

Strengthening Institutional Dynamics to Mitigate Rapes among Women and Children in Zanzibar Tanzania

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ABSTRACT

Rape is both a human rights and health issue of concern among development actors at local, national, regional and global, levels. The paper examined the existing institutional dynamics in mitigating rape among children and women in Zanzibar. A case study design was used with a mixed-methods approach. The sampling procedures involved purposive and simple random sampling methods. The questionnaire survey, key informant interview and focus group discussion methods were used to collect data. Descriptive statistics and thematic analysis informed semi-quantitative and qualitative data analysis respectively. The findings revealed that rape is persistently a major issue affecting the community members including women and children in the study area. The factors contributing to rape include traditional beliefs, economic reasons, immorality and modernity. The findings revealed further that social and government institutional dynamics in mitigating rape mixed responses against rape from religious institutions holding a higher level of responses (4 levels) followed by Shehia, District and family scoring a moderate level (3 levels) of practices. The study concluded that rape among women and children are influenced by underlying factors including poor mitigating measures against rape among the relevant social and government institutions. The paper recommends for the adoption of proactive approach and results-oriented response to mitigating rape at an institutional level. This would involve the creation of a synergy between family members, government agencies and religious on planning, intervening, monitoring and reporting rape issues.

Keywords: *Institutional dynamics, Mitigations, and Rapes*

1. INTRODUCTION

The Global 16th goal of sustainable development is envisioned to attain peace, justice and strong institutions. According to the United Nations (2015), the world is expected to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels focusing on other targets to reduce violence, and protect children from abuse. Rape is one of the great violation of health and human rights affecting children and women in societies.

The concept of rape receives various interpretations among scholars. To others, rape is referred to as sexual abuse, in this perspective, Mangi et al, (2017) define sexual abuse as a violation perpetrated by someone with the power over another who is usually a vulnerable person This violation takes a sexual form and can include physical, verbal and emotional components. Rape is not a modern phenomenon

(Madan & Sinha, 2013). Rape is widespread in societies at varying extent. Rape as a violation of human rights is obvious both in the rights protecting institutions and in the body of knowledge informing researchers everywhere. Yet the context through which it develops and affect various actors in the community calls for a need by relevant authorities to address the factors underlying the state of affairs. According to the United Nations (2020), globally, one (1) in three (3) women are subjected to gender- based violence and one (1) in ten (10) girls experiences forced sexual acts. According to Jewkes (2012), there are various factors associated with rape perpetration. These involve biology, childhood and family, mental health intelligence quotient, peer pressure and delinquency behaviour. Others are gender inequitable masculinities, sexuality and substance abuse and firearms. According to WHO (2009), although norms can protect against violence such as rape, they can also support and encourage the use of it. In this way, cultural and social norms are highly influential in shaping individual behaviour, including the use of violence.

According to the Legal Human Rights Centre (2018), in Tanzania violence against children increased from 4,728 incidents by mid-2017 to 6,376 incidents by mid-2018. Sexual violence against children, particularly in the form of rape and sodomy, was a major human rights concern in 2018. The reported child rape incidents increased from 759 incidents in the first six months of 2017 to 2,365 from January to June 2018. Sexual violence was also reported as one of the major violations of children's rights in all 20 districts of 10 regions in Tanzania. Child-on-child sexual abuse existed and is increasingly becoming a major problem, especially in schools. According to Legal Human Rights Centre (2018), several incidents of sexual violence against women, particularly in the form of rape and sodomy, were reported in Zanzibar. Similarly, sexual violence was the most common form of violence against children in Zanzibar in 2018 (LHRC, 2018), where a total of 999 incidents were reported. These involved 86 pregnancies and 63 sodomy. The factors that contributed to such incidents include moral decay and marriage breakdown (LHRC, 2018).

The trend of rape cases among women in Zanzibar has increased. According to Court evidence, 24, 38 and 50 cases were reported in 2015, 2016 and 2017 in Vuga Regional Court respectively (Revolutionary Government of Zanzibar, 2018). Referring to child rape, the trend was 11, 10, and 16 reported in 2015, 2016 and 2017 respectively. This indicates that rape against women and children in Zanzibar has become a widespread phenomenon. Despite the efforts made including the establishment of gender desks in all police stations, enhancing political will to fight against rape and the existence of social norms and firm religious protections, there is little evidence showing that the situation is getting any better. Despite the government efforts to protect children, violence against children continued to be a major challenge in 2018, where many incidents of violence against children, especially sexual violence were reported in Zanzibar (LHRC, 2018). Sexual violence against children is the most common form of violence reported by 65 per cent of the communities (UNICEF Watoto Survey, 2017). This paper, therefore, was designed to seek knowledge on the underlying factors that perpetuate rape among women and children in Zanzibar. Therefore, the main objective of the paper was to examine the institutional responses to rape against women and children in the study area. Strengthening Institutional Dynamics to Mitigate Rapes among Women and Children in Zanzibar Tanzania

1.1 Theoretical and Empirical Frameworks

The study employed the health governance model developed by the World Bank in 2004 (Brinkerhoff & Bossert 2008). According to this model, there are three actors in health governance, namely state actors involving politicians and policymakers forming one category. The second category comprises providers and the third one is the clients or citizens. Others are community members and political actors. These actors have equal power across the governance arena. However, the model finds critiques in terms of real-world practices whereby health governance actors are different in power relations. The powers of the state actors through the agents of service delivery are higher in practical terms than the service providers and citizens or community members. In principle, the community members possess powers due to them being principals of health governance.

The service providers on the other hand have the power originating from professional and education grounds that put them informed in the governance process. They also provide backing knowledge or advisory aid to both political and community actors. Accordingly, community members are dependent on the counterpart actors in governance. Despite its generalization on power equality among actors, the model is deemed relevant to this study because of its ability to identify key actors of governance that fit the context of rape among societies in Tanzania and Zanzibar in particular.

The problem of rape is oriented on the practices of governance among societies in which political actors, various state institutions as well as social institutions should be regarded as key actors in bringing about positive change in the society. It was expected that these actors in combination would work effectively to intervene in the rape from its root sources including the household, community, school and other spaces through information sharing and reporting and immediate, transparent mitigation strategies that are informed by all actors. However, this was not the case. As a result, the community actors are not linked to the government actors such as the police, the court, Shehia and district government and the religious institutions in addressing rape though everyone is against and works on the problem.

In Sub-Saharan Africa, sexual relations can be expressed through several types. McCrann (2017) distinguishes several typologies namely coercive sex which occurs where there is a level of force involved in sexual experience. The second one is survival sex, this is influenced by poverty in fuelling child sexual abuse. The third one is an exchange or transactional sex which is defined as any sex for material gain that functions as a motivator for women/children to have sex. The fourth one is an exchange or transactional sex with substantially older partners. This is the occurrence of sex in exchange for money, gifts and favours.

In this classification, social institutions have roles in either influencing or mitigating the various practices in societies. Above all, public institutions such as local and central government institutions responsible for social development have a role to play through the contextual policy, legal and regulatory frameworks set in every society.

In Tanzania, nearly 1 in 3 females and approximately 1 in 7 males have experienced sexual violence and almost three-quarters of both females and males have experienced physical violence before the age of 18 (URT, 2011).

According to Mangi et al. (2017) experiences indicate that the most commonly reported type of childhood sexual violence was unwanted touching (16% and 8.7% of females and males, respectively). Almost 6.9 per cent of girls and 2.9 per cent of boys were physically forced into sex before the age of 18. The evident causes of child abuse in Tanzania involve poverty, superstition, lack of education, HIV prevention strategy, substance abuse, modern influences, biological/nature, parental problems and gender discrimination (Mangi et al., 2017).

It is established that child sexual abuse is still a problem in Tanzania. About 32 per cent of people who has experienced child sexual abuse in Tanzania (per cent ranged from 1 to 90). Forty-one (41%) per cent of those who were asked whether they knew someone who abused them the answer was in the affirmative form, fifty-nine per cent (59%) did not (Mangi et al., 2017). The child policy of Tanzania recognizes child rights as ratified by the government including survival rights, development rights, protection rights, participation rights, and the rights not to be discriminated against (URT, 1996).

Child survival starts at the point when the mother becomes pregnant. The survival of the unborn child depends on the health and nutrition status of the mother and the environment in which she lives. Additionally, the survival of the child after birth is dependent on receiving all basic needs, which are food, health, protection and development from the parents, the community and the government (URT, 2006). Yet little was known about the extent of participation of these actors in mitigating rape issues.

According to the United Republic of Tanzania (2009), the Child Act No. 21 of 2009 (Cap. 13) provides for reform and consolidation of laws relating to children, to stipulate the rights of the child and promotes, protect and maintain the welfare of a child to give effect to international and regional conventions on the rights of the child; to provide for affiliation, foster care, adoption and custody of the child; to further regulate employment and apprenticeship; to make provisions concerning a child in conflict with the law and to provide for related matters. These rights of a child are not fully adhered to by the target actors. This paper explores the institutional sources and spaces that promote rape among women and children. It attempted to unveil what is missing about the need to strengthen institutional mechanisms to mitigate rapes at various levels that other studies had not reached in the contribution to the body of knowledge in the area.

2. METHODOLOGY

The paper is based on data collected in the Urban District of Zanzibar. The area was selected because it is one of the places where children and women suffer from rape. Specifically, the selected area covered the locality or Shehias of Kwamtipura, Kilimahewa and Jang'ombe. The study adopted the descriptive case study design. The design was so selected to enable the description of the case and inform context-specific institutional dynamics in mitigating rapes. The design also was adopted to provide a detailed analysis of the case qualitatively with a Strengthening Institutional Dynamics to Mitigate Rapes among Women and Children in Zanzibar Tanzania semi-quantitative vision. The study used a mixed-method approach in data collection, analysis and presentation of results. The qualitative research approach enabled the

discovery and getting of real-world peoples beliefs, experiences, attitudes, behaviours and interactions whereas the semi-quantitative research approach acquired the numerical data that were applicable for statistical analysis and interpretation to inform the results systematically. The target population of this study included women and pupils of the Urban District, Staff of the Zanzibar Social Workers Association and the Department of Social Welfare and community members.

The sample population was purposively selected because rape cases were predominantly involving women and children as vulnerable groups for rape in Zanzibar (Revolutionary Government of Zanzibar, 2018). In this study, purposive sampling was also used to obtain key informant stakeholders from institutions. The researchers employed simple random sampling in the selection of community members who were involved in the questionnaire survey. This was done to obtain women who had experience with rape issues in the study area. Children were also selected using simple random procedure in the survey to get the perceived experience of rape among children in the study area.

Other women categories specifically caregivers, and parents at the family and community levels were also purposively selected as key informants due to their experience with children's rape. Random selection was adopted because it guaranteed the prevalence of the law of statistical regularity which states that a relatively large number of items selected randomly from the large group ensures consistency in holding the same features of the large group to inform the problem under study. The sample comprised 30 participants including 15 women and 15 children (pupils) who provided their own experiences as victims of rape. The key informant participants also involved 30 people who were court officers, teachers, and local leaders, namely the Shehas, police officers, religious leaders, and social welfare officers of the district.

Data were collected using a survey method through questionnaire. A questionnaire survey was applied for community members and children because of the number of respondents, and the nature of the topic which had both quantitative and qualitative data. The children were pupils of the respective schools in the study area. The questionnaires were administered by the researcher.

A focus group discussion of 8 women participants among community members was also employed to explore the situation contributing to rape. The secondary data were collected from documents from community child, women and gender policies, the child Act and organisational records. Others sources of data for the study were books, and peer-reviewed journals. Quantitative data were analysed by descriptive statistics using Statistical Package for Social Sciences which provided frequencies and percentages of rape issues.

Then the calculation of the weighted mean of variables was done to obtain the weighted scores of responses to inform the levels of responses on rape by various institutions. This was done by summation of the responses divided by the weights for every response on the Likert scale. The content analysis involved the data collected through key informant interviews and focus group discussions. The presentation was done by using frequency distribution tables, and weighted mean scores indicating the levels of response against rape. The results were presented by explanation building. Reliability was guaranteed by making sure that the results are consistent. To ensure validity

and reliability, the researcher used multiple methods to collect data and information (questionnaires, interviews and documentary reviews). The method of using multiple data sources was important in reducing bias and thus improving the validity of data and information obtained. The tools for data collection were also pre- tested before the actual fieldwork to examine their adequacy in bringing the results according to the research objective. A research permit for the study was acquired from The Mwalimu Nyerere Memorial Academy Karume Campus Zanzibar. As well, the permit letter by the Revolutionary Government of Zanzibar was granted for the same purpose. Other ethical requirements concerning research with children including respect, beneficence and non-maleficence, justice, power relations, harm and benefit, informed consent, privacy and confidentiality and courtesy, were adhered to accordingly (UNICEF, 2016).

3. RESULTS AND DISCUSSION

This section presents and discusses the results of the study. The discussion focuses on the underlying factors preceding rapes. It also identifies places where rapes occur in the study area. The section concludes with the presentation and discussion of the institutional responses against the phenomenon in the study area.

3.1 Factors Underlying Rape among Women and Children

This section describes the root causes of rape against women and children in the study area. These results were obtained from a questionnaire survey among children and community members of the study area.

Incidences of Rape

Table 1 summarizes the results on the incidences of rape based on the responses from the questionnaire survey method that involved children and community members. The results revealed that incidences of rapes in the study area were on the increase. The results showed that the majority (86.6%) of the respondents agreed that incidences of rape persisted in the study area.

Table 1: Incidence of Rape (N=30)

Responses	Percentage
Strongly agree	23.3
Agree	63.3
Neutral	10.0
Strongly disagree	3.3
Total	100

This implies there is a need for an institutional supportive unity to mitigate the problem. According to the health governance by World Bank (2004), all actors should play equal roles in rape governance to curb the problem. In particular, the community members who make

Strengthening Institutional Dynamics to Mitigate Rapes among Women and Children in Zanzibar Tanzania the majority and the target of governance should be given the opportunity of articulating the root cause of the problem. Government actors as well are required to enhance their capacity in dealing with the problem. The political actors are at the centre of facilitating community- based solutions that take the concerns of all actors including social (like households, religion) and public institutions of governance. Also, the law enforcement agencies such as the police force, the court and social welfare officials require an in depth understanding of rape matters. These actors altogether require to build a cordial relationship to mitigate rape.

Places where Rapes Occur

The study examined places where rape occur in the study areas as presented in Table 2. The results show that the majority (50%) of rape incidences occur at home places. Some few occur at school (3.3%) and in Madrassat classes (3.3%).

Table 2: Places where Rape Occurs (N=30)

Responses	Percentage
At home	50.0
School	3.3
Quran class	3.3
Community	36.7
Other places	6.7
Total	100.0

These results indicate that the majority of rape are known by social institutions such as the family and its members in the study area. These results relate to the health governance model (2004) by World Bank that community members power in health governance is that of voicing. This is because the problem of rape occurs in various spaces but the majority occurring in the households. Others spaces such as the Madrassat classes and the community signify that the problem has spread in other institutions. This indicates further that the problem is bigger and is beyond the household level.

1. There are differences in power relations among various governance actors including households, religion, and government agencies such as the police, courts and political leaders in the way they address the problem. These differential relations among social and public institutions in mitigating rape issues have far reaching impact.

Had these institutions worked in cordial collaboration, the problem would have been communicated to other government institutions religious and the community for effective solutions. For that matter, there is no effective communication and solutions to rape. The persistence of rape can be attributed to variations in power among actors in these institutions. Hence this requires equal understanding among the social and public institutions on dealing with rape issues.

3.2 Factors Contributing to Rape

Table 3 and Box 1 present the results on factors of rape among women and children in the study area. The major identified factor is immorality (43.3%). This was followed by traditional beliefs (23.3%), modernity (16.7%), and economic reasons (13.3%). The results imply that social change occurring in society may have a great influence on mitigating rapes in the study area. This has to do with how various social institutions such as the family and government are governed.

It also indicates the limited role of state actors to mitigate the problem caused by the independence of actors within the society. In other words, every social institution works alone without sharing responsibility with others. For instance, while religion is accepted as the centre of social construction, families exist in the diverse status of relations among members of the society. This requires an equal role in actors' participation in mitigating rapes among the social and the public institutions of governance that put all actors in equal roles.

Table 3: Factors Contributing to Rape (N=30)

Responses	Percentage
Traditional beliefs	23.3
Economic reasons	13.3
Immorality	43.3
Modernity	16.7
Others	3.3
Total	100.0

Box 1: Womens Expression on the Incidences of Rape among Children and Women

Women participants in focus group discussion and interviews expressed their understanding of the situation on rape and pointed out several factors in order of importance that contributes to rate:

The level of poverty in the community

The irresponsibility of parents to monitor and regulate behaviours of their children.

Low awareness of community members of the legal aspects against rape.

Lack of ethics leads to nepotism in spaces or institutions of justice such as the courts and the police.

Apathy among the majority of individuals at household and community levels against reporting incidences of rape for fear of reprisals or stigmatization.

Lack of collaboration between families, government actors High level of Ignorance about rape among women and children. Lack of follow up among actors at various levels

The results link to the differential relations among rape actors refuting the health governance model's contentions by World Bank, (2004) where community members hold less power in dealing with rape matters (Brinkerhoff & Bossert, 2008). For that matter, unless integrated roles of all rape actors are on board, rape among children and women shall persist.

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3.3 Institutional Responses on Rapes among Women and Children

This section presents and discusses community members perceptions of institutional responses against rapes in the study area. The section uses the experiences of various social and government institutions in mitigating rape in the study area. Table 4 and Box 1 present various levels of institutional responses to rapes among women and children in the study area.

Table 4: Institutional Response against Rape among Women and Children

S/No	Rape Institutional Protection Responses	Weight	Level (1-5)	Interpretation
1.	Religious Protection against Rapes	397.1	4	High
2.	Shehia Protection against Rapes	313.6	3	Moderate
3.	Government Leaders Meetings on Rape Matters	240.1	2	Low
4.	Awareness of Places to Report Rapes	296.6	3	Moderate
5.	Family Level of Reporting on Rape Crimes	233.5	2	Low
6.	Community Members Awareness of Measures on Rapes	303.3	3	Moderate
7.	Raping Crimes Discussion in Public Meetings	296.8	3	Moderate

Note: Interpretation ranges from Very low (1-1.49) to Very high (4.5-5) levels of institutional protection against rapes among women and children

3.4 Religious Level of Protection against Rape among Children and Women

Table 4 and Box 1 present the results on the perception of religious protection of children and women against rape. The results indicated that religion has a high level of responses against rape in the study area. These results imply that religion plays an effective role in making individuals acquire accepted standards of norms in the study area. This is consistent with the health governance model that emphasises of the influence of various actors in health governance. In this way, religion has the same

stake as the state and political actors in contributing to social harmony. Therefore the results are inconsistent with the health governance model by World Bank, (2004) that puts equal roles among health actors in health governance. Religious institutions have a stronger responsibility than do other social institutions in a fight against rape. This indicates the gap in the intervention against rape in society.

3.5 Protection against Rape

Table 4 and Box 1 present the results of Shehias response to protection against rapes among children and women in the study area. The finding revealed that the level of response by Shehia is moderate. This implies that Shehia leadership does not invest in mitigating rape in the study area. The results are inconsistent with the roles played by political actors in the health governance model by World Bank (2004 in Brinkerhoff & Bossert 2008). The Shehia is one of the closest public institutions in dealing with rape issues. The Shehia holds strong political power among social and public institutions. Its moderate intervention is an expression of the low linkage with other actors in addressing rape issues. This signifies the need for enhancing the roles of actors in in addressing rape matters.

3.6 Government Leaders Meetings on Rape Matters

One of the spaces of governance among actors in society is the practice of public meetings as presented in Table 4 and Box1. The study found that there is a moderate level of discussion of rape matters in public meetings imply that rape matters are not discussed in public meetings which indicates unpreparedness of the agendas concerning the mitigation of rape in the study area. According to the health governance model by World Bank (2004), political actors have influential powers on health governance that solicit information from the state actors concerning community concerns on rape matters. However, the results of the current study are not consistent with this proposition of the model. Holding meetings is one of the core functions of government leaders to the public. This indicates that the agenda concerning rape issues are not adequately influencing changes in the community. Hence limited collaboration between families and government institutions on rape have a negative influence on the prevalence of rape.

3.7 Awareness of Places where to Report Rapes

The study explored the level of community awareness of places of reporting rape cases as presented in Table 4 and Box 1. The study revealed that community members hold a low level of awareness of where to report rape cases. There are factors limiting community members from rape reporting. According to the health governance model by World Bank 2004, community members have the same powers as political and state actors in health governance. However, community members have limited spaces indicating less powers raising their voices against rape matters something different from the model's contentions. This underscores the influence of ignorance on women and children about rape leading to limited knowledge power.

3.8 Family Level of Reporting Rape Crimes

The study examined the level of reporting rape crimes in the study area as presented in Table 4 and Box 1. The results revealed that the level of reporting about rape crimes in the study area was moderate. The results imply that families play ineffective roles in rape matters. Being a central unit of society, a family is the first teacher to its members concerning norms and cultural inheritance. Therefore, family should be regarded as the first in terms of maintaining and protecting social order in shaping society. The results are not congruent to the health governance model that emphasises on equality of roles among health actors. In this respect, the family institution has minimal power on knowledge and procedures of reporting rape cases. Reporting is about knowledge and awareness of procedures and role and relations among institutions. This is also an indicator of poor linkages among government, service providers and community members on rape matters in contrast to what health governance model advocates.

3.9 Community Members Awareness of Measures on Rape

The study examined the level of community awareness on measures of mitigating rape in the study area as presented in Table 4 and Box 1. The results indicate that the level of community Strengthening Institutional Dynamics to Mitigate Rapes among Women and Children in Zanzibar Tanzania awareness on measures of mitigating rape in the study area was moderate. The results imply that little is done by actors of health governance including political, state and community members on strategies of combating or problems of mitigating rape sustainably in society as per the health governance model (World Bank, 2004). This can be attributed to limited actor's linkage to their roles on interventions against rape issues.

3.10 The level of Public Discussion on Rape Crimes

Rape is a crime as well as a health issue. The study explored the level of discussion on rape crimes in public meetings in the study area as presented in Table 4 and Box 1. That the findings revealed that the level of discussing rape crimes in public meetings was a moderate. The results imply that public meetings in the study area rarely discuss rape matters as the agenda for discussion.

This indicates the limited roles among health governance actors namely the state, political and community members as per the health governance model by World Bank, (2004). The moderate level of discussion of rape crimes in public meetings is the result of ineffective coordination that exists among anti-rape actors involving government actors, service providers and community members at large.

These actors, however, all originate from social institutions such as the family and religion. For that matter, unless the social and public institutions are at the same level in negotiating how to address rape, mitigation will not be sustainable. The solution to mitigate rapes should come from equal understanding and equal and consistent treatment of rape issues based on agreed procedures among actors. Hence limited collaboration and lack of a follow up among rape actors are important elements requiring attention.

4. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The study examined the institutional dynamics in responding to rape cases in the study area. The results indicated that there are underlying factors for the persistence of rapes incidents. Community perception of institutional mitigations to rape revealed dynamic responses against rapes. The factors influencing rapes against women and children include immorality, traditional belief and economic factors. Rape issues mostly take place in homes and community environments. There were moderate levels of responses by institutions such as the Shehia. Various institutions including religious, district governments, the police and local political leaders indicated having low to moderate levels of mitigation measures against rape as perceived by community members. Community awareness on meetings on discussing rape matters was moderate. However, the results indicated that religion was highly responsive to rape mitigation. Generally, it can be concluded that there were institutional dynamics underlying addressing rape among women and children. It was concluded that level of institutional mitigations against rapes of women and children was moderate. It is important to understand that there are gaps in dealing with rape caused by dynamic and uneven and unshared treatment of rape issues by anti-rape actors in the study area.

4.2 Recommendations

The paper examined the institutional dynamics in mitigating rapes among children and women in Zanzibar. Given the state of dynamics and the underlying factors, the paper recommended the following to enhance mitigations of rape in the Urban District and Zanzibar in general. Firstly, it is imperative to facilitate public discussions of all key actors and stakeholders in analysing the situation. In this regard, more work is needed to figure out how to increase awareness of the negative effects of rape among community members including children, youths, women and the elderly as a health and human rights issue. Furthermore, the discussions should aim at reviewing the current legal and policy framework that is on board to give room for more effective procedures for dealing with rapes. This will provide an opportunity for strengthening social and public institutional actors involved in rape mitigation and control. Secondly, social institutions such as schools, churches, mosques, and families should be enabled to effectively be aware and knowledgeable on taking care of their members. These institutions should cooperate on matters concerning rape. Thirdly, there should be effective communication and collaboration practices among stakeholders regarding rape. Social institutions should be capacitated to handle rape attempts and incidents according to legal procedures and not according to informal arrangements. There should be preparedness, response, mitigation and enhancement measures in combating rape involving shared planning, intervention, monitoring and legal feedback.

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