

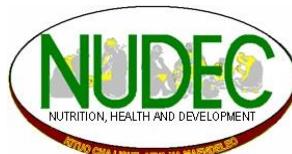


**Save the Children Tanzania**  
**Harnessing Agriculture for Nutrition Outcomes (HANO) project**  
**Gender Study Report**

**Lindi Region, Tanzania**



**July 2016**



# **Save the Children Tanzania**

## **Harnessing Agriculture for Nutrition Outcomes (HANO) project Qualitative Gender Study Report**

**Lindi Region, Tanzania**

**Consultancy report by Nutrition, Health and Development Centre (NUDEC)**

**July 2016**

**Hilda Missano  
BernedictaMduma  
SaidiMwikongi  
Angelina Ballart**

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## **LIST OF ABBREVIATIONS**

FAO	- Food and Agriculture Office
FTF	- Feed the Future
HANO	- Harnessing Agriculture for Nutrition Outcomes
LISAWE	- Lindi
NNS	- National Nutrition Surveys
NUDEC	- Nutrition, Health and Sustainable Development Centre
ROPA	- Ruangwa Organization for Poverty Alleviation
SC	- Save the Children
TDHS	- Tanzania Demographic and Health Survey
WB	- World Bank

## **ACKNOWLEDGEMENT**

The survey team would like to extend acknowledgement to Save the Children Tanzania for giving the team the opportunity to undertake this study. In particular, the team extends many thanks to Gerald Usika (Save the Children MEAL Specialist), and his colleagues for providing guidance and support in the implementation of the assignment including reviewing of the study tools. Many thanks go to AndreatseMtita, BertoldMbinga and the rest of the staff in Save the Children Lindi office for their logistical support in the preparation of the study at field level in Lindi Rural and Ruangwa Districts. Acting Regional Nutrition Officer, District Nutrition Officer and Community Development Officer in Lindi as well as the District Agriculture Officer and Community Development Officer in Ruangwa Districts also ROPA staff in Ruangwa for their participation in the Key Informants Interviews which yielded very useful information used to complement information generated at village level. The information will form a basis of developing nutrition interventions in the districts.

The team of data collectors did a commendable job in data collection in all the 10 villages studied. They worked tirelessly for days, spending long hours in the field. Special thanks to those who were fasting as at times they had to break the fast while travelling from the field to hotels. The drivers are also thanked for moving the survey teams from one village to another.

HANO Promoters who organized the study groups and mobilized the villagers for the study. Their commitments and efforts are highly acknowledged. In the same vein, the team would like to thank the women, men, boys and girls who participated in the study. Without their consents and those of their family members the survey would not have been possible.

Lastly, the team wishes to thank the many more persons not mentioned by names but whom, in one way or another, contributed towards the success of this study.

## EXECUTIVE SUMMARY

The major nutritional problems among children aged below five years are stunting, wasting, underweight and micronutrient deficiencies (vitamin A, Iron, IDD and Zinc). According to the TDHS 2015 the prevalence of stunting among children aged below five years in Tanzania is 34.4 percent, wasting 5 percent and underweight 16 percent. Stunting is a major public health problem because it may cause permanent damage to the brain.

Lindi region, where Save the Children (SC) is implementing a nutrition project, was among the regions in Tanzania that recorded high rates of stunting in the TDHS 2010. The prevalence was recorded at 54%. The 2015 TDHS reported a stunting prevalence of 35.2 percent which is an 18.8 percentage drop from the TDHS of 2010. Factors contributing to the high malnutrition prevalence in Lindiregion include poor maternal nutrition and sub-optimal infant and young child feeding practices, notably lowrates of exclusive breast feeding and inadequate complementary feeding. Others are social cultural practices including gender inequality.

Global studies have shown that, in many communities cultural norms limit women's access to and ownership and allocation of resources and leadership. Evidence indicates that when women are empowered and given leadership opportunities and roles, they tend to be inclusive of all with specific attention to women's and children's welfare. Further studies have also indicated that, the role of men as heads of household is a critical factor when addressing food and nutrition issues. This is so as culturally, men are empowered to make decisions for the family in the household. If the men's authority is not always used in the best interest of the family, it will eventually result in food shortage and inadequacies in basic services at the household level leading to poor nutritional status of women and children.

Currently SC is implementing a "Harnessing Agriculture for Nutrition Outcomes (HANO)" project in 10 wards covering 33 villages of Lindi Rural and Ruangwa Districts in Lindi region, funded by Irish Aid. A mid-term review of the HANO project was conducted in July 2015. The results of the review indicated that one of the challenges to changing behaviours and practices around nutrition was the gender dimensions. To date the project has not adequately addressed gender issues. In view of the above, SC proposed to conduct a gender study to get a better understanding of the factors that affect gendered decision-making around choices over child care and feeding practices, food consumption versus sale, expenditures, as well as intra-household allocation of food and time. The main objective of the study is "To research and document the gendered social norms and power relations that impact on nutrition for girls, boys, women and men within the household and make recommendations and how these might be addressed". Specific objectives are:

- To identify gender factors that affect choices over care and feeding practices in the household.
- To identify gendered social norms and household power relations on food consumption versus sale in relation to own produce, household food expenditures, as well as intra-household allocation of food and time that influences decision making on household nutrition for girls, boys, women and men within the household.
- Assess how objective 1 and 2 above impact on household nutrition for girls, boys, women and men within the household;

- Identify programmatic opportunities/entry points for changing these factors in objective 1 and 2 above;
- Make recommendations on how men can be more involved in nutrition activities
- Make recommendations on how differently women can be empowered for financial decision making at household level.

This was a cross sectional study which used qualitative methods only to collect data. The study sites initially consisted of ten (five villages from each district) selected by SC. The villages were Mkwajuni, Mahumbika, Michele, Kiwawa and Nahukahuka in Lindi Rural District, as well as; Mchenganyumba, Makanjiro, Nachienjele, Naunambe and Nachinyimba in Ruangwa District. Due to death and funeral services which were taking place at Nanchienjele village in Ruangwa District on the day of the study this village was not covered.

Different groups of people in the study villages were involved. These included five focus groups (girls, boys, women of childbearing age, Men and elderly women) and one key informant for each village for Focus Group Discussions (FGDs) and Key Informant Interviews respectively. These groups were selected by SC. In each village 8-10 participants were selected for each FGDs and Ke Each FGD was held for about 60-75 minutes. The semi-structured interviews were administered to identify key informants at regional, district and village levels. The interviews had some degree of flexibility where further probing was included on issues arising in the course of the interviews. The interviews took about 45-60 minutes.

The findings showed clearly that decision over division of day to day household chores is the responsibility of men, except in female headed households and in polygamous marriages. Reasons given are that culturally, men are the heads of the households and everyone listens to them. Married women who try to air their voice against this cultural norm may face gender based violence and even divorce.

Decisions on child care and feeding practices are mostly made by women, although men have the responsibility of ensuring that there is enough food in the family. The main responsibilities of women were identified as child care and feeding, keeping track of food available in the food store and informing the men when there are shortages, ensuring clean environment, taking children to clinic for routine services, as well as observing any change in child's health and development. Reasons given were that women are the main caretakers of children, are always at home with children and know their needs. They also have knowledge on diet and nutrition that is provided in health facilities.

Care of pregnant and lactating women is mostly determined by women themselves. In the case of first pregnancy where mothers, mother in laws and grandmothers are also involved. Men are providing food and escorting women when they go for first ante-natal care visit and delivery in health facilities.

In these communities men were said to have access and control of land, house, farms, livestock and household income. Women were said to have access to farm, produce and other minor assets like chicken, but they have no direct control over their use.

The study has identified various negative gender norms including; unequal distribution of household roles, intra household food distribution that favours men, and men making decisions in almost all household matters. Therefore, the following recommendations are made:

1. It is recommended that the HANO project addresses these gender norms through educating and sensitizing both women and men in discouraging negative gender norms and incorporating activities which promote positive social norms. An example of these activities is establishing community mobilization groups consisting of men and women which will reinforce and encourage men and women to collaborate in decision making.
2. The HANO project has helped women establish small groups to start gardening as one of the opportunities for empowering women to get extra income for household food and other needs and gives nutrition education to the women groups. However men felt that they were left out. It is therefore, recommended that HANO considers inclusion of men in education and sensitization activities notably for IGAs. This might strengthen women participation in project activities freely, entice men to relieve women work, attain more household income which may be used to diversify family meals.
3. The useful existing Government bylaws/regulations at the community level notably men escorting pregnant women during the first antenatal visit and during delivery are important and are implemented by the community themselves. When men are not abiding to these by-laws they are fined by the village government. It is recommended that they be widely reinforced to include all men
4. The study found that religious teachings are used to address gender norms and inequalities. These regulations are useful for enforcing participation of men in caring of women and children. Also enforce equal access and control of household assets. HANO organizes a seminar to disseminate the findings of this study and solicit intensified support through their teachings to their respective religious members.
5. The study shows that, women are engaged in various entrepreneurship activities including gardening of vegetables and petty trading as well as joining VICOBA. Through these activities they get extra income for household food and other needs which contribute to nutrition well being of household members. However, major challenges were reported. It is recommended that, HANO project or any other partners working in the same project area empower women groups' capacity in different entrepreneurship skills including; acquisition of capital, financial recordkeeping and customer care.
6. The study showed that, in some household with young couples, shared decision in various household matters such as care and feeding of children, sells of farm produce and use of household income. Hence, it is recommended that, young couples be sensitised to become changing agents on shared decision making at household/community level.
7. The study shows that, in big families' men and boys of the household are served separately from women, girls and children. This was reported to be influenced by culture and inherited from generation to generation which takes time to change. When

men are served separately from women there is a tendency of giving more food to men than women. It is recommended that, when initiating projects, there is need to include cultural aspects related to intra-household food distribution during the baseline study.

## **1.0 BACKGROUND INFORMATION**

### **1.1 Magnitude of the problem of malnutrition**

In Tanzania, malnutrition among children aged below five years has remained a major public health problem despite progress made in many health indicators over the past decade. The major nutritional problems among children aged below five years are stunting (low height for age), wasting (low weight for height) underweight (low weight for age) and micronutrient deficiencies (vitamin A, Iron, IDD and Zinc). According to the TDHS 2015 the prevalence of stunting among children aged below five years is 34.4 percent, wasting 5 percent and underweight 16 percent. Stunting is a major public health problem because it may damage the brain permanently. Consequently this may contribute to low education attainment, low productivity and low economic development of a country. Though the TDHS 2015 shows a 7 percent drop from the 42 percent reported in the TDHS 2010 this is still high.

Lindi region where Save the Children (SC) is implementing a nutrition project was among the regions in Tanzania that recorded high rates of stunting in the TDHS 2010. The prevalence was recorded at 54%. The 2015 TDHS reported a stunting prevalence of 35.2 percent which is an 18.8 percentage drop from the TDHS of 2010. The prevalence of wasting is 1.2 percent and underweight 10.1 percent. Factors contributing to the high malnutrition prevalence in Lindi region include poor maternal nutrition and sub-optimal infant and young child feeding practices notably low rates of exclusive breast feeding and inadequate complementary feeding. Others are social cultural practices including gender inequality.

### **1.2 Gender, nutrition and empowerment**

Global studies have shown that, in many communities cultural norms limit the access of women to ownership, allocation of resources and leadership. Evidence indicates that when women are empowered and given leadership opportunities and roles, they tend to be inclusive of all community and household members, with specific attention to women's and children's welfare and women's livelihood strategies [FTF 2015]. Moreover, it is important to recognize that the combined provision of children's health services, nutrition education for mothers and women's empowerment interventions has been shown to lead to heightened impact on child stunting [FAO 2012].

In an extensive study of literature, the World Bank found that in terms of efficiency, women's empowerment is important for the allocation of resources, the well-being of children, and changes in institutions and policies. There is evidence that women's empowerment is particularly important for development when they have: i) decision-making control over agricultural production activities and access to productive resources; ii) control over the use of household income; iii) leadership roles in the community; and iv) the ability to manage their own time [World Bank 2015] Further studies have also indicated that, the role of men as heads of household, is a critical factor when addressing food and nutrition issues. This is so as culturally, men are empowered to make decisions for the family in the household such as; what kind of food to be eaten, what food to be purchased/bought, what food to be sold, and the amount of food to be distributed at household level. However, it has been indicated further that, if the men's authority as shown above is not always used in the best interest of the family, which might include; men using the household funds for drinking alcohol, marrying additional wives or other

un-relevant purposes, such situation will eventually result in food shortage and inadequacies in basic services at the household level leading to poor nutritional status of women and children. [Altiyah Ashmad et al]

Another aspect related to gender and nutrition is the importance of involvement of women in agriculture production to improve the family nutrition status. Studies have shown that, women constitute a large part of the agricultural labour force. They contribute significantly to agricultural production though there is very little recognition on how they contribute to this labour force. However, despite of their involvement in agriculture production, studies have indicated that, most women are constrained in their abilities to contribute to the agriculture-based livelihood strategies of their households due to lack of recognition and support by men, the community and even from other agencies. Hence, there is an urgent need for women to be provided with adequate support to enhance their efforts in agriculture production to ensure it contributes to the best way possible to health and nutrition-related household-level outcomes. [Effective Gender Mainstreaming in Agriculture: Policy paper ]

### **1.3 Save the Children - HANO Project**

Save the Children (SC) has been working in Tanzania for 30 years with different actors including Government, local organizations, United Nations and other International agencies to combat child malnutrition, provision of health care services to reduce morbidity and mortality of children and women from diseases and provision of shelter and food for the deprived and most vulnerable children.

As part of its situational analysis for children in Tanzania, Save the Children chose to address the high stunting rates in Lindi region. This led to the design and an implementation of an operational research project along with two local organizations (LISAWE and ROPA), namely “Harnessing Agriculture for Nutrition Outcomes (HANO)” in 10 wards covering 33 villages with ongoing agricultural activities that were (provided through Aga Khan Foundation project) in region covering Lindi Rural and Ruangwa Districts. The project is being funded by Irish Aid and has completed its first phase of 3 years (2012 to 2015). The second phase which is to run for another 1.5 years has commenced in December 2015 and is anticipated to end by May 2017.

A mid-term review of the HANO project was conducted in July 2015. The results of the review indicated that one of the challenges to changing behaviours and practices around nutrition was the gender dimensions. To date the project has not adequately addressed gender – differences in roles and behaviour of men and women in the project design/implementation. Hence, one of the recommendations made in the mid-term review was that the impact and sustainability of the project could be improved substantially by addressing the gender norms and inequalities that contribute to poor nutrition practices at the household level

In view of the above, SC proposed to conduct a gender study to get a better understanding of the factors that affect gendered decision-making around choices over care and feeding practices, food consumption versus sale, expenditures, as well as intra-household allocation of food and time. The results/recommendations of the study will provide concise, practical information and analysis for the SC technical staff. The information will also guide the design of project activities to address gender issues to improve nutrition practices in the reduction of stunting, underweight and wasting in the project area over the final year of implementation. The recommendations will

also provide guidance in the development of relevant gender messages to different groups, most effective ways to deliver behaviour change strategies and finally to look into opportunities to engage adolescent girls and boys as future parents.

## **2.0 OBJECTIVE OF THE STUDY**

### **2.1 Main objective**

The main objective of the study is “To research and document the gendered social norms and power relations that impact on nutrition for girls, boys, women and men within the household and make recommendations and how these might be addressed”.

### **2.2 Specific objectives**

- To identify gender factors that affect choices over care and feeding practices in the household.
- To identify gendered social norms and household power relations on food consumption versus sale in relation to own produce, household food expenditures, as well as intra-household allocation of food and time that influences decision making on household nutrition for girls, boys, women and men within the household.
- Assess how objective 1 and 2 above impact on household nutrition for girls, boys, women and men within the household;
- Identify programmatic opportunities/entry points for changing these factors in objective 1 and 2 above;
- Make recommendations on how men can be more involved in nutrition activities
- Make recommendations on how differently women can be empowered for financial decision making at household level.

## **3.0 METHODOLOGY**

Save the Children (SC) has commissioned NUDEC to undertake the Consultancy Assignment which was estimated to take 14 working days implemented in 30 calendar days. To ensure good quality NUDEC provided a team of experts. Review of relevant documents and development of tools was carried out by four experts from NUDEC. These were shared with SC project team for review and their inputs. Field study was conducted in collaboration with SC staff from Lindi Office. Three NUDEC staff participated and supervised the field processes.

### **3.1 Study Design**

This was a cross sectional study which used qualitative methods only to collect data.

### **3.2 Study Site**

The study site initially consisted of ten villages (five villages from each district) selected by SC. The villages were Mkwajuni, Mahumbika, Michele, Kiwawa and Nahukahuka in Lindi Rural District, as well as; Mchenganyumba, Makanjiro, Nachienjele, Naunambe and Nachinyimba in

Ruangwa District. Due to death and funeral services which were taking place at Nanchienjele village in Ruangwa District on the day of the study this village was not covered. Reproductive and Child health services are provided in dispensaries available in all villages visited except in Mchenganyumba where it is about 10 kilometres away. Mobile ANC services and Underfive Growth Monitoring and Promotion services are provided monthly.

### **3.3 Study Population**

Different groups of people in the study villages were involved. These included five focus groups and one key informant group for Focus Group Discussions (FGDs) and Key Informant Interviews respectively. These groups were selected by SC and included the following:

- **Focus Group Discussions**
  - i. Adolescent girls aged below 18 years
  - ii. Adolescent boys aged below 18 years
  - iii. Women of child bearing age 18 to 45 years
  - iv. Elderly women those above 45 years of age
  - v. Men above 18 years
- **Key informants interviews**
  - i. At village level including influential persons, village leaders, extension workers, religious leaders.
  - ii. At regional and district levels included; Nutrition officers, community development, agriculture and health.
  - iii. Also one Community Based Organization (CBO) Ruangwa Organization for Poverty Alleviation (ROPA)

In each village 8-10 participants were selected for FGDs and key informants interviews, participants were informed before the study day in each village.

### **3.4 Key study issues (variables):**

- Gender factors that affect choices of care and feeding practices, food consumption versus sale, expenditures, as well as intra-household allocation of food, time and other resources
- Gender social norms and household power relations that influence nutrition for girls, boys, women and men within the household and how do these impact decision making on household nutrition.
- Opportunities/entry points for changing these factors in mentioned above.
- More involvement of men in nutrition activities.
- Women empowerment for financial decision making at household level.

### **3.5 Data Collection Tools**

The following tools were to be used to identify gender factors, gender social norms and household power relations and gender equality:

- Access and control tool,
- Timeline/Activity Clock tool

- Seasonal Calendar
- Venn Diagrams

However these data collection tools were not implemented due to a number of challenges which included limited field time and limited number of interviewers.

### **3.6 Data Collection**

To get quality qualitative data collected, FGDs and interviews of key informants were administered by NUDEC experts assisted by interviewers who were selected by SC project team. A total of 7 interviewers were given one day training on use and facilitation of the study tools. The already prepared checklist was used for the FGDs where one interviewer was facilitating the discussion and one was taking notes. The discussions covered various issues of the assignment with the aim of gathering information which best responds to the objectives.

Each FGD was held for about 60-75 minutes. The semi-structured interviews were administered to identify key informants at regional, district and village levels. The interviews had some degree of flexibility where further probing was included on issues arising in the course of the interviews. The interviews took about 45-60 minutes. Both FGDs and Key Informants interviews were conducted in an environment with least disturbances.

### **3.7 Data Processing**

The field notes from different FGDs and Key Informant Interviews were immediately expanded and refined for each aspect. This was followed by merging, comparing of common and different responses on various aspects and summarization of major findings.

### **3.8 Presentation of Findings**

Summary of the findings will be shared in a presentation to be made to SC, Irish AID and other nutrition stakeholders.

## **4.0 STUDY LIMITATIONS**

This study had few limitations which had some effect on the outcome of the study some of which are:

- There were few interviewers in relation to the short field study days. NUDEC had requested for a minimum of 12 interviewers for the allocated four field days, but only seven were available at field level. This lead to withdraw of some of the field tools notably Activity Clock and Seasonal Calendar. These would have yielded more clear information on allocation of roles and responsibilities for the various groups in the whole day 24/7 and the different seasons of the year.
- Lack of tape recorders for recording the FGDs discussions, which lead to lack of crosschecking of the field notes.
- Limited time for field work combined by the period of the Month of Ramadan, which interfered with community schedules eg in Michehe village participants were delayed in breaking the fast and evening prayers
- Transport and infrastructure challenges.

## 5 FINDINGS

The study documents gender factors that affect choices over care and feeding practices in the household, gendered social norms and household power relations on food consumption versus sale, identifies programmatic opportunities/entry points for changing these factors and also gives recommendations on how men can be more involved in nutrition activities, and how women can be empowered for financial decision making at household level. The overall findings have been grouped in five themes that emerged during transcription of the field scripts.

### 5.0 Key themes identified in all groups:

#### Theme I: Care and feeding Practices for Pregnant Women and Children

- Child care and feeding
- Care of pregnant and lactating women

#### Theme II: Access and Control of resources

- Food Acquisition
- Food uses and consumption

#### Theme III: Men Involvement in Nutrition Activities

#### Theme IV: Opportunities for change

### 5.1 Care and Feeding Practices for Pregnant Women and Children

#### i. Overall organization of household chores

Decision over division and organisation of day to day household chores is the responsibility of men, except in female headed households and in polygamous marriages. Reasons given are that culturally, men are the heads of the households and everyone listens to them. Married women who try to air their voice against this cultural norm may face gender based violence and even divorce.

*“Baba ndiyedereva; kwamfanokilagarilinaderevanabiladerevahaliendi”* literally meaning *“Men are the drivers in the household. Each vehicle has a driver, if there is none, the car won’t move,”* elderly women FGD in Kiwawa village.

*“Ukibishatuyatakupatayalyonipatamimi- kuachika”* meaning *“if you oppose men on this responsibility you may end up being divorced like myself, ”* said a thirty five year divorcee from Mkwajuni village,

#### ii. Child care and feeding

There was a concurrence across all FGDs and Key Informants participants that decisions on child care and feeding practices are mostly made by women. The participants agreed that although decisions are made by women, men have the responsibility of ensuring that there is enough food in the family.

The participants listed the main responsibilities of women in child care and feeding as follows: ensuring sustained breastfeeding, planning for meals to be consumed each day, keeping track of food available in the food store, and informing the men when there are shortages. They are also responsible for ensuring clean environment, taking children to clinic for routine services (growth monitoring, immunization and supplementation) as well as observing any change in child's health and development.

The main reasons given for women to be the main decision makers in the care and feeding of children were that women are the main caretakers of children, are always at home with children and know their needs. They also have knowledge on diet and nutrition that is provided in health facilities. The discussants further said that when women are not around especially during farming season or when ill, elder girl children, other elder children or women relatives assist in caring and feeding children.

Among the reasons given by FGD discussants why men do not perform activities usually performed by women, were the culture does not allow men to care and feed the children and that most of the time they are not at home. Those who helped their wives/partners were sometimes not respected by some community members and were given various nick names such as "*"Bushoke*" meaning that "*a man has been over powered by a woman*" "*"Bushoke*".

The study participants observed that if men are sensitized, some agree and some refuse to assist the women with child care. For example though many men do not take their children to RCH services, some check the RCH card of the children to see progress.

### **iii. Care of pregnant and lactating women**

Care of pregnant and lactating women is mostly determined by women themselves. In the case of first pregnancy; mothers, mother in laws and grandmothers are also involved in providing guidance based on their personal experiences. Men are responsible in ensuring that there is food in the household and escorting women when they go for delivery in health facilities.

All FGD participants agreed that pregnant and lactating women were responsible for making decisions on their care. They also receive nutrition education from health care workers and report to their husbands what they have been taught at the clinic on what foods to eat and other services required. Although women do determine the care needed during pregnancy and lactation, men have final decision on what type of care and food the women will get since they are the ones providing the money required for buying food and providing service.

Regarding men's involvement in health care of women during pregnancy participants agreed that most men escort women for first ante-natal care visit when they receive joint HIV testing and counselling services and during delivery in health facilities. These are regulations set by the government. Thereafter, men rarely escort women in subsequent visits. Male participants in the study said reasons contributing to men's minimal involvement in RCH services included: pregnancy was not an illness, long *time* spent waiting to be attended, and that facilities

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<sup>1</sup>Bushoke is a famous hip hop artiste. In one of his popular hits he portrayed a husband whose wife had made him do all the household chores while she was not herself doing them. Instead she was always away from home.

are meant for women hence not men friendly. They also fear being seen by peers and teased as being jealous.

*"Kwaniniuendeklinikikwanihuyomgonjwa au unaonawivu"* literally meaning "why go to clinic with her, is pregnancy sickness or are you jealous" said men in Nachinyimba village, Ruangwa.

## 5.2 Access and Control of Resources

The second major component of the study was to collect information on household food resources including land ownership and identify gender factors and relations that affect choices over food crops, care and feeding practices in the households.

Overall, cultural norms and customs govern the access and control of household resources. Men have access and control of land, house, farms, livestock and household income. Women were said to have access to farm, produce and other minor assets like chicken but they have no direct control over their use. Women must first consult the men. Probing on what other decisions women are allowed to make the following were mentioned; hiring pieces of land for growing vegetables, starting small businesses, poultry keeping, joining savings clubs. Women also decide to own land that they have inherited from their parents or that they acquired in a previous marriage.

*"mwanamkealiyewahikuwanandoanyingineanawezakuwanamashambayakealiyogawiwak isheriawakatiwakuachana. Basihilohubakiachiniyaumiliki wake, labdaaamuemwenyewekuwaamilikimumewewasasa au kwapamoja meaning "a woman who was previously married might have farms that she acquired legally during the divorce process. She has the right and is allowed to continue to own the land unless she decides to transfer ownership to current husband or have joint ownership." concurred men discussants in Mchenganyumba .*

They also reported that Government and Islamic laws were also used to govern access and control of households' resources if divorce occurs. In Islamic law the household resources are divided in three lots one each for husband, children and wife/wives woman is awarded one third. According to this law the one third is meant for all the wives the man has, hence the divorced woman might access and control minimal resources.

### i. Food Availability

The major family food crops grown in the two districts are cereals (maize, millet/sorghum, rice), roots (cassava, sweet potatoes) legumes (green gram beans, chick peas, pigeon peas, bambara nuts) and groundnuts. The major cash crops are cashew nuts, sesame, coconuts and chick peas. The districts also have many fruits including mangoes, oranges, papaya, bananas and breadfruit. Vegetables are plentiful during the rainy season. During the dry season they use wetlands for gardens to grow vegetables for home consumption and sale. The wetlands are owned by few richer men and smaller farmers, mostly women hire plots on seasonal basis.

The decision on what to grow for both food and cash crops is made by men. They make the decision because they are the heads of the household, the owners of land and the overseer of all financial matters in the household. The reason given by some boys in the boys' FGD was that women have low confidence and this might contribute to their low capacity to plan.

Though most discussants said it was men who decide on what and where to grow crops further probing revealed that men consult women first for fear they might refuse to collaborate during farming.

*"mama lazimaashirikishwenaakubalimaanaakikataahuyo baba hawezikulimapekeyake"* meaning *"men consult their wives because if she refuses they cannot farm alone"* said an elderly woman participant and was supported by others"

*"ukiwaachawanawakepembeniutazuautata"* meaning *"if you omit women in deciding what to grow it might result in chaos."* said male discussants in Mchenganyumba

The decision on what and amount to sell for both food and cash crops is made by men. They make the decision because they are the heads of the household. Group discussants said that food crops are sold when there is good harvest or if there is an emergency situation such as unpaid school fees and hospital bills. Cassava, maize, rice, green gram beans, and millet are the main food crops that are also used for sale. All cash crops are sold after harvest.

Regarding farming activities all FGDs and KI concurred that the main situation when women make decision themselves on what to grow is in vegetable gardening which is carried out in hired wetlands during the dry season. Women also decide on the amount of vegetables to use for home consumption and amount to sell. They use the money they get to purchase some of the household needs including food usually in consultation with the men.

## **ii. Food uses**

The major source of food eaten in most households is from own farms. Lindi region has two agricultural seasons, the rainy season "Kifuku" and dry, post harvest season "kiangazi". During the dry season there is plenty of food in quantity and variety of fruits as listed above in the section on food availability. Fresh vegetables are scarce during this season as they have to grow in wetlands or buy from vendors. During the rainy season which is the farming season many households experience shortages of cereals and legumes and have to buy food from shops. Fresh vegetables are plenty (cassava, pumpkin and pigeon peas leaves). Men are the ones to decide how much food can be purchased because they are the ones who work as labourers to get extra income.

When discussing on main uses of food there was general agreement that food from own farms is mainly for food. When the harvest is good, some families sell the excess food crops especially cereals, legumes and cassava to get more income and use the money to purchase other essential household items, pay hospital bills and school fees. However, both male and female participants said there are other families that sell food despite low harvest. They would then have to work as

labourers during the rainy season and get money to buy food which is usually more expensive than the amount they received when they sold their food after harvesting.

Families usually eat 3 meals per day in the dry season while during the rainy season they eat 2 or even just 1 meal per day. Study participants said that household food distribution arrangement is the same for the two seasons and is influenced by their culture. In small families they usually eat together and in big families men of the household are served separately from women and children. When men and boys are served separately there is a tendency for women to give them more food.

*“kwakawaidawulanananawanaumewanakulachakulakingikwahiyoujazowasahaniyaolazi mauwemkubwa”* meaning *“boys and men eat a lot so their plate has a bigger portion than that of women and girls”* said women discussants in Michehe and Mchenganyumba villages.

Decision who is to eat what in the household is made by women but it is greatly influenced by the two seasons. During the dry season women decide what to cook because there is plenty of food. During the rainy season decision is made by women but they have no control over the decisions. They must consult the men who buy the food.

In two villages (Nahukahuka and Kiwawa) participants said when there are food shortages during the rainy season in some households there is also change in distribution of food, Children and pregnant women are given priority by giving them two or three meals while rest of meal resort to only one meal per day.

This study showed that after harvest, the decision on what is to be sold or be stored is made by men because they are the household heads. The women discussants said culturally it is not among the responsibilities of married women to decide on use of farm produce because even if women decide they may be overruled by men.

*“Mama anaweza akamshauri baba lakini baba anawezakukataa na kuchukua maamuzi yake”* meaning *“the woman can advise the husband but if he refuses he can take unilateral decision”*

Some of the men in Lindi Rural villages said the other reason why men make decisions on what to be sold is that some men fear that when women are allowed to sell crops some hide some of the money. However, in some families men and women decide together on what to sell and how to use the funds from the farm sales. This type of arrangement was said to be happening mostly among the younger couple villages and in villages where most families' harvest suffices to next season harvest.

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### **5.3 Men Involvement in Nutrition Activities**

The nutrition related activities mentioned by study participants as being done by men include acquiring land for farming, farming, and working as labourers for additional income for the family, bringing/buying food. Some men also assist in household chores when women are pregnant such as fetching firewood and water especially those with bicycles and motorbikes.

Women nutrition activities are caring and feeding of children, planning and preparing meals in households, maintain household hygiene practices farming and working as labourer for additional income for buying food and other needs. Women also work in vegetable gardens in the wetlands during dry season as an income generating activity as the vegetables are sold for cash.

Women of childbearing age and some younger (below 35) men from Kiwawa, Mchenganyumba and Makanjiro said that some men give more food to pregnant women, and escort women for delivery at the health facilities. Other men discussants said that there is no need to reduce women workload during pregnancy as this was seen as a normal process and women are expected to manage. They said that women who request for help are told “*Usideke deke*” meaning “*don’t behave like a spoiled child.*” Such men were said to send their pregnant women to their parents or mother in laws to be cared for. Interestingly older women in one village (Kiwawa) concurred that the generation of younger women has resorted to family planning as a means of resting their bodies after one pregnancy.

“*Sikuhizwanawakehutumiauzaziwampangokamanjiamojawapoyakujipunguziakaziyakube bamimbanakufanyakazinyingi*” meaning “*nowadays women use family planning to rest their bodies before another pregnancy.*”

Factors which hinder involvement of men in nutrition activities include; lack of nutrition knowledge and division of labour which defined activities predominately performed by men and or women. If men perform activities performed by women, the community was reported not to respect them and were termed various names such as “*Bushoke*” “the man who has been over-powered by women using witch craft “*amelishwalimbwata*” or “*Mwanaumeanawivu*” “the man is jealous.”

### **5.4 Opportunities/entry points for change**

Opportunities for mainstreaming gender in the project area were explored in the process and Income Generating Activities came up as the most popular opportunity. Income generating activities (IGAs) that women are involved are intended to empower women and guarantee them with flow of income. It was said that women have control of the expenditure of the income generated through IGAs and this does empower them. It was further mentioned that the income is used to purchase some household needs including food. This helps to improve the nutritional status of their households. IGAs that women were involved include: vegetable gardening, food vendors e.g cassava, sweet potatoes, fish, chicken, pancakes, bread, *maandazi*, brewing, chicken rearing, picking and selling cashew nuts, soap making, sewing, saloon, drying of vegetable weaving mats.

The Key Informants interviews together with FGDs revealed that some men do not allow women to engage in IGAs as it challenges the traditional role of the husband as the “breadwinner”. The available information that women do contribute income from IGAs to meet some of the household needs including food could influence men to support women’s IGAs by performing some of the duties done by women such as fetching of water and firewood.

Opportunities for women to get resources for engaging in IGAs were also mentioned. These include; land and water availability for gardening; availability of loans from Village Community Bank (VICOBA) presence of partners like Save the Children, Aga Khan Foundation, TASAFIfakara Health Institute, LISAWE and other financial institutions. These partners can collaborate in building capacities of women on income generating activities. They can educate women on entrepreneurship skills and provide variety of seeds for gardening.

Several challenges for engaging in IGA exist in the project area. There is a concern that partners select few households, most involve women only and issues of sustainability are not well incorporated and discussed with villagers. They said for example Save the Children’s Care Group model has been initiated in some villages. A group of 15 people received training on how to start vegetable gardens and chicken. But men are not among direct beneficiaries.

Sometimes men do not allow women to be engaged in IGAs groups. Women workload also hinders women from participating fully in IGAs.

Most women lack capital and have inadequate basic literacy/numeracy skills, entrepreneurship skills including record keeping and financial management of their projects, “*Mali biladaftarihypoteabilahabari*” said one male discussant “*property without documenting gets lost without noticing*”. Also there is no reliable market for most of IGA products due to lack of buyers and external markets are far away. Inadequate basic education of IGA participants was mentioned by some discussants.

Another challenge mentioned in Makanjiro village was that community fear in enrolling in IGAs that requires them to get loans through banks.

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*Kijijichetukimeteuliwakwamajariboyamkopowaserikaliyuwezeshajilakiniwatuhawajian dikishikwasababuwanahofuwasi polipabaadayamwakammojawatafungwa*” literary meaning “*Our village has been selected to pilot a Government entrepreneurship loan. Many have not registered themselves because they have heard that, if the loan has not been paid in one year they may be sent to court*”.

In order to address the above challenges participants suggested the following: VICOBA and financial institution be mobilized to provide loans to women; provision of entrepreneurship skills, building skills of women in gardening and village government to find reliable market for IGA products. Also there is need to sensitize and educate men on gender relation, importance of reducing women workload and supporting women in some household livelihood duties so as to allow women to participate fully in IGAs. Male participants suggested that the HANO project could change its approach such that more men are enrolled as community volunteers. The sensitised men could then cascade the messages to other men in the villages.

## **6.0 RECOMMENDATIONS**

The study has identified various negative gender norms including; unequal distribution of household roles, intra household food distribution that favours men and men making decisions in almost all household matters. Therefore, the following recommendations are made:

1. It is recommended that the HANO project addresses these gender norms through educating and sensitizing both women and men in discouraging negative gender norms and incorporating activities which promote positive social norms. An example of these activities is establishing community mobilization groups consisting of men and women which will reinforce and encourage men and women to collaborate in decision making.
2. The HANO project has helped women establish small groups to start gardening as one of the opportunities for empowering women to get extra income for household food and other needs and gives nutrition education to the women groups. However men felt that they were left out. It is therefore, recommended that HANO considers inclusion of men in education and sensitization activities notably for IGAs to highlight the justification of the selection criteria and the benefits of empowering women economically. This might strengthen women participation in project activities freely, entice men to relieve women work, attain more household income which may be used to diversify family meals.
3. The useful existing Government by-laws/regulations at the community level notably men escorting pregnant women during the first antenatal visit and during delivery are important and are implemented by the community themselves. When men are not abiding to these by-laws they are fined by the village government. It is recommended that they be widely reinforced to include all men.
4. The study found that religious teachings are used to address gender norms and inequalities. These regulations are useful for enforcing participation of men in caring of women and children. Also enforce equal access and control of household assets. It is recommended that HANO organizes a seminar to disseminate the findings of this study and solicit intensified support through their teachings to their respective religious members.
5. The study shows that, women are engaged in various entrepreneurship activities including gardening of vegetables and petty trading as well as joining VICOBA. Through these activities they get extra income for household food and other needs which contribute to nutrition well being of household members. However, major challenges were reported. It is recommended that, HANO project or any other partners working in the same project area empower women groups' capacity in different entrepreneurship skills including; acquisition of capital, financial recordkeeping and customer care; formation of co-operatives and associations to assist them in accessing the markets both technically and physically.

6. The study showed that, in some household with young couples, shared decision in various household matters such as care and feeding of children, sale of farm produce and use of household income. Hence, it is recommended that, young couples be sensitised to become change agents in their communities on shared decision making at household level.
  
7. The study shows that, in big families men and boys of the household are served separately from women, girls and children. This was reported to be influenced by culture and inherited from generation to generation which takes time to change. When men and boys are served separately, there is a tendency of giving them more food than the women and girls. It is recommended that, when initiating projects, there is need to include cultural aspects related to intra-household food distribution during the baseline study and sensitisation on equal food distribution among men, women, boys and girls.

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## APPENDECES

### Appendix I: List of Data Collectors

NAME	PHONE	EMAIL
Gaudence.D.Magwaja	0652 979887	magwaja87@gmail.com
Rehema Gelas	0682 950507	angelrayg@yahoo.com
Nancy Uri	0713 897705	nncurio.nu@gmail.com
Leonard.F.Kissingi	0713 779247	kissingileonard@gmail.com
John Mwakitalu	0658 946605	mwaki.da2@gmail.com
Denis Mwasha	0657 628622	dmwasha20@gmail.com
Juhudi Mfaume	0682 060882	juhudimfaume@ymail.com

## Appendix II: list of Key Informants

### **Kiwawa Village**

1. Ahmed Rajab Koa
2. Abdallah S. Ng'kwile
3. Ahmed S. Tende
4. Mohamed Issa Michenje
5. Abdallah Saidi Kaliatu
6. Mzee Mohamed Katuli
7. Rashid Mohamed Kilemi
8. Zena Bakari Chenela
9. Somoe Said Mtumbike
10. Sophia Saidi Michenje
11. Esha Bakili Mchipi
12. Zuhura Ismail Manyozi
13. Zena Sadamuhusein
14. Juma Mohamed Kilete
15. Saidi Nanyambo
16. Hassani M. Mtanga
17. Hamisi Majonde
18. Abbas Saidi Abdulrahaman
19. Fadhili Nakamba

### **Michehe Village**

1. Abdalla Chitukuta
2. Rashid Chemela
3. Ismail Litamba
4. Salumu Chipenya
5. Mohamed Mtuluya
6. Hassan Mpetuka
7. Mussa Lukongo
8. Hassani Maichi
9. Saidi Mpeje
10. Ally Maunde
11. Issa Mpetuka
12. Saidi Mkuwata
13. Mohamed Juma
14. Hamad Mambo
15. Musa Kunyimbili
16. Tabia Nalipa
17. Habiba Sefu
18. Mwanaidi Ngambale
19. Esha Mtochi
20. Mwanaibu Daudi

### **Mkwajuni Village**

1. Abdallahamani Naweka
2. Abdallah Kacholela
3. Muhibu J. Linowa
4. Selemani B. Mtanda
5. Abdallah O. Muhijeje
6. Bakili H. Chingowa
7. Robert Max

### **8. Gefu D. Paulinus**

9. Rukia Mageni
10. Maimuna Kaliasi
11. Dister Hahehe
12. Esha S. Limama
13. Salima Malilida
14. Ali Bakari Namenga
15. Salum Mohamed Abeid
16. Rashid M. Chimande
17. Asha A. Mwanyile
18. Fransia Kauzeni

### **Mahumbika Village**

1. Saidi H. Nandonde
2. Hamisi Issa Chonde
3. Hamisa N. Kipolola
4. Asha Saidi Kulanga
5. Fatuma Hamisi
6. Theresia Mahunila
7. Ally Saidi Kuhangaika
8. Sylvester Hokororo
9. Mohamed Ismail Mlaponi
10. Hamisi Ndale
11. Mussa Mohamed Namanga
12. Hemedi M. Kupya
13. Athuman A. Mpandamila

### **Mchenganyumba Village**

1. Hassani Hussein
2. Ahmadi Abdallah
3. Cosmas R. Hokororo
4. Athumani Mussa
5. Semani Ally
6. Hassani Rumbona
7. Bakari Juma
8. Rajabu Ally Kunongwa

### **Makanjiro Village**

1. Juma A. Ngutaya
2. Juma Nanyali
3. Mohamed A. Choni
4. Hemed A. Nangumbo
5. Sefu B. Konyombo

### **Naunambe Village**

1. Ramadhani Chand
2. Mwanahe Bakari
3. Mussa Selemani
4. Omari Maandiko
5. Mussa S. Mtula
6. Bushehe H. Marocho

7. Bakari S. Chikoma  
8. Selemani A. Kulasiku

9. Abdallah S. Kuchenganyonda  
10. Seif Ibrahim Mpura