

THE UNITED REPUBLIC OF TANZANIA

ADVOCACY

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# COUNTRY PROGRAMME 1997 - 2001

## ADVOCACY

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## LIST OF ABBREVIATIONS

AIDS	Acquired Immune-Deficiency Syndrome
AMREF	African Medical Research Foundation
BACAWA	Baby Care Women Association
BAKWATA	"Baraza Kuu la Waislamu Tanzania"
BAWATA	"Baraza la Wanawake Tanzania"
CCM	"Chama cha Mapinduzi"
CCT	Christian Council of Tanzania
CP	Country Programme
CPR	Contraceptive Prevalence Rate
CST	Country Support Team
DED	District Executive Director
DMO	District Medical Officer
EASTC	East African Statistical Training Center
EMAU	Elimu ya Malezi Bora ya Ujana
FGM	Female Genital Mutilation
FLE	Family Life Education
FMCW	Forth World Conference on Women
FP	Family Planning
HESAWA	Health, Water and Sanitation
HIV	Human Immune Virus
HQ	Headquarters
ICPD	International Conference on Population and Development
IDM	Institute of Development Management
IDS	Institute of Development Studies
IEC	Information, Education and Communication
KIT	Royal Tropical Institute
KULEANA	Children Centre for Sexual Health for Street Children in Mwanza
MCDWAC	Ministry of Community Development, Women Affairs and Children
MCH	Maternal Child Health
MEES	Moral Ethical and Environmental Studies
MEWATA	Medical Association of Tanzania Women Doctors
MLYD	Ministry of Labour and Youth Development
MOH	Ministry of Health
MUTAN	"Mradi wa UKIMWI, Tanzania na Norway"
NACP	National AIDS Control Programme
NEC	National Executive Committee
NFPP	National Family Planning Programme
NGO	Non-Governmental Organisation
NIMR	National Institute for Medical Research
OTTU	Organisation for Tanzanian Trade Unions
PMO	Prime Minister's Office
POFLEP	Population and Family Life Education Project
PPU (Z)	Population Planning Unit (Zanzibar)
PPU (M)	Population Planning Unit (Mainland)
PTF	Presidential Trust Fund

RDD	Regional Development Director
REPOA	Research for Poverty Alleviation
RSH	Reproductive Sexual Health
RMO	Regional Medical Officer
SAP	Structural Adjustment Programme
SMI	Safe Motherhood Initiative
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SUWATA	"Shirika la Uchumi la Wanawake Tanzania"
SWAA(T)	Society for Women and AIDS in Africa, Tanzania Chapter
TAHEA	Tanzania Home Economics Association
TAMWA	Tanzania Media Women Association
TANESA	Tanzania Netherlands Supported AIDS Activities
TBA <sub>s</sub>	Traditional Birth Attendants
TFNC	Tanzania Food and Nutrition Center
TFTU	Tanzania Federation of Trade Unions
TDHS	Tanzania Demographic Health Survey
TGN	Tanzania Gender Networking Programme
TOT	Training of Trainers
TYDEF	Tanzania Youth and Development Foundation
TV	Television
UDSM	University of Dar-es-Salaam
UMATI	"Chama cha Uzazi na Malezi Bora Tanzania"
UN	United Nations
UNESCO	United Nations Education and Scientific Cultural Organisation
UNFPA	United Nations Population Fund for Activities
UNICEF	United Nations Children Fund
UPE	Universal Primary Education
UVIKIUTA	Umoja wa Vijana wa Kikristo Tanzania
UWT	"Umoja wa Wanawake Tanzania"
VIWAWA	"Vijana Wakristo Wakatoliki"
WAMATA	"Walio katika mapambano na UKIMWI", Tanzania
YMCA	Young Men Christian Association
YWCA	Young Women Christian Association
WRDP	Women Research and Documentation Project
WVI	World Vision International

## EXECUTIVE SUMMARY

The concept of advocacy is not entirely new in Tanzania. Advocacy activities pre-dates colonial era. There is evidence indicating how local people were mobilized and persuaded to participate in wars, self-help schemes or to accept children education. There have been advocacy activities related to health and population which resulted for example into MCH/FP initiatives, and IEC activities; evolution of Population policy and safe motherhood initiatives. However, many of those advocated activities have been patchy, uncoordinated, ill-planned and above all often did not involve the target groups and thus problem areas that needed action have not been addressed.

The third country report addressed advocacy under two sectors namely Information, Education and Communication (IEC) and Women Population and Development. The objectives related to advocacy compiled from the different components of the third country programme therefore were to:

- assist the government in promoting awareness of its population goals;
- provide advocacy for the NFPP, especially to generate and sustain demand for family planning;
- strengthen institutional capacity for carrying out a multi-media population IEC;
- promote responsible attitudes towards sexuality and fertility among youth;
- foster responsible parenthood by helping parents communicate with their children or population related matters in a family context.
- continue to raise the level of national awareness regarding gender;
- ensure the availability of gender-specific data and research findings to assist the government in implementing the women's charter and in mortality, advancements in the status of women, with particular emphasis on population issues.

Achievements for Women Population Development sector include very successful implementation of the WPD workshops for strategic groups as planned in the proposal. A number of law reform activities addressing gender disparities are in progress. As for male motivation activities, research, training and IEC materials production were carried out. The political situation involving transformation of OTTU to TFTU makes the future of the project bleak despite its great potential to reach out to men in male dominated work places.

POFELP's achievements included formulation of a national IEC strategy which at the time of the review was in draft form. POFLEP managed to sensitize some regional and district staff on population IEC. They managed to sensitize community leaders and health workers in Magu district. They also managed to link up with cultural groups in some communities. It was reported that awareness on the small family norm rose to 80% as a result of the "Twende na Wakati" radio programme.



It is, however, difficult to ascertain that the success was due to the radio programme alone because there are so many other actors in the field of family planning related issues. On the other hand the radio programme lacked IEC expertise and advocacy skills.

For Zanzibar religious resistance was overcome by compromising with Sheikhs on FLE contents and hence the birth of Moral Ethics and Environmental Studies. On the mainland, however the pilot phase introduced in 1991 is still in progress. The UNFPA further supported EMAU take off with its counselling project for youth. For continuation of collaboration further consultation with EMAU on how to offer comprehensive services to youth is continuing. UNFPA stopped funding to WAZAZI in 1993 as in the wake of pluralism the later chose to be an affiliate of one of the political party's and hence jeopardizing its funding position.

The policy on women in Tanzania was introduced in 1994. The MCDWAC and WID units with the line Ministries had neither concrete plans nor prioritized activities for gender related activities and collaboration with donors.

Other advocacy activities supported by non-UNFPA funded programmes included reproductive health and sexual health IEC and services, advocacy for children rights, women centres for sexual health, IEC activities for fishing villages and barmaids and AIDS education through peer educators; production and dissemination of IEC materials, research and evaluation activities on teenage reproductive health aspects, counselling and income generation activities.

Although some success was registered, assessing the impact of UNFPA funded projects posed problems as there were no objective specific verifiable indicators formulated during project design. This is further compounded by many actors in the field of women population and development. Further the third country programme did not give WPD objectives and activities the weight it deserves.

The current situation is that despite Government initiatives to improve maternal health and empower women economically and politically, there still exists militating social cultural factors to contend with. For example, there are glaring gender disparities in education employment access to health care services, inheritance of land and assets accumulated in matrimonial unions.

There is evidence indicating that pregnant women continue to suffer from heavy workload, denial of nutritious foods and that girls in some cultures are subjected to the harmful consequences of FGM and unwanted pregnancies.

In spite of high level of involvement in sexual intercourse, youth exhibit low levels of reproductive health, sexual health and STI knowledge. Since FP services are not accessible to youth because of opposition from parents, religious leaders, government officials etc., youth have very low contraceptive user rates and in consequence suffer from problems associated with early parenthood, abortion and STDs. Further they lack employment opportunities as well as credit for self employment. Some resort to urban migration in search for better life, and yet other youth do not get support from parents.

Population IEC activities have been carried out by various actors some independent of and others in partnership with UNFPA. There has been no coordination to link up IEC activities which often culminated into duplication and offering conflicting messages to same target groups.

Even though population IEC activities appear to have created higher levels of awareness, their impact on eliciting desired behaviours and practices is still a far cry and hardly sustainable.

These include: for example, low CPR, increasing incidence of unsafe coital experiences, unwanted teenage pregnancies, low political commitment, minimal and community participation, gender disparities, high risk cultural practices like FGM, however, just to mention a few.

Institutional capacity has been lacking for example, project staff lack both technical and appropriate communication skills. Some institutional support has been weak in the area of equipment and other necessary facilities, transport and office equipment. Similarly, there has been minimal exploration of effective and efficient ways to facilitate the delivery of IEC messages to target population. Additionally project staff in some cases lacked working schemes and incentives.

Project management in some instances are not sensitized on IEC activities and are deficient in management skills that are necessary to enable them as recipients to be aware of what the donor UNFPA expects from one another. Research and evaluation component has received little attention in population IEC activities. Few evaluation efforts have concentrated on impact at the exclusion of process indicators. The latter is crucial for assessing factors that are for or against formative behaviour.

Facilitating factors are extensive on media network, political commitment from the Government, high Kiswahili literacy and the wish from parents to protect youth from HIV infection.

In view of the current situation reproductive health and sexual health of women and youth and the observed weaknesses in IEC activities and management issues of the sectors and UNFPA, it is hereby proposed that the fourth country programme address the following outlined priority areas:

#### FOURTH COUNTRY PROGRAMME FUTURE PERSPECTIVES: 1997-2001

1. **Priority problem area:**

There are social cultural factors and practices that are injurious to the health of women and girls that as well militate against gender equality, equity and women empowerment.

**Objective:**

To introduce legislation which will eradicate all forms of gender disparities that negate women development and those which deny them equal access to generated resources.

**Goal:**

To eradicate the social cultural factors and practices.

**Strategy:**

Research data on the social cultural factors and practices will be targeted to parliamentarians the legal judicial machinery and adversaries i.e. the practicing communities etc. Potential partners to be mobilised to form coalitions include: MCDWAC, CCT, MOEC, MOH, and Legal and Judicial Machinery. Media of all forms will be used. Target groups specific IEC will be put in place. Training in research methodology, advocacy, social mobilisation and production of IEC programmes and materials will be essential components.

2. **Priority problem area:**

Girl enrolment and school performance decreases after primary school education.

**Objective:**

To ensure equal opportunities to education for boys and girls.

**Goal:**

To access equal education opportunities among boys and girls.

**Strategy:**

Research and documentation of the prevailing situation on continuation rates, enrolment and academic performance will be conducted. To introduce legislation for converting some boys schools into co-education schools, coalition of parents, teachers and women activist groups will be mobilised to put pressure on Ministry of Education to endorse reallocation of places for girls and boys schools. IEC will be targeted to teachers, students, parents communities, religious groups and political parties. To promote dialogue, target group-specific IEC will be required. Probable partners who can form coalitions are: UNICEF, UMATI, TGNP, KULEANA, TAHEA and TAMWA etc. Training in research methodology advocacy, social mobilisation and IEC will be essential components.

**Priority problem area:**

There is apparent ignorance on reproductive rights for women and girls among both men and women.

**Objective:**

To sensitise and empower women and girls with appropriate knowledge and legal literacy so as to enable them to make rational choices about their reproductive behaviour.

**Goal:**

To increase reproductive and sexual health knowledge and legal literacy among women, girls, men and boys.

**Strategy:**

Data on the prevailing situation will be collected. Bang media activities will be conducted to adversaries i.e. religious groups, evaders and irresponsible individuals. Other target groups include women, men, teachers, judiciary, health care service providers etc. Group specific IEC will be conducted. Partners include like minded NGOs i.e. NGOs promoting reproductive health and sexual health and legal literacy.

**Priority problem area:**

Despite high level of involvement in sexual intercourse, youth do not have access to information and services.

**Objectives:**

- To introduce legislation that will ensure reproductive and sexual health education to all adolescents so that they can make informed choices about their sexual health.

- To implement existing guidelines that will access reproductive health and STI services to adolescents.

**Goal:**

To increase reproductive and sexual health education and utilisation of RHS and STI services among adolescents.

**Strategies:**

Geographical area specific data will be collected through participatory methods so as to involve community members in finding solutions to RHS problems for their adolescents. National surveys will be conducted to generate data for sustaining national IEC that is sensitive to adverse propaganda on availability to youth of RHS information and services. Advocacy activities will target parents, religious leaders, government officials (MOE, MCDWAC, MYLD, MOH etc) including the judicial system and youth themselves. Demonstrations will be carried out on how to empower parents communicate effectively about sexual health, gender issues (unisex gender roles). Group specific IEC will be used to advocate for change as well as for social mobilisation. Training in research methodology especially on how to involve parents, advocacy, social mobilisation and IEC will be essential components.

**6. Priority problem area:**

There is high un-employment rate among youth.

**Objective:**

To advocate for job creation of programmes which will increase job opportunities for youth.

**Goal:**

To increase employment among youth.

**Strategy:**

Research and documentation of unemployment among youth will be conducted. The data which will be packaged differently for specific target groups will be used to advocate for job creation for youth. Advocacy activities will be targeted to parliamentarians, local Government officials, religious leaders, Party officials etc. Potential partners which can form coalition include: ILO, BAWATA, MCDWAC, MOEC etc. Group IEC specific will be conducted. Training in research methodology, advocacy social mobilisation and production of IEC materials will be necessary.

7. **Priority problem area:**

Poverty related factors continue affecting women's health negatively.

**Objective:**

To campaign for poverty alleviation on factors that contribute to and compound the ill health of women.

**Goal:**

To mitigate poverty related factors.

**Strategy:**

Research and documentation of the prevailing situation. The target audience will be community members, men, women religious groups. Partners who can form coalition include World Vision International, HESAWA, Poverty Africa and REPOA. Others are financial institutions, sympathizing organisations etc.

8. **Priority problem area:**

- Advocacy initiatives are weak fragmented, piece meal and advocates lack skills which have lead to less than the anticipated impact.

**Objective:**

To advocate for the introduction of activities a coordinating mechanism for population, reproductive/sexual health activities.

**Goal:**

To have a national coordinating mechanism for advocacy.

**Strategies:**

Research and documentation of the current situation. Dissemination of existing data on the situation of some aspects of advocacy e.g. the IEC strategy etc. Other components include coordination, capacity building, ability to carry out both process and impact evaluation.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 The concept of advocacy

Advocacy is defined in the thesaurus dictionary means "actions and processes of supporting a cause or issue". The word "advocacy" is also taken to be synonymous with other words such as to recommend, advise, champion, argue for, propose, speak out for a cause or issue. For some organisations advocacy has been seen as "speaking up or drawing a community attention to an important issue and directing decision makers towards a solution and working with other people and organisations to make a difference (CEDPA 1995). In other instances advocacy has been taken to be a "a set of actions undertaken by a group of committed and convinced individuals or organisations to introduce change or obtain support for specific policies, programmes, legislation, issues or causes" (IPPF).

Advocacy implies the following processes: undertaking research to define and clarify issues and strategies and directions, providing adequate and appropriate information and education to all parties interested in the issue, building partnerships, alliances and coalitions and mobilising the parties to support the issues advocated for. Others include dialoguing and negotiating with individuals and organisations with views and positions contrary to those being advocated for. It further involves networking with groups of similar persuasion elsewhere to learn from their experiences. Communication is the key to any advocacy activities. Communication may take different forms in given communities and could be a combination of modern and folk media.

There is considerable overlap between **advocacy, IEC and social mobilisation** in the process employed to operationalise all the three concepts. They all use IEC processes to identify, segment and profile audiences and to convey messages to the identified audiences. They also use the same research, monitoring and evaluation techniques to identify and clarify issues, advise and messages and to measure the impact of their interventions.

However, there is need to distinguish the three concepts because they do not mean one and the same thing. The distinction lies mainly in terms of their *goals* and *outcome* rather than the *processes* employed to attain them.

The goal of **advocacy** is to introduce or change a policy, programme or legislation or shift the position of influential individuals or organisations on specific issues or cause.

The goal of *IEC* is to change attitudes, beliefs, values, behaviour or norms within individuals or groups of individuals. Thus the outcome of an IEC programme is a change in individual or attitudes values, behaviour and norms.

The goal of **social mobilisation** is to motivate community or social groups to undertake a joint or communal action. Hence the outcome of a social mobilisation campaign is an action jointly undertaken to benefit a community or social group.

The following example may illustrate how the three concepts can be operationalised. In order to tackle the low levels of enrolment of girls in secondary school in Tanzania by deploying the three strategies, a coalition of parents, women associations, religious organisation and concerned teachers could lobby MOE to turn the boys secondary schools into co-education institutions. That is advocacy part. Concurrently an IEC campaign could be used to change the attitude and values of men, including parents, boys in these schools and the principals of these schools to change their attitude towards girls joining them. These efforts could be complimented by a concerted effort to mobilise parents and girls to sign petitions to the highest level of government showing them the data on female enrolment in secondary schools.

**Steps in developing an advocacy strategy:**

These involve:

- (i) Identifying and clarifying issues.
- (ii) Establishing programmes, goals and advocacy objectives.
- (iii) Identifying audiences, messages and advocacy processes.

**1.2 Need for advocacy**

Close examination of societies world wide, Tanzania included, show that there has been oppression, exploitation and discrimination against some people and segments of the population. These elements are sustained through well deeply embedded opposition to change in the societies themselves.



### 1.3 GENDER DISPARITIES IN SELECTED FIELDS IN TANZANIA

	% women
<sup>1</sup> Participation as contestants by gender in the 1995 general elections	4
<sup>1</sup> Proportion of women as winners by gender in the 1995 General Elections	3
<sup>2</sup> 1961-1990 Parliamentarians	11
<sup>3</sup> IDM enrolment 1983 - 1991	16-29
<sup>3</sup> IFM 1983 - 1991	13-32
Ardhi Institute 1983 - 1991	10-17
<sup>3</sup> Tabora Secretarial 1985 - 1991	93-97
<sup>3</sup> Nursing 1985 - 1991	79-86
<sup>3</sup> Midwifery •	94-96
<sup>4</sup> Literacy level	60.3 (men 76.2)
read and write	4.7 (men 5.7)
read only	36.1 (men 18.1)
neither	

Sources:  
 NEC Records 1995  
 TGNP 1993  
 World Bank 1993

Studies show that oppression, discrimination and exploitation impacts negatively on the human potential to development. A combination of the aforementioned negative factors to human development have been shown to be directed to socially marginalised groups, commercial sex workers, youth children and in some cases even adults able bodied men but more or so to women.

In Tanzania oppression manifests itself in gender inequalities in social roles, sexual abuse of women and children, domestic violence in households just to mention a few. Examples of discrimination include acts such as expulsion of school girls who become pregnant leaving the male culprits untouched, gender imbalances for educational and employment opportunities (c.f. inset).

Exploitation on the other hand, manifests itself in dowry repayment by bigger work load for women, child labour practices, under payment of female workers in industrial processes requiring constant fingering e.g. textile industries and cigarette manufacture etc. Often because of low pay, men diverge from such employment on the pretext that anatomically they cannot handle the materials.

#### **1.4 Trends of advocacy in Tanzania**

Advocacy activities date since time immemorial in the traditional society. For example, if problems in human relations were perceived, songs, lyrics etc. were introduced for corrective measures. Social mobilization for change is one of the many functions of the African Drum.

In the advent of colonial rule, advocacy for sending male children to school was carried out. For example among the "Wanyakyusa" people used to cover their children with big straw baskets so as to hide them from inspectors recruiting school age going children. Later on education for girls was instituted. Although the response has been good, a lot of advocacy is required with regard to equal opportunities for education, women lag far behind men.

Recorded public support for family planning in Tanzania dates from 1959 with the founding of UMATI. By then the NGO used to serve a small Asian and European community in Dar-es-Salaam and some other urban centres. Later on, family planning by using modern contraceptives was realized to be beneficial to the African Woman as well in reducing infant and maternal mortality. Thus in 1967 after concerted advocacy, the NGO became registered as a national entity with an extensive network throughout the Republic.

Major changes were made in the family planning movement in 1973 in the Republic. It was agreed that service provision be left to the Ministry responsible for Health and in 1989 general awareness creation and training were taken up by the Government. To UMATI these were major strides in the movement after lots of funds were spent on advocacy work targeted to decision makers of various categories over years.

The MCH concept which is trio programmes dates from 1974. This was also in response to the felt need of lowering maternal and infant mortality rates.

There has been persistent advocacy work through mass campaigns for child immunization and antenatal care. Advocacy on availability of responsible parenthood education for youth dates from the early 70s when UMATI released two books on "Jando na Unyago" and "Ujana." The books were banned just before dissemination. Some political leaders thought UMATI was out to encourage promiscuity among youth.

With time people gain new insights into problem areas of our populations. The NGO sector in this regard has been very active in advocating for change in a number of critical areas of concern. Some of these areas with major actors in brackets include: Elimination of child abuse practices. Elimination of Harmful Traditional Practices Against Women and Elimination of gender inequalities (TGNP). Others include Poverty alleviation (Poverty African, REPOA, TYDEF, PTF etc.) and attention to teenage mothers (UMATI).

Close inspection of advocacy activities show that the advocates first and foremost outline the problems faced by the segment of the population and hence analysis of what is being tried to be changed.

The advocates try to visualize what the situation would be if the problems were addressed.

The specific and immediate goals of the advocacy efforts provided as examples were to:

- to build public awareness of the problem;
- create public pressure in order to influence policy makers;
- exchange information and find common agendas with individuals agencies and organizations that share concerns with.

#### 1.5 Long term goals

- conduct campaign to shift existing priorities;
- raise new resources;
- make officials more responsible to the spelt agendas.

The advocates collect facts nationally, regionally and locally and by using these facts they develop messages tailored for specific audience.

One utility of advocacy is drawing a community's attention to an important issue and directing decision makers toward a solution. Advocacy involves reaching out to many people in many positions so that change can be introduced.

In order to persuade Government officials to take action a number of steps can be taken some of which include face to face meetings, via telephone, by letter or a combination of the three. Others are all forms of media e.g. news releases interviews etc. Strategically organized seminars, workshops and conferences backed with empirical data can also have impact on contentious issues being advocated for.

Tanzanian advocates on a number of issues have used one form or a combination of approaches. Existing advocacy activities though reaping fruits could achieve better results in shorter time and with less cost and physical strain if like minded advocates worked in coalitions about the issue. The advocacy has tended to be patchy, one time affair bang, leaving messages hanging without follow-up on developments. What is more target audience for some advocacy activities has not been carefully selected and involved.

It is suggested that the 4th Country Programme of UNFPA address advocacy as a prerequisite for implementation of the other sector activities. Unlike in the past UNFPA support to advocacy activities should encourage coalition formation for greater impact and effective utilization of resources.

## CHAPTER TWO

### WOMEN POPULATION AND DEVELOPMENT

#### 2.1 Current Situation

Tanzanian women who constitute over 51% of the total population continue inevitably to play a major role especially in areas of agriculture production and family welfare services. However, there exists social cultural beliefs and practices that negates women for example equal access to generated wealth, educational opportunities, inheritance of land and family property. Women are overall relegated to second hand status when it comes to matters pertaining to household decision-making processes. The Tanzanian society has strong dominance of patriarchal and patrilineal values and practices, in other words, predominance of male ideologies at various levels, national wide.

#### 2.2 Educational opportunities

Even though girls have in principle equal access to schooling opportunities the traditional socialization processes in various cultures at a family level have all along encouraged girls to grow up and expect to get married. On the contrary boys were and still are seen as permanent members of the family. This has been one of the cited reasons as to why boys were and still continue to be given a priority to education over girls. However, with the introduction of UPE in 1977 making it compulsory for parents to send their children both boys and girls to school, gender inequalities at enrolment for primary one appear to have been effectively narrowed over years.

At other higher levels like secondary school and higher institutional of learning, girls are still under-represented and those who make it, are mainly from privileged classes, girls feature least in science and professional subjects. In 1985 to 1989 women enrolment as percentage of total enrolment ranged from 49.6% to 50% for primary education while for secondary they ranged from 38.6 to 44.2%. For teachers education and technical education the range was from 39.8% to 41.6%, 11.2% to 5.1% respectively. As regards to University education for the same period women percentage of total enrolment ranged from 15.2% to 17.1% (*TADREG Report 1990*).

Moreover, there is one unresolved and discriminatory issue of the educational policy. That is, the dismissal of primary and secondary school girls as well as college students except at the University because of pregnancies. According to National Education Act 1978, school teenage pregnancy have been categorized as "misbehaviour" or "offence against morality" which warrant expulsion and deny them re-admission after delivery.

Teenage pregnancies still continue to be one of the major causes, for drop out among girls. Often some of the affected girls resort to illegal abortions whose outcome range from development of severe reproductive problems to death. Currently there is no explicit continuous and elaborate programme for gender sensitization on such issues in school settings. It has been observed that in such circumstances victims resort to induced abortion as a solution for unwanted pregnancies.

This is done at a great health risk given that the process is still illegal in Tanzania. It was observed that of those who induced abortion teenagers comprised of 54.2% of the total and 9.3% admitted to be students (*Kapiga et al 1992*). Other observations by (*Mpangile et al 1992*) indicated that 34% of abortees were 19 years and younger and that 30% of under 19 year girls and 25% of students reported adult male aged 15 years old and above as the men responsible for their unwanted pregnancies.

Even though government officials do appreciate and sympathise with the situation so far there is no explicit indications to change the practice of expelling pregnant schoolgirls from school or on what to do with apprehended fathers who made the girls pregnant. Some of the expelled pregnant schools girls have often ended up in street prostitution.

There has been deliberate efforts since 1986 from UMATI, on experimental basis to empower primary school drop outs due to pregnancy by offering them opportunities to continue with education through a youth centre. The teenage mothers attend classes while their babies are taken care of at the nursery within the premises. Subjects taught include, Mathematics, English, general knowledge and Swahili. Participants are also introduced to ideas of income generating activities.

As of 1995, it has been reported that more than 170 teenage mothers had gone through the programme and of those 94 had completed secondary education in private schools or vocational training centres. The major problems however, has been in the area of convincing parents to pay for the girls' education. Parents need to be sensitized on the need to support their teenage parents for continuation of education.

Tanzania is currently undergoing economic reforms through SAP in response to the demands of the new direction to liberalisation and open market economy. This approach requires inter-alia cost sharing in the education sector. Where as in the past education was "free" now the parents are required to finance their children education through paying school fees and provision of other material contributions. This is likely to have a negative impact on the girl child when it comes to priorities of investments in education between sexes. The former may be considered more of a liability than an asset for the already outlined reasons due to discriminatory socialization and the risk of females getting pregnant in schools.

Besides being producers, women have other expected biological roles in our societies. That is reproduction. In married unions, women are valued for the ability to bear children which is taken as a proof for their fecundity. Often there is deliberate pressure from mother inlaws and in some cultures, ritualization of women fertility through rewards as slaughtering of goats, sheep etc.

Such traditional rewards are valued and often stimulate competition among mothers for having more and at times frequent births of children at the detriment of their health in order to conform to the cultural norms. Such cultural values, among other things, will continue to pose a challenge to safe motherhood initiatives which include accessing women to modern contraceptive methods.

Empirical evidence indicate that fertility rates in the country is already high (6.5) similarly the average family size (6). That is taking into consideration available resources in households. The contraceptive user rate CPR for modern methods has of now jumped from 6% to 12% on the average but there exists variation in use by rural/urban dichotomy and regions. CPR is much higher for current users in urban areas 27.2% (FP Report Zanzibar).

Whereas Kilimanjaro and Arusha regions feature prominently for higher CPR, Shinyanga region is at the bottom. Perhaps at this juncture, reasons to account for low or differential use, merits special investigation. Further research findings have indicated that about 30% of women on contraceptive do not seek consent from their husbands for fear of being beaten or thrown out of relationships (Kapiga *et al*, 1993). The social basis for such fears need to be explored.

Cost sharing in the health sector as part of structural adjustment strategies is another factor which merits consideration as a user factor likely to influence people's health care seeking behaviour. Cost sharing practice is a departure from "free" to "fee" for medical services rendered. The government has exempted cost sharing for users of MCH services and those for communicable diseases. However, situational analysis does indicate that many of these health care facilities have chronic shortage of resources, a situation which may encourage malpractice. Much more than that because of lack of incentive health providers are demotivated. To what extent the intended social groups will benefit from such exemption remains a wait and see situation.

Furthermore, overall, given the reduced economic purchasing power in households and escalating cost of living all combined might affect priorities of health care seeking behaviour. Thus women health status is likely to be endangered than the counterpart male because they consult health care services more often than the latter.

### 2.3 Status of maternal health

Maternal mortality rate in Tanzania appears to have not to been influenced dramatically for the last ten years, as documented in Literature which stand between 200-400/100,000 live births.

Factors that account for high maternal mortality rates are complex and often difficult to unravel because they also constitute issues related to poverty, however, there is need for more multi-disciplinary research into that area. It is estimated that about 40% of deliveries take place at homes assisted by TBAs. Even though TBAs are officially recognized and some supported by the MOH and a few NGOs through training to enhance their skills and supplied with equipment, delivery practices for those not supported, is not known, and may leave a lot to be desired, given that they are least equipped with facilities.

Available information from NACP documents indicate there are more infected women with HIV/AIDS than men. Women are exposed to HIV infection at younger age 5-10 than men. Seroprevalence data from blood donors screening indicate that 7.3% of women are HIV positive compared to 5.6% for men (NACP Review Report, 1995). All this has a bearing on the future of women health as the AIDS pandemic builds up.

## 2.4 Women workload

Generally, women in Tanzania have been observed to work for longer hours (12-14 hours) than men, in a day. Heavy work load often leads to physical exhaustion. This condition is aggravated when women have frequent pregnancies when they do not have time to build up their nutritional reserves. This often results in maternal depletion syndrome a condition which makes them even more susceptible to diseases.

It is estimated that in Tanzania as high as 50% of maternal deaths could be related to poor nutrition. Pregnant women, especially in rural areas of Tanzania continue with heavy work load into late stages without the assistance from counterpart males (*Simbakalia, 1995*).

The prevailing attitude among the latter (male group) appear to be of "non-concern" about the health status of the pregnant woman. This attitude is further reinforced by division of labour based on gender which places a lot of burden of domestic chores to the woman. Furthermore, there are food taboos which discriminate pregnant women i.e. from eating eggs, chicken liver, in some cultures and many of these are sources of protein crucial for body growth of the mother and the foetus.

## 2.5 Cultural practices

- There is evidence to indicate that in some parts of Tanzania (about 6-7 regions) girls, at young ages are subjected to female genital mutilation which among other things aims at limiting their sexual desires. This often carries social values in the societies that practice it. Circumcised girls in some cultures are accorded a high status by both men and women, first for having gone through the *rites of passage* as heroines and secondly, are considered to be "pure" for marriage purposes. On the other hand the tradition, FGM, denies women maximum sexual pleasure and often this practice is done without their consent and at very young ages. (*The Guardian newspaper, 31st January, 1996*). The trauma which the girls go through in non-hospital settings and conditions under which the activity is executed, crude methods and often unsterilized equipment pose a danger to excessive bleeding and exposure to HIV. However, to crown it all FGM is likely to lead to reproductive complications due to tearing of scars when the girl commences child bearing.

Societal and parental pressure have been reported to account for early marriages between 12-16 after menarche in some parts of Tanzania where girls in and out of school are subjected to traditional sex education through "unyago". One of the main reasons for such marriages is reported as avoidance of teenage pregnancies.

By and large, adolescent motherhood has been associated with higher risk of maternal mortality and morbidity partly because of physiological immaturity of reproductive systems.

## 2.6 Inheritance, employment and law reforms

In Tanzania, there exists the bill of rights to protect and safe guard human rights of the citizens and illegal discrimination of all forms against women. The inheritance law and marriage act have been reviewed. However, some aspects of the laws are still drifting women into social and health problems. For example, girls can be married without the consent of parents at age 15 years. There is also evidence of girls marrying at below 15 years which is punishable by law but some men are getting away with it because of lack of enforcement.

Even though inheritance law has been re-visited outcome is not yet public knowledge. The practice is women are largely not entitled to inheritance of land and other properties they participated to accumulate from their families or past husbands death. Currently there are legal clinics operated by voluntary women lawyers on part time basis.

However, these are aiming at assisting women who have legal problems. These are mainly centered in Dar-es-Salaam. Rural women from other parts of Tanzania do not stand to benefit. There has been limited sensitization workshops on women inheritance rights but mainly among women elites in few urban centres.

However, the existence of three officially recognized judiciary systems civil, customary and Islamic law poses a challenge to such law reforms as the latter - Islamic law does not appear to accommodate such changes.

Women lag behind by far in employment both in semi and professional jobs. It has been documented that women constituted only 27% for high and middle levels employees by specialty in 1980 (TCNF 1993). Women constitute about 36% of the work force the legal department, Attorney General Chambers (TGNP 1993) and only 59 women parliamentarians in the recently carried out multi-party elections October 1995 (BAWATA 1996). The majority of employed women serve in unskilled positions as office attendants, labourers in plantations, cleaners etc. (*workshop report on status of women to parliamentarians 1988*). It has been further argued that women might be denied employment for fear of employees granting paid maternity leave. In other Islamic cultures like Zanzibar often housewives are discouraged from seeking employment.

## 2.7 URT/94/P06 - Gender and Development Training Project

This project currently in progress is being implemented by the Institute of Development Women Study Group (IDWSG) in the Institute of Development Studies at University of Dar-es-Salaam. The ultimate aim of the project is to strengthen the role and status of women in Tanzania such that they are able to participate in, and benefit from health and population related activities in Tanzania.

The outlined immediate objectives were:

- By the end of the one year project, to have developed institutional capacity to provide women, population and development courses as an integral part of the regular educational programmes at the Institute of Development Studies, University of Dar-es-Salaam.



- By the end of the one year project, to have strengthened staff capability to integrate gender concerns in population and programme development in Tanzania among population and family planning related staff by:
- An increased level of IDS staff awareness on gender issues:
  - An enhanced level of IDS staff knowledge of successful women, population and development intervention.
  - Improved IDS staff skills in screening and monitoring population projects and programmes on the basis of gender consideration.
  - To have developed a flexible training manual, including trainers guidelines, to assist the Institute of Development Studies and UNFPA Country staff in the development of in-country training activities on women population and development in the context of Tanzania.
  - To have identified gender issues that are unique to the Tanzania context and to reflect these needs in the training manual and through awareness raising forums both nationally and internationally.
  - To have conducted an ICPD plan of action dissemination workshop on gender and women empowerment.
  - To have participated in the regional conference on women in preparations for the women's conference in Beijing.

A Training of Trainers manual and training guidelines were prepared by IDSWSG with backstopping of KIT International in two consecutive workshops. Three local consultants were asked to contribute as resource persons. Six participants participated in the regional conference on women in preparation for the women's conference in Beijing.

Earlier on MDCWAC was subcontracted to organise a two days national seminar for key government officials. The forum was used for dissemination of ICPD deliberations and also for formulation of the Tanzanian stand at the Fifth African Regional Conference on Women.

A core team of 9 IDSWSG members was trained by KIT and 3 local resource persons.

The core trainers conducted all the 5 WPD workshops as planned. Each workshop had capacity for twenty participants. The trained people included 20 members from the NGO sector, 40 (or two groups) from the Regional and District Planners. The fourth workshop was for IEC including media people while the fifth one was for senior government officials.

The project has been very successfully implemented. It is suggested that the UNFPA should continue supporting the IDWSG to carry out close monitoring and evaluation of the training. The results of the trainee experiences will give an input in future WPD activities. It is further suggested that the proceedings of the workshop be published for future reference. Additionally, more TOT courses should be conducted for regional officials for the content to be effective. IEC materials will be required for anticipated impact. For cross fertilisation of expertise and sharing of experiences, a six week course for Gender, Population and Development for Sub-Sahara Africa is proposed.

- Integration of Gender and Population in the IDS curriculum is another area that needs to be looked at in future.
- Promotion of networking with other trainers in the region.
- Cement research in collaboration with KIT, IDS and UNFPA.

#### **Constraints**

For the time being IDWSG utilises Institute of Development Studies premises. There is need for the study group to create own premises outside the University campus so that other non-university academic staff vital to conducting IDWSG can have full access the place.

#### **2.8 URT/89/P02 Law Women and Population Studies**

##### **Project goal**

The primary goal for the above project was to explore through research customary, religious and civil laws affecting the status of women. The project commenced in 1989 and finished in 1992.

Some of the main findings from the project indicated that there were:

- Differential gender disparities to education and employment opportunities at all levels between males and females whereby the former predominated.
- Gender insensitivity among employees i.e. disregard of the reproductive roles of women in employment.
- Low level of knowledge on legal rights both for employed and non-employed women.
- Majority of husbands diverted money for non-family activities.
- Considerable influence of male dominance in decision making for matters relating to women access to FP services.
- Considerable religious resistance for use of modern methods for planned parenthood from christian denominations.

- That laws of Tanzania criminalise the practice of voluntary abortion although in practice the incidence of abortions suggest otherwise.

### Future perspectives

The priority areas for the fourth country programme to be supported by UNFPA lay great emphasize on advocacy for reproductive and sexual health as well as population strategies and development. Many, if not all of the above findings have a direct bearing as potential constraining factors for the planned programmes. Indeed, these are some of the areas which advocacy activities should plan to focus on.

Perhaps ways could be explored to translate these findings to lead into action. Revival of this project might be crucial for intervention purposes. It is hereby recommended that funding be extended.

### 2.9 Institutional framework

Tanzania has made general strides in addressing some of the gender issues which negatively affects women health and development. At the level of ideology Tanzania believes in basic human rights as stipulated in the 1977 constitution. For example the principle of equality before the law for her citizens. Other women concerns have been addressed through the universal primary education programme of 1974 and adult education programme to ensure girls and women access to basic education. Similarly health facilities have been expanded and improved to cater for the need of women and children i.e. MCH/FP programmes. Some women groups have received donor support through revolving funds for empowering them economically. Socially marginalized women are having access to credit funds for income generating activities. A new Ministry for Community Development, Women Affairs and Children has been deliberately created to promote and accelerate women participation in national development activities. Various Women in Development groups have also been created in the ministries to motivate women and facilitate their active and effective participation in decision making and planning.

Furthermore law reform is in progress and already there are more than ten elements of dissemination against women which are being revisited. Some of these include the Marriage Act of 1971, the Law of the Child and the Law of Succession and Inheritance. The exercise aims at creating favourable conditions for gender equality.

There are more women parliamentarians now than before the advent of multi-party elections. Tanzania women were represented at ICPD conference Cairo and Beijing by a strong team of over 100 delegates. Tanzania is a signatory for the 1979 convention on the elimination of all forms of discrimination against women. This is a further indication of the countries commitment to the promotion of equality between men and women. Despite the registered initiatives to address and readdress issues affecting women health and development there still exists limiting factors such as:

- discriminatory socialization processes leading to the preference of boy child;
- negative traditions, beliefs and attitudes towards the status of women in the society;

- unwanted teenage pregnancies and associated consequences;
- unfavourable laws and traditions social pressures which plunge girls into early adolescent motherhood;
- unfavourable economic and structural adjustment reforms in the area of health and education;
- traditional values attached to female genital mutilation practices;
- gender inequalities for employment opportunities;
- heavy work load during pregnancy and non-cooperation of men in domestic chores;
- traditions related to the value of fertility of women and children;
- male dominance over women sexuality;
- lack of gender sensitization on gender issues on a wider coverage i.e. rural areas;
- limited legal aid to women in rural areas;
- donor influence through economic reforms and support which constrain their already reduced economic purchasing power in households.

#### 2.10 Opportunities

- There is now a Ministry charged with women and children affairs.
- There has been indication of political commitment from the government on women health and gender issues as reflected on the review of discriminatory laws.
- There has been deliberate sensitization workshops at national level to orient policy and decision makers as well as parliamentarians on the status of women in Tanzania.
- Donor support for advocacy on women issues has been made available.
- There exists now a National Council for Women (BAWATA) a non-political organisation to cater for women needs i.e. sensitising them among other things on gender issues and transformation.
- There is a country wide union for women (UWT) based on party ideologic for CCM and others are likely to evolve given the advent of multi-party democracy in Tanzania.
- There exists women local NGOs and associations like SUWATA, SWAA, TAMWA, MEWATA, WRDP. Many of these are responding to the women needs on various aspects and social contexts.

- There are a few grassroots local women initiatives such as "KIKWAWIKI" with agendas like empowering women to cope with HIV/AIDS.
- There are also a few women centers for sexual health i.e. JIJENGE in Mwanza municipality aimed at empowering women with knowledge and skills related to their sexuality and how to deal with domestic violence.
- Empowerment of women through income generating activities exist.
- Women access to health care services is in place through MCH safe motherhood initiatives and nutritional programmes.
- There are special programmes such as HESAWA focussing on water and women's health to improve the provision of safe water supplies for alleviating the incidence of water related diseases and on the other hand to minimise work load in terms of many hours spent to fetch water.
- Women pressure groups exist which continue to lobby for women's rights i.e. women parliamentarians.
- There is now a renewed impetus and tempo from both Cairo (ICPD) and Beijing Women Conferences whereby Tanzania was represented.

## **2.11 Priority Areas**

### **2.11.1 Gender equality, equity and women empowerment**

There is need for advocacy to address issues such as equal opportunities for education and job opportunities for boys and girls, empowerment of women economically through women credit schemes, income generating activities, improving equity.

Advocacy should in this area aim at political empowerment i.e. for women participation in politics to activities higher levels like the Parliament, and other decision-making processes at all levels. Advocacy too should aim at creation of pressure groups like female Parliamentarians to win support on gender issues from male allies. Other areas of focus should be child rearing practices based on unisex roles, enforcement of laws that relate to minimum age at marriage for girls, discourage child marriage, portrayal of women as agents for development other than beneficiaries per se and provision of reproductive and sexual health information and services both for boys and girls.

### **2.11.2 Discriminatory Cultural practices**

Advocacy activities should direct efforts to eradicate practices that are harmful to the health of women and girls such as FGM, discriminatory nutrition practices based on sex.

### **2.11.3 Reproductive rights**

There is need for advocating for the promotion of women's legal literacy i.e. knowledge about local laws, policies regulations that deal with their rights and responsibilities in family life and reproductive health, as well as awareness creation about the extent of and legal remedies for violence against women.

### **2.11.4 Teenage pregnancies**

There should be deliberate educational programmes to prevent teenage pregnancies and provision of counselling services to pregnant adolescents that can help them pursue their education either by changing regulations to allow them to attend schools on a flexible schedule or to resume their education after delivery. Assisting teenage girls who drop out from school because of unwanted pregnancy could also be tackled through youth centres as pioneered and demonstrated by UMATI.

### **2.11.5 Poverty related issues**

Factors influencing Women health appear to be multi-factorial. This therefore calls for holistic approaches (as opposed to eclectic) in unravelling problems that affect women' health. These would relate to nutritional habits, workload, reproductive health, environment, water, sanitation, housing, income etc. These should not be viewed in isolation and that approach should be reflected in interventions.

### **2.11.6 Institutional Capacity building**

This area will address issues related to training of manpower support which is facility based i.e. supplies and equipment. Furthermore, gender sensitisation should be reflected in the training of providers of services.

### **2.11.7 Research, evaluation and documentation**

While interventions will be going on, research can provide useful inputs in guiding the processes i.e. to inform on existing "gaps". This requires development of both process and impact indicators that can assist in measuring the intended impacts. Gender desegregated data should be encouraged. There should be a database.

### **2.11.8 Community Resources**

Participation of people individually or groups and at community levels is crucial. Efforts should be made to explore how this can be achieved in various contexts. Advocacy should focus on active participation of people that might lead to the sustenance of planned interventions.

- 2.11.9 Special Areas for Advocacy**
  - 2.11.9.1 The Girl child education and employment
  - 2.11.9.2 Empowerment and status of women
  - 2.11.9.3 Male responsibilities and participation
  - 2.11.9.4 Reproductive rights
  - 2.11.9.5 Human Sexuality and gender relations
  - 2.11.9.6 Adolescent fertility
  - 2.11.9.7 Negative social cultural practices such as FMG, Negative portrayal of women
  - 2.11.9.8 Pregnancy, discriminatory nutritional practices and women workload
  - 2.11.9.9 Domestic Violence
  - 2.11.9.10 Resource mobilization for community financing
  - 2.11.9.11 Discriminating Laws based on Sex roles
- 2.12 Strategies for advocacy**
  - 2.12.1 Sensitization through formal and informal training
  - 2.12.2 Awareness creation through seminars, workshops, meetings, symposia.
  - 2.12.3 Public rallies or mass demonstration through women groups and associations for solidarity and to win positive support from allies and government.
  - 2.12.4 Women pressure groups i.e. MPs for lobbying of action.
  - 2.12.5 Use of all forms of Media public and private modern and folk for gender sensitisation.
  - 2.12.6 Establishment of Women Sexual health centres for empowering them with knowledge and training to manage their problems.
  - 2.12.7 Awareness creation through messages on Khanga, T-Shirts, Cards, Key holders, Stickers.
  - 2.12.8 Organizing one day event i.e. charity walk for resource mobilization and solidarity building.
  - 2.12.8 Use of famous artists and influential people to promote and communicate advocated messages.
  - 2.12.9 Disseminate of booklets pamphlets with messages which provoke dialogue and calls for action.
  - 2.12.10 Use of murals and posters
  - 2.12.11 Picture Codes to capture the attention of people so as to stimulate their thinking on advocated messages.

## YOUTH

### 3.1 Situational Analysis

The significance of youth in population and development concerns is derived from its impact on the overall quality of life for other Tanzanians, numerically they are substantial and hence cannot be ignored. Their reproductive behaviour and influence on demographic trends have profound bearing on population development.

According to 1988 census data, 50% of Tanzania population were youth aged below 15 years and youth aged between 15-24 years constitute about one fifth of the total population.

A number of accepted working definitions of youth exist. In Tanzania Demographic and Health surveys (TDHS 1992) lowest limit was 15 years for women in child bearing age. The convention on children's Rights encompasses individuals aged 0-17 years. World Health Organisation (WHO) guidelines indicate youth to be individuals aged between 10-24 years.

Attendant youth problems that population development is integral to include unemployment leading to urban migration, crime, stowing away and substance abuse. Others are related to unavailability of adequate arable land and rural-urban migration. Modern developments that have led to urbanisation, industrialization and introduction of modern education systems to support the afore mentioned, have in turn disrupted traditional ways of socialising youth for adult life. Neither do modern systems have a systematic way of socialising them for the same.

Problems that youth suffer towards this accord include involvement in sex without advance educational preparation for responsible parenthood which in turn expose them to unplanned unwanted pregnancies, abortion and sexually transmitted diseases including HIV/AIDS.

### 3.2 Education training and employment

Despite favourable education policies which enhance equal school enrolment opportunities for both boys and girls, there is a declining trend for enrolment at primary one. The highest recorded rate of 96% was realised in 1985.

Only about 10% of the teenagers who complete primary school have access to post primary education training. Where as enrolment for secondary education in both public and privately owned secondary schools is open to both genders on equal terms, inherent mechanisms in number of places available in public schools limits female enrolment on merit.

Fee paying for public schools as well as privately owned school further negatively affects girls enrolment potential in preference to sons in some families. The World Bank, UNESCO, UNFPA, UNICEF, UNDP are collaborating with the Ministry of Education in support of girls education.



It is estimated that 25% of school children dropout through the 7 years of primary education cycle. BEST Regional Data for 1991 showed that 36,941, 2,4949 and 2,917 dropped out because of truancy, pregnancy and deaths respectively while 2,653 dropped for unknown reasons. According to experiences of Dar-es-Salaam Youth Centre, among the truant category are many girls who drop because of pregnancy. Although girls and boys drop in about equal numbers girls drop on a reason peculiar to themselves; that is of pregnancy. Unattractive school and home surroundings and circumstances are responsible to a large extent for the high attrition rate.

Vocational training in a wide range of technical skills is provided by public and private vocational training centres. In 1992/1993, 44.43% of National Vocational Training Centres of whom only 30% could get a place for on-job training. Lack of adventure to undergo male dominated vocational training courses coupled with the preference of parents to pay for boys and unavailability of on-job training opportunities contribute to lower female rates of skilled artisans and hence higher unemployment among females than males.

### **3.3 Urban migration**

Without skills for gainful employment or hope for further training and lack of will power among some parents to apportion start up capital for life to their children, many youth migrate to urban centres for greener pastures as vendors, domestic servants, street children etc.

### **3.4 Reproductive Health and Sexual Health**

Evidence to show high level of involvement in unsafe coital sex by both in and out of school youth aged below 19 years continues to be generated. Several studies show that unsafe coital experiences among secondary school students range 50% - 60% and 30% - 50% in primary school. Despite high degree of involvement, their reproductive knowledge is low. (*Leshabari 1988, Kapiga et al. 1992, Mwateba 1993*). The age at first sexual contact seems to be lower than most adults can comprehend.

Although child abuse is publicly acknowledged in the media and many cases go unreported, sexual contact by consent for pleasure and economic gains begins much earlier than the stipulated guidelines. Studies are required to establish the position of sexual health among pre-puberty youth.

### **3.5 Contraception**

Involvement in sexual intercourse without contraception exposes youth to unplanned unwanted pregnancies and abortion. Current and ever use of contraception was observed to be lowest among all women combined (6.7%) for the age category 15 - 19 (TDHS 1992). Ignorance of reproductive biology/physiology and lack of reproductive health services targeted to teenagers are factors responsible for low contraceptive user rates among teenagers.

Parents feel insufficiently prepared to discuss sexual matters including contraception with their children. Traditionally the subject of sex is never openly discussed. Traditional institutions that existed among some tribes for the purpose are not effective, do not encompass all Tanzanians and those that thrive exist in isolation to the HIV/AIDS problem and ICPD and FWCW recommendations.

In Tanzania schools and colleges lack the legislative backing or approval of parents and religious leaders to undertake education for contraception.

### 3.6 Teenage Parenthood

The 1988 census showed that 342,532 of babies ever born were from women aged below 19 years. Of these 85.81% were from out of wed lock unions. The majority of teenage mothers children are prone to suffer the general health and nutritional consequences of poverty than babies born from more mature women. Malnutrition for under five years aged children has been shown to be associated with teenage parenthood. For all types of infant and child mortality the rates were observed to be highest for babies born to mothers aged below 20 years (TDHS 1992).

### 3.7 Abortion

Few isolated studies and hospital based data show that teenagers resort to induced abortion as a solution to unwanted pregnancy. Reasons for an abortion among teenagers include difficult economic situation, rejection by men responsible for pregnancy, realisation that one is too young to be a mother. Other reasons include wish to continue with studies as in Tanzania pregnant school girls get expelled, fear of being excommunicated from one's church and wish to continue non-parous status quo. In Tanzania the process of abortion is still illegal and so it is done at great health risk. Strong FP/IEC is required as a way of curbing abortion.

### 3.8 Sexually Transmitted Diseases and HIV/AIDS

Prevalence of STDs among youth has not been nationally determined. Isolated studies however show that teenagers are affected by STDs. Among patients attending a referral STD clinic at Muhimbili Medical Centre in Dar es Salaam 0.2% were teenagers aged 19 years or under and of these 52.2% were female teenagers (*Mhalu et al, 1992*).

The HIV/AIDS prevalence among teenagers in Tanzania is unknown. Various studies show HIV infection among teenagers ranged from 8.9% - 13.4% (*Kapiga et al 1992, 1994*). Deductive evidence from blood donors show rates of transmission even before 14 years. (*NACP, 1992*). These and other studies indicate the need to address the younger age groups.

The involvement in sexual intercourse of young females with older male partners has been pointed out to be responsible for the observed early HIV infection in girls than among boys.

Treatment of STDs among youth is controversial. Without their own income, guilt associated with evidence of sexual involvement, they dare not demand money for treatment from parents or guardians. Many youth resort to self treatment to avoid the unfriendly atmosphere at STD clinic or cost sharing procedures.

The occurrence of cervical cancer in Tanzania has been shown to be associated with early coital exposure. There is need to disseminate such information among the general public but more or so among the youth themselves.

### 3.9 Social cultural practices

Tanzania has 120 tribes. Each tribe have their own way of gender differentiated socialisation of individuals through the life cycle. During youth period gender roles are reinforced through the different socialisation mechanisms e.g. through education, religions and instruction of tribal traditions.

Female Genital Mutilation (FGM) of varying degrees is practiced to the girl child among some tribes in selected clans in Tanzania notably in Mara, Kilimanjaro, Singida, Iringa, Arusha and Dodoma regions. Recently in Mara region "Ngaliba" rituals have shifted from pre-puberty girls to the newly born girls because grown up girls run away.

The practice besides contravening human rights and UN Children Rights Charter, exposes individuals to STIs and difficult labour due to scaring later on in life during child bearing.

Moral decay, modern life styles, laxity in cultural and traditional practices and economic hardships have contributed to decline in sexual intercourse restrain before marriage. According to TDHS (1992) median age at first sexual intercourse for women aged 20-49 years was 16.8 years for both Mainland and Zanzibar while the median age at first marriage for the Mainland for the same age category was 18.3 while for Zanzibar it was 16.8. Though age at first marriage is widely used as proxy for intercourse, in practice young women engage in sex long time before they get married.

Several guidelines and laws imply on set of sexual activities at varying ages. The Education Act of 1978 and the Marriage Law Act of 1971 are such guidelines. Besides their difficulties in presentation, the same in simplified version is not accessible to the general public and in particular to the affected youth population. These guidelines need to be revised so as to be in consonant with child rights.

Social cultural practices associated with multiple sexual partners in succession or in concurrence expose youth to unplanned unwanted early pregnancies and consequent child bearing problems in addition to STDs and their complications and HIV/AIDS.

### **3.10 Institutional frame work**

#### **3.10.1 The government sector**

Four government Ministries feature as potential channels for youth outreach work. These are the Ministries of Labour and Youth Development (MLYD), Education and Culture (MOEC), Health (MOH) and Community Development, Women Affairs and Children (MCDWAC).

The Ministry of Community Development, Women Affairs and Children (MCDWAC) is doing some outreach work to youth in the Ministries activities on income generation. Youth groups that have been assisted include vocational training for teenage mothers by UMATI.

The Ministry of Education and Culture in 1985 established a desk in the commissioners office to work on introduction of FLE in schools and colleges. The contribution of this Ministry is separately covered under FLE in Schools.

The Ministry of Labour and Youth Development (MYLD) charged with a task of formulating and disseminating a youth policy, which is currently undergoing revision has 1404 youth economic groups that engage in income generation. The Ministry has a structure in place that has a District Youth Officer as contact at the district level. They have done some AIDS work. The Ministry faces shortage of funds.

In April 1992 the Ministry of Health released FP policy and standard guidelines which for the first time spelt out eligibility of adolescents to family planning information and services. Although this was a major break through to availing the service to youth, staff responsible for the services and the youth themselves are not aware of the guidelines. The document however is a powerful tool for counter acting opposition in the work of some few NGO pioneering FP services to youth. Advocacy for MOH staff on eligibility of adolescents to FP/IEC and services is urgently needed.

#### **3.10.2 Contribution of NGOs**

A number of NGOs are actively engaged in addressing the population and development related needs of youth. These include: WAMATA, UMATI, BACAWA, KULEANA, AMREF etc. Prominent among groups with religious outlook are VIWAWA, UVIKIUTA, EMAU, BAKWATA and CCT. Others affiliated to international NGOs include Girl Guides, Boy Scouts, YMCA, YWCA and Red Cross. The list of NGOs on youth work is long.

Of these UMATI has done substantial amount of work. The contribution of UMATI include running a centre for pregnant primary school dropouts girls as a way of advocating for continuation of pregnant school girls into the education main steam.

The project further aims to create awareness among policy makers, parents and the general public on the availability of FP information, education and services as a way of preventing unwanted pregnancy and abortion among teenagers. The Association which has a national network has established three vocational training centres for teenage mothers and has 11 sites of peer counselling activities which include condom distribution and STD management services.

The peer counselling activities have been established in selected wards, one in each of the following places: Shinyanga, Mwanza, Arusha, Moshi, Iringa, Dar-es-Salaam (2 sites) and Mbeya (2 sites), Zanzibar and Pemba.

Although there is an institutional frame work both in the government and NGO sectors, coverage in terms of geography, target population subject matter and services is extremely limited.

#### Facilitating factors

- The AIDS epidemic linked to STDs
- "Bother" to grand parents associated with teenage parenthood
- Adaptability of youth
- Awareness among policy makers
- Response to peer influence
- Availability of youth
- Energetic
- Youth creativity
- Eagerness to learn new ideas and skills

#### 3.11 Constraints

- **Lack of extensive age specific IEC**

The concept of youth embraces a very wide age range of individuals. With regard to population and development related issues different objectives and approaches are called for to address the different age categories. Advocacy is needed for recognition and packaging age specific IEC. Some of which must address itself to youth to adult and vice versa contextual factors as they relate to youth development.

- **Inadequate opportunities for post primary training including secondary school education**

Both boys and girls suffer from lack of opportunities for post primary and secondary education. The little opportunity available is unequally distributed gender wise. Factors known to be perpetuating gender disparities need to be ironed out.

- **Discriminatory to youth patriarchal systems of kinship**

The patriarchal system of kinship that place the male head of the household as the owner and decision maker on every house hold resources and property, marginalises youth in circumstances where they provide labour without accompanying discussion on resource allocation in households.

Advocacy is needed to the general community in particular heads of households to involve youth participation in resource mobilization from labour input to income distribution.

- **National Family Planning Programme insensitivity to youth family planning needs**

Opposition from religious leaders, some policy makers and parents and the medical staff contribute to the insensitivity to youth family planning needs. Further all the existing FP, IEC is not youth targeted and the service delivery points have not been designed to serve non parous male and female youth.

What is more the concept of integrating reproductive and sexual health and STI in one place has not been accepted by the general population. Alternative ways have to be sought for accessing FP IEC and services to the youth population.

- **Conservatism of some key government officials in regard to unmet youth reproductive sexual health, family planning and STI needs**

Some key government officials are unnecessarily conservative with a view of protecting social cultural values of the African traditions. This belief when blended with religious view points hampers outreach work to youth who because of their voicelessness nature need guidance into adulthood. Powerful sustained IEC needs to be targeted to key government officials.

- **Lack of social cultural sensitive IEC**

- **Lack of data on youth behaviour**

There is both actual and apparent lack of data on youth behaviour. The culture of data collection as part of operational processes is almost non existent in most of population and development activities unless associated with requirements for fulfilling certain studies.

According to Leshabari and Kaaya (1994) information on Youth mortality and morbidity recreation activities, employment, problem behaviours, information on parenting

practices and policies is inadequate and not arranged in a manner which is easily retrievable and hence apparent lack. There is need to establish a national youth information documentation and clearing centre in addition to strengthening personnel of the existing and potential data sources in data collection and processing.

- **Lack of risk taking institutions to guarantee credit to youth**

Although availability of credit appears a solution to poverty alleviation and employment creation to youth, no institutions are prepared to risk guaranteeing credit to youth because of their growth associated transitional nature. Besides there is ambivalence in credit requirements vs age, bondage and loyalty to family members the majority of whom might be living below the poverty line. On the other hand the majority of youth lack entrepreneurial skills for raising own credit and education on credit utilization.

- **Legal illiteracy**

The legal system in Tanzania, adopted from the colonial governments in most cases provides little opportunity to educate people on legal aspects.

For youth because of ignorance coupled to unfolding adulthood, legal illiteracy has far reaching consequences for their life. The Affiliation Ordinance on child up keep is a particular case in reference. Thousands of female teenagers are left stranded without financial help for child up keep. Strong FP IEC is required to be targeted to youth on the actual financial burdens of pregnancy and child upkeep expenses.

- **The legal system**

Revision of lax/repressive constitutional and customary laws is taking a slow pace. Gender insensitive cultural and traditional practices perpetuated by informal courts that include village and ward committees and the legally unrecognised but effective clan of family courts will however continue perpetuating gender imbalance and inequalities in society.

- **Lack of skilled manpower in involving youth in programme design**

A number of youth programmes in Tanzania that deal with youth, fail to register substantial impact for lack of skilled manpower in involving the youth in analysing their own situations. Training in programme design by involving youth is called for.

- **Inability for youth workers to communicate effectively**

Although there are attempts to train different cadres in integrating population into development plans, little has been done to train youth workers in effective communication especially in reproductive and sexual health related issues. As such the workers have not overcome barriers that emanate from their traditions of taboo on open discussion on sexuality issues. Continuous training is required to sustain effective communication with youth.

- **Lack of explicit guidelines on youth concerns in all policies related to population and development.**

## CHAPTER FOUR

### POPULATION INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES (IEC)

#### 4.1 Introduction

The concept of communication is not new in our communities. People do communicate almost on daily basis on issues that affect their day to day survival. These communication issues might be such as politics, health, economics agriculture etc. However, population communication aims at the development of awareness and understanding of the nature, causes, and implication of population processes as they affect and are affected by individuals and groups. The general goals of population communication then, are to assist individuals in defining their population problems in understanding the determinants and consequences of population processes and changes, and in evaluating possible activeness which they and their communities can take.

The role of Population IEC is increasingly becoming apparent in many countries. In Tanzania there has been mass campaign such as "Chakula ni Uhai", food is health "Mtu ni Afya" Life of human-being is based on good health. All which conveyed specific messages to sensitize and orient people to take up desired appropriate behavioural changes and practices.

The combined Information, Education and Communication (IEC) has for a long time been used in communities for the pursuit of awareness, knowledge and motivation regarding reproductive health, family planning and broader areas of population. Thus Population IEC can promote changes of attitude and behaviour towards reproductive health and sexual health. It can also help to increase community participation in population activities and facilitate the acceptance of innovative population programmes in diverse cultural settings.

As specified in the Programme of Action, the objective of IEC programme are:

- To increase awareness, knowledge, understanding and commitment at all levels of society so that families, couples, individuals opinion and community leaders, NGOs policy makers, government and the international community to appreciate the significance and relevance of population related issues and will take the responsible actions necessary to address such issues within sustained economic growth in the context of sustainable development.
- To encourage attitudes in favour of responsible behaviour in population and development especially in areas such as family, sexuality, reproduction, gender and racial sensitivity and environment.



- To ensure political commitment to population and development issues by National Government in order to promote participation in all levels from both public and private sectors in the design implementation and monitoring of population and development policies and programmes.
- To enhance the ability of couples and individuals to exercise their basic right to decide freely and responsibly on the number and spacing of their children and to have the information education and means to do so.

#### **4.2 POPULATION IEC ACTIVITIES IN THE THIRD COUNTRY PROGRAMME 1992, - 1996**

The programme objectives for IEC were to:

- 4.2.1 Assist the government in promoting awareness of its population goal.
  - 4.2.2 Provide advocacy for the NFPP especially to generate and sustain demand for FP.
  - 4.2.3 Strengthen Institutional Capacity for carrying out a multi-media IEC strategy.
  - 4.2.4 Promote responsible attitudes forward sexuality and fertility among youth.
  - 4.2.5 Foster responsible parenthood by helping parents communicate with their children on population related matters in a family context.
- 4.3 Special areas of support from UNFPA**
- 4.3.1 The strengthening of professional, technical and managerial capacity of POFLEP to become a more effective entry for non-formed population education in the rural areas.
  - 4.3.2 Production of a serial drama on general population and development issues, with the aim of increasing FP acceptance.
  - 4.3.3 Introduction of FLE into the Curricula of 50% of primary and secondary schools in ten mainland regions and all primary and secondary schools in Zanzibar.
  - 4.3.4 Expansion of a responsible parenthood education programme.
  - 4.3.5 Conduct of a feasibility school on meeting programme needs for Audio Visual materials.

#### 4.4 Population Information Education and Communication Activities (IEC)

##### 4.4.1 Current situation

There are quite a number of actors involved in the promotion of IEC activities i.e. national and international NGO'S, government and private institutions. Information on IEC is still difficult to locate and not coordinated centrally. Some of the actors are in the stage of planning, while others are already implementing population IEC messages on matters relating to the reproductive and sexual health as well as population policies and development strategies which are priority areas for the coming Country Programme to be supported by UNFPA. However, some of the actors are using differing approaches in their communication processes. For example there are those IEC activities with elements of advocacy and those without. Similarly there are IEC activities which have a base in the community and those without. UNFPA has featured as a donor funding agency for some of the IEC activities either singly or in partnership with other actors. IEC population activities are supposed to be coordinated by PPU Mainland and ZPPU Zanzibar. However, because of the deficiency in managerial skills and capacity building such coordination is yet to be achieved.

As clearly indicated in review reports to date, the population IEC activities have been characterized by:

- Lack of consensus on population issues
- Absence of agreement on the goals of a population IEC programme
- Lack of an adequate institutional framework at a national and sectoral level for coordinating IEC programme.

A more recent evaluation of population IEC activities by POFLEP Arusha in 1996 observed the following deficiencies:

- Programmes are fragmented and un-coordinated
- Some programmes have common or overlapping goals
- Some programmes address the same target groups with same messages
- Lack of qualified manpower/expertise in IEC field
- Poor message development that lack focus
- Inadequate capacity for IEC production material
- Inadequate use of culturally relevant channels of communication
- Scarcity of population information
- Limited audience
- Lack of built in systematic evaluation mechanism

It has been reported that as a result of the above shortcomings there has been low quality effectiveness and impact of IEC interventions, country wide. To that end, a more rational way was conceived to improve and streamline the operation of population IEC activities through an elaborate structure in the country.

A national strategy for population IEC was formed in 1996 by IEC experts who were drawn from donor agencies and various NGOs as well as government institutions from higher learning. This activity was facilitated by the support team of IEC technical experts from CST Addis Ababa. The Tanzania Population and Planning Unit is supposed to coordinate population IEC activities. Ideally this IEC Unit should have been located within their offices or under PMO office Dodoma for effective implementation because of the infrastructure it commands up to district level. However, for lack of space among other reasons, these IEC activities are now centrally coordinated through POFLEP office in Arusha region under the Ministry of Community and Development, Women Affairs and Children.

Today, population IEC activities through POFLEP extends to the six regions (Arusha, Kilimanjaro, Morogoro, Iringa, Rukwa and Mbeya). The IEC activities are based on a selection of two villages per region selected from one district which makes a total 12 villages for all six regions. Experiences drawn from these areas is expected to scale over IEC activities to the rest of the villages within the experimental regions and nationally in the 8,500 villages.

At the headquarters Arusha, the IEC Unit is managed by six (6) former teachers but now trained demographers at a masters level. These are working on secondment basis. Only one staff has been supported for IEC training abroad (is yet to complete) but the rest have been exposed to IEC expertise through short courses, in seminars and workshops often lasting for 1-2 weeks. The Unit has 2 pc and they have been earmarked for two vehicles which are being donated and cleared by UNFPA head office in Dar es Salaam. There is at least one regional POFLEP staff in experimental areas with minimal qualification of a first degree in demography.

The IEC office at Arusha focuses their population IEC activities on four areas namely:

- Reproductive health
- Population and sustainable development
- Special population groups
- Gender and the family

POFLEP population IEC activities have managed so far to:

- Organise sensitization one day seminars at least once for Regional and district leaders in order to raise their awareness on population issues.
- Sensitize community leaders and extension workers in the experimental communities on population IEC activities.

- Organise few joint seminars between POFLEP and UMATI to sensitize health workers and other service providers on population issues.
- Carry out an evaluation of IEC activities for which a report is available.
- Link up on a small scale with local cultural groups in some areas for promotion of IEC activities in the local populations.

The funding of IEC activities is through UNFPA support. The POFLEP office at Arusha is rented by the Ministry of Community Development, Women Affairs and Children at about T.Shs.100,000/US\$200 per month.

#### **4.5 Institutional framework**

The coordination of Population IEC activities through both the PPU and ZPPU structures although ideal however, appear to be seriously affected by lack of:

- Appropriate structures to be able to reach the intended target groups and population.
- Adequate managerial skills and capabilities for the staff.
- Sufficient office space especially PPU Tanzania.
- Implementation plan for population IEC activities.
- Adequate trained staff.

#### **4.6 POFLEP COORDINATION IEC UNIT - ARUSHA**

The above unit is currently experiencing the following problems:

- Scarcity of IEC experts of all technical staff only one person has been exposed to IEC training abroad. To-date they have only one FLE coordinator and the unit has lost the only expert on Folk Media Development.
- Majority of technical staff are borrowed or on secondment from different ministries hence may be difficult to ascertain their loyalty.
- The staff lacks working scheme and incentive.
- The Unit does not have the capacity for generating or producing appropriate IEC materials. Often these has led to donor dependence.
- Regional POFLEP technical staff have not been adequately trained for IEC activities.
- Lack of sustainable monitoring and evaluation procedures in determining the impact of the IEC disseminated messages.

The population IEC activities in further constrained by:

- Difficulties in reaching people at grassroots level on a wider scale. The dilemma being the use of extension workers or community resource people. So far the IEC activities are confined to two villages per region. the coverage is low and slow.
- Reluctance of Extension workers for extra IEC activities not paid for.
- Lack of explicit political will and support from the government leaders at all levels for promoting social mobilization and advocacy of population IEC activities in a continuous basis.
- Existence of local negative traditional belief system on matters related to reproduction sexual health, population issues such as value of children, sex preferences, perception on fertility.

#### Opportunities

- Institutional framework appear to be in place at a National Level (IEC UNIT).
- Common national language Swahili widely spoken and understood in Tanzania.
- Literacy rate high for both urban and rural areas over 80%. Hence people can read and write about the IEC activities.
- Existence extensive mass media:
  - print (newspapers widely read especially in urban areas.
  - electronic (the National radio messages have been reported to reach over 80% of people in household at prime news. (Twende na Wakati Report, 1986). Now there are private TV networks in some regions and video librarians, as well as private radio station i.e. Mwanza - Free Africa Radio.
- Rural press is in place
- National libraries at a regional level exist
- Traditional fold media especially in rural areas:
  - local dances
  - songs
  - lyrics
  - open popular theater

Supporting institutions:

- BASATA/Bagamoyo Arts College: promotes messages through replays concerts, animation
- University theater Arts
- Local entertainment groups.

#### 4.7 URT/94/P02 - MALE MOTIVATION AND EDUCATION AT THE WORK PLACE

The Organisation of Tanzania Trade Unions now known as Tanzania Federation of Trade Unions commenced project activities in June 1994. The project which is targeted to men aims at fostering positive changes in values attitudes and behaviour of male workers regarding family welfare and well being to increase FP acceptance including condom use.

The objectives are:

- By the end of the project to have induced positive attitudes towards family life issues and to have raised the acceptance of FP, in particular condom use, among 100,000 male workers by 50 percent in 30 to 35 selected work places and plantations in the regions of Dar-es-Salaam, Arusha, Kilimanjaro, Tanga, Morogoro.
- By the end of the first three months of the project to have gained the consent and support of 105 senior management staff for the male motivation programme in 30 of the selected work places.
- By the end of the first year of the project, to have developed a cadre of ten OTTU Regional Educators, eight women and Youth Educators and Trainers, four tutors from the Mbeya Labour College and four Armed/Security Forces personnel able to communicate Family Welfare Education messages and information effectively to workers.
- By the end of the first year of the project to have enhanced the capacity of 30-35 health facilities at selected work places and plantations to provide family planning services, counselling services, screening and treatment for STD's to male workers and their spouses.
- By the end of the first year of the project to have enabled the Mbeya Labour College to incorporate FLE in its regular training programme.
- By the end of the project to have increased socio-anthropological knowledge concerning male attitudes and beliefs on family planning and family life issues.

Achievements by this project include completion of a KAP study which was used in development of the project curriculum themes and messages, IEC materials, production of educators handbook. The report which is in its draft form has limited calculation because it needs editing and final report secretarial services.

A Family Welfare Education Module was included in Mbeya Labour College Curriculum. One hundred sixty three managers were sensitized against a target of 105 managers in FWE issues in 8 one day seminars. Twenty two of whom only 31.8% were women out of the anticipated 27 project educators were given a two week long course in IEC and FP training. Eight were from the pool of the redundant OTTU regional educators, Labour college.

Five from OTTU Women Directorate and 2 from each of the following National service, Prisons Officers and Educators from the Directorate of Education. Twenty three and thirty eight Family Planning service providers were as well as poor educators were trained except for FP services equipment and materials, essential training materials and equipment was procured.

#### **Constraints**

- Unavailability of basic clinical equipment provided to work site clinics.
- Lack of incentives for peer educators. Some work places manage to top up salaries with some kind of allowances while others do not have money to even meet month end salaries for their workers.
- The project was initially planned structure using regional educators as facilitators of project activities at work sites on part time basis. The shift of OTTU to TFTU overseeing so far eleven trade unions has tremendous impact on projects that depended on the traditional structure of OTTU. Within TFTU itself the remaining regional educators are not managed by the male motivation project let alone the fact that many of them have shifted to new trade Unions. The Project does not have a structure that links it to the grassroots people and hence piling up of IEC materials in the managers offices at the time of the review.

#### **Future Perspectives**

To enhance coordination and placement of the project within TFTU, it is recommended that:

- sensitization be carried out in the apex (TFTU) organisation
- the affiliated unions also need to be sensitized or FWE for their members
- sensitization of work sites management should be sensitized.

#### **4.8 URT/87/P04 - Family Life Education in Schools and Teachers Colleges Programme**

The objectives are:

- make Tanzanian Youth aware of their cultural, social, economic and spiritual roles as responsible citizens of the community;

- integrate FLE systematically into the Tanzanian education system at both formal and informal levels;
- contribute to the physical, mental emotional, cultural and spiritual development of every family member in a way which will maximise personal growth so that she/he may perform his/her role as a member of Tanzanian society in conformity with societal values and norms.

From 1987 to date the project has been able to integrate FLE in school curricular. Instructional materials were produced and training of project staff, teachers tutors and school inspectors was undertaken. Further pilot institutionalization was put in place in 1991 and was to be continued for one year until after which a review was to be made. Bureaucracy and delays in approving the programme affected the project negatively.

#### Facilitating Factors

- **Presence of pressure groups**

There is an all round awareness and pressure from a number of interested groups for the Ministry to urgently institutionalize FLE.

- **Fear on HIV/AIDS impact on the youth population**

With the HIV/AIDS scourge and knowledge that youth are actively engaging in sexual intercourse, a lot of opposition is being watered down in the interest of protecting the youth population from the scourge. It is unfortunate HIV/AIDS had to come for people to accept family life education proposed in the early 70's.

#### CONSTRAINTS

The project that was to end in 1992 with a report on pilot experiences has to date not gone into second phase of operation. The second phase of operation would have involved 1040 primary schools, 180 secondary schools 40 Teacher Training Colleges and the University of Dar es Salaam. Constraints included problems of:

- **High mobility of trained staff**

A number of the staff trained to man the FLE programme at the HQ level to the school level have moved out to some other areas apparently frustrated by bureaucracies in the Government and delays in disbursement of funds. This in turn affected the quality and backstopping from Dar es Salaam to the periphery. Without interaction with the HQ project managers, many of the FLE piloting teachers have despaired and in fact some schools have ceased FLE instruction.

Further, staff who were involved in the piloting exercise got demoralised for not interacting with HQ staff on shortfalls they were experiencing which include anomalies in textbooks, charts and the integration process with respect to time allocated for the regular syllabi.



- **Project location**

The project is still located within the ministries headquarters for the majority of the projects life span instead of the Institute of Curriculum Development: This which contributed to some operational problems.

- **Opposition**

There is opposition on inclusion of FP issues in the curriculum in particular and targeting FLE to lower classes than the accepted primary 6-7 in general. Strong advocacy is required.

- **Overload to teachers**

There is an overload to teachers for the different issues they are being asked to act as channels to youth.

#### **Future perspective**

There is ample evidence to show that in school and college youth engage in unsafe coital experiences and hence at risk to unwanted pregnancy, abortion, STDs and more grave HIV/AIDS. It is proposed that the 4th Country Programme address itself to FLE in School activities country wide.

#### **4.9 URT/89/P01 - Education for Responsible Parenthood**

This project was aiming at integration of responsible parenthood and family welfare education components into the regular activities of WAZAZI Secretaries during their meetings with Tanzanian parents. The introduction of pluralism nullified the organisation's status for collaboration with UNFPA. Since during the one party rule of CCM, WAZAZI was the only organisation for a network of parents. In 1992 the organisation elected to remain a wing of CCM.

In addition, to the response to adhere to being CCM wing, administrative financial problems as well as inadequate involvement of women in decision making forced the UNFPA to close the project in 1993. The objectives here below outlined how ever remain valid.

The objectives were to:

- Create positive attitude and acceptance of family planning and the small family norm among parent, especially men.
- Enhance the capacity of Tanzanian parents to provide a healthy environment for their children.
- Promote communication within the family on issues of human sexuality, family values, health and decision making, bearing in mind the implications for children's education, career and family formation.

- Enhance WAZAZI's capacity to plan, manage and implement a community based education programme which combines a broader understanding of population issues with a more personalised FLE and communication approach.

Parent education is critically required for early childhood induction on reproductive health aspects appropriate for specific age categories. Child rearing practices for unisex gender roles needs to be initiated by parents at home rather than anticipating FLE in schools to iron out all youth problems.

#### 4.10 EMAU

The Responsible Parenthood Education Project (EMAU) which is a collaborative venture between UMATI and CCT was established in 1976. The project ventured into collaboration with UNFPA in 1995.

The objectives of EMAU are to:

- To train youth leaders in the field of responsible parenthood
- To produce literature on various aspects for youth on the same
- To conduct counselling services to youth in the neighbourhood to the centre.

As such the project undertakes training of various types, book production and sales, research and maintains a counselling centre. The project is funded by the International Church Coordinating Organisation and Bread for the World.

Activities supported by the UNFPA include:

- transport allowance for volunteer counsellors;
- purchase of two tape recorders;
- printing of 300 copies of a bound flip chart on aspects of anatomy of reproductive organs, alcohol drugs, STDs conception etc;
- paying an expert in psychological support to the centre;
- the UNFPA contribution has enabled the counselling centre become operational by offsetting funding gaps left void by the projects regular donors. One hundred and fifty youth have utilized the centre for the past six months;
- the centre has been able to carry out individual and thematic group counselling on drugs, resource management and sexually transmitted infections. Through the network of psychological supporter, two volunteer counsellors have been trained by the United Nations Drugs Control Programme. On job training of volunteer counsellors has been part of the centres operations.

## Facilitating Factors

- **Acceptability of EMAU**

The project is widely accepted by Tanzanians irrespective of their religious backgrounds.

## Constraints

- **Parents reluctance to cooperate**

So far only 10 parents of whom all were females have visited the centre as part of psychological support to their youth attending counselling at the centre. "Kwa nini niende ofisini kuambiwa namna ya kulea mtoto wa kwangu mwenyewe?" "Why should I go to EMAU to be told how to rear my own children" the male parents argue.

EMAU needs to be supported on studies on how to introduce community counselling forces especially parental support without which sliding back is anticipated if there is no continuation on one hand and if the counselee must not remain dependant on the counselling force. Research on possible interventions on community facilitating forces e.g. parents clubs is required.

- **Hard core poverty**

As part of counselling activities the project is forced to address itself to hard core poverty of some parents. Although some are referred to the Nyerere Education Trust Fund and some got part time employment (four months) in a tree planting activity, often times the project does not have alternatives for referring financially stranded youth.

- **UNFPA requirements**

The centre which has full support of CCT, a pro family planning protestant church umbrella organisation in Tanzania, which however does not encourage sexual intercourse out of marriage, can only offer comprehensive counselling services on complimentary basis with other organisations. Towards this accord the relationship of EMAU and UNFPA was somewhat stained at the time of project review.

### 4.11 URT 92/PO1 FAMILY WELFARE EDUCATION BY RADIO

The Programs commenced in 1992 and was scheduled to be completed by the end of 1993. The aim of the project was to provide communities and families with consistent and culturally acceptable messages population IEC and communication IEC on a range of topics and issues that have a direct bearing to family welfare.

The long-term goals were to:

- Promote the use of Radio as a channel to convey population and health oriented messages to a wider audience.
- Strengthen Radio Tanzania's capacity to promote population information education and communication on continuous basis.
- Foster positive changes in value and attitude that promote family welfare and well being the status and health of women and wider public acceptance of the small family size norms.

Achievements:

- The programme was able to achieve a coverage of 80% of Tanzania and almost a similar listenership.
- Establish technical and inter-sectoral advisory committee with a purpose of fostering inter-sectoral collaboration.

Constraints:

- Project management was not versed with population issues, a limiting factor for advocacy.
- Difficult to ascertain whether the programme alone had resulted into the deserved behavioural changes that is taking into consideration existence of other radio programmes.
- Peripheral coverage was low especially in areas far away from Dar es Salaam. RTD equipment has aged and no longer powerful.

Future prospective:

- There is need to scale over achievements registered by the programme through collaboration with other actors. However, reinforced with more innovative styles.
- Sensitization of project management staff on population IEC activities is absolutely necessary if we want them to deliver. That is, to be effective communicators of IEC messages.
- Institutional capacity building is required especially taking into consideration the use of old equipment which has limited audibility.
- There is need for more research on culturally acceptable messages and a strong component for evaluation of project activities.

#### 4.12 URT/91/P02 - Family Life Education in Zanzibar Schools and Teachers Colleges

URT/91/P02 was approved in March 1991. The project was designed to initiate a pilot Family Life Education (FLE) programme on the two islands Unguja and Pemba.

The long-term objectives were to:

- promote, through family life education, public acceptance of the Government's and Party's goals of small family norms and sustainable population growth;
- increase among Zanzibar in-school youth the level of knowledge and skills and to promote a positive attitude around family life issues as they relate to personal decision-making about education, career and family formation;
- decrease the rate of unwanted adolescent pregnancy and school drop outs through providing Family Life Education;
- improve the status of women through decreasing school drop outs due to teenage pregnancy and educating young women about their career options in life.

The immediate objectives were to:

- integrate FLE into the curricula of primary (classes 6, 7 and 8) and secondary (Forms 1 and 2) schools, as well as pre-service and in-service training programmes of Nkurumah Teacher Training College;
- build the institutional capacity of the MOE, including the integration and institutionalization of FLE through the development of an internal management and monitoring system within the Ministry for generating both quantitative and qualitative information on a pilot FLE programme in Zanzibar and, in turn, for giving feedback and support to the teaching staff in the ten pilot districts;
- develop the capacity of the DERCD to coordinate, supervise and monitor the introduction of FLE in schools and a Teacher Training College;
- create awareness of FLE concepts among student teachers, and primary and secondary school children; and
- promote acceptance of FLE concepts among the general population especially among parents and religious leaders.

The curriculum and IEC materials have been produced. The project held a three weeks long TOT for 31 teachers. FLE has been introduced as an examination carrier subject for the primary to secondary transition year. Sheikhs and high ranking government officials held a meeting to discuss the FLE curricular as a way of overcoming opposition from the religious leaders. The outcome has been changing and renaming the project into Moral Ethics and Environment Studies (MEES).

### Facilitating factors

Close relationships between the Government and Islam.

### Constraints

- Introduction of MEES, might be serving objectives not set at project design. In the next country programme let the Zanzibaris themselves take a lead in problem identification and hence project design on what their reproductive health, sexual health and STI needs are with respect to youth.
- Opposition on exposing youth to FP/IEC still prevails on the islands.
- The MEES curriculum needs revision to incorporate ICPD and Beijing recommendations applicable to the Zanzibar environment.

### Future perspectives

Early marriages, lack of responsible parenthood and occurrence of school drop outs due to pregnancy among youth in Zanzibar justifies continuation of MEES in the Islands.

#### 4.13 Priority areas

The following are priority areas for future population IEC activities:

- **Policy and decision-makers**

The key target audiences under their priority should include such people as decision-makers, government ministers, principal secretaries and parliamentarians. These players are better positioned to influence decision-making related to population IEC activities at a policy level.

- **Community Involvement**

In order for communication activities to be effective, target population must participate in planning, implementation, and evaluation of IEC activities. Such participation is likely to generate interest, support and sustainability of the intended activities.

- **Gender transformation**

Communities should be sensitized on gender issues in order to promote a dialogue which might lead to action. That is especially on issues that involve sex discrimination.

- **Appropriate communication strategies**

In this area, focus should be on rapid efficient and cost-effective ways of accessing IEC messages to all levels. That is from the national to the grassroots level.

- **Production of culturally appropriate IEC messages**

These should be able to respond to the local needs i.e symbol images, contexts.

- **Institutional capacity building**

There is need to look into the issue quantity and quality of manpower expected to carry out IEC activities as well as support mechanism to facilitate their activities. This would entail training needs, staffing, equipment and other facilities.

- **Research, evaluation and documentation**

Research on peoples values, beliefs perception and behaviour pattern bearing to population issues, reproductive health, and sexual health can be utilised to re-adjust interventions and implementation strategies. This will also involve developing indicators both for process and impact evaluation. Documentation of the information is important for reference.

- **Networking**

Networking is crucial in linking up population IEC activities as well as other actors addressing population issues and reproductive health. These could be NGOs, Institutions that carry out research such as University of Dar-es-Salaam, IDSMS, NIMR, Health education Unit and MOH.

#### **Key areas for advocacy**

These should include the following:

- The Girl Child
- Gender issues
- New and innovative communication technologies
- Negative social cultural practices such as: female genital mutilation
- Legal literacy
- Human rights
- Visibility of UNFPA

#### **Strategies for advocacy**

Advocacy messages should aim at creating awareness, provoke dialogue and win support of people for action on proposed IEC activities. Depending on the contexts, sensitisation of people on population IEC activities can utilise the following strategies:

- Formal and non-formal education programmes
- Use of mass media. All forms, public and private, modern and folk media
- Public forums, workshops, seminars, meetings, symposium
- One day event
- Picture codes

- Murals and posters
- Use of khangas, T-shirts, stickers, calendars, key holders, cards
- Mass or public rallies
- Use of influential people, pop singers and artists
- Public events
- Leaflets, pamphlets, small books
- Sexual health clinics



## CHAPTER FIVE

### FOURTH COUNTRY PROGRAMME FUTURE PERSPECTIVES: 1997-2001

Despite expression of political commitment and efforts by the Government, NGOs and the donor community analysis of the current situation shows that reproductive health, sexual health problems of women and youth continue to prevail. Further weaknesses in IEC activities and management issues in the sectors and UNFPA, hampered progress. It is, therefore, proposed that the fourth country programme advocate for change in the problem areas by utilising research and IEC and community involvement as the basic tools. Training in the areas of research, IEC and community involvement will be necessary. Further institution building in light of management and resource mobilisation will form part of advocacy activities for all key players. Problem areas and their objectives are as presented herewith.

#### 1. Priority problem area:

There are social cultural factors and practices that are injurious to the health of women and girls that as well militate against gender equality, equity and women empowerment.

#### Objective:

To introduce legislation which will eradicate all forms of gender disparities that negate women development and those which deny them equal access to generated resources.

#### Goal:

To eradicate the social cultural factors and practices.

#### Strategy:

Research data on the social cultural factors and practices will be targeted to parliamentarians the legal judicial machinery and adversaries i.e. the practicing communities etc. Potential partners to be mobilised to form coalitions include: MCDWAC, CCT, MOEC, MOH, and Legal and Judicial Machinery. Media of all forms will be used. Target groups specific IEC will be put in place. Training in research methodology, advocacy, social mobilisation and production of IEC programmes and materials will be essential components.

#### Priority problem area:

Girl enrolment and school performance decreases after primary school education.

**Objective:**

To ensure equal opportunities to education for boys and girls.

**Goal:**

To access equal education opportunities among boys and girls.

**Strategy:**

Research and documentation of the prevailing situation on continuation rates, enrolment and academic performance will be conducted. To introduce legislation for converting some boys schools into co-education schools, coalition of parents, teachers and women activist groups will be mobilised to put pressure on Ministry of Education to endorse reallocation of places for girls and boys schools. IEC will be targeted to teachers, students, parents communities, religious groups and political parties. To promote dialogue, target group-specific IEC will be required. Probable partners who can form coalitions are: UNICEF, UMATI, TGNP, KULEANA, TAHEA and TAMWA etc. Training in research methodology advocacy, social mobilisation and IEC will be essential components.

3. **Priority problem area:**

There is apparent ignorance on reproductive rights for women and girls among both men and women.

**Objective:**

To sensitise and empower women and girls with appropriate knowledge and legal literacy so as to enable them to make rational choices about their reproductive behaviour.

**Goal:**

To increase reproductive and sexual health knowledge and legal literacy among women, girls, men and boys.

**Strategy:**

Data on the prevailing situation will be collected. Bang media activities will be conducted to adversaries i.e. religious groups, evaders and irresponsible individuals. Other target groups include women, men, teachers, judiciary, health care service providers etc. Group specific IEC will be conducted. Partners include like minded NGOs i.e. NGOs promoting reproductive health and sexual health and legal literacy.

4. **Priority problem area:**

Despite high level of involvement in sexual intercourse, youth do not have access to information and services.

**Objectives:**

- To introduce legislation that will ensure reproductive and sexual health education to all adolescents so that they can make informed choices about their sexual health.
- To implement existing guidelines that will access reproductive health and STI services to adolescents.

**Goal:**

To increase reproductive and sexual health education and utilisation of RHS and STI services among adolescents.

**Strategies:**

Geographical area specific data will be collected through participatory methods so as to involve community members in finding solutions to RHS problems for their adolescents. National surveys will be conducted to generate data for sustaining national IEC that is sensitive to adverse propaganda on availability to youth of RHS information and services. Advocacy activities will target parents, religious leaders, government officials (MOE, MCDWAC, MYLD, MOH etc) including the judicial system and youth themselves. Demonstrations will be carried out on how to empower parents communicate effectively about sexual health, gender issues (unisex gender roles). Group specific IEC will be used to advocate for change as well as for social mobilisation. Training in research methodology especially on how to involve parents, advocacy, social mobilisation and IEC will be essential components.

6. **Priority problem area:**

There is high un-employment rate among youth.

**Objective:**

To advocate for job creation of programmes which will increase job opportunities for youth.

**Goal:**

To increase employment among youth.

**Strategy:**

Research and documentation of unemployment among youth will be conducted. The data which will be packaged differently for specific target groups will be used to advocate for job creation for youth. Advocacy activities will be targeted to parliamentarians, local Government officials, religious leaders, Party officials etc. Potential partners which can form coalition include: ILO, BAWATA, MCDWAC, MOEC etc. Group IEC specific will be conducted. Training in research methodology, advocacy social mobilisation and production of IEC materials will be necessary.

**7. Priority problem area:**

Poverty related factors continue affecting women's health negatively.

**Objective:**

To campaign for poverty alleviation on factors that contribute to and compound the ill health of women.

**Goal:**

To mitigate poverty related factors.

**Strategy:**

Research and documentation of the prevailing situation. The target audience will be community members, men, women religious groups. Partners who can form coalition include World Vision International, HESAWA, Poverty Africa and REPOA. Others are financial institutions, sympathizing organisations etc.

**8. Priority problem area:**

Advocacy initiatives are weak fragmented, piece meal and advocates lack skills which have lead to less than the anticipated impact.

**Objective:**

To advocate for the introduction of activities a coordinating mechanism for population, reproductive/sexual health activities.

**Goal:**

To have a national coordinating mechanism for advocacy.

**Strategies:**

Research and documentation of the current situation. Dissemination of existing data on the situation of some aspects of advocacy e.g. the IEC strategy etc. Other components include coordination, capacity building, ability to carry out both process and impact evaluation.

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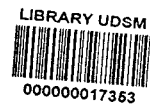
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