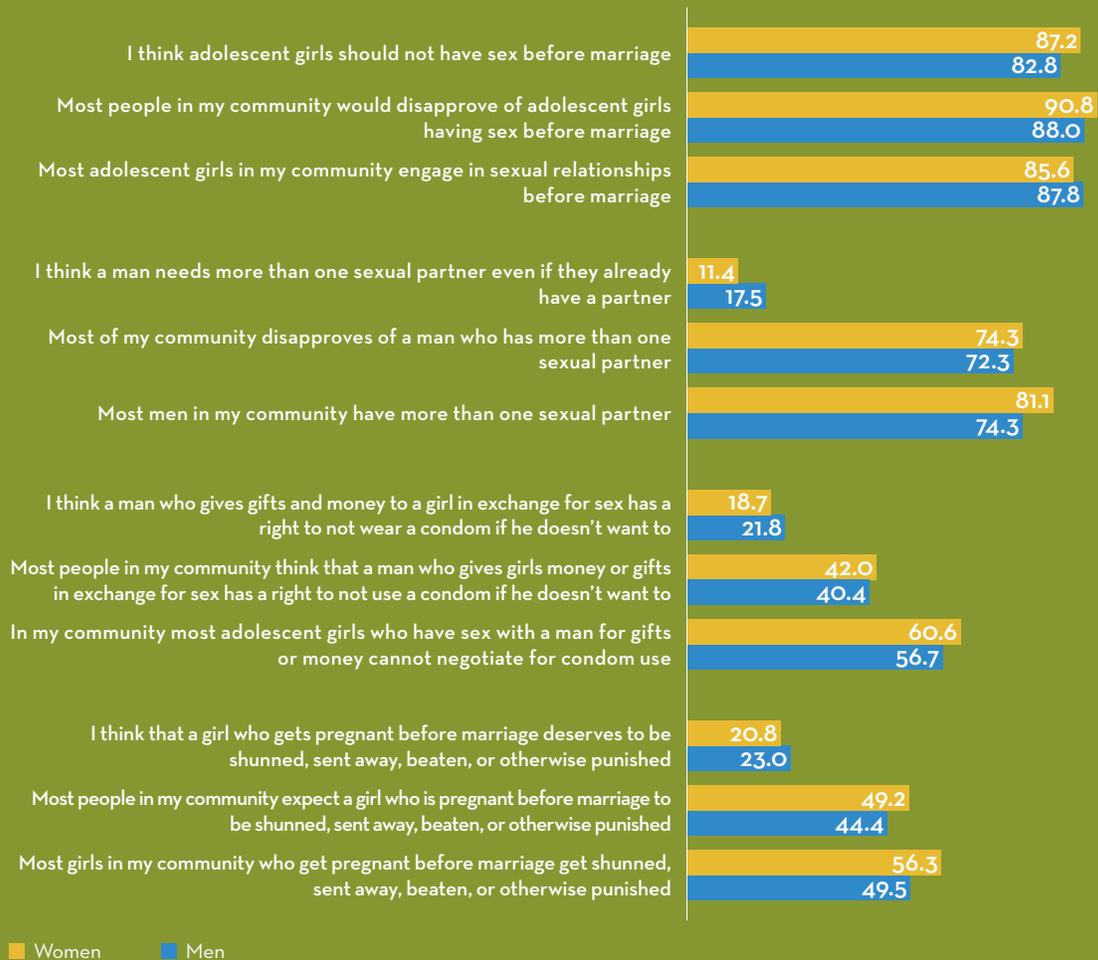
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In the full sample, only 11 percent of women and 18 percent of men think that a man needs more than one sexual partner, and around three-fourths of all respondents think that their community disapproves of men having multiple sexual partners. However, 74 percent of men and 81 percent of women agree that most men

in their community *do* have multiple partners. That respondents report both practices are actually widespread indicates these attitudes and normative expectations are either symbolic or weak, and perhaps that the social cost of breaking with these norms is relatively low.

Figure 6.9f.

Percentage of respondents who agreed or strongly agreed with statements about attitudes and norms on adolescent sexual behavior, pregnancy, and contraception (weighted data)



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In general, striking differences are not apparent between adolescents' and adults' own attitudes and their perceptions of community norms around sexual behavior. In some cases, adolescents hold more gender-inequitable views than adults do. One-fifth of adolescent men think that a man has a right not to wear a condom if he gives gifts in exchange for sex – a higher proportion of agreement than among adult men or women. However, as with adults, there is some ambivalence in adolescent attitudes toward sexual behavior; a smaller proportion of adolescents than adults think adolescent women should not have sex before marriage.

About equal percentages of male and female respondents think that their community expects unmarried pregnant girls to be punished (44 percent of men and 49 percent of women) and that most unmarried pregnant girls are punished (50

percent of men and 56 percent of women). However, less than half that proportion (23 percent of men and 21 percent of women) actually believe that these girls should be punished. In other words, some participants reported having more gender-equitable attitudes toward adolescent pregnancy than they think their community has.

The qualitative study further probed focus group participants to discuss perceived options available to adolescent and young women if a male partner refuses to use contraception, resulting in a mix of views. Some participants said that adolescent and young women would choose to leave partners who refuse to use contraception. These participants primarily attributed men's refusal to use contraception to men's desire to impregnate adolescent and young women and to spread HIV and AIDS or STIs. As one characterized it:

“Simply, she has to leave him if he insists he does not want a condom. You see, the problem could be that he wants to make her pregnant or he has his disease.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT WOMAN
AGED 15 TO 19, RURAL TANZANIA

Other participants said that adolescent and young women should comply with their male partners' refusal to use condoms and that

not using condoms was part of the organic progression of partner relationships, as reflected in the following:

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“She will just be OK with [not using condoms], usually in a relationship after dating for a while, not using the condom is normal.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG MAN AGED 20 TO 24, URBAN TANZANIA

There is a grudging acceptance of sexual activity before marriage, but with strong gendered components, namely that girls should not—but that most do—have sex before marriage. Findings suggest a pragmatism in

the midst of these perceptions, which means that national programs could build on this to encourage parents and service providers to be more supportive of adolescent sexual and reproductive health needs.

7. HEALTH AND QUALITY OF LIFE

Practices related to health and well-being — as well as access to health services — are closely linked to ideas about masculinity and femininity and to the inequalities in power and resources between men and women. Rigid notions of masculinity encourage men to project a sense of strength, invulnerability, and risk-taking; they serve as barriers to health- and help-seeking behavior, may place men in occupations or activities that carry particular health risks, or may encourage some men to engage in practices detrimental to their health and that of their families (Courtenay, 2000). Rigid norms and power dynamics also shape women’s behaviors and their ability to make decisions about or access health services, to make time to address health issues, or to pay for them. To examine these issues in the study sites in Tanzania, participants were asked a series of questions about their overall health and life satisfaction, as well as health-seeking behaviors and substance use.

7.1 HEALTH AND USE OF PHYSICAL HEALTH SERVICES

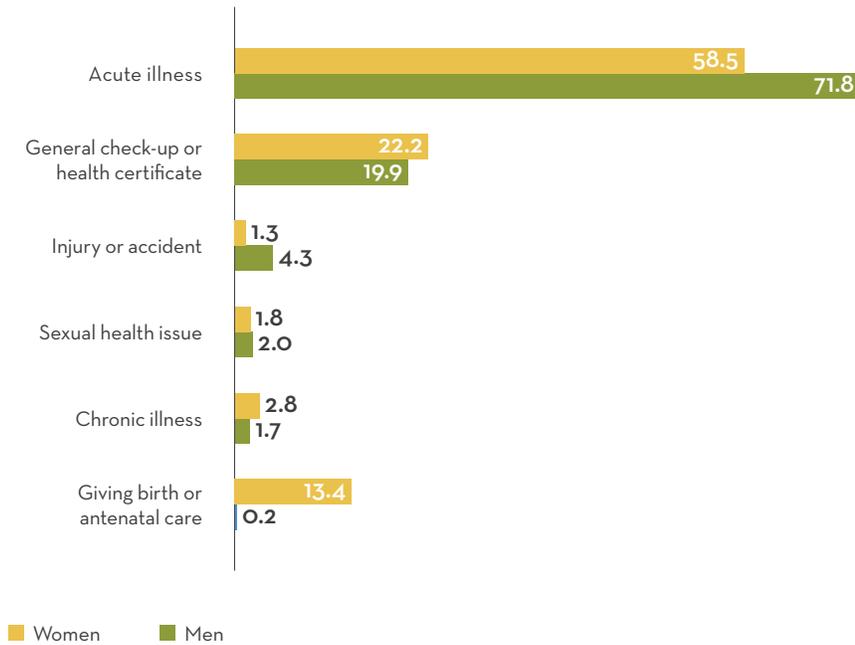
Respondents generally describe their own health positively: 87 percent of men and 78 percent of women said that their health is either “good” or “very good” compared to other individuals of the same age and sex. Men are somewhat more positive about their health status, and a larger proportion of women than men feel that their health is only “moderate” (20 percent of women versus 11 percent of men). Only a small proportion of both men and women — less than 2 percent — rate their health as “bad” or “very bad.”

Women reported a higher level of engagement with health services. Nearly 90 percent of women had sought health services in a clinic or hospital within the past year, as compared to 75 percent of men; women were also more likely to have sought care within the past month (30 percent of women compared to 22 percent of men). The majority of men (72 percent) and women (59 percent) reported that their last health facility visit was to treat an acute illness, as shown in Figure 7.1a. Among women, 13 percent reported pregnancy or childbirth as the reason for their last visit.

More than two times as many men as women (11 percent versus 5 percent) reported seeking medical attention for an injury or accident in the past year; 4 percent of men and 1 percent of women reported that their most recent healthcare visit was because of an injury or accident. Consistent with other research on gender, masculinities, and health, this suggests that men may be at higher risk for injury, potentially due to workplace injuries or car accidents.

Figure 7.1a.

Percentage of respondents reporting the reasons for last sought medical attention (weighted data)



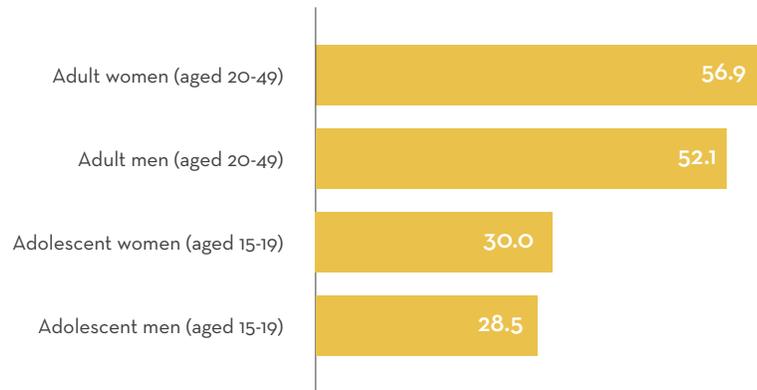
7.2 MENTAL HEALTH AND HELP-SEEKING

The survey also examined men’s and women’s reports of depression symptoms using a set of 10 questions adapted from the internationally validated Center for Epidemiological Studies–Depression (CES–D) short-form scale. A total score is calculated from the 10 questions, ranging between 0 and 30; scores of 10 or above are considered an indicator of possible depression. Overall, levels of depression in the IMAGES Tanzania sample were very high, with around half of men (46 percent) and women (51 percent) presenting with above threshold depression symptoms in the last week. Adults reported more depressive symptoms than adolescents, as shown in Figure 7.2a.

Note, however, that the CES–D is not a diagnostic tool and can therefore not reliably determine the presence of a depression disorder. Instead, it is a screening tool that indicates the presence of symptoms related to depression and the potential need for a more formal diagnosis by a mental health professional and/or a diagnostic tool.

Figure 7.2a.

Percentage of respondents scoring above the threshold depression score on the adapted Center for Epidemiological Studies-Depression (CES-D) short-form scale by sex and age (unweighted data)*



* Cronbach's alphas for the CES-D10 scale were acceptable: 0.84 (full sample, weighted).

Approximately three-quarters of both men and women said that when they feel sad, disappointed, or frustrated, they seek help from others — often a relative, family member, or friend of the same gender. Adults also often look to their partners for help.

7.3 SUBSTANCE USE AND ITS CONSEQUENCES

In Tanzania, as in many other parts of the world, alcohol use is more prevalent among men than women, as are alcohol-use disorders (Francis et al., 2015). Alcohol abuse contributes significantly to risky sexual behaviors such as inconsistent condom use, multiple partners, and transactional sex, all of which increase the risk of HIV infection (Weiser et al., 2006); it is also a contributing factor to gender-based violence. Tanzania's government has put laws in place to regulate alcohol production, marketing, and consumption, including a March 2017 law banning the import, manufacturing, sale, and consumption of alcohol sachets – small amounts of hard liquor packaged in plastic that were commonly consumed by youth (Nyato et al., 2017).

In this context, the IMAGES study focused specifically on aspects of harmful drinking behavior: binge drinking (defined as having five or more drinks on one occasion) and becoming drunk/intoxicated. Perhaps due to the specific framing of these questions, participants reported surprisingly low rates of alcohol use and abuse, and the results should be interpreted with caution.

As shown in Table 7.3a, about two-thirds of men and three-quarters of women in the sample reported that they do not drink alcohol. Muslim respondents and respondents aged 15 to 24 are more likely to report that they do not drink alcohol, as compared to Christian respondents and older respondents.

Of those who did report drinking, men indicated more occasional or frequent binge drinking in the past 12 months than women indicated. Men also reported more frequently drinking to the point of getting drunk: Among those who drink, 17 percent of men but only 7 percent of women reported getting drunk once or more in the past month. A very low proportion — less than 3 percent of both men and women — reported using drugs in the past 12 months.

Still, men’s alcohol misuse has negative consequences: 19 percent of the women who reported that their partners drink said that their partners had used violence while under the influence of alcohol.

Adolescents rarely reported misuse of alcohol in terms of binge drinking and drinking to the point of getting drunk. Approximately 79 percent of adolescent men and 84 percent of adolescent women said that they do not drink alcohol. Among the adolescents who did report drinking, 89 percent of men and 98 percent of women reported never drinking to the point of getting drunk in the past 12 months.

Figure 7.3a.

Percentage of respondents reporting frequency of alcohol and drug use in the last 12 months, and violence used as a result of drinking (weighted data)*

	MEN		WOMEN	
	%	n	%	n
In the last 12 months, how often have you had five or more alcoholic drinks on one occasion?				
Do not drink alcohol	65.7%	662	75.3%	758
Never	21.2%	213	18.0%	181
A few times a year	4.0%	40	3.3%	33
Less than once a month	1.5%	15	0.4%	4
1-3 times a month or more often	7.7%	77	3.1%	31
<i>[Among those who drink]</i>				
In the last 12 months, how often did you drink so much that you got drunk?				
Never	61.4%	206	81.1%	191
A few times a year	17.7%	60	9.8%	23
Less than once a month	3.7%	13	1.9%	4
1-3 times a month or more often	17.2%	58	7.2%	17
Ever used drugs in last 12 months				
	2.6%	26	1.4 %	14
<i>[Among those who drink]</i>				
In the last 12 months, did you use violence because of drinking?				
	3.7%	13	2.9%	7
<i>[Among those who reported that their partner drinks]</i>				
In the last 12 months, did your partner use violence because of drinking?				
			19.1%	61

* Percentages may not total 100 due to rounding.

In contrast to survey findings, and more consistent with recent research documenting increased rates of alcohol use among young people in Tanzania (Nyato et al., 2017), participants in the qualitative research reported that substance use — including alcohol use — is prevalent among adolescent and young men. Alcohol and drug use are generally framed as a challenge facing adolescent and young men, linked to peer pressure, as well as a coping mechanism for stress and economic challenges, as suggested by the following quotes:

“We lack vision. There are quite a number of opportunities, but we have failed to utilize them accordingly. Most youth are now desperate, and thus they have decided to use alcohol.”

FOCUS GROUP DISCUSSION PARTICIPANT, ADOLESCENT MAN AGED 15 TO 19,
RURAL TANZANIA

“Boys get stressed, and they end up taking alcohol and marijuana; they feel they [have a lot of demands], which they cannot provide; eventually they blow themselves up.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG WOMAN AGED 20 TO 24,
RURAL TANZANIA

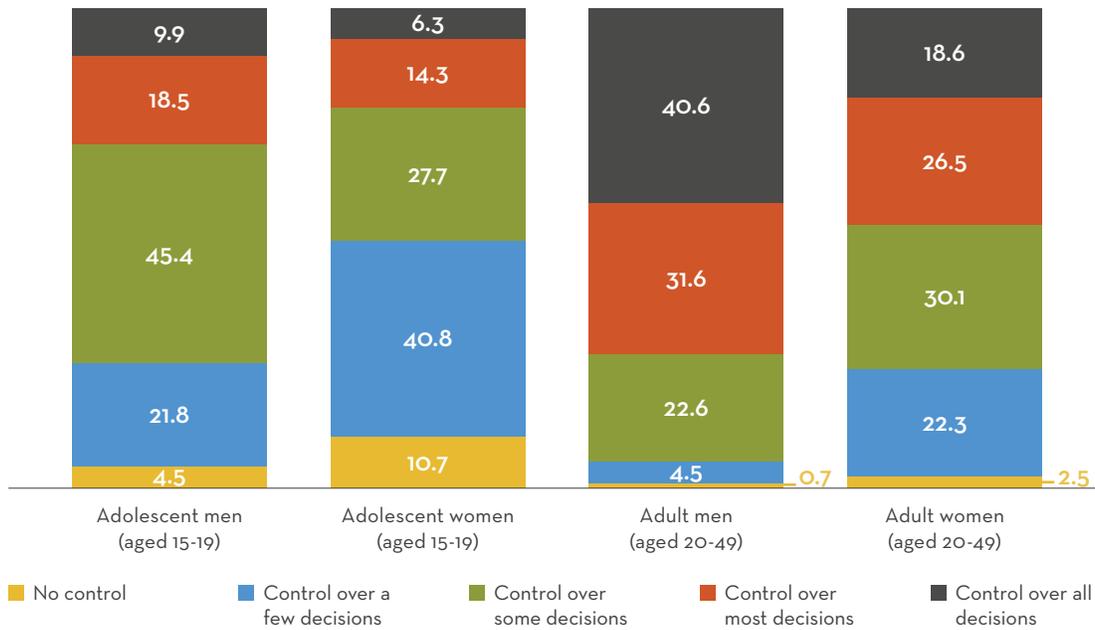
7.4 AGENCY AND CONTROL OVER LIFE DECISIONS

Respondents were asked about their control over both important and day-to-day decisions in their lives. These questions reveal a large gender imbalance on feelings of agency and self-determination, with men clearly feeling more control over the decisions that affect them, both large and small. Across the full sample, twice as many men as women reported that they have control over all important decisions that change the course of their lives (30 percent versus 15 percent), while less than half as many men as women (2 percent versus 5 percent) reported that they have no control, or control over only a few of these decisions. A similar pattern emerged on control over decisions about everyday activities.

There are also important differences by age. As shown in Figure 7.4a, adolescents tend to feel that they have less control over important decisions affecting their lives, as compared to adults. The gender and age differences are particularly striking for adolescent women: Just over half feel that they control just a few decisions or no important decisions in their lives.

Figure 7.4a.

Percentage of respondents reporting feelings of control over making important life decisions by sex and age (unweighted data)*



* Percentages may not total 100 due to rounding.

7.5 SOCIAL SUPPORT, SENSE OF SAFETY, AND SOCIAL COHESION

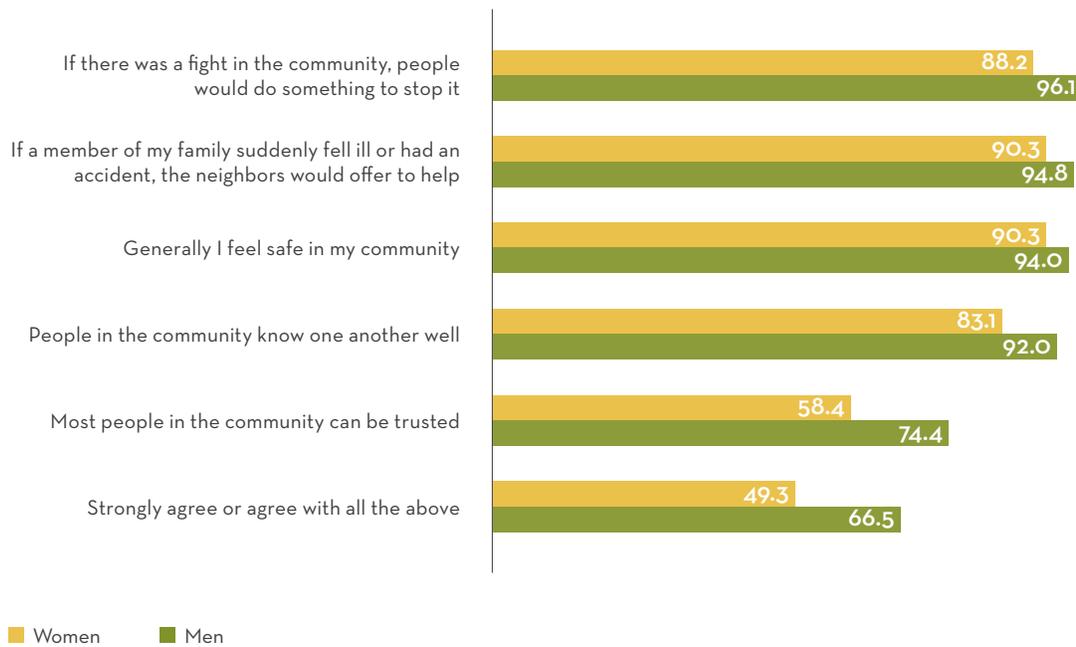
Feelings of support and connectedness to others are important to people’s overall health and well-being. The majority of the sample reported high levels of social connections or support. Over 93 percent of both men and women said that they have a family member, friend, or partner on whom they can rely for support in case of serious problems. More men than women (90 percent compared to 77 percent) reported that they currently have a close friend whom they can talk to about private matters and call on for help; this difference is more pronounced for adults than adolescents.

IMAGES also asked a series of questions to better understand respondents’ communities in terms of social interactions and general sense of safety. As shown in Figure 7.5a, the majority of respondents feel that they are safe in their community, that people in the community know each other well, that people would do something to stop a fight in the community, and that neighbors would offer help if a family member fell ill or was injured. More men than women agree with all of the statements (66 percent compared to 49 percent), indicating a strong perception of support within their community. While surprisingly small, nearly twice as many women as men (10 percent versus 6 percent) reported that they do not feel safe. Rural women and rural men reported higher rates of social cohesion (55 percent and 73 percent, respectively, measured as the proportion who agree with all the statements in Figure 7.5a), as compared to their urban counterparts (40 percent of women

and 56 percent of men). Urban men also more often reported not feeling safe in their community than rural men did (9 percent versus 3 percent); the difference was not statistically significant for women. It is important to note that the question about safety is very general. It is possible that, if the survey had asked more specifically about safety at night, safety in specific locations, or safety while alone, higher rates of women — in particular, adolescent women — would have reported feeling unsafe.

Figure 7.5a.

Percentage of respondents who agreed or strongly agreed with statements related to community cohesion (weighted data)



The findings reported in this section highlight important differences related to health and well-being between men and women, as well as among age groups. While women are more likely to access physical health services, they are less likely to report social support and connection. Substantial levels of depression exist among both men and women, with adult women showing the most vulnerability. Women — especially adolescent women — also feel less control over life decisions, both large and small.

8. HOUSEHOLD RELATIONSHIPS AND GENDER DYNAMICS

Gender and power dynamics profoundly influence relationships between partners and spouses and shape the lives of adults and children alike. Globally, a stark division between work inside and outside the home endures, with men generally expected to be providers, breadwinners, and decision-makers outside the home, and women generally expected to provide care for the home, children, and other dependents.

This section explores how these expectations and dynamics play out in the day-to-day lives of ordinary Tanzanians: Are men and women satisfied with their relationships? How do couples make important decisions? Are men active participants in unpaid household labor? Questions related to parenting and childcare are explored in Section 10.

8.1 RELATIONSHIP SATISFACTION AND PARTNER COMMUNICATION

Partnered men and women were asked a general question about satisfaction with their relationships. Women are clearly less satisfied than men are: Less than 70 percent of women reported that their relationship with their partner is “good” or “very good,” as compared to nearly 90 percent of men. Interestingly, women reported higher levels of satisfaction with their sexual relationship than with the partner relationship overall (86 percent versus 69 percent). For men, satisfaction with the sexual relationship (94 percent) and the partner relationship overall (89 percent) were similar. A smaller proportion of women than men (about 60 percent versus nearly 80 percent) reported sometimes or often discussing worries and feelings with their partners, which impacted their overall relationship satisfaction. Men and women who reported never communicating about their or their partners’ worries and feelings are much more likely to characterize their relationship as “bad” or “very bad.”

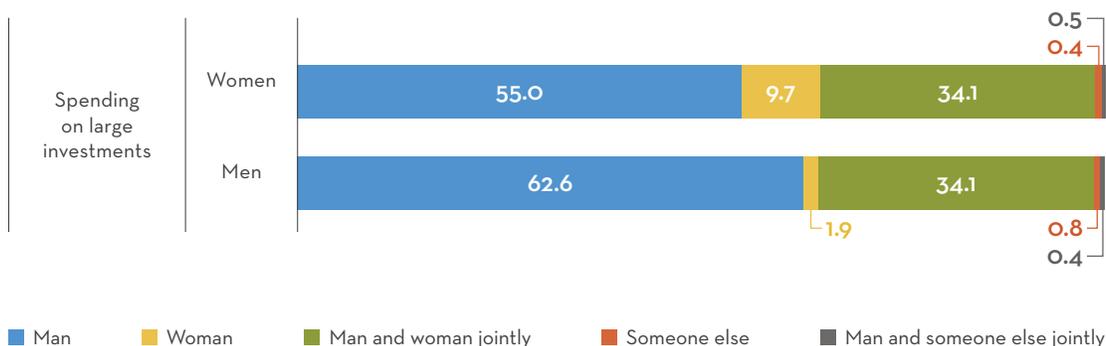
8.2 HOUSEHOLD DECISION-MAKING IN THEORY AND IN PRACTICE

The majority of both men (63 percent) and women (55 percent) agree that men make the final decisions on large household investments in their relationships, and about one-third of both men and women reported that they make such decisions jointly (see Figure 8.2a). A multivariate regression model adjusted for socio-demographic, gendered patterns of decision-making in the childhood household, childhood experiences, media exposure, and gender attitude variables shows that urban men are about three times more likely to make decisions about large investments jointly with their partners; men who hold more equitable gender attitudes are also more likely to report joint decision-making (OR=1.3; p=0.017). Additionally, older women, women from urban settings, and women with more equitable attitudes reported more joint decision-making around large investments (p < 0.05).

As described in Section 6.5, decision-making related to the number and spacing of children and the use of contraception is more equitable; more than half of both men and women reported these decisions being made jointly. Men and women with more gender-equitable attitudes are two to three times more likely to report joint decision-making. Overall, 19 percent of men and 13 percent of women attribute decision-making dominance on all three of these decisions – investments, spacing of children, and contraception – to men alone.

Figure 8.2a.

Percentage of respondents reporting who usually makes decisions about spending on large investments (weighted data)*



* Percentages may not total 100 due to rounding.

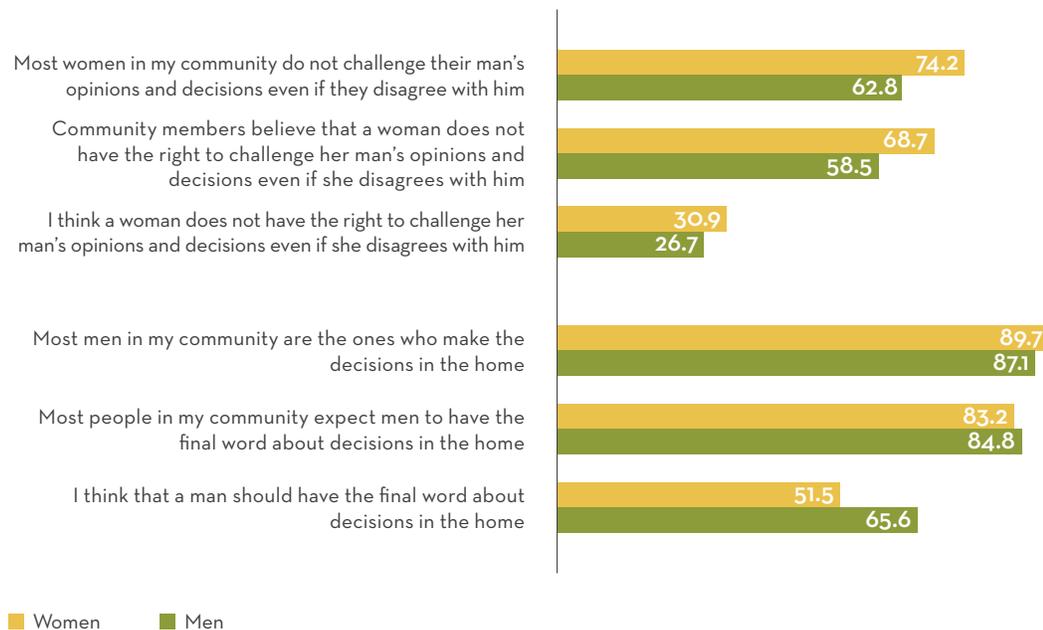
Men's and women's reports that men tend to dominate household decision-making (specifically around large investments) are consistent with their personal attitudes: 66 percent of men and 52 percent of women agree that men should have the final word on decisions in the home (see Figure 8.2b). However, a much greater proportion of men and women – between 80 and 90 percent – feel that their community expects men to dominate household decisions and that men in their communities

do, in fact, dominate these decisions. It is important to note that men's and women's perceptions of community members' expectations and actions ascribe greater decision-making power to men than is actually reported by men and women in their own relationships. These findings can be used to help challenge inequitable gender norms by demonstrating to communities that the reality may be less inequitable than they believe. Pointing out the number of households that report joint decision-making may help disrupt and challenge existing norms and expectations that suggest men should have the final say in household decisions.

The findings are similar on a woman's right to challenge her partner's opinions or decisions. Only 27 percent of men and 31 percent of women personally agree that a woman does not have the right to challenge her partner's opinions and decisions if she disagrees with him. In contrast, a much greater proportion of respondents (especially women) feel that community members believe that women do not have this right, and that in practice, most women in their communities do not challenge their partners' opinions or decisions (see Figure 8.2b). As discussed in other sections of this report, individual attitudes are again more progressive than perceptions of community expectations and practices.

Figure 8.2b.

Percentage of respondents who agreed or strongly agreed with statements related to decision-making and gender roles in the household and community (weighted data)



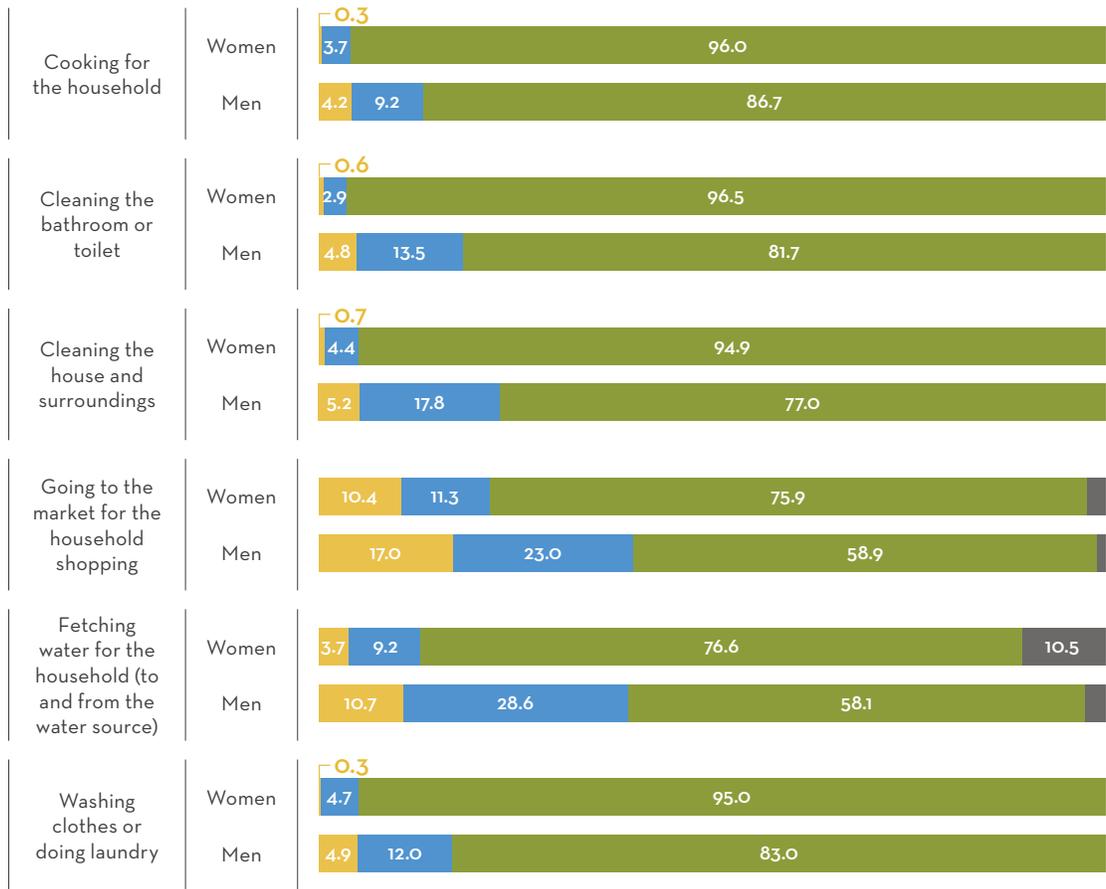
8.3 TIME USE AND DIVISION OF HOUSEHOLD LABOR

Women continue to do the bulk of household tasks in Tanzania, although men and women disagree on the extent to which this is the case. In response to a question on how they perceive the division of labor in their household, 96 percent of women said that they do more household work than their partners do, while only 68 percent of men agreed. Men are much more likely to say that they do more household work than their partners are to say this (14 percent of men versus 0.5 percent of women said that men do more) or that tasks are shared equally (18 percent of men versus 4 percent of women said that tasks are shared). Still, eight in ten women are satisfied with this division, as are more than nine in ten men.

When examining specific household tasks, the unequal division of labor becomes even clearer, as shown in Figure 8.3a. Both men and women overwhelmingly reported that tasks such as cooking, cleaning, doing laundry, and fetching water (where relevant) are usually or almost always done by women; however, men are again more likely than women are to report that men do the task themselves or that it is shared equally. Men are most likely to participate in household tasks outside the house, such as fetching water or shopping at the market. For example, 10 percent of women reported that their partner almost always or usually goes to the market for shopping, while 17 percent of men reported that they almost always or usually do this task. Men and women in urban areas reported higher rates of men's participation in these tasks, as compared to men and women in rural areas, although the difference was statistically significant only for women's reports; there was no difference by age group.

Figure 8.3a.

Percentage of respondents reporting who performs specific household tasks (weighted data)*



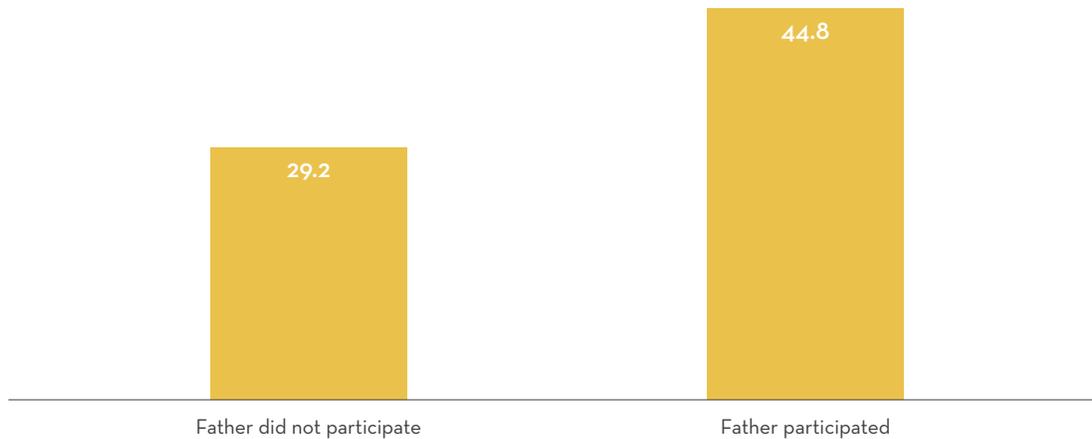
Legend: ■ Almost always or usually man ■ Shared equally or done together ■ Almost always or usually woman ■ N/A

*Percentages may not total 100 due to rounding.

Men's participation in household tasks has intergenerational benefits: Consistent with research from around the world, men in Tanzania whose fathers ever participated in household tasks are significantly more likely to currently participate in these tasks (see Figure 8.3b).

Figure 8.3b.

Percentage of men who currently participate in household tasks by father's participation in household tasks in childhood home (weighted data)



IMAGES Tanzania was the first IMAGES study in the world to collect time-use data, with a focus on household and caregiving activities.¹⁷ The findings largely reflect the gendered division of labor: Women reported spending at least twice as many hours per week as men in washing clothes and cleaning the house, as well as about 3.5 times more hours cooking for the household. Across the full sample — including both cohabitating couples and adolescents still living with their families — women spend nearly 30 hours per week on cooking, cleaning, doing laundry, fetching water, and going to the market (tasks listed in Figure 8.3a), while men spend just over 12 hours per week on these tasks.

Unsurprisingly, the survey also shows differences in time spent on non-household activities. Men spend more time than women do on activities outside the home: searching for fodder or grazing for the household's animals and carrying out agricultural activities for pay. However, women spend more time operating a non-farm business for pay or participating in other income-generating activities.¹⁸ Men and women spend roughly the same amount of time sleeping (approximately 8.4 hours per night for men and 8.5 hours per night for women), but men have slightly more leisure time to socialize with friends and family.

¹⁷ To obtain time-use data, men and women were asked to estimate how many days in the past week they completed certain activities and, on those days, how much time (in hours and minutes) they spent on the particular activity. The number of hours per week that individuals spent on these tasks was then calculated.

¹⁸ Similar gendered trends were detected in a study using data from the 2005 Tanzania countrywide survey on time use, which found that gender had a significant effect on non-productive activities, with women 2.4 times more likely to be involved in non-productive activities than men were (Mbago, 2015).

9. VIOLENCE

This section presents data on violence experienced during childhood (as reported by adolescents and adults), intimate partner violence, use of harsh punishment against children, and violence used or witnessed in the community.¹⁹ Based on literature affirming the linkages among men’s use of violence, their childhood experiences, and social norms related to masculinities (Fleming et al., 2015; Fulu et al., 2017), IMAGES findings offer an in-depth exploration, from both men’s and women’s perspectives, of factors associated with relationship violence, including exposure to and experiences of violence in childhood, controlling dynamics in intimate relationships, and social norms related to the use of violence against women.

9.1 EXPOSURE TO VIOLENCE IN CHILDHOOD, INCLUDING HARSH PUNISHMENT

In Tanzania, childhood exposure to violence is highly prevalent in the lives of both men and women. As shown in Table 9.1a, before the age of 18, approximately one-third of respondents witnessed their mother being beaten by an intimate partner. Boys were more likely than girls to have been beaten so hard at home that it left a bruise or mark, while girls were 10 times more likely to have experienced sexual violence or coercion. Rates of violence reported by adolescent respondents were similar to those reported by adults.

Table 9.1a.

Percentage of respondents who ever experienced different instances of violence in their home before the age of 18 (weighted data)

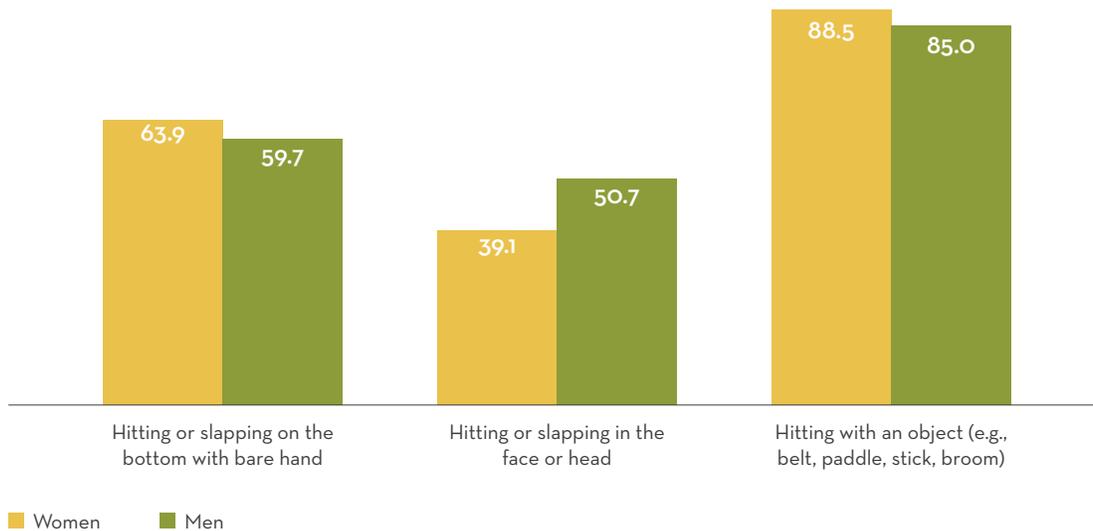
VIOLENCE AT HOME	MEN	WOMEN
When you were growing up ...		
... you saw or heard your mother being beaten by your father or her male partner [<i>exposure to intimate partner violence</i>]	33.3%	36.1%
... you were insulted or humiliated by someone in your family in front of other people [<i>experience of emotional violence</i>]	27.3%	24.8%
... you were beaten so hard at home that it left a mark or bruise [<i>experience of physical violence</i>]	24.7%	14.8%
... you had sex with someone because you were threatened, frightened, or forced [<i>experience of sexual violence</i>]	1.4%	5.5%
... someone did something to you sexually that you did not want [<i>experience of sexual violence</i>]	2.7%	26.7%

¹⁹ IMAGES questions focus on intimate partner violence in heterosexual couples. While profoundly important, other forms of gender-based violence were not explored in this survey due to constraints related to space and budget and in some cases (e.g., female genital cutting) differences in geographic distribution of the practice/behavior.

Children often experience violence in the context of “discipline” or “correcting” of their behavior (Pinheiro, 2006). In the IMAGES sample, in response to specific questions about harsh punishment, large numbers of men and women reported experiencing harsh discipline in their childhood.²⁰ Virtually all reported experiencing verbal abuse in the form of shouting, yelling, or screaming at least once in childhood, and 44 percent of men and 37 percent of women said that this happened often. High proportions of men and women also recalled experiencing physical forms of punishment. Over four-fifths of respondents reported ever having been beaten with an object during their childhood — with just under half of both men and women reporting that this happened often. About 60 percent of respondents were slapped or hit on the bottom, and 51 percent of men and 39 percent of women were slapped in the face or head (see Figure 9.1b).

Figure 9.1b.

Percentage of respondents reporting ever experiencing specific acts of harsh physical punishment in their childhood (weighted data)



Harsh discipline also has a strong gender component: The most frequent “punisher” was the father for men and the mother for women, with 42 percent of men saying that punishment came from their father and 52 percent of women saying that it came from their mother. These findings are consistent with the results of the 2009 Violence Against Children in Tanzania study, which found that the majority of young women reported physical violence from their mother and the majority of young men reported physical violence from their father (UNICEF, CDC, & MUHAS, 2011), as well as with other studies that highlight the gendered nature of harsh punishment of children. (See, for example, Rydstrom, 2006; Lansford et al., 2010; Proctor, 2015; Sanapo & Nakamura, 2010; UNICEF, 2014).

²⁰ Measures of harsh punishment were adapted from the Multiple Indicator Cluster Survey, the Violence Against Children Survey, and other tools.

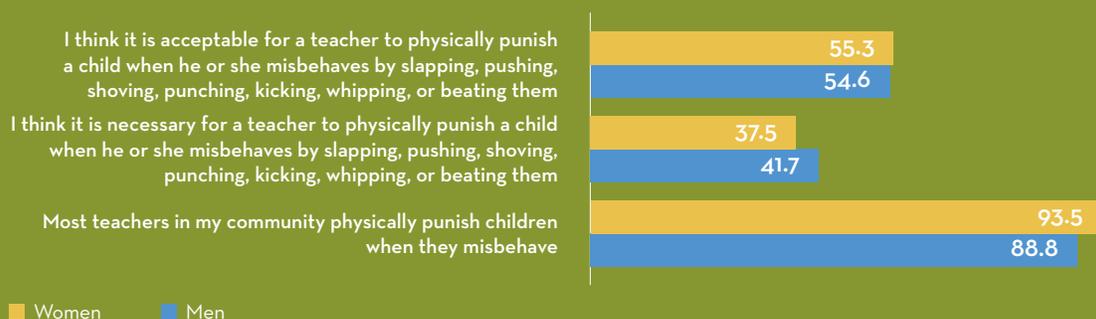
VIOLENCE IN TANZANIAN SCHOOLS

Tanzania has achieved enormous progress in increasing and equalizing enrollment in both primary and secondary education (UNICEF, 2011). However, as IMAGES and other data show, schools are often not safe and equal spaces for children; instead, children often experience high rates of violence from teachers and peers. In the sample, a large proportion of women (88 percent) and men (82 percent) reported ever having been beaten or physically punished at school by a teacher, and more than half of both men and women reported that this happened often. After adjusting for people’s greater exposure to years of schooling, no difference exists between younger and older respondents in rates of violence from teachers. In addition, just over half of respondents reported being repeatedly made fun of, teased, intimidated, threatened, or physically abused by other children in their school or community.

Consistent with the high rates of violence that they experienced from teachers, the vast majority of respondents perceive that most teachers in their community physically punish students, as shown in Figure 9.1c. However, just over half feel that it is acceptable, and an even smaller proportion feel that it is necessary. This tension offers an important opportunity for fostering needed change in policies and practices to eliminate violence in schools. Corporal punishment in Tanzanian schools remains legal,²¹ and while IMAGES explored only limited aspects of school violence, other studies, including the 2009 Violence Against Children in Tanzania study, found high rates not only of corporal punishment, but also of sexual violence perpetrated by teachers (Global Initiative to End All Corporal Punishment of Children, 2018; UNICEF, CDC, & MUHAS, 2011).

Figure 9.1c.

Percentage of respondents who agreed or strongly agreed with statements related to attitudes about physical violence from teachers in schools (weighted data)



²¹ Corporal punishment remains legal in Tanzania. Although the 2009 Law of the Child Act states that parents should protect children from all forms of violence in Article 9, Article 13 allows for “justifiable” correction and does not exclude all forms of corporal punishment from such correction (Global Initiative to End All Corporal Punishment of Children, 2018).

9.2 VIOLENCE IN INTIMATE RELATIONSHIPS

9.2.1 Controlling Behaviors and Relationship Conflict

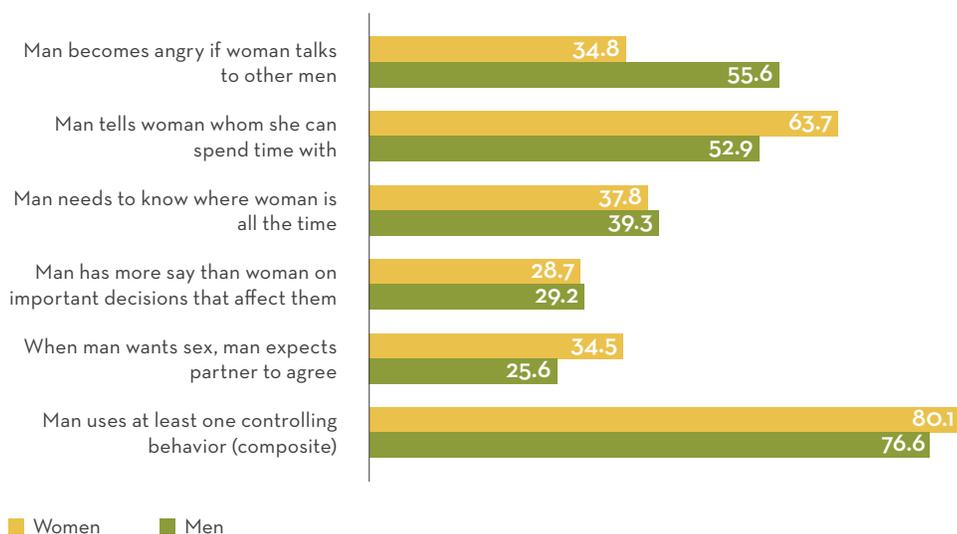
Power differentials, often manifesting as controlling behaviors over a partner in intimate partnerships, can significantly impact health and behavioral outcomes. Interest in measuring these dynamics originated in the field of women's health, from research suggesting that women are constrained in negotiating safer sex because of gender-based imbalances in relationship power (Dunkle et al., 2004; Jewkes, Levin, & Penn-Kekana, 2003; Jewkes et al., 2010). Since then, numerous studies have also used relationship control scales to explore the association between controlling relationship dynamics and other outcomes, including intimate partner violence (Garcia-Moreno et al., 2006).

Rates of men's controlling behaviors in intimate partner relationships are high, as reported by both men and women and shown in Figure 9.2.1a. Three in four men reported using at least one controlling behavior — such as the man having more say in important decisions affecting the couple, needing to know where the woman is all the time, or expecting his partner to agree to sex when he wants it — with their current or most recent intimate partner. Four in five women reported that their partner used at least one of these behaviors.

Men are less likely than women are to report conflict in their relationship. When asked how often they argue with their current or last partner, twice as many men as women reported that they never argue, and only 3 percent of men (as compared to 19 percent of women) reported that their arguments take place often. Many women also reported frequently being afraid of their partner — nearly one in four (23 percent) said that they fear him often or all the time.

Figure 9.2.1a.

Percentage of ever-partnered respondents who agreed or strongly agreed that they use (men) or experience (women) specific controlling behaviors in their current or last relationship (weighted data)



9.2.2 Intimate Partner Violence

Findings from IMAGES Tanzania show high lifetime rates of intimate partner violence, with large differences between men's reported perpetration and women's reported experiences. Two in five women reported ever experiencing physical violence, two in five reported economic violence, one in three reported sexual violence, and over 60 percent reported emotional violence. In contrast, men's reported perpetration of physical and emotional violence is half that of women's reported experiences; in the case of sexual violence, men's reported perpetration is about ten times lower than women's reported experiences, as shown in Table 9.2.2a. Half of the women who ever experienced physical violence reported at least one episode in the last year, while two-thirds of those who ever experienced economic, emotional, or sexual violence in an intimate partnership disclosed at least one instance of that violence in the past year. Again, men's reported use of violence against their partner was much lower; among those who reported ever using these types of violence, men's reported use in the past year was over 10 percent lower than the women's reported experiences.

Women's reported experiences of violence in IMAGES Tanzania are generally consistent with rates in other studies in Tanzania (e.g., Tanzania's Demographic and Health Survey 2015–2016), indicating a likely underreporting by men of their use of violence. This may be related to a number of factors, including social desirability in responding to the interview questions and awareness of increasing attention to violence prevention and response; these rates should be interpreted with caution and in the context of women's much higher reports.

Women often experience multiple forms of violence. Eighty-seven percent of women who ever experienced physical intimate partner violence also experienced emotional intimate partner violence, and six in ten women who experienced sexual violence also experienced physical violence. Similarly, of the men who reported ever perpetrating intimate partner violence, 62 percent had used both physical and emotional violence, while 48 percent had used both sexual and physical violence against a partner.

Experiencing intimate partner violence of any type is strongly linked to adverse mental health outcomes. Women who had suffered one of the four types of intimate partner violence investigated in this survey were two to three times more likely to have above-threshold depression scores.

What about women’s use of violence against men? The survey asked both men and women about women’s use of physical violence against men (i.e., violence initiated by women, not in retaliation or self-defense). Only about 2 percent of both men and women reported that they had at least once experienced the woman hitting the man first, when the man was not hitting her or had not hit her first.

Table 9.2.2a.

Percentage of ever-partnered respondents reporting lifetime* and past-year** rates of violence perpetrated (men) or experienced (women) by type of intimate partner violence (weighted data)

	MEN (PERPETRATION)		WOMEN (EXPERIENCE)	
	Lifetime	Past year	Lifetime	Past year
Emotional intimate partner violence	28.8%	49.4%	61.7%	65.8%
Economic intimate partner violence	14.9%	50.0%	42.5%	68.1%
Physical intimate partner violence	18.1%	41.9%	40.1%	52.3%
Sexual intimate partner violence	2.7%	50.3%	28.9%	64.4%

*Lifetime rate = Proportion of ever-partnered respondents who reported having used (men) or experienced (women) one or more acts of emotional, economic, physical, or sexual violence against (men) or from (women) any current or previous intimate partner at any point in their lives.

**Past-year rate = Of those ever-partnered respondents who reported using (men) or experiencing (women) violence in their lifetime, the proportion who reported using (men) or experiencing (women) at least one act of emotional, economic, physical, or sexual violence against (men) or from (women) any intimate partner in the 12 months prior to the interview.

WHAT FACTORS ARE ASSOCIATED WITH MEN'S USE OF VIOLENCE?

To better understand factors associated with men's lifetime use of each of the four types of intimate partner violence explored in this survey, the research team conducted multivariate analysis, building different logistic regression models that included socio-demographic variables (age, education, employment, urban/rural residency, marital status, and an indicator of socioeconomic status – difficulty making ends meet), gendered childhood experience variables (witnessing or experiencing violence in childhood, decision-making patterns of respondent's parents, father's involvement in the childhood home chores, whether respondent's mother worked for income outside the home, and mother's and father's education level), gender attitudes (gender attitudes scale score), and relationship factors (relationship control scores; frequency of quarreling; and structural factors such as differences in age, income, and education between partners). The following results are statistically significant at $p < 0.05$.

Consistent with similar studies from around the world, evidence of the intergenerational transmission of violence exists. Experiencing physical violence or witnessing their mother

being beaten in the childhood home is associated with men's greater use – increasing between 42 and 88 percent – of physical, emotional, and economic violence against a partner.

As for relationship factors, increased controlling behavior in a relationship is associated with an almost fivefold increase in using sexual violence against any prior partner. Frequent arguments are linked to, and increase as much as 14-fold, the likelihood of physical, emotional, and economic violence.

Holding equitable attitudes is related to a 43 percent decrease in men using sexual intimate partner violence.

Older age is associated with greater use of physical and emotional violence. The respondent's level of education does not appear correlated with the use of any type of violence; however, a father's level of education is related to a decrease in the likelihood of economic violence perpetration and an increase in the likelihood of physical violence – a finding that merits further exploration.

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Table 9.2.2b.

Summary of factors significantly associated with men’s higher or lower likelihood of using different types of intimate partner violence (weighted data)

	PHYSICAL INTIMATE PARTNER VIOLENCE	SEXUAL INTIMATE PARTNER VIOLENCE	ECONOMIC INTIMATE PARTNER VIOLENCE	EMOTIONAL INTIMATE PARTNER VIOLENCE
Socio-demographic factors	Older age (higher) Urban residence (lower)	Older age (higher) Difficulty making ends meet (higher)	Being married (higher)	None found
Childhood exposure and experiences	Violence as child* (higher) More-educated father (higher)	Violence as child* (higher) More-educated father (lower)	More-educated father (lower)	None found
Relationship factors	Frequent quarreling (higher)	Frequent quarreling (higher)	Frequent quarreling (higher)	Controlling behavior (higher)
Gender-related attitudes	None found	None found	None found	Equitable attitudes (lower)

* Refers to having witnessed intimate partner violence or having experienced physical violence in the home as a child.

ATTITUDES AND COMMUNITY NORMS AROUND THE USE OF INTIMATE PARTNER VIOLENCE

All IMAGES participants were asked a series of questions about their own attitudes, their perception of their community’s norms, and their perception of the common practices in their community related to violence against women. The questions looked at three important domains: intimate partner violence as “discipline” or a way to correct

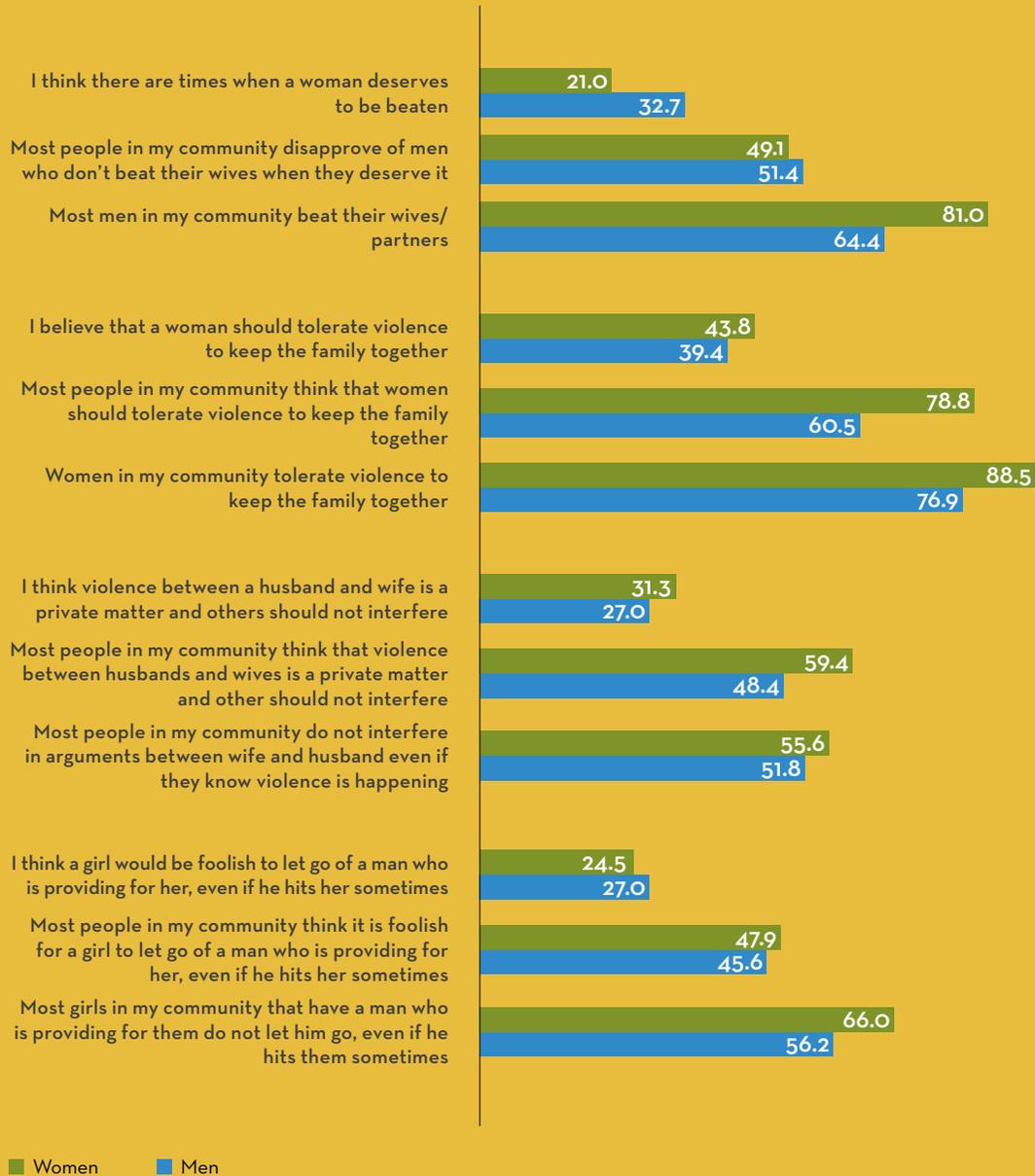
women’s behavior, the importance of tolerating violence to keep a family together or obtain other benefits, and violence as a private family matter. Generally, individual attitudes about the use of partner violence were more equitable than perceptions of community norms and practices (see Figure 9.2.2c).

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Figure 9.2.2c.

Percentage of ever-partnered men and women who agreed or strongly agreed with statements related to attitudes and norms about violence (weighted data)



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Most attitudes and norms are quite similar among adolescents and adults, although adolescent women are more likely than adult women to perceive community norms and practices as being more supportive of violence.

For example, 84 percent of adolescent women reported that most men in their communities beat their wives, as compared to 73 percent of adult women. Fifty-eight percent of adolescent women versus 48 percent of adult women reported that most people in their communities do not interfere in arguments between wife and husband, even if they know violence is happening, and 81 percent versus 70 percent reported that most people in their communities think women should tolerate violence to keep the family together. Their perception of tolerance of intimate partner violence in their communities may make

adolescent women particularly vulnerable to relationship violence.

Exploratory analyses suggest that men's individual attitudes, rather than their perceptions of community beliefs or behaviors, are generally most predictive of intimate partner violence perpetration; alignment between individual attitudes and perception of community practices strengthens the association with the use of violence. Among four possible combinations of attitudes and community perceptions,²² men who agree both that a woman deserves to be beaten and that most men in their community beat their wives are the most likely to report ever perpetrating violence against a partner (40 percent), while men who disagree both that a woman deserves to be beaten and that most men beat their wives are the least likely to have ever used violence (13 percent).

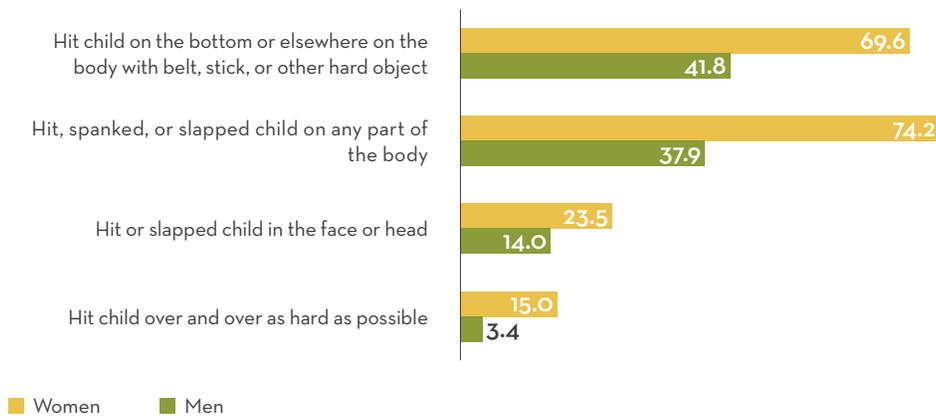
22 The four combinations are: 1) agrees individually that a woman deserves to be beaten and thinks that most men in the community beat their wives; 2) agrees individually that a woman deserves to be beaten but does not think that most men in the community beat their wives; 3) disagrees individually that a woman deserves to be beaten but thinks that most men in the community beat their wives; and 4) disagrees individually that a woman deserves to be beaten and does not think that most men in the community beat their wives.

9.3 USE OF HARSH PUNISHMENT AGAINST CHILDREN

The vast majority of women (85 percent) and more than half of men (54 percent) reported using at least one form of physical punishment — including all degrees of severity, from spanking to hitting over and over — against their child(ren) aged 3 to 14 at least once, as detailed in Figure 9.3a. Women also reported using harsh verbal punishment more often than men did; 89 percent of women and 63 percent of men said that they have ever shouted, yelled, or screamed at their child(ren). More than half of women (57 percent) reported ever calling their child(ren) dumb, lazy, or another harsh name, while less than one in five men (18 percent) reported doing the same. Small proportions of both men and women (about 3 percent) reported taking away food or drink as a form of punishment.

Figure 9.3a.

Percentage of respondents reporting ever using specific acts of harsh physical punishment with their children aged 3 to 14 (weighted data)

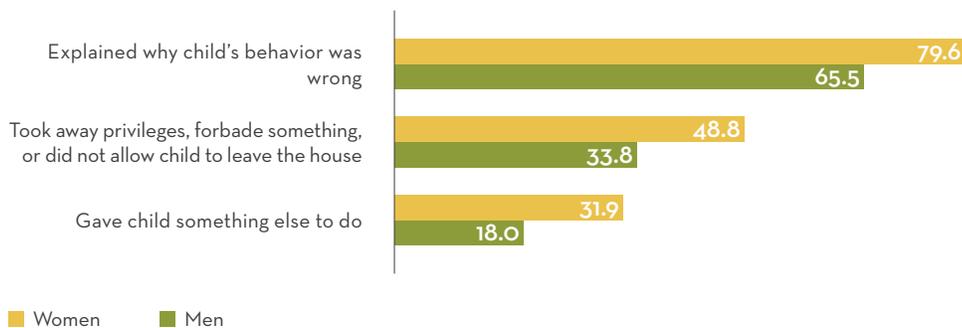


Women also reported using positive or non-harsh parenting techniques more often than men did, as shown in Figure 9.3b. Explaining to the child why a behavior was wrong was reported by 80 percent of women, as compared to 66 percent of men. Thirty-two percent of women reported redirecting a child's activities to something different, as compared to 18 percent of men. Forty-nine percent of women punished the child by removing privileges or restricting freedoms, as compared to 34 percent of men.

The trend of women using harsh – and non-harsh – punishment of children more often than men do is evident globally and relates to women's gendered roles as primary caregivers. Simply put, women spend more time with children than men do and therefore are more likely to be in the position to punish children (Levtov et al., 2015).

Figure 9.3b.

Percentage of respondents reporting ever using specific acts of positive discipline with their children aged 3 to 14 (weighted data)

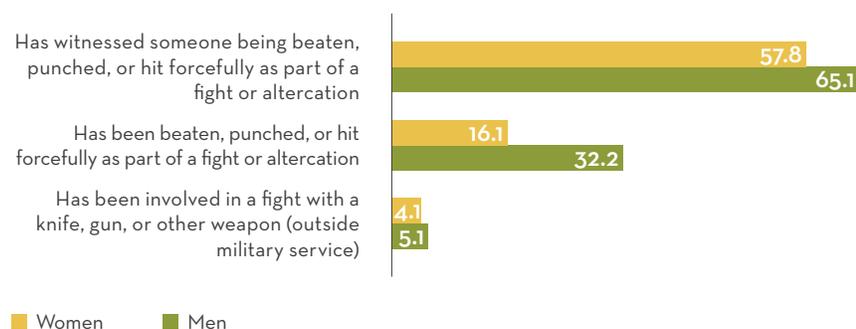


9.4 VIOLENCE IN THE COMMUNITY

Around the world, men are disproportionately more likely to be both perpetrators and victims of violence and violent crime occurring outside the home, and research suggests that men and boys often use crime to demonstrate or assert a certain form of dominant and aggressive masculinity (Heilman & Barker, 2018). Indeed, as shown in Figure 9.4a, men in the study sites generally have more exposure to violence in the community, especially as direct participants in fights or altercations: 32 percent of men versus 16 percent of women have been beaten, punched, or hit as part of a fight. Surprisingly, similar proportions of men and women have been involved in fights that included weapons such as knives or guns. The survey also asked about sexual violence outside of the context of an intimate partnership, which 8 percent of women reported ever experiencing, and 2 percent of men reported ever using. Overall, the findings suggest high levels of violence in the community: 58 percent of women and 65 percent of men have witnessed another person being beaten, punched, or hit forcefully as part of a fight or altercation.

Figure 9.4a.

Percentage of respondents reporting ever having witnessed, experienced, or perpetrated violence in their community before age 18 (weighted data)



10. CAREGIVING AND PARENTING

A significant body of research has identified a variety of ways in which women, children and men — and society at large — benefit from men’s increased participation in caring for children. The benefits include men’s and women’s improved physical and mental health; children’s better physical, cognitive, emotional, and social development; and greater opportunities for women’s economic participation and equality (Levtov et al., 2015; Heilman et al., 2017). Importantly, seeing men participate in housework and childcare contributes to boys’ acceptance of gender equality and to girls’ sense of autonomy, aspirations, and empowerment, breaking cycles of inequality (DeGeer, Carolo, & Minerson, 2014).

Despite the clear benefits, caregiving and parenting remain very much the domain of women across the globe. This section explores Tanzanian men’s involvement during pregnancy and their participation in caregiving and parenting tasks once the child is born, as well as how men, women, and communities perceive the role of fathers.²³

10.1 IN THE BEGINNING: MEN’S PARTICIPATION IN ANTENATAL CARE

Studies find that fathers’ involvement before, during, and after the birth of a child can have positive effects on maternal health behaviors, women’s use of maternal and newborn health services, and fathers’ longer-term support and involvement in the lives of their children (Levtov et al., 2015). For IMAGES Tanzania, nearly half of men and three-quarters of women in the sample reported having biological children; the mean number of children for men was 3.2 and for women was 3.4.²⁴ Eighty-one percent of men and 75 percent of women reported that their youngest child was born either in a hospital, clinic, or health center.

²³ Only a small number of the adolescents aged 15 to 19 in the sample reported having children (47 women and four men). The data reported in this section includes these responses, weighted to accurately reflect the sample population’s age distribution.

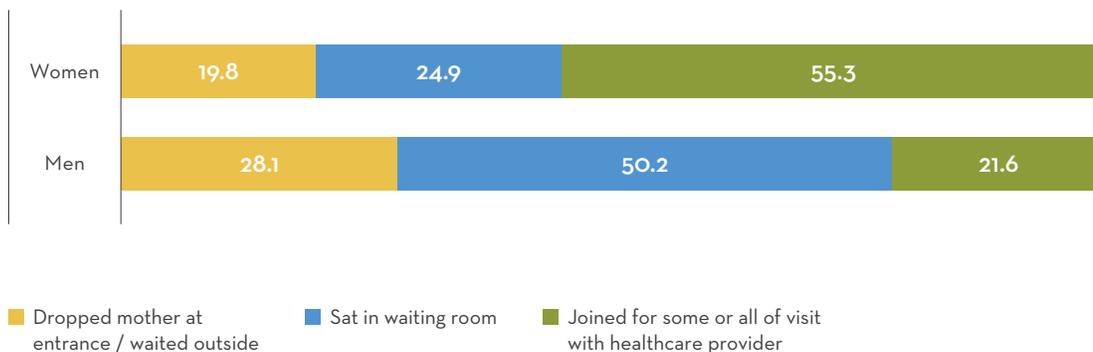
²⁴ According to the 2015-2016 Demographic and Health Survey data, Tanzania’s fertility rate is 5.2 births per woman (having declined significantly over the past decade, from 5.7 in the 2004-2005 survey), with fertility being lower among women who are educated, wealthy, or living in urban areas (MoHCDGEC et al., 2016).

The majority of both men and women reported that men accompanied women to at least one antenatal care visit when they were pregnant with their youngest child. However, there were clear differences in perceptions of men’s engagement: 78 percent of men reported having attended at least one of their female partner’s antenatal care visits, but only 56 percent of women reported that their male partner had accompanied them at least once.

The difference in reporting may have to do with different perceptions of what “accompaniment” means. As shown in Figure 10.1a, when looking at men who attended one or more antenatal care visits, a greater share of men than women reported that the male partner either waited outside the clinic or sat in the waiting room during the visit, while more women than men reported that the male partner joined for part or all of the visit with the healthcare provider (55 percent of women compared to 22 percent of men). It may be that some women only reported that their partner accompanied them to an antenatal care visit if he participated in the visit itself.

Figure 10.1a.

Percentage of respondents reporting whereabouts of man who accompanied woman to the clinic during antenatal care visits (weighted data)*



* Percentages may not total 100 due to rounding.

10.2 DIVISION OF CHILDCARE TASKS

The findings confirm that – as in other contexts where IMAGES has been carried out – women in the sample do the vast majority of caregiving, men have some involvement, and women and men disagree about the level of men’s involvement.

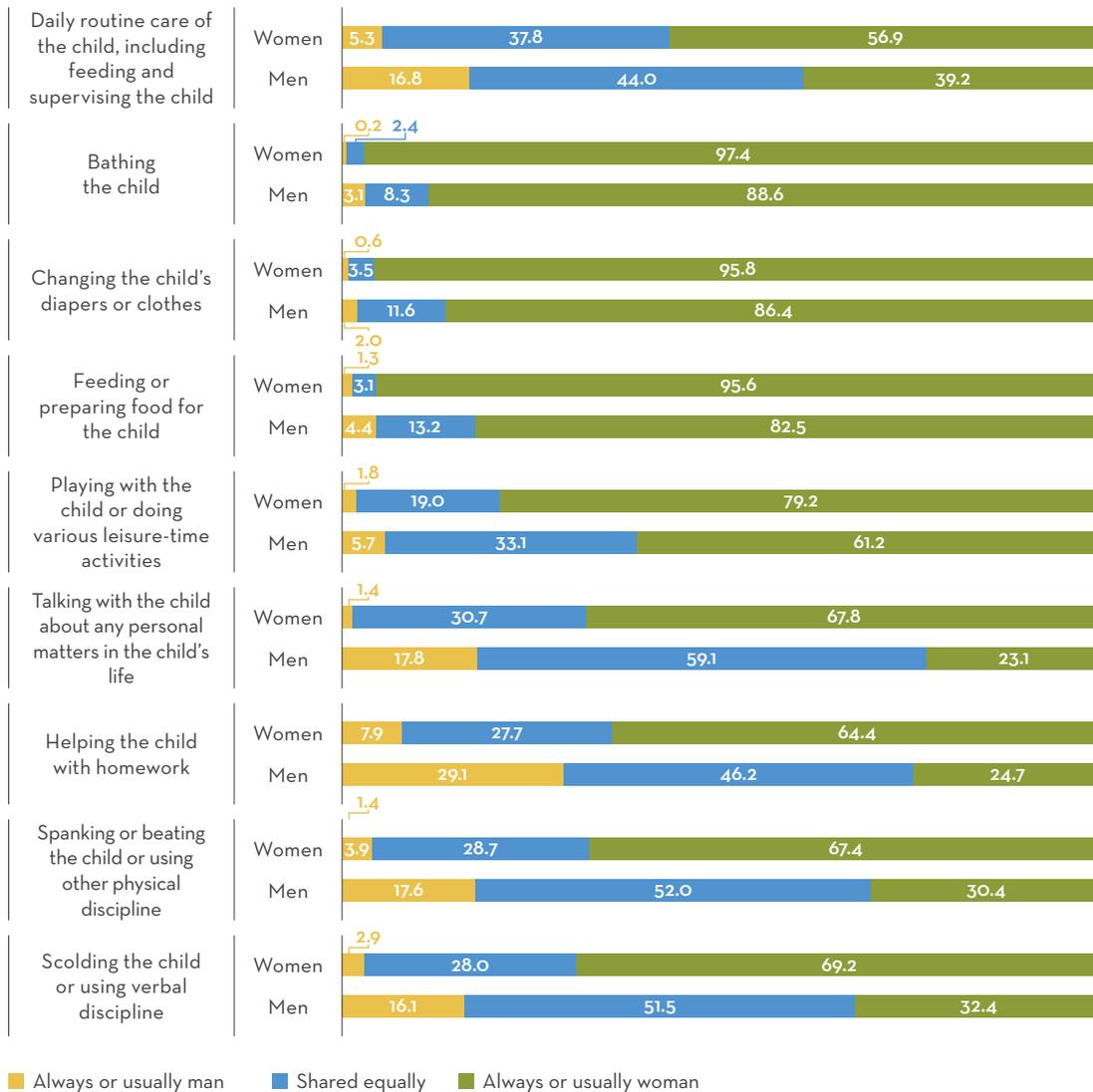
Figure 10.2a shows men’s and women’s reports of how they share common childcare tasks in their households.²⁵ While 61 percent of men and 43 percent of women reported that men play an equal or

²⁵ It is important to note that the number of respondents varied by task, due to substantial numbers of “not applicable” responses, generally related to the age of the child. For example, parents whose child was under age 5 responded “not applicable” to the question of how they share the task of helping their child with homework.

greater role in the daily care and supervision of children, the vast majority of both genders said that women generally do the routine childcare tasks like diapering, feeding, and bathing. Men, and to a lesser extent women, reported greater male participation in helping with homework, talking about personal matters in the child's life, and using physical and verbal discipline. For example, 29 percent of men reported that they always or usually help the child with homework, while only 8 percent of women reported that their partner always or usually does this task. Overall, men are much more likely than women are to report that childcare tasks are shared equally or done together.

Figure 10.2a.

Percentage of respondents with children reporting on gendered division of childcare tasks (weighted data)*



* Percentages may not total 100 due to rounding.

As previously noted, IMAGES Tanzania was the first IMAGES study in the world to collect actual time-use data, with a focus on household and caregiving activities. The findings largely reflect the gendered division of caregiving work: Women reported spending about twice as many hours per week as men did on daily routine care of the children, feeding or preparing food, and changing diapers. Across the full sample — including both cohabitating couples and adolescents still living with their families — women spend nearly 31 hours per week on daily care, changing diapers, feeding, and bathing children, while men spend just over 15 hours per week on these tasks. The gender differences are less pronounced for activities such as playing with the child, talking with the child about the child’s life, or helping the child with homework: Men spent roughly as much time as women on these activities.

10.3 NON-RESIDENT CHILDREN

Twenty-seven percent of men and 22 percent of women reported having a biological child under 18 who does not live with them; this may be a child who is away at school, a child living with relatives, or a child from a previous relationship. Further research is needed to understand the specific circumstances of non-resident children. In almost all cases, respondents reported some degree of communication with their non-resident children; 53 percent of men and 63 percent of women said that they communicate at least once per week. While both men and women reported providing some financial support to non-resident children, men reported playing a greater financial role than women do. Similar proportions of men and women — approximately one-third — said that they occasionally give money to the child; a substantially larger proportion of men than women (56 percent versus 34 percent) reported providing frequent financial support or paying for most of the child’s expenses.

10.4 ATTITUDES AND NORMS ABOUT CAREGIVING

Most men (80 percent) and women (66 percent) believe that men spend too little time with their children because of their work or their search for work. This illustrates the importance of fatherhood in the construction of men’s identities and strong consensus around the desire for men to spend more time with their children.

However, spending more time with children does not necessarily translate into more equitable attitudes about the gendered division of caregiving tasks. As shown in Figure 10.4a, reported community norms and practices largely support the idea that diapering, bathing, and feeding children in Tanzania are mostly “women’s work.” Consistent with reports of their own division of these tasks, the vast majority of both men and women agree that women in their communities do most of the childcare tasks (86 percent and 96 percent, respectively) and that most people in the community expect women to do so (79 percent and 92 percent, respectively). In essence, respondents’ reports indicate that the unequal burden of care work is indeed the way things are, and that it is in line with their community’s norms about the way things ought to be.

Similarly, most men (69 percent) and women (84 percent) agree that men in their community “do not do any caregiving or domestic work,” and a nearly identical proportion agree that community members think it is shameful for men to do so. In the qualitative study, one participant questioned not only the propriety of a man taking care of children, but also whether a boy would even have the necessary skills:

“How can a boy take care of children? Others can think that the boy is not OK in his head. And, does he even know how to do it? I doubt it, because he was never taught.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG WOMAN AGED 20 TO 24, RURAL TANZANIA

Interestingly, a consistently greater share of women than men reported the existence of these inequitable norms and practices in their communities.

Figure 10.4a.

Percentage of respondents who agreed or strongly agreed with statements related to community norms about caregiving (weighted data)



Although IMAGES data confirm the unequal distribution of childcare between women and men, as well as the strength of norms supporting this inequality, it is important to recognize that the data also clearly show men are playing a role in caring for their children. One participant captured the potential significance:

“Things are changing. Some boys can do all tasks. They can even take care of their young ones nowadays.”

FOCUS GROUP DISCUSSION PARTICIPANT, YOUNG WOMAN AGED 20 TO 24, RURAL TANZANIA



PART III
**CONCLUSIONS AND
RECOMMENDATIONS**

As the results from IMAGES Tanzania — and the qualitative study that informed it — show, much work remains to challenge and transform patriarchal norms and practices regarding women and girls' value and roles in Tanzanian society. Mirroring global findings on gender equality, IMAGES findings in Tanzania affirm the relationship between how societies treat and value women and girls, and the ability of women and girls to exercise agency over their bodies, health, decisions, legal rights, and many other areas of their private and public lives. IMAGES Tanzania highlights how men and boys are also harmed by gender inequality from an early age through adulthood.

Ultimately, men's harmful practices are rooted in inequitable gender norms, economic and work-related stress, and men's childhood experiences of violence. To end violence, and to achieve gender equality, it is important to understand the conditions that both lead to and disrupt these practices. However, the role of men and boys in both upholding and dismantling gender-inequitable attitudes, practices, and institutions is often left out of the global discourse on gender equality.

IMAGES Tanzania's findings illuminate potential areas for pushing the gender-equality agenda forward in the country. The results presented in this report indicate that gender equality can and should be seen as a gain both for women and for men. Policies, programs, and public-education campaigns aimed at engaging men — alongside women — must move creatively and boldly beyond small-scale approaches to capitalize on an emerging shift in men's attitudes. The following short- to medium-term actions are recommended based on the findings:

COMBINE EFFORTS TO PROMOTE GENDER EQUALITY WITH INCOME SECURITY

The high rates and approximately equal prevalence of economic stress reported by women and men — along with the role of economic stress as a driver of men's use of violence — suggests that, to be successful, gender-equality interventions and policies must account for the lived reality of poverty. Gender-transformative and violence-prevention efforts in Tanzania, as in many other places, will likely achieve wider impact if they take into account and directly address the challenges of food insecurity and economic stress. This might mean, for example, combining or linking interventions to prevent intimate partner violence or to promote equitable parenting and caregiving with interventions that provide cash, food, in-kind transfers, or other income-generation supports.

BUILD ON EXISTING GENDER-EQUITABLE ATTITUDES AND BEHAVIORS, AS WELL AS THEIR INTERGENERATIONAL TRANSMISSION

Results affirm the intergenerational transmission of support for gender equality. IMAGES Tanzania finds that those with educated mothers, educated fathers, or fathers who modeled equitable decision-making — as well as men exposed to more media — demonstrate more equitable gender attitudes. Results also affirm that men in Tanzania are more likely to participate more equally in household tasks if, as children, they saw their own fathers participating more equally

at home. There is momentum towards gender equality in Tanzania, including among men, most of whom support gender equality in theory. Campaigns, interventions, and policies should therefore emphasize and work to speed up this momentum and affirm that gender equality is achievable, with a focus on parenting that models respect and equality. Positive, or non-deficit, approaches that encourage men's existing beliefs in equality are also more likely to be effective and well-received than those that assume men in Tanzania oppose gender equality.

USE PERCEIVED CHANGES IN SOCIAL NORMS TO INFORM VIOLENCE-PREVENTION CAMPAIGNS AND INTERVENTIONS

The discrepancy between men's reported use of intimate partner violence and women's rate of experiencing it is one of the largest found in any IMAGES study. This finding may suggest that men underreported their use of violence because they perceive a shift in social norms, with violence becoming socially unacceptable. While a perception that social norms are changing is positive, these shifts may be insufficient to drive changes in men's practices and use of violence. However, social-norms-change approaches can provide a strong foundation for bystander or related interventions that educate men to act on what they know or perceive is "right." Future campaign work targeting men can emphasize the positive: "You agree that violence is wrong. Now let's put an end to it." The same holds true for sexual violence — which almost no men reported using, but which one in five women reported experiencing — highlighting the need for consent education for adolescent and young men, including what is being called in some settings as "enthusiastic consent."

ENGAGE MEN AS FATHERS TO SUPPORT ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Men are generally more supportive than women are of adolescent girls' and boys' access to and use of contraceptives. This finding suggests that there are opportunities to engage men as fathers, alongside mothers, in promoting adolescent sexual and reproductive health and rights. In addition to interventions and campaigns targeting parents to promote men's hands-on involvement in caregiving of young children, efforts should be made to reach parents of early adolescents. These efforts should work to increase parents' existing support for adolescents' sexual decision-making and contraceptive use, including promoting communication between parents and children on issues of sexuality and reproductive health.

BUILD ON POSITIVE ATTITUDINAL CHANGE TO FACILITATE TRANSFORMATION OF SOCIAL NORMS

Women and men consistently hold more equitable views and are more supportive of equality for women than they perceive individuals in their community to be. This provides a tremendous opportunity for building on men's and women's willingness to question community norms.

Community and national campaigns can be designed to emphasize that many individuals already agree with equality, rather than assuming they do not. Campaigns can say, for example, “Did you know the vast majority of women and men in your community actually agree that ... ?” to reinforce the reality that “more people believe in equality than you think.” This social-norms-theory approach has been used with effective results in various settings where individuals believe their peers to be less equitable than they really are.

ENSURE PREVENTION OF INTIMATE PARTNER VIOLENCE INCLUDES A STRONG FOCUS ON INTERVENTIONS FOR PARENT AND COUPLES

IMAGES Tanzania finds that childhood exposure to violence, quarreling, or generally high-conflict partner relations and economic stress is strongly related to men’s use of violence against women. This suggests the importance of community and couple-focused approaches, which promote communication and more equitable power dynamics, as well as approaches that include income-generation activities or economic supports. Additionally, the fact that men’s individual attitudes (rather than their perceptions of community norms) about intimate partner violence are associated with their use of violence suggests the need to use group education and community approaches that encourage men to critically reflect on their own attitudes in experiential ways. In addition, the high rates of acceptability, self-reported use, and experiences of violence against children — together with women’s high reported rate of experiencing intimate partner violence, and men’s low reported participation in childcare — suggest the importance of interventions that include parent training with a gender-transformative approach. Such approaches integrate violence prevention within efforts to promote men’s more equitable and nonviolent participation as caregivers and as partners. Positive results from impact evaluations of father-inclusive and father-focused parent training in Rwanda and Uganda highlight the potential of such approaches in Tanzania (Doyle et al., 2018; Ashburn et al., 2017).

REMEMBER THAT TANZANIAN FATHERS DO CARE AND WANT TO CARE

Caring for children is the household task in which men most reported participating and which is apparently the least stigmatizing, affirming that promoting men’s equitable participation in caring for children and other household members may be one of the most strategic points of entry for promoting gender equality and achieving significant reductions in violence against children and women in Tanzania. The fact that Tanzanian men say they want to spend more time with their children, and the fact that men often report participating more in childcare than women say men do, also suggests that men would be receptive to messages about involved caregiving.

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