

Article

Navigating Tensions Between Indigenous Norms and International Frameworks Protecting Women from Gender-Based Violence in Tanzania: Insights for Social Work Practice

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Abstract

Gender-Based Violence (GBV) remains a significant health and social issue in Tanzania and Africa at large. Most GBV reduction interventions often concentrate on mitigating harmful cultural practices perpetuating it, therefore failing to identify and integrate aspects of the indigenous norms perceived to be protective to women against GBV. Thus, adopting qualitative approaches and cross-sectional design, this article: (i) explores norms considered protective to women against GBV in studied communities and the attached values; (ii) identifies and presents the tensions that emerge in the application of such norms when viewed through the analytical lens of the conventional frameworks that protect human and women rights and freedom against discrimination and abuse; and (iii) highlights potentials for the integration of these norms into social work practice to promote culturally sensitive interventions. Findings indicate varied views regarding GBV prevalence and magnitude. They also confirm the presence of deep-seated beliefs among the community members regarding the existence of some cultural norms that they perceived to be protective of women from GBV. Irrespective of this reality, findings also show tensions and clashes between some aspects of norms and human rights conventional frameworks and social work ethics on diversity and inclusion. Mindful of the importance of the integration of contextually relevant and culturally appropriate knowledge into social work, the study establishes the need for social workers to adopt a culturally sensitive and reflective mindset when designing gender-based interventions by sorting out what norms can be kept and what can be discarded.

Keywords: Social Work, Gender-Based Violence, Norms, Culture

Background

Gender-Based Violence (GBV) is a type of violence that takes many forms, including physical, sexual, emotional and psychological. Examples of GBV acts include Female Genital Mutilation (FGM), killing in the name of so-called 'honour', murder, forced and early marriage and sex trafficking. The World Health Organization (WHO, 2021), identifies Intimate Partner Violence (IPV) and Non-Partner Sexual Violence (NPSV) as two among the most prevalent types of violence that women experience.

GBV is a global public health concern and human rights issue. The WHO (2021) estimated that 30% of women worldwide have experienced either IPV or NPSV, while one in two adolescents has experienced physical and emotional violence. In Africa, 36.6% of women have experienced violence, with adolescent girls being at high risk (Colombini et al., 2021). In Tanzania, 40% of women have experienced physical violence since age 15, while 20% have experienced sexual violence (United Republic of Tanzania [URT], 2016a).

Msuya (2017; 2020) notes that in an African context, GBV is frequently associated with harmful cultural practices that perpetuate and exacerbate violence against women, and inherently create gender inequality. These include virginity tests, early and forced marriage, FGM, widowhood rituals and inheritance (Akamike et al., 2019). Hence, numerous programmes and interventions aimed at reducing GBV have concentrated on eradicating or reshaping cultural practices to make them more women-friendly (Haylock et al., 2016).

As a signatory to the United Nations Declaration on Human Rights (UDHR) of 1948, the Convention on the Elimination of Discrimination against Women and the Convention on the Rights of the Child (CEDAW and CRC), Tanzania adopted a variety of measures to combat Violence against Women and Children (VAWC) in utilizing this strategy. One significant effort was made in 2016 when Tanzania formulated the National Action Plan to End Violence against Women and Children (NPA-VAWC). The second thematic area of this plan specifically addresses the issue of social norms and values that are the driving factors for GBV. Therefore, one of the strategies utilized in the NPA-VAWC focuses on modifying social norms that

perpetuate harmful traditional practices against women, and promote alternative practices by strengthening the norms and values that empower women and support non-violent, nurturing and gender-equitable relationships (URT, 2016b). However, this approach ignores the community views regarding the norms perceived to protect women from violence.

Despite the existence of these programmatic strategies, the majority of which concentrate on altering the perceived negative practices that engender GBV against women, the problem still persists. Consequently, this article explores and presents the views of community members regarding norms that they perceive to be protective in safeguarding women from GBV. Nonetheless, when viewed through an analytical lens of conventional frameworks that proclaim to safeguard human rights and protect women against violence and discrimination, such as UDHR (United Nations, 1948), CEDAW (United Nations, 1979), the Reproductive Rights and Sexual and Reproductive Health (SRH) Framework (UNPFA, 2008), and the social work ethic on diversity and the inclusion of some of the presented norms, present tensions that may appear to perpetuate GBV and restrict women's agency. The article identifies the areas of tensions, and explores the potential integration of the values of some norms into social work practice. This knowledge allows social workers to understand, facilitate conversations and navigate these tensions while designing interventions, and therefore appropriately determine what is positive to be kept and negative to be discarded.

Theoretical Framework

The study on which this article is based was informed by institutional theory, which derives from the works of early sociologists Emile Durkheim, Max Weber, Peter Berger and Thomas Luckmann. This theory posits that social order is the product of norms and rules (Jackson & Muellenborn, 2012). Social theorists such as Anthony Giddens and Jean Platteau later improved the conceptualization of the theory by arguing that generalized morality is required for the functioning of these structures (Scott, 2005; Platteau, 1994). Values and people's shared meaning, norms and rules shape ideas and societal goals, with profoundly rooted normative expectations

becoming regulations. For instance, societal values and norms regarding the protection of women determine the way of combating violence.

The institutional theory is based on assumptions that institutions: (i) can be formal, meaning written rules enforced by an external authority or informal, decentralized and self-enforced by the community (Colding & Folke, 2001); (ii) are socially constructed relationships in everyday life through social interaction (Berger & Luckmann, 1996); (iii) are produced, reproduced, and become authoritative governing principles for social behaviour; and (iv) facilitate the transmission of cultural values and beliefs from one generation to the next, ensuring the survival and maintenance of shared social values and belief systems (Colding & Folke, 2001:594). Due to its centrality in the theory, the fourth assumption on culture deserves a more detailed explanation.

Culture consists of three elements: what people believe, possess and do (Ferraro, 2010). Thus, measures to eliminate cultural practices often fail because they target the symptoms rather than the root causes. Criticisms that African cultures are more violent and patriarchal than Western ones have fuelled these ineffective approaches (Verganai, 2015). Such interventions often clash with local perspectives, thereby leading to failure. Alternatively, an intervention that takes into consideration the culture of the programme's target population is a suitable strategy for addressing GBV against women. Thus, creating an independent intervention compatible with African culture is one way to achieve this (Read-Hamilton & Marsh, 2016). A classic illustration is what Oxfam is doing in Malawi and South Africa through their Knowledge Hub on GBV and violence against women and girls (Haylock et al., 2016). In this intervention, Oxfam is implementing community-based programmes designed to 'shift' or 'transform' the beliefs, behaviours and norms that contribute to gender inequalities and violence. So far, an evaluation has found positive changes in the knowledge and behaviours of programme participants and their close contacts (McLean et al., 2019). Another option is to investigate and employ the positive aspects of African culture that support or prevent GBV in their own context. This study supports the second option, as it will help to bridge the gap of empirical knowledge on social norms and approaches protecting women from violence.

Institutional theory has been criticized for giving little attention to the processes of institutionalization. For example, gender as a component of an institution shows how human beings organize their lives centred around the division of labour. It also establishes expectations for individuals and order for social process (Leach, Mearns & Scoones, 1999). The theory has only considered the process of constructing an institution of gender, and failed to explain: how gender and power are institutionalized; the determinants of variations in levels of gender; and how such variations might affect gender and power relations (Tolbert & Zucker, 1996).

Despite criticisms, institutional theory is still relevant for this study due to its capacity to reveal how social norms and values can become authoritative principles of governing social behaviour. In this context, norms are conceptualized as societal expectations regarding how individuals are expected to act, think or feel regarding GBV and the interventions governing it. Norms are understood as rules of behaviour that govern interactions with others (Young, 2015), and that are shared among a group of people sustained in part by the approval and disapproval of others.

Therefore, we employ the theory as a lens to comprehend institutions that oppose GBV, and how they influence the values and behaviours of individuals regarding it. The study therefore explores the extent to which the identified norms and values are maintained as part of individual, family and community practice, and the extent to which they can be mainstreamed into social work practice.

Methods

A qualitative approach was employed because the study's primary focus was to obtain insights into participants' understanding and interpretation of their social reality (Bryman, 2016). Using a cross-sectional research design, the study included different categories of respondents to gather broad views, local epistemologies and social norms. Cognizant of the shifting social and cultural realities in different contexts, emergent design was also adaptable to facilitate modifications during the data collection process.

The study was conducted in three purposely chosen regions based on: (i) their difference in GBV prevalence, with Mara and Mbeya having high GBV prevalence rates (72% and 55%, respectively), and occupying the first and second positions, while Tanga has the lowest GBV rate in the country; and (ii) the social structure and cultural landscape. Hence, Tanga was chosen for its distinctive historical landscape, with significant Swahili and Arabic cultural influences. Mara was selected for its characteristics as a pastoralist society with a Christian majority, and Mbeya as an agrarian society also with a Christian majority. Therefore, the named regions were chosen in part to represent the inherent cultural diversities in comprehending social norms and approaches regarding GBV. In each region, two districts (one urban and one rural) were included.

The main categories of informants included: (i) Officials dealing with GBV cases (Social Workers, Community Development Officers and Police Gender Desk Officers); (ii) Local Government Leaders; (iii) Religious leaders; (iv) Traditional leaders; (v) Representatives of selected Non-Governmental Organizations (NGOs) or Community-Based Organizations (CBOs); and (vi) Community members, particularly elderly women and men. Their inclusion was based on the belief that they possessed experiential knowledge on GBV and cultural/social norms.

In-depth Interviews (IDIs) and Focus Group Discussions (FGDs) were employed as primary data collection methods. A total of 48 IDIs were conducted with: (i) Officials dealing with GBV cases; (ii) Traditional leaders; (iii) Religious leaders; and (iv) NGOs/CSO representatives.

FGDs were held with elderly women and men separately. The goal was to provide a transparent discussion without causing difficulties for participants to explore this delicate issue. The FGDs were deemed significant since they demonstrated how the participants' viewpoints and experiences varied while remaining consistent. This is different from drawing conclusions based on separate statements, or categorical answers from individual interviewees (Babbie & Mouton, 2001). Since our interviews were held with an elderly population group, it is an obvious reality that the views that are presented have a generational implication. They may not fully represent the current generations' views and ideas that are more influenced by modernity, and

informed by the contemporary developments and international and global standards. Rather, they are those that are informed by ideologies and opinions of the relative past. This generational aspect may also act as one ground of tension.

In total, 12 FGDs were organized (four from each region equally divided among male and female adults). Each group comprised eight participants. Thus, a total of 96 participants took part in FGDs. The two methods of data generation facilitated the triangulation of information. The distribution of study respondents by sex and data collection methods is provided in Table 1.

Table 1: Study Respondents and Data Collection Methods

Category of Participants	Data Collection method	Number of respondents per region			Total	
		Tanga	Mbeya	Mara	Male	Female
Gender Desk Officers	IDIs	2	2	2	2	4
Traditional Leaders	IDIs	2	2	2	6	-
Social Welfare Officers	IDIs	2	2	2	1	5
Religious Leaders	IDIs	4	4	4	12	-
Representative of NGOs/CSOs	IDIs	2	2	2	4	2
Community Development Officers	IDIs	2	2	2	1	5
Elderly women and men	FGDs	32	32	32	48	48
Ward Executive Officers	IDIs	2	2	2	4	2
Sub Total					78	66
Total						144

Out of the 144 participants, a slight majority 78 (54.2%) were males, and the minority 66 (45.8%) females. This difference was attributed to male dominance in traditional and religious leaders' positions. In the data collection process, the starting point at each locality was a Social Welfare Officer who was well-informed about the study, and provided guidance in selecting other participants who met the criteria.

Data was analysed thematically, where emerging themes and sub-themes were identified based on their recurrence within the collected data, and in accordance with the research questions.

Ethical Considerations

This study explored two sensitive issues, namely norms and GBV. However, considerable efforts were made to protect the safety, and ensure that participants were not exposed to any potential risks, discomforts, distress or hazards. First, it adhered to the non-maleficence (minimizing harm) and beneficence (maximizing benefits) ethical principles (WHO, 1999) by gathering views, opinions and ideas about what the participants considered to be the positive and protective norms for women against GBV. Furthermore, during the data collection process, participants were not asked questions related to their personal encounters concerning any abuse to avoid invoking any negative feelings. Only participants who were considered knowledgeable on the subject were included, as well as prior informed consent about the intention of the study. Ethical clearance was also obtained from the Authority (National Institute for Medical Research). Apart from expressed concerns from some participants (traditional leaders) regarding how other bodies like religious institutions obstructing their total enforcement of norms, no ethical challenges were faced.

Results

In the following subsections, we present the major findings of the study. First, we present findings about the level of understanding and awareness of study participants about the GBV magnitude in the studied localities. Second, findings regarding the indigenous norms perceived to protect women against GBV are also presented, along with the tensions that emerge when they are viewed through the lens of the international frameworks that safeguard women's rights and ethics of the social work profession.

Awareness Regarding GBV Trend

To understand the prevailing situation, we endeavoured to gain insights regarding participants' awareness about the GBV occurrence trend in their localities. Findings, particularly from the community members in all localities, indicated that GBV was largely associated with acts that cause physical, emotional and economic violence and abuse to women. Aspects such as freedom, and a lack of it, did not emerge as a major issue of concern contributing to GBV, especially when a lack of it is associated with a considered good course of protecting women against GBV. Hence, this

viewpoint is one premise of tension with international frameworks, as will further be explained when presenting the norms that emerged. Based on the aforementioned, findings regarding the trend of GBV indicated that participants' views were threefold. The dominant view represented by the majority of participants from the Mara Region was that GBV was decreasing. Findings further show that these participants' views regarding the declining GBV trend were related to physical violence. This is because the region has consistently had a higher prevalence of IPV (and FGM) compared to other regions in the country. The World Bank (2017) reported that the rate of IPV among married women in Mara was 78%, the highest in the country, whereas the FGM rate was 32%. Based on explanations by the consulted officials, the declining trend is associated with increased programmatic interventions against GBV in the region. Among others, such interventions include campaigns for social change and education. These efforts are viewed to have made people aware of GBV, and therefore more likely to seek support services, as affirmed by an official in the Mara District:

In my view, GBV cases are slowly decreasing, but there are seasons. When they start, you will hear cases from everywhere in the district. I cannot exactly establish how big the phenomenon is, but the estimates show that out of 10 women, at least three, experience abuse every month. Here, I am talking only about physical abuse, which is frequently reported.

Conversely, an upward trend was reported by participants in Tanga and Mbeya. For Tanga, this is an intriguing finding because it challenges the widely held belief that GBV is less prevalent in this than in the other regions. However, two factors, including the nature of violence and programmatic investment against GBV, explain this finding. Considering the nature, the most reported increasing violent acts in Tanga are non-physical, mostly emotional and economic, whereas the decreasing acts reported in Mara are physical, the established hypothesis determining the difference is that the definition of GBV in Mara and Mbeya is more related to physical violence, whereas in Tanga it transcends beyond this. In the words of an official from Tanga:

The nature or pattern of GBV cases mostly handled in this region is not physical, like FGM or domestic violence, but rather emotional or economic violence. This is, however, in relation to the cases that we receive in the office. In the community context, however, we hear a lot about marital rape and forced sodomy, although they are underreported.

Based on the participant's clarification, the non-physical forms of violence reported in Tanga included verbal abuse, divorce, abandonment or neglect, early marriages, widow inheritance and restricting women from engaging in income-generating activities.

Although GBV was reported to increase in Mbeya, the nature of violent acts reported to increase were more physical than non-physical. In support of the argument of an upward trend, a Traditional Leader said:

To tell the truth, there is an increasing rate of GBV. The problem is increasing day-by-day. It is not decreasing. I see increasing cases of intimate partner homicide, rape and acts of injustice. There are a lot.

In Mbeya, participants who thought that the problem was decreasing were relatively fewer. They associated the decrease with some acts, such as killings on the pretext of witchcraft, or widow inheritance and cleansing, which have been prohibited by the government.

The third view that emerged from the findings was that one participant was not sure about the prevalence status, particularly whether the problem is actually increasing, or it is the media coverage that amplifies the situation.

Norms Perceives as Protecting Women Against GBV

We asked participants to indicate norms that they thought existed in their respective communities, and how they can be used in protecting women against GBV. They mentioned norms such as: (i) use of a family guide (*Muharim*) to protect women against dangers and risks, (ii) prohibition of women from lone and late night events like the *Baikoko* dance, (iii) building separate Bomas (houses) for Safwa boys: a special living arrangement, (iv) *Jando*, *Kuchezwa* and *Unyago* rites of passage rituals, (v) the community sanction ritual, (vi) marriage rituals, including: a. family involvement in marriage partner selection, b. discouraging intercultural marriage, c. a woman marrying another woman, d. *Ndoa ya Mkeka* (mat marriage): a hasty marriage arrangement, and e. bride involvement in bride price setting. Before we proceed, it is worth noting that based on participants' views, the objectives of the mentioned norms remain relatively consistent across all regions. They are geared towards protecting women from violence, as is further detailed. However, we

acknowledge that when viewed through the lens of the conventional frameworks safeguarding human and women's rights against violence, some aspects of these norms might be conceptualized as less protective, and reducing women's agency and liberty.

i. Use of a Family Guide (Muharim) to Protect Women against Dangers and Risks

During the FGDs, participants mentioned norms that focused on protecting women from dangers and risks outside household settings. These were attributed to culturally contextual factors that make women prone to vulnerability and the societal expectations placed on them. For instance, in Tanga there were different expectations regarding levels of risks, and hence protective norms and practices for younger unmarried and older married women. These women were considered more vulnerable, and thus expected to receive close family protection, while older married women benefited from the support and intervention of their husbands or extended family members. On these premises, the findings have uncovered some protections measures consistent with Arabic culture. The first strategy was that younger women were protected/supported by a *Muharim* (family guide). The norm pre-supposes that when outside a household setting young unmarried women are vulnerable to abuse and need someone to protect them against risks, including abuse by other men as clarified by a male FGD participant:

When other men on the road see that the girl is not alone, they cannot make immoral acts and jokes about her, like touching her. Assigning a *Muharim* not only acts as a deterrent for potential harassers, but also helps to uphold the honour and reputation of the woman.

Based on the foregoing, it is evident that from the participants' views that the use of a family guide is considered protective, especially to young girls against harassment and abuse from other men with ill intentions. Nonetheless, the norm may be viewed differently if assessed against UDHR Article 1- which proclaims that human beings are born free and equal and 12 - which protect the rights to privacy and against arbitrary interference with their privacy. Thus, working with a guide would be viewed as contravening these provisions, thereby creating tensions between the two standpoints.

ii. Prohibition of Women from Lone and Late-Night Events (Baikoko)

Another norm that was perceived as protective to women was prohibiting them from walking alone or to unsafe places either at night, or to distant places like to the lake to fetch water during the day. This was particularly mentioned in the Mara Region, with the aim being to safeguard them from potential dangers along the route.

Similarly, in Mbeya, findings indicate that as a measure of protection, women were often discouraged from going to recreational places like bars alone at night.

In Tanga, it was also a norm for women to be discouraged from attending late night events that involved big crowds of people, including men as participants and women as main performers such as with a traditional dance called Baikoko. It was believed that many women attending this dance are subject to sexual assault, primarily through inappropriate touching - a potential risk for GBV. These dances are considered less of a risk if done within households, and in the absence of men, as was clarified by a female participant in FGD:

Allowing an unmarried girl to participate in Baikoko, the whole night poses a risk of her being inappropriately grabbed and fingered, if not raped. So, if you want to protect your child, do not allow participation in night-time traditional dances. Allowing them to engage in traditional dances during the day or in controlled environments can still help them to experience and appreciate their cultural heritage without compromising their safety.

As is the case with the use of *Muharim*, and despite the positive value of this norm in creating a protective environment for women against abuse and other risks, the prohibitive aspect may create tension, as it is viewed as interference with their freedom of movement to certain places, and at certain times.

iii. Building Separate Bomas for Boys: Special Housing Arrangements for the Safwa

Another norm that was considered protective for women in Mbeya was the special living arrangements for youths after puberty. It was revealed that in the past, households of the Safwa ethnic group of Mbeya lived under one house called 'boma' where male and female children stayed with their parents until puberty. Thereafter, male youths had to stay in a separate boma constructed at a proximity to the family's main boma. For their part, girls remained in the main boma with the parents, where they received a close monitoring and follow-up to protect them from interactions that

would lead to premarital pregnancies and sexual abuse caused by close relatives. Girls would visit boys' bomas only for special reasons, such as serving them food. It was explained that, today, such gender-sensitive living arrangements are not considered. Hence, you may find both female and male youths residing in a small house with one living room and one bedroom, thus increasing safety and security tensions within families, and the risk of sexual abuse by close relatives.

iv. Jando, Kuchezwa and Unyago: Rite of Passage Rituals

Participants from all the study locations mentioned the rite of passage or initiation rituals (commonly referred to as *Jando* for boys and *Unyago* for girls) as protective norms against GBV. They explained that it was a generalized community practice that when both girls and boys reached puberty, they were taught about the moral values, their roles, responsibilities, position in society and the expected behaviours based on their gender and age. They also learned how to handle each other as adults, and resolve conflicts amicably. This ritual was normally conducted by elder persons organizing a collective session, where youth would be kept together for a specified period (say a week), and be taught as a preparation for adulthood. These rituals were named differently in different regions. In Tanga, for instance, it was called *Kuchezwa* (for girls) and *Jando* (for boys). Through these rituals, several values are inculcated into the youths. Girls, for instance, are taught about their position in the family, the importance of accepting their subordinate supportive role and letting men lead the household and decision-making. Through these sessions, girls were also taught how to communicate, handle and deal with their prospective husbands when they are angered to prevent it from escalating to conflicts and improper decisions. These rituals also emphasized the significance of maintaining harmony and unity within households. Women were encouraged to prioritize the well-being of their family members, and foster a nurturing environment. Furthermore, in Tanga, it was explained that women were also taught the power of love and sexuality in preventing violence and promoting peace, as explained by a female participant in FGD in Handeni:

You know within a family you can make sure the husband decides, but that decision was technically up to women. So, during the initiation ritual women are taught how to use their sexuality to convince men. So, in the end a man is the head of the household, but the woman is influencing the decisions.

It was also revealed in all study sites that the *Jando ritual* taught male youths about their position of headship in the household, and how to handle women. Participants indicated that boys were taught that women are weak beings that needed protection. For instance, in Tanga, it was expressed that historically through the *Jando* ritual, male youths were taught that women should be protected and not beaten; instead, they should be enticed with a new *Kanga* or *Kitenge*. A *Kanga* or *Kitenge* is a valued women's wear in this community. This means that instead of imposing harsh treatment on a woman that would amount to abuse, a man can win over a woman with a positive treat of giving her a piece of cloth. This cultural practice reflects a more compassionate approach towards women, and emphasizes the importance of non-violent conflict resolutions within relationships. This ritual, which may somehow explain the low rate of IPV in Tanga, is well-illustrated by a male participant in FGD when he said:

A woman is like a flower, she is there to be loved and protected, and if you want to punish then entice her with money or a new *Khanga* or *Kitenge*, and then give her sweet words. This is what we have been taught.

Though these initiation ceremonies were considered as good forums for imparting morals perceived as protective to women, some aspects of their teaching, especially that of preparing women to assume the subordinate and men the headship and decision-making roles, may create tensions. This may contradict with Article 5(b) of CEDAW (United Nations, 1979), which mandated nations and people to eliminate discrimination based on the idea of the inferiority or superiority of either of the sexes, or on stereotyped roles for men and women.

v. Community Sanction Ritual/Strategy

Findings show that the community sanction strategy is a way of protecting women against abuse, particularly in the ethnic communities of the Mara and Mbeya regions. It is an arrangement of punishment of GBV perpetrators against women that is conducted under the close supervision of traditional, family and clan leaders. For instance, among the Nyakyusa of Mbeya, Chiefs were responsible for its administration, while among the Safwa, also of Mbeya, the traditional leaders called *Mamwene* administered it. *Mamwene* were highly respected, and considered powerful persons in the community. They were, and are, still considered by some participants to have the powers to predict the future and instil a curse on a person

who misbehaves. Hence, if an act of abuse is reported to them, they would warn the perpetrator to stop, and predict possible unpleasant outcomes if the action persisted. One traditional leader in Mbeya clarified that if a husband or wife engages in extramarital affairs, and it comes to the notice of the partner, he/she can report to Mwene, who will ask the perpetrator to desist from the behaviour. In addition, the Mwene will predict what will happen if such behaviour continues, and there is a strong belief that what the Mwene predicts eventually happens. Punishments and the wrongdoers were also announced in village meetings. Therefore, the fear of being publicly exposed was believed to have contributed to the reduction of GBV in the respective communities. Although this practice is aimed at deterring acts of violence against women, exposing the wrongdoers to the public may be a source of tensions, as it may contravene the provisions in Article 5 of the UDHR (United Nations, 1948), which proclaims that no one shall be subjected to torture, or to cruel, inhuman or degrading treatment.

vi. Marriage Rituals

Participants mentioned the following marriage rituals as protective of women from GBV.

a. Family Involvement in Choice of Marriage Partner

The findings show that this norm was practiced in all regions. The common practice reported was that when a youth was ready for marriage, he/she had to share his/her intention with a chosen elder, be it his/her parents, aunties or uncles. Having received such news, and through the involvement of other family members, the responsible elder conducts a thorough check and vetting of the behaviour and morality of the prospective marriage partner and his/her family. The aim of this ritual is to have a deep understanding of the nature of the person and the family of the marriage partner, with the view of determining whether the intended relationship will be healthy, safe and long-lasting. In the case of girls, for instance, such vetting was expected to help to determine the potential and likelihood of them not being abused. The aim was to ensure the well-being and happiness of the bride-to-be, and a harmonious marriage. This ritual was considered protective in the sense that if the prospective groom or his family was proved to have ill behaviours, families would

then engage in a discussion focused on rectifying the observed anomalies, and if the behaviour persisted or was considered intolerable, the engagement would be dissolved. This model was considered helpful in preventing potential GBV through early detection and the correction of behavioural red flags, as was explained by a male participant in FGD, Tanga:

You cannot marry off your daughter recklessly. The family must take time to investigate the groom and the family. Like the other day, the daughter of one of my relatives was engaged to a man from the Muheza District. We had to ask our people to investigate the guy and his family's habit to only find that he had previously married and divorced more than six women. Thus, we had to reject his proposal, because we were not sure of his intention to our girl.

In Mbeya and Mara, the investigation of the prospective husband was also mentioned as an important protective norm against women, as it helped to ensure that their daughter was prevented from marrying a person with whom they cannot cope and live in harmony. Despite the value attached to this norm, from a sexual and reproductive health framework, it can bring a big tension. Moreover, the norm can be in contradiction with Article 16 (b) of CEDAW (United Nations, 1979), which proclaims that women have the same right to freely choose a spouse, and to enter into marriage only with their free and full consent. The involvement of parents may entail that the freedom of choice is somehow limited.

b. Discouraging Intercultural Marriages

Another marriage ritual that was reported across the study sites that aimed to protect girls against GBV was the prohibition of intercultural marriages and the encouragement of marriage to spouses originating within one's ethnic boundaries and proximities, as explained below by a Traditional Leader in Mbeya:

In the past, youths were not allowed to marry a person from a different community or from a family that was not in proximity. That is why even when marriage broke down, children were easily taken care of because the families of the marriage partners knew each other, and hence could take care of the children - they would not run to the streets.

This norm is still prevalent in some communities and families to date. Some parents and families still believe that they have a role in protecting their children through not allowing them to form marital relations with other tribes' persons who they believe have norms and values that contradict with them. It is no wonder that some tribes in the country like the Maasai still have strong tribal values against intermarriages; hence, very scarce cases of intermarriages exist among them. Therefore, although

the UDHR (United Nations, 1948) places values in nations and families to respect the freedom of women in choosing a person to marry, there are still tensions between this universal right and biased cultural norms that place more value on their own against other tribes.

In a social work perspective, the norm of discouraging intermarriages also creates tensions, as it challenges the ethic of diversity, with inclusion being key in addressing differences, multiculturalism and social pluralism, and creating inclusive societies.

c. A Woman who Marries Another: Special Forms of Marriage

As a way to protect women against abuse in the Kurya tribe of Mara, two forms of marriage were identified. The first one allowed a barren woman (*Nyumba Mbhoke*) to marry a fellow woman, while the second allowed a woman who never gave birth to male children (*Nyumba Ndobhu*) to marry a woman (called *Mokamoona*). In both cases, a man is selected by either of the mentioned women, and used to impregnate the married *Mokamoona*. Children born would maintain the clan's name of the woman who has married the *Mokamoona*. This practice gained prominence, because in this ethnic group, children and particularly boys, were considered valuable assets. Hence, barren, or women who could not give birth to male children, were ostracized and abused. They also faced rejection and isolation. Thus, to salvage them from the afore-mentioned forms of abuse, and to enhance their social status, value and respect, this form of marriage was culturally approved. However, participants mentioned that these marriage styles were not without their challenges, the notable one being the *Mokamoona* lacking a permanent husband and a new-born lacking a sense of belonging to the biological father. Therefore, the ritual seems protective on one, and oppressive on the other side of the coin. Though the norm would be despised and create tensions if viewed through the perspective of modernity and civilization, on the other hand it would be positively translated as an indigenous way of using surrogate mothers to bear children. A similar practice is also evident in the Bible through Genesis 30:1-6 (King James Bible, 2017):

1. When Rachel saw that she was not bearing Jacob any children, she became jealous of her sister. So, she said to Jacob, 'Give me children or I will die!'
2. Jacob became angry with her, and said, 'Am I the place of God, who has kept you from having children?'
3. Then she said, 'Here is Bilhah, my servant. Sleep with her so that she can bear children for me, and I too can build a family through her.'

4. So, she gave him her servant Bilhah as a wife. Jacob slept with her,
5. and she became pregnant and bore him a son.
6. Then Rachel said, 'God has vindicated me; he has listened to my plea and gave me a son.' Because of this she named him Dan.

d. Ndoa ya Mkeka (mat marriage): Hasty Marriage Arrangement

Another norm that was mentioned in the Tanga Region as protective to women is called *Ndoa ya Mkeka*. This is a type of community sanction that is perceived to reduce sexual violence against women. It is a hastily arranged marriage done to people who commit adultery and fornication. Naming it a *mat marriage* 'connotes that it is hurriedly performed immediately after the act is exposed, and normally on a piece of mat (*Mkeka*). It is an instant ritual with no prior, or advance and colourful preparations. It was explained by the elderly men and women engaged in FGD, as well as religious and traditional leaders, that the practice has a connection with the religious teachings that disapprove of sexual relationships, including having a sexual relationship between the unmarried persons (fornication), or the unmarried having a consensual sexual relationship with a married partner (adultery). This practice was considered to protect women, because if a girl is found to be in a relationship with a man or is impregnated by a man, the two are forced into a marriage without further negotiation or preparation. The fear of this kind of marriage among men is considered as a deterrence factor to them from engaging in a harmful behaviour towards women. This ritual was considered to create a sense of accountability, and encourage men to treat women with respect, thereby ensuring their safety and well-being. However, it also creates tensions when analysed against Article 16 (b) of CEDAW, which proclaims that women have the same right to freely choose a spouse and to enter into marriage, only with their free and full consent. Hasty arrangements leave an inadequate, if no room for a freedom of choice. Another tension arises from the sexual and reproductive health framework that require, among other things, that decisions concerning reproduction should be made free from discrimination, coercion and violence (UNFPA, 2008). Nevertheless, in the community perception, if these sexual practices are left to continue without fast counter actions, women will be at a disadvantage of raising children alone, or left without any support from the men. This can relate to the current situation in the country, where we witness an increasing number of women raising children alone with inadequate support from the men who impregnate them.

e. Bride Involvement in Bride Price/Wealth Setting

Offering bride price is a traditional marital practice in many cultures, particularly in Africa and Asia. Abide price (also known as bride wealth) is a custom involving a payment from the groom or groom's family to the bride's family at the time of marriage (Lowes & Nunn, 2018). The payment is done in order to ratify a marriage, and it may be in different forms of assets and materials. In general practice, in many cultures practicing this norm such as with some tribes in Tanga, a marriage is not considered to have ended (signifying a divorce) until the return of bride wealth has been acknowledged. Thus, since the bride wealth is normally determined by the kin members, it has sometimes been less considerate of this aspect. This has ended in some members setting the bride price/wealth at a high rate that is sometimes not easy to retire when marriages do not work. In this context, the price/wealth can be viewed as a factor that contributes to the perpetuation of GBV.

Contrary to the above, our study has found a norm that challenges the notion of the bride price being a factor contributing to GBV through involving the bride in setting her bride price. This practice was mentioned in Tanga. Findings show that whereas in Tanga, particularly among the Muslim community, the price was determined by the bride, while in the other regions it was the family. The practice in Tanga was explained to contribute to brides setting affordable prices that can eventually be easily repaid when marriages become dysfunctional due to various reasons, including GBV. Therefore, the practice was considered to facilitate an easy intervention, including the dissolution of problematic and abusive marriages, thereby contributing to the protection of women, which also challenges the notion that dowries are solely a financial burden, hence a means of oppression that make women prone to difficulties when attempting to end harmful relationships on the grounds of parents' inability to repay the bride price. A woman who determined her bride price said:

For instance, when I was asked how much I wanted for a dowry, I proposed 50,000 Tanzanian shillings only. This is the amount I thought that myself and or my family could afford to pay back whenever there was need to do so. So, the husband should not think that he has bought me, and hence harass me because of a dowry. (female participant in FGD, Handeni).

In contrast, the bride price in Mara and Mbeya is considered a cultural aspect that exacerbates GBV against women. Some participants were of the view that although

in the past the bride prices were considered good as they represented the value of the woman to be wedded, the determination of the price was done by men. Consequently, the price set was high and viewed as oppressive to women on the one hand, and in favour of men on the other.

Discussion of Findings

GBV remains a global public health concern and human rights issue that continues to disproportionately affect women (inclusive of Tanzania). In an African context, the problem is frequently associated with harmful cultural practices that perpetuate and exacerbate violence. Thus, efforts have been geared towards eradicating or reshaping the harmful cultural norms and values. However, despite the efforts made to challenge these norms, no significant changes have been recorded as the problem still persists. In recognition of the reality that norms do not have only negative but also positive contributions in reducing violence and abuse, in this article we endeavoured to explore the norms perceived to be protective to women against GBV based on views of different community members in the studied locations.

Nevertheless, when such norms are put into practice, there are tensions that emerge. Some norms seem to contradict and interfere with the conventional frameworks that protect rights and the freedom of women against discrimination and abuse. It is therefore considered important for social workers to understand these tensions, and know how to deal with them.

Despite contextual variations on the incidence and forms, the study participants affirmed that GBV is prevalent in their localities, thereby requiring adequate attention. This finding aligns with the current body of research worldwide, underscoring the pressing necessity for comprehensive and synchronized context-specific initiatives to combat GBV and safeguard women's rights (Wadesango et al., 2011; Simuziya, 2023). However, findings show that the understanding of the majority participants (particularly members) about GBV is narrow. This may be influenced by the age and possible exposure to current world views, particularly the conventional frameworks that protect women and their entire provisions. The community members largely associate GBV with acts that cause only physical, emotional and economical abuse. Other aspects such as acts that interfere with women's rights to privacy, freedom of

movement and choice of partners did not form a significant part of their understanding, thus creating a tension and gap in the knowledge that social work professionals should navigate and address. That while identifying and promoting the positive norms, social workers should identify and seek to also promote the positive aspects provided in conventional frameworks, such as CDHR (United Nations, 1948), CEDAW (United Nations 1979), SRH (UNFPA, 2008) and the social work code of ethics on diversity and inclusion.

There is also a deep-seated belief among participants that social norms exist, and have a significant value and roles to play in influencing behaviour and practices that can protect and prevent women against GBV. Taking one example of the initiation rituals that provide guidance to youth in the selection of a partner through parental involvement, it became evident that if applied, the likelihood of abuse and violence can be reduced because partners will have an adequate understanding of each other, and hence be well prepared to live together, as opposed to the common practice today, where such rituals are non-existent or are fading away fast and being replaced by what are referred to as fast forward or blind marriages. However, despite the significant values attached to norms like this, tensions that emerge due to overlooking the personal agency and freedom of choice of partners need to be understood and navigated in order to prevent practices that can further promote violence.

Consistent with the views of institutional theorists like Colding and Folke (2001), the identified norms are informal institutions, some of which are still self-enforced by the communities in the Mara, Tanga and Mbeya Regions. As a result, the foregoing of self-imposed norms can be produced, reproduced, and become authoritative governing principles for protecting women against abuse. For instance, the special marriage arrangements in Mara and *Ndoa ya Mkeka* in Tanga are still practiced. Also, in light of the institutional theory, these norms facilitate the transmission of cultural values and beliefs from one generation to the next, ensuring the survival and maintenance of shared social values and belief systems (Colding & Folke, 2001). Therefore, in recognition of tensions that such practices are likely to pose, social workers ought to identify and challenge the aspects that seem to perpetuate violence in preventing them from becoming the authoritative principles in the norms. They may

navigate and engage in dialogues and discussions to ensure that positive aspects are protected and the negative discouraged.

Generally, the findings have also shown that there are positive and negative aspects of the norms. Consequently, a thorough analysis is required if integrating them into practice is to be considered. Findings revealed that some norms, though considered protective by participants, have some oppressive elements in women's liberty and agency when analysed against the conventional frameworks of social work ethical practices. For instance, although *Ndoa ya Mkeka* may appear as a solution, it is less likely to lead to positive permanent outcomes. This is because the causes of such acts are not addressed, and perspectives and feelings of the concerned parties are not taken into consideration as required in social work professional practice. As a result, the norm may have a potential of perpetuating violence.

Other norms that were viewed as challenging and creating tensions in the eye of human rights, concerned the rights of the married woman and children belonging to '*Nyumba Nthobhu*' and '*Nyumba Mbokhe*' marriages (see also Opoku, 2017; Mhando, 2011; Cadigan, 1998; Carrier & Murray, 1998). In these marriages, the child's right to know both biological parents is violated, which is closely linked to his/her autonomy, self-awareness, a sense of identity and independence. On the other hand, these two marriages also highlight the complex nature of GBV, as it is not solely limited to men victimizing women (Jakobsen, 2014). Rather, under certain conditions, culture allows for some women to adopt a dominant role that can perpetrate abuse against other women. Particularly in the context of African patriarchal systems, this phenomenon challenges the conventional understanding of gender roles and power dynamics in GBV. The challenges of social norms and approaches observed in the findings are consistent with the institutional theory, which states that since they are socially constructed relationships in everyday life, they can have different interpretations in the eyes of different people (Berger & Luckmann, 1996). Furthermore, according to the institutional theory, norms and rules are adapted over space and time, and hence fall into decline and disuse (Scott, 2005). What is considered a rule, or a social norm, differs among people from different cultures, and even among different people within the same culture and historical period (Scott, 2005). Increased exposure to modern living connected to social

changes tend to change and erode cultural values and traditional beliefs with negative impacts on habitat or population to species, because when traditional beliefs change, even taboos change (Scott, 2005). This explains why though still in existence, some of the norms protecting women from abuse like hastily arranged marriages and Kuria special marriages are gradually being weakened and, in some cases, abandoned.

Implication to Social Work Practice

Existing literature on the role of social work practice in GBV against women in Tanzania focuses primarily on response efforts, such as providing services to survivors and changing the behaviour of perpetrators (Medie, 2021). This viewpoint limits social work's potential proactive role in GBV prevention. Promoting existing positive social norms that protect women from GBV is one effective approach that social work professionals can potentially use to proactively protect women from abuse. This is because the profession is strategically positioned to actively participate and contribute to the prevention of GBV against women using cultural competence skills (National Association of Social Workers, 2015). The advantage of this is that it enables social workers to understand the rationale behind specific social norms and their importance within the community, as well as context-specific promotion strategies to be used in their work. Using this as an entry point to the community, social workers can help facilitate conversations and interventions that promote social norms that protect women from GBV.

Despite the strategic position of the social work profession, it is still subject to ethics and values that govern the delivery of services. These values apply to all social workers, and have a specific goal and focus on alleviating human suffering, addressing vulnerability and marginalization, and promoting social change. However, the specific approaches used to achieve these goals may vary depending on the nature and priority of the prevailing problem. This means that regardless of how distinct a social worker's approaches, strategies or interventions may be, he/she must adhere to the ethical principles, values and regulations of the social work profession. Still, available evidence shows that such values primarily reflect Western perspectives (Twikirize & Spitzer, 2019). For this reason, this position undervalues

and overlooks the wealth of local knowledge in the provision of social work services in Africa. This is because the social problems that social work in Africa deal with have unique characteristics, and hence require specific ways of addressing them that are sometimes very different from how the profession is perceived in industrialized countries (Twikirize & Spitzer, 2019). In addition, what is conceived and conceptualized as appropriate for one context, e.g., the Developed World, may not necessarily have similar effects in other settings such as the developing countries. Thus, though some norms are considered protective, their integration into social work practice requires a thorough scrutiny and interrogation, as they may present tensions and a paradigm conflict, i.e., a clash between conventional frameworks, Western values and local traditions and beliefs in the Global South.

The lesson derived from this study is that while social workers are required to adopt culturally sensitive and contextually appropriate models, including the promotion of social norms that safeguard women from abuse, it is also important to adopt a reflective mind-set when assessing the influence of these norms on human rights, values and the overarching objective of achieving a more gender-equitable society. This implies that, rather than simply accepting these norms as they are, there may be a need to transform some aspects of their practices to enhance a more free, inclusive and fair society for everyone. It is our view that adopting a hybrid approach of Western and local knowledge paradigms will allow for the development of interventions that will allow for more gradual and long-term change.

Conclusion and Recommendations

The main purpose of the study was to explore and interrogate the indigenous norms that are perceived to protect women from GBV with a view of informing social work practice in Tanzania. From the findings, it can be concluded that: (i) despite contextual variations, GBV incidences in the studied communities are still prevalent and increasing, thereby requiring adequate attention; (ii) there is a shallow understanding of the concept of GBV among community members that largely considers physical, emotional and economic aspects of abuse, thus ignoring other aspects recognized in the conventional frameworks, such as women's rights to free life and freedom to privacy and the choice of marriage partners, as well as the rights

of perpetrators' freedom from being subjected to inhuman or degrading treatment; (iii) there are deep-seated beliefs among community members that there are indigenous norms whose values can still be used to protect women against GBV in the studied communities: (iv) not all aspects of the identified indigenous norms can be considered protective when analysed through a lens of conventional frameworks, as some of them like those prohibiting women to go certain areas, special forms of marriages like *Ndoa ya Mkeka*, *Nyumba Mbhoke* and *Nyumba Ndobhu* have aspects that create tensions and contradict with the some provisions in the CDHR, CEDAW, SRH and social work ethics on diversity and inclusion. The study recommends that social workers: (i) should make a thorough analysis and integrate the culturally relevant norms and approaches into their GBV interventions: and (ii) in so doing, they should consistently identify and appropriately address tensions that arise when such norms interact with conventional frameworks, with the view of not discarding the indigenous norms outright, but rather sorting out the positive aspects to be kept, and those negative to be discouraged.

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