IMAGES Country Study Documentation

Tanzania

2018

IMAGES International Men and Gender Equality Survey

1 KEY OBJECTIVES

The International Men and Gender Equality Survey (IMAGES) is a multi-country study on men's and women's realities, attitudes and behaviors around gender equality, including childhood experiences of violence, gender relations, partner relations and relationship satisfaction, gender-based violence and sexual behavior. IMAGES surveys are conducted together with qualitative research to map masculinities, contextualize survey results, and provide detailed life histories that illuminate quantitative findings. The questionnaire is adapted to country and regional contexts, with approximately two thirds of the questions being standard across settings.

There is a growing understanding of how gender influences men's and women's expectations, attitudes, and behaviors and how gender is a growing determinant of social and economic wellbeing.

1 KEY OBJECTIVES

Sustainable Development Goal #5 includes targets around the elimination of violence and harmful practices, recognizing and valuing unpaid care, ensuring women's participation in leadership and public life, and ensuring universal access to sexual and reproductive health and rights.

Alongside donor partners and civil society organizations, the Government of Tanzania has made important commitments to improve equality. The Tanzania Development Vision 2025 aims to improve gender equality and women's empowerment. National policy frameworks, including the Strategy for Growth and Reduction of Poverty, the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania, and the TACAIDS Gender Operational Plan for HIV and AIDS Response identify gender equality as a key development issue to address.

1 KEY OBJECTIVES

Led by the Ministry of Finance, the Government of Tanzania has also introduced Gender Responsive Budgeting to track and improve financial allocations in support of gender equality and women's empowerment.

Despite these strong commitments and some successes having been realized in the areas of research and global leadership, gender equality and its negative impacts still persist in Tanzania. UNDP's 2015 Gender Inequality Index ranked Tanzania 129 out of 159 countries. Rates of violence against women have not changed between 2010 and 2015 (ICF, 2015), and gender gaps in literacy and secondary and tertiary education enrollment and achievement remain (UNICEF Tanzania, 2011), as do high rates of unmet need for family planning, adolescent pregnancy, early marriage, and violence against women.

1 KEY OBJECTIVES

At the root of many of these issues are gender expectations, norms, and power dynamics which shape behaviors, opportunities, and material realities. Addressing these issues requires interventions that involve men and boys and considers deeply rooted gender dynamics between men and women across multiple dimensions of daily life. The role of men and their own gendered experiences, however, are rarely acknowledged in policies, programs, and public discourse.

The goal of IMAGES in Tanzania is to provide data and insight to understand how gender and masculinities impact a wide range of well-being and development outcomes. IMAGES is one of the most comprehensive household studies ever carried out on men's and women's attitudes and practices on a wide variety of topics related to gender equality.

1 KEY OBJECTIVES

The study's emphasis on understanding gendered dynamics influencing a wide range of men's and women's behaviors complements existing research and policy initiatives in Tanzania. In other settings, the data and conclusions generated from IMAGES have served as the foundation for program development and have informed national-level discussions and the development of new policies.

2 DATA COLLECTION

The IMAGES study in Tanzania collected data through both surveys and qualitative focus groups and in-depth interviews.

Baseline Survey

Surveys were undertaken using IMAGES baseline survey tools which were prepared and configured from September to October 2016. The survey included questions on sociodemographic information and status, childhood information (gender relations in childhood household, gendered experiences, discipline, difficult life circumstances), household relations (time use and division of labor in the household, final say in the household, empirical and normative expectations), parenting and relationship with children (antenatal care, time use and caregiving, non-residential biological children, child discipline techniques, empirical and normative expectations), women's participation and public life, laws and policies, violence in relationships (relationship control, violence against women, rape myths, empirical and normative expectations), health and quality of life (general health information, health seeking behavior, substance abuse,

2 DATA COLLECTION

Life satisfaction and locus of control, depression, sexual and reproductive health, attitudes about family planning, fertility aspirations and family planning, sexually transmitted diseases, abortion), attitudes on relations between men and women, life experiences (neighborhood violence, social cohesion), media exposure, and survey satisfaction.

The tools were piloted from October 25th to 27th in Kyansozi sub-village, Ruija B in Kyansozi village, Maruku ward, and the Kagera region. Supervisors and interviewers were trained in Bukoba from October 31st to November 12th.

Training included a two-day practice session for interviewers, during which 51 non-sample respondents were selected using a random walk approach and interviewed in Maruku Ward, Bwigamba, Ihagama, and Kihwa sub-villages for males and in Nkalaba, Kawaya, and Maiga sub-villages for females. This resulted in a total of 22 adult females, 6 adolescent females, 16 adult males, and 3 adolescent males participating in the practice sessions.

2 DATA COLLECTION

The pilot and practice sessions were used to improve and customize field protocol, add and remove questions, contextualize response lists and question text, improve translation, fine-tune Surveybe instruments, and determine the estimated length of one interview.

Data was collected between November 14th and December 22nd, and data was cleaned from November 14th 2016 to January 16th 2017.

2 DATA COLLECTION

The project was led by two co-team leaders, two CAPI experts, one project coordinator, and two data processing officers. Interviews were conducted by 24 interviewers, 12 men and 12 women divided in four teams, led by four supervisors (two male and two female) and helped by four assistants who were of the opposite sex selected among the interviewers.

Respondents were selected through multi-stage sampling. First, five regions were selected with purposeful sampling consisting of Dar es Salaam, Iringa, Dodoma, Tabora and Kagera. Second, from these regions, 66 clusters (villages/"mtaa") were selected in consideration of their population size through Probability Proportional to Size (PPS). 56 villages and 10 replacement villages were randomly selected based on their size across 23 districts and 53 wards.

2 DATA COLLECTION

Third, two sub-clusters/sub-villages were then randomly selected from each cluster using Surveybe, resulting in 112 sub-clusters/sub-villages. Fourth, respondents were identified through a random walk method, ensuring that 30% of respondents were adolescents.

Level	Selection Method	Number
Region	Purposeful	5
Village	PPS	56 + 10 for replacement
Sub-Village	Randomization Using Surveybe	112 (2 per cluster/village)
Respondent	Random walk ensuring 30% of respondents were adolescents	18 per sub-cluster/village

2 DATA COLLECTION

PPS methodology was used to select villages to include in the sample and was useful given that the selected regions present high variance in population distribution. PPS sampling has the advantage of attributing different probabilities of selection to communities according to their respective size. Census data from Ifakara Health Institute (IFH), who published the Population Distribution of Tanzania Regions by District, Ward and Village/"Mtaa" based on the 2012 census, was used. This dataset contains information about population distribution over 16,438 villages/"mtaa". In the first stage, PPS selected clusters by giving a higher probability of being sampled to larger clusters. In the second stage, the same number of individuals were sampled per cluster, with individuals in larger clusters having a smaller probability of being sampled.

2 DATA COLLECTION

PPS was run through STATA by generating the sample over the identified clusters, including the 10 replacement villages, and confirming that the sample did not include duplicates and that all regions were represented.

In rural areas, a local authority or chairman assisted in compiling a list of sub-clusters (sub-villages). In urban areas, the supervising researcher used existing administrative sub-divisions to define sub-clusters. If there were no clear administrative borders in an urban area, the supervisor sought the help of a local leader to identify boundaries of sub-clusters that did not exceed 120 households. The supervisor then assigned a number to each defined area (e.g. “Block 1”, “Block 2”, “Block 3). In some villages, for example, Dar es Salaam, it was challenging for fieldworkers to receive the assistance of local leaders in developing a list of sub-clusters on Saturdays since they are not working days.

2 DATA COLLECTION

Once a list of sub-clusters was developed, they were entered into Suveybe. Surveybe was then used to randomly select two sub-clusters from each cluster, and randomly assign one sub-cluster to be used for male respondents and the other for female respondents.

A team of three interviewers was assigned to each sub-cluster. Given the sensitivity of the topic, teams consisted of male interviewers for those interviewing male respondents, and of female interviewers for those interviewing female respondents. Interviews were carried out to men and women in different sub-clusters to avoid bias. A random walk approach was used to identify 18 respondents in each sub-cluster. Teams met the village/"mtaa" leader and asked about the size of households in the village. Next, boundaries and internal markers of the village/"mtaa" were drawn with the help of the local leader.

2 DATA COLLECTION

If an existing map existed it was copied by the team, otherwise, a sketch in the ground was made, edited, and recorded on paper.

Once a map was created, the team drew a grid of four evenly-spaced horizontal and vertical lines, within which the intersections were identified and numbered. The team took a picture of the map, which was used to identify starting points (intersections) for identifying respondents. The intersection numbers were written on pieces of paper and randomly selected by the team to find three starting points, one starting point per sub-cluster/village. Each interviewer conducted their first interview on the starting point they were allocated.

In urban areas, the number of households was divided by 18 and rounded to the nearest integer. If a number was higher than 8 it was rounded to 8, and if lower than 4 it was rounded to 4.

2 DATA COLLECTION

This number was used as the interval *n* between houses during the random walk. In rural areas, the minimum value for *n* was 1 instead of 4. Then, if the number of letters in the name of the village was even, the interviewer walked in the direction of the center of the village, and if the center was his/her starting point, they walked away from the center. If the number of letters was odd, the interviewer walked away from the center.

Regional, District, and Ward level officials were informed of the survey and the arrival of data collection teams. The supervisor notified local authorities one day before interviews began. Interviewers sampled every nth house on the right side of the road, and at every 3rd path that intersected the road, turned right. If interviewers came across a road they had already sampled, they turned right or left to avoid it and continued.

2 DATA COLLECTION

If they reached a boundary or dead end, they turned around and continued sampling houses on the right side of the road. On the first day of interviewing, the researching supervisor flipped a coin to determine whether interviewers should start identifying adult or adolescent respondents. If the outcome was “heads”, interviewers would identify an adult, adult, and adolescent on the first day and adolescent, adult, and adult on the second day. If the outcome was “tails”, the interviewers would identify an adolescent, adult, and adult on the first day, and an adult, adult, and adolescent on the second day. A coin was flipped for each sub-cluster/village.

Six households were assigned to each interviewer. Once a house was identified through the random walk, all household members that met the eligibility criteria were entered into Surveybe, which would randomly select an eligible respondent to interview.

2 DATA COLLECTION

In order to qualify as a respondent, individuals had to be between ages 15 and 49 years old (15-19 years for adolescent interviews and 20 to 49 for adult interviews); male gender in the sub-clusters allocated for male interviews and female gender in the sub-clusters allocated for female interviews; being a Kiswahili speaker; and immediately available or temporarily unavailable to be interviewed.

If there were multiple 'households' living in one 'house', interviewers selected one household by listing the households in alphabetical order using family name and using a random sampling method to sample one household. This method may have included spinning a pen or bottle or choosing a number or letter related to the day of interview. If the selected household needed to be replaced, the interviewer moved to the next house.

2 DATA COLLECTION

If a house was empty when the interviewer arrived, he/she moved on to the next house. If an appointment was made to conduct an interview in the future but the respondents did not arrive, the interviewer replaced the household with another. If an individual could not be interviewed because he/she refused or was not physically or mentally capable, he/she was replaced with a second member of the same household. If the replacement was also unable to be interviewed, the interviewer visited the house physically next to the one that was not eligible. If the interviewer was unable to find an adolescent respondent after five unsuccessful attempts, he/she could switch to an adult respondent.

The interviewer explained the study and sought respondents' own consent (both adolescent and adult respondents) before proceeding.

2 DATA COLLECTION

In order to interview adolescents under the age of 18, interviewers secured consent from their parents. If the interviewer was looking for an adolescent respondent but only his/her parents were present, the interviewer made an appointment to return. If the parents were not available to provide consent to interview an adolescent, the interviewers attempted to contact the parents. A consent form was read to parents/guardians that explained the study and informed them that the interview with their son/daughter must take place in privacy. Parental consent was not required when the minor acted as the head of the household or was running his/her own household.

2 DATA COLLECTION

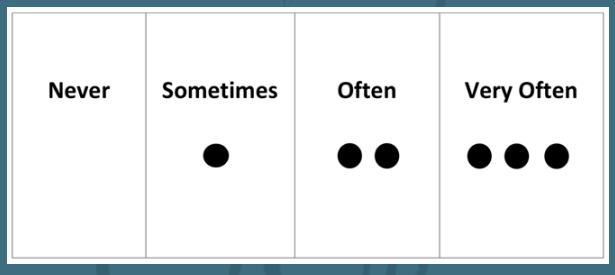
Interviewers maintained the confidentiality of respondents by ensuring that privacy was guaranteed and there was no disruption from supervisors during the interview, and further explained to respondents that their answers would be assigned a unique identification number so that his/her name would not be linked with the associated answers. Respondents were provided with contact information if they had further questions about the study. If the respondent's child was present, he/she was allowed to remain if under the age of 2.

Before each interview, respondents were told about the importance of the information being collected to both his/her society and nation. Interviewers explained that the data collected would be used to study men and women's health, family, and relationships and that the outcomes would be used to design future health and community programs.

2 DATA COLLECTION

Interviewers attempted to create a relationship of mutual respect between him/herself and the respondent and were trained to use effective communication skills. The interviewers explained that the risk to the respondent is that he/she may feel uncomfortable answering some of the questions, the respondent's participation was voluntary, there was no cost to participate, and that he/she may skip over any questions or ask to stop the interview.

The following displays the visual aids that were provided to respondents.



2 DATA COLLECTION

Strongly agree	Agree	Disagree	Strongly disagree
			

NEVER	ONCE	2-10 TIMES	OFTEN
			

VERY SATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED
			

NEVER	ONCE	A FEW TIMES	MANY TIMES
			

Rarely or none of the time (Less than 1 day)	Some or a little of the time (1 – 2 days)	Occasionally or a moderate amount of time (3 – 4days)	Nearly every day or all of the time (5 – 7days)
			

2 DATA COLLECTION

Interviewers recorded interviews as “Complete”, “Respondent Unavailable”, “Respondent Unavailable (Appointment)”, “Household Not Eligible”, “Incomplete”, “HH or Respondent Refused”, “Other Member Refused”, or “Other Reason Not Interviewed (Specify)” after visiting a household. If the interviewer noticed anything unusual, he/she recorded it in a comments box. This included any interviews in which an interpreter was used and whether the use of an interpreter influenced the responses provided, any missing fields and why they are missing, and any unusual responses after the interviewer confirmed that the respondent understood the question(s).

Interviewers did not move on to the next respondent until they had either completed an interview with or made an appointment with the targeted respondent, or if they reached the maximum number of attempts of replacement (10 attempts).

2 DATA COLLECTION

After an interview was complete, the interviewer marked the house with chalk on the ground so that another interviewer would skip that house.

Overall, the team completed data collection on schedule and data was found to be of high quality. The village of Ubinga presents a small exception since bad weather induced a delay and interviewers were unable to complete the second day of interviews consecutively.

Some minor modifications to the questionnaire were made after fieldwork had begun. One variable was added to facilitate appointments with respondents after the end of the first day of interviewing. The description of the variable related to the comparison of the level of education between the respondent and his/her partner was improved and added to the manual on November 23rd.

2 DATA COLLECTION

Additional options were added for three questions on November 23rd, and variable enablement was changed for one variable on November 17th and for two variables on November 29th. Additionally, a more relaxed procedure was utilized in the first week of data collection in order to reach targeted adolescents. This was resumed to normal rigor by the second week after the school closed for a holiday period and adolescents were more readily available.

Qualitative Focus Groups

The qualitative study was undertaken in partnership with Dr. Adalbertus Kamanzi, formerly of the Institute for Rural Development Planning in Dodoma (IRDP). Focus group discussions and in-depth interviews with male and female adolescents and young adults ages 15-24 were conducted.

2 DATA COLLECTION

Focus groups and interviews took place across two of the five regions represented in the overall study, Dodoma and Kagera. This research focused on understanding the gendered norms and dynamics shaping the lives of Tanzanian adolescents and young adults. Overall, nearly 200 young men and women participated in the focus groups and interviews.

Participants were recruited through a multi-stage process. First, eight communities in Dodoma and Kagera were purposively selected to capture urban and rural areas. The research team then approached local leaders in the selected communities to inform them of the study and to request permission and support in recruiting and conducting the focus groups and interviews. Local leaders referred the team to possible participants as well as other community stakeholders who helped with recruitment.

2 DATA COLLECTION

The research team leader, a trusted individual from the respective communities, visited households identified in the list of potential participants to extend invitations to focus groups and interviews. Focus groups and interviews were conducted in Kiswahili by a team of four trained qualitative researchers from IRDP. Interviewers were matched by sex to the participants and supervised by an experienced, senior gender researcher at the university. The team received additional training on the study tools as well as on gender, social norms, and research ethics.

A total of 24 focus group discussions were conducted between August and December 2016 in urban and rural settings in Dodoma and Kagera. Discussions were separated by gender and age (15-19 and 20-24) to foster open communication. On average, there were 7-8 participants per group.

2 DATA COLLECTION

Focus group facilitators used activity-based and research vignette research methodologies. Each group participated in a time-use reflection activity to compare typical days of men and women their age and discussed three vignettes which presented fictional anecdotes relating to adolescent pregnancy, sexual relationships, condom negotiation, and violence in relationships. Vignettes were developed from team discussions, a review of relevant and country specific research, similar vignette examples, and consultation with social norm experts, and were refined after piloting.

A total of 16 in-depth interviews were conducted between August and December 2016 in urban and rural communities in Dodoma. In-depth interviews were conducted with married and unmarried men and women ages 20-21 using semi-structured interview guides.

2 DATA COLLECTION

The interviews were designed as “mini” life history interviews and asked participants to reflect on their lives since the age of 15, including their perceived transitions to adulthood and changes in family life, relationships, aspirations, expectations, and emotions.

All focus groups and interviews were recorded with permission, transcribed, and translated into English by the research team. Transcripts were reviewed for accuracy and completeness by the senior researchers.

3 SAMPLE SIZE AND LOCATION

Data from the IMAGES baseline survey was collected from 2,016 respondents from ages 15 to 49, 1,008 of whom were male and 1,008 who were female, in 56 villages (“mtaa”) across five regions of Tanzania. These regions were Dar es Salaam, Iringa, Dodoma, Tabora and Kagera. In total, 36 1.5 hour-long interviews were conducted from each sub-cluster/village, 18 of which were with male respondents, and 18 with female respondents. The population aged 15-19 represents 30% of the total sample with a total of 672 adolescent respondents, 336 male and 336 female.

4 RESPONSE RATE

A total of 2,354 households were visited and 2,016 interviews were conducted for the IMAGES baseline survey. Of the remaining, 67 respondents were unavailable, 11 took an appointment and were unavailable at the specified time, 251 households were not eligible, 7 households or respondents refused to participate (4 for household member listing and 3 for the survey), and 2 interviews were incomplete.

The following table shows a summary of the interview results:

Final Interview Result	Number of Interviews	% of Attempted Interviews
Completed	2,016	85.64
Respondent Unavailable	67	2.85
Respondent Unavailable (Appointment)	11	0.47
Household Not Eligible	251	10.66
Incomplete	2	0.08
HH or Respondent Refused	7	0.30
Total	2,354	100

4 RESPONSE RATE

The following table shows the number of respondents:

	Females	Males	Total
Total	**1,008**	**1,008**	**2,016**
-adults	672	672	1,344
-adolescents	336	336	672
Ever-partnered	**773**	**753**	**1,526**
-adults	634	631	1,265
-adolescents	139	122	261
Ever-married	**612**	**427**	**1,039**
-adults	570	420	990
-adolescents	42	7	49
Ever-cohabited	**608**	**470**	**1,078**
-adults	561	461	1,022
-adolescents	47	9	56
Have child/children (biological or not)	**669**	**454**	**1,123**
-adults	624	452	1,076
-adolescents	45	2	47

Information about the number of partial interviews, non-interviews (including respondents who refused or were unable to complete the interview), and other cases of ineligibility are unknown.

5 WEIGHTING PROCEDURE

Twenty different weights were computed based on sex (female, male), region (Tabora, Kagera, Dodoma, Iringa, Daar), and intervention type (adolescent, adult), resulting in 2x5x2 weights.

6 MISSINGNESS ASSESSMENT

Because unique surveys were developed for male and female respondents, there is missing data since some data was only collected from male or female respondents.

Ever-Cohabitated Skip Error

For 258 respondents (157 male and 101 female), data from question C3 (“Have you ever lived with an intimate partner?”) is missing. The question was supposed to be asked to respondents who were not married, have never been married, or currently lived with a partner, however it was not enabled for respondents who had a boyfriend or girlfriend at the time of the interview, not cohabitating, and who had never been married. Among the 258 respondents for which this data is missing, 80% are aged 15-25. The share of aged 15-25 respondents who had ever cohabitated represents 25% of the total sample who had cohabitated.

6 MISSINGNESS ASSESSMENT

The missing data therefore represents a smaller number of respondents who had cohabitated, especially for young respondents who had never married and where currently in a relationship.

EDI followed-up via phone with a random sample of 20% of the 258 missed respondents, conducting a number of additional checks to ensure they were speaking to the original respondent. For example, they were asked specific questions about the survey and the household roster. This follow-up process resulted in 70% of the sample successfully reached (35/52 total; 19/22 for females; 16/30 for males). 17 respondents were unable to interview over the phone (3 females and 14 males), with adolescent males the hardest to reach population. The unreached respondents were located in 10 villages in 4 regions.

6 MISSINGNESS ASSESSMENT

In a second round of follow-up, EDI conducted phone calls with the rest of the missing sample (n=206). 46 respondents could not be reached because 10 respondents provided the wrong phone numbers, 32 respondents were not reachable, and 4 respondents were domestic workers and had moved. In total, 212 of the 258 missing respondents were reached and 64 respondents (18 female and 46 male) could not be reached.

Never-Partnered Sexually Active Skip Error

For 455 respondents, data from sections H5 (sexual health), H7 (family planning), H8 (STIs), H9 (abortion), and G7 (use or experience of violence) are missing.

The question was not asked to respondents who did not have partners but were sexually active at the time of the interviews, who were then not asked about sexual behavior, reproductive health, and family planning.

6 MISSINGNESS ASSESSMENT

Follow-up was conducted by phone and questions were asked about whether the respondent's relationship status had changed since the date of the original interviews. Depending on whether the respondent was still eligible, the missing questions were asked.

Community Violence Skip Error

For 4,236 respondents, data from questions J1B ("In the last year, have you been involved in a fight with a knife gun or other weapon?"), J4B ("In the last year, did you witness someone being beaten, punched or hit forcefully, as part of a fight or altercation?"), and J5B ("In the last year, did you get beaten, punched or hit forcefully, as part of a fight or altercation?") are missing. The questions were not asked due to a routing error. No action was taken to follow-up with the missing respondents.

7 QUALITY CONTROL

Interviews were completed using EDI's CAPI electronic software Surveybe which includes built-in data consistency and validation checks and allows teams to upload data for further examination. Interviewers used Android tablets with Surveybe software to record interview responses. Automated routing and built-in consistency checks allowed for the identification of errors and missing fields during interviews, which interviewers could correct while collecting data. Electronic interview files were transferred to EDI's centralized data processing team using Dropbox. Files were encrypted so that they were not accessible to third parties during the study. The data processing team ran additional cross-checks over the data and provided instant feedback to the teams on an ongoing basis.

Survey procedures were developed and communicated to supervisors and interviewers such that procedures were implemented uniformly across all teams and that risk of bias was minimized. Interviewers verified that all data was correct before moving on to the next question in an interview.

7 QUALITY CONTROL

Direct observations took place during the first two days of data collection with a total of 18 direct observations completed. This reinforced adherence to protocol and improved interviewing techniques.

At the end of each day, interviewers checked their data and verified that it was true and fair, after which the supervisor reviewed the same data. When necessary, data could be returned to interviewers for correction. Supervisors checked interview files to make sure that interviewers were conducted correctly and completely, observed interviews as they were being conducted to evaluate the interviewer's method, re-interviewed respondents to verify the work of interviewers via phone call or in person, discussed interviewers' performance with them, and reported on interviewer performance to the management team. Data was also checked by a Project Coordinator and other team members to ensure quality. Each day, the supervisor conducted a group meeting with all the interviewers to provide advice and instruct on areas in which interviewers should adjust their methods.

7 QUALITY CONTROL

After the data was cross-checked in the field by a second interviewer and the supervisor and transferred to EDI headquarters, the data were checked on an ongoing basis by the data processing team using secondary checks in STATA. An additional check was further conducted by team leaders to ensure that all inconsistencies and errors were detected.

A shortened version of the baseline survey was created to re-interview randomly selected respondents and compare them with the original entries. 31 questions were selected for comparison. 228 respondents, almost 11% of the total sample, were re-interviewed for quality control. Most discrepancies were with respect to age and education, however, there was a low number of discrepancies overall. This suggests that the data recorded in original interviews were of a high quality. The location of re-interviews are listed in the following table.

7 QUALITY CONTROL

Region	Supervisor Re-Interviews	Headquarters Re-Interviews	Total
Dar es Salaam	58	27	85
Dodoma	38	0	38
Iringa	20	0	20
Kagera	13	0	13
Tabora	45	27	72
Total	174	54	228

EDI also conducted checks for each interviewer to identify and minimize bias, assessing the average length of interviews, the order of interviews (to test whether field protocol was followed), and patterns in questions that were skipped.

In the case that the data processing team found errors or inconsistencies, the corresponding fieldworker or respondent was contacted via phone to clarify or identify the correct response and the interview file was updated. The team also streamlined and translated open answers and comments where applicable.

7 QUALITY CONTROL

Consistent communication between EDI and the coordination team was maintained. Weekly reports presented fieldwork progress, and meetings between EDI and the coordination team took place weekly or as needed to discuss progress and adapt strategy as needed.

8 INTERVIEWER TRAINING

All supervisors and interviewers received training on the questionnaire content, the use of CAPI technology and electronic tablets, fieldwork procedures, and the ethics and procedures of conducting research on sensitive topics, including violence. The training also included sessions on gender, violence, and sexual and reproductive health in order to create awareness and comfort among interviewers, preparing them to administer questions on these topics openly and respectfully.

Supervisors were trained to randomly select clusters and sub-clusters and sketch maps for identifying starting points and intersections for interviewers. Supervisor assistants were trained to aide in the creation of maps and identification of intervals.

8 INTERVIEWER TRAINING

Interviewers were trained on procedures for creating and identifying respondents through the random walk approach, including drawing maps of the communities in which they worked, intervals between houses that were sampled, and choosing the age (adult vs. adolescent) of respondents. Training was also provided on replacement procedures and maintaining confidentiality of interviewee answers.

Interviewers were also provided training on interacting with respondents and effective communications skills. Specifically, this included information about how the impression that an interviewer has on a respondent affects the respondent's attitude and willingness to answer questions during the interview.

8 INTERVIEWER TRAINING

Interviewers were instructed to introduce themselves and explain the purpose of the interview, how long it would take, what was involved, and that any information shared was confidential. Interviewers thanked respondents after the interview was conducted.

They were also trained about the importance of verbal and non-verbal communication and the factors that may influence a respondent's behavior which may cause him/her not to answer openly, including the expectation of getting something from the interviewer, suspicion of what the interviewer wants, a feeling of being socially inferior to the interviewer, and a desire to not disappoint the interviewer.

8 INTERVIEWER TRAINING

Interviewers were trained how to use a conversational tone, maintain eye contact with respondents while reading questions exactly as they were written and while listening to their responses, and simultaneously being fully polite as well as firm in order to receive a truthful answer. They were given permission to probe respondents if they felt that his/her answers were not truthful or complete.

Interviewers were provided instruction on how to remain objective throughout the interview process by refraining from showing surprise, approval, or disapproval about respondents' answers. Interviewers were also told not to provide his/her own opinion on the topic, or if necessary, to wait until the end of the interview to provide personal opinion, and to avoid preconceived ideas about a respondent's ability to answer certain questions or the kind of answers he/she might provide.

8 INTERVIEWER TRAINING

Instructions for maintaining professional demeanor were provided and included showing courtesy to respondents and others present, avoiding disturbing or upsetting anyone, having proper dress, exercising patience, avoiding antagonizing the respondent or leading him/her to provide inaccurate answers, avoiding involving oneself in discussions around politics or religion, refraining from discussing answers given by a respondent to anyone except for the supervisor and project management team, avoiding street jargon (such as “poa” and “bibi”), and declining gifts or money.

Further training was provided for how to conduct the interview itself. This involved reading the questions exactly as they were written, reading the questions slowly if the respondent didn’t understand, retaining the order of questions, and refraining from passing a question.

8 INTERVIEWER TRAINING

Interviewers were trained to control voice intonation and reading the questions in a clear and comprehensible manner. For respondents who needed encouragement or look tired, who are talkative, or who respond by crying, interviewers were instructed to keep them interested, cutting down answer time when necessary, and providing time for the respondent to show emotion respectively.

Although interviewers were trained to manage situations that may have arisen due to the sensitive nature of the questionnaire, no such adverse events were reported.

9 DATA COLLECTION PARTNER

Economic Development Initiatives (EDI) United Kingdom and Bukoba, Tanzania served as a partner for data collection. EDI and Promundo-US developed the survey instruments, processes, and manuals; updated and configured the questionnaires in the data collection software Surveybe; translated updated questionnaires into Swahili and conducted back-translation and cross-checking of the translation; piloted the instruments; and updated manuals for field teams.

Uzazi na Malezi Bora Tanzania (UMATI), the Tanzania Commission for AIDS (TACAIDS), and the Institute of Rural Development and Planning contributed to the development of the questionnaire, report, and research process. Funding for the project was provided by the Bill and Melinda Gates Foundation.

9 DATA COLLECTION PARTNER

The qualitative study was undertaken in partnership with Dr. Adalbertus Kamanzi, formerly of the Institute for Rural Development Planning in Dodoma (IRDP).

Individuals within the EDI team who instrumental in this study:
- Co-Team Leaders: Respichius Mitti & Johanna Chourmert Nkolo
- CAPI Experts: Marie Mallet & Linda Terenzi
- Data Processing Officers: Priscar Roman & Alice Sumbatala
- Project Coordinator: Abraham Ngowi

10 ETHICAL APPROVAL

Ethical approval was obtained from the Tanzanian Commission for Science and Technology (COSTECH) with support from IRDP. Informed consent was obtained and recorded from all participants, who were assured that participation was voluntary and that they could refuse to answer any question or terminate the interview at any point. Parental consent was required for respondents under the age of 18 except minors who were living on their own or considered the 'head of the household'.

The research team followed standard ethical procedures for research on intimate partner violence (IPV) outlined by the World Health Organization (WHO, 2001). For the survey, men and women were sampled from different sub-clusters to avoid interviewing men and women from the same communities, alerting others to the content of the study.

10 ETHICAL APPROVAL

Interviews were carried out in private, quiet spaces (only children younger than 2 years of age were allowed). All survey participants were offered a list of relevant services in their area, including health clinics and social welfare offices. Interviewers participated in sessions led by a trained mental health professional about vicarious trauma and self-care methods for researchers of sexual and intimate partner violence before and after data collection and were able to seek additional individual support as needed. Supervisors received additional training in conducting debriefing sessions and supporting the health and wellbeing of their teams.

Finally, survey data files were encrypted, and thus no study-related information could be accessed by third parties, including interviewers, at any point during the project.

11 NOTES ON STUDY

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

Given the wide range of gender-related topics already covered in IMAGES, the diversity in traditions and experiences across communities in Tanzania, and the population-based nature of the sample, the study was unable to address at all or in sufficient depth several important priorities to government and civil society stakeholders, including female genital cutting, early and forced marriage, and the experiences of people living with HIV and AIDS.

11 NOTES ON STUDY

The study is, however, able to contribute a gender and masculinities lens to existing and new research, programming, and advocacy in these areas.

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

EDI Global

A Mathematica Company

IMAGES International Men and Gender Equality Survey