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## **The Effects of Covid-19 and its Control Measures on Gender, Children and Household Relationships in Tanzania**

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### **Abstract**

**Background:** The COVID-19 pandemic has disrupted family routines, relationships, projects, and sociability giving rise to multiple outcomes threatening the health, income, social cohesion, and well-being of individuals and their families. This study aimed to qualitatively evaluate the effects of COVID-19 pandemic on gender, children and household relationships in Tanzania.

**Methods:** This was a cross-sectional study conducted in Dar es Salaam, Unga and Pemba employing multi-stage exploratory sequential mixed-methods study design. Data were collected through key informant interviews, focus group discussions and semi-structured interviews. Participants were community health volunteers, traditional healers, traditional birth attendants, community members, community leaders and health workers. The information collected focused on the effect of COVID-19 on gender, children and household relationships. The recorded In-depth interviews (IDIs) and Focus Group Discussions (FGDs) were transcribed verbatim and translated into English. Thematic analysis was used, followed by identification of

codes. The codes formed the themes that were used in presenting the findings.

**Results:** Overall, the findings demonstrated a range of effects of COVID-19 pandemic. Many families reported increased gender-based violence, children engaging in child labour, household conflict due to economic hardship and strained family relationships. On the other hand, some positive benefits were reported which included strengthened household relationships, as movement restriction provided ample time for family to stay together during the day. Spouse/partners had increased time together as well as with their children when COVID-19 control measures were in place.

**Conclusion:** Although Tanzania implemented COVID-19 control measures without exercising total lockdown, the pandemic had substantial effects on gender-based violence and household relationships. The results emphasise the need for government and other stakeholders to strengthen social welfare interventions in response to epidemics and other emergencies.

**Keywords:** COVID-19, Violence, Children Exploitation, Household Relationships, United Republic of Tanzania

### **Background**

In late December 2019, a novel coronavirus disease emerged from Wuhan, China, and resulted in a formidable outbreak in many countries globally <sup>[1]</sup>. The disease was officially named by World Health Organization (WHO) on February 11, 2020 as Coronavirus Disease-2019 (COVID-19) <sup>[2]</sup>. As of February 15, 2022, the total of COVID-19 cases worldwide had reached 423,459,186 while the death toll reached 5,883,361 <sup>[3]</sup>. In Africa, 7,939,399 cumulative cases and 166,601 deaths have been

reported by February 8, 2022<sup>[4]</sup>. So far, the region of the Americas accounts for the highest number of COVID-19 cases (36%), followed by the South-East Asia (32%), Africa (22%), the Western Pacific (8%) and the Europe (7%),<sup>[4]</sup>. The first case of COVID-19 in Tanzania was identified and reported on 16<sup>th</sup> March 2020, from an inbound traveller from Belgium<sup>[5]</sup>. As of 31<sup>st</sup> December 2021, a total of 30,564 cases had been reported in Tanzania including 740 deaths with a case fatality rate of 2.4% (higher than the average for Africa)<sup>[4]</sup>.

Following the outbreak of COVID-19, countries intensified measures to slow down the spread of the virus through mitigation and containment<sup>[7, 8]</sup>. These included social distancing, hand washing, wearing face masks, avoiding public gatherings, avoiding unnecessary outdoor activities and isolating following a COVID-19 infection<sup>[8]</sup>. However, whilst these control measures were implemented to control the spread of the epidemic, concerns have been raised about the impact that these control measures have, both anticipated and unintended, on a range of health and social issues (for a full review see Russo *et al* 2021).

One emerging theme within the literature is the negative impact that these measures have had on household dynamics, gender relations, gender-based violence and violence against children (VAC). Outbreak of epidemics historically have had varied impacts on women and girls including increase in the rates of gender-based violence (GBV). For example, increased rates of sexual violence, exploitation, and other forms of GBV were observed in the 2014–2016 Ebola outbreak in West Africa<sup>[19]</sup>. The COVID-19 pandemic has been no different, with reports of rising cases of GBV emerging worldwide, and evidence suggesting significant household challenges. For example, media reports indicate a surge in cases of domestic violence in various countries. In Australia, as stay-at-home orders came into force, the police in some parts of the country reported a 40% drop in crime overall, but a 5% increase in domestic abuse call-outs<sup>[12]</sup>. At the same time, a 75% increase in internet searches relating to support for domestic abuse was reported in Australia<sup>[13]</sup>. In China, the police department reported three times as many domestic violence cases in February 2020 compared to the same month in 2019<sup>[14]</sup>. Different states in the United States also reported an increase of about 21–35% of domestic violence cases following implementation of COVID-19 control measures<sup>[15]</sup>. In East Africa a 48% increase in the number of gender-based violence (GBV) cases was reported following the COVID-19 pandemic<sup>[16]</sup>. The high-pressure environment of confinement, combined with the financial stress brought about by a COVID-19 burdened economy, led to a rise in marital conflict and this was most evident in a spike in divorce rates<sup>[10]</sup>. For example, in the city of Xi'an in China, marriage registration offices saw an unprecedented number of divorce requests when they re-opened in March 2020<sup>[11]</sup>. Other risk factors such as economic insecurity and increased alcohol consumption were attributed to the surge of GBV and VAC in the households especially during the pandemic lockdowns have been reported<sup>[11]</sup>.

The impact that COVID-19 control measures have had on increasing rates of GBV and VAC has potentially exacerbated what was already a significant social problem. For example, according to Demographic and Health Surveys conducted between 2014 and 2018 in Kenya, Uganda, Nigeria, and South Africa, 21.3% and 49.9%, respectively of

women reported ever experiencing physical or sexual violence by a partner<sup>[21, 22, 23, 24]</sup>. This was also the case in Tanzania, with the 2010, Tanzania Demographic Health Survey (TDHS) reporting that about 44% of the ever-married women age 15–49 experienced physical or sexual violence from an intimate partner. Of these, 39% of the women had ever experienced physical violence while 20% of women had experienced sexual violence<sup>[25]</sup>. Furthermore, a study by the World Health Organization (WHO) in 2001/2002 revealed that, of 1,820 women in Dar es Salaam and 1,450 women in Mbeya District, 41% of ever-partnered women in Dar es Salaam and 87% in the Mbeya District had experienced physical or sexual violence at the hands of a partner at some point in their lives. In both areas, 29% experienced physical violence and injuries from intimate partners, with over a third of them having been injured in the past year<sup>[26]</sup>. Tanzania also already had a high rate of VAC before the outbreak of the COVID-19 pandemic. Findings from the Tanzania national survey on violence against children<sup>[27]</sup> indicated that violence against children has been a serious problem in Tanzania even before the outbreak of COVID-19 pandemic: nearly 3 in 10 females and approximately 1 in 7 males children in Tanzania have experienced sexual violence prior to the age of 18 years. In addition, almost three-quarters of both females and males have experienced physical violence prior to age 18 by an adult or intimate partner and one-quarter have experienced emotional violence by an adult during childhood (i.e. prior to turning 18). According to the report, rates of sexual violence were lower for Zanzibar (approximately 6% of females and 9% of males) compared to the mainland.

This article presents findings from a study on the effects of COVID-19 and its control measures on gender, children and household relationships in Tanzania. This case study is of particular interest given that even without implementing lockdown as had been done in other countries, Tanzania still saw surge in the cases of GBV and VAC during the implementation of COVID-19 control measures.

## Methodology

### Study Setting

The study was implemented in Dar es Salaam and Zanzibar in Tanzania. Three districts were selected, namely Ilala (Dar es Salaam) and Mjini Magharibi (Unguja) representing the urban settings, and Chakechake (Pemba) representing the rural settings.

In these study sites, between February and April, 2020, the Tanzanian Government quickly implemented various WHO-recommended measures, and, as of February 27, 2021, the Ministry of Health had issued 15 guidelines<sup>[17]</sup>. There were restrictions on international travel, closure of schools and colleges. In Tanzania there were no closure at all of shops, government offices, parliamentary sessions, religious congregations, restaurants and cafes. Public transport continues from region to region. No lockdown was practiced across Tanzania for reasons that it will affect individual and country economy as well as access to essential health services. Also, no home confinement except for students and young children who were asked to stay at home. Self-isolation was encouraged for any person suspected to having interacted with an infected person. Tanzania was also quick in lifting COVID-19 restrictions: on 18<sup>th</sup> May, 2020, it removed mandatory quarantine for international arrivals (although with enhanced screening of passengers on arrival)

and on 1<sup>st</sup> June, 2020 re-opened high schools and colleges and furthermore, on 27/05, quarantine of 14 days for incoming passengers from COVID-19 affected countries was removed unless they have symptoms of COVID-19<sup>[18]</sup>.

### Study Design and Participants

This was a qualitative study employing a multi-stage exploratory sequential design to collect and analyse the data<sup>[29]</sup>. Data were collected through in-depth interviews with key informants, community health volunteers, influential persons, traditional healers, and traditional birth attendants. Data were also collected through focus group discussions (FGDs) with community members, community leaders, health workers and semi-structured interviews with household members.

### Data Collection

The study used different data collection techniques and participants to gather data. Data were collected through semi-structured interviews with leaders from national to district level and unstructured interviews (in-depth interviews and focus group discussion) with community leaders and community members. The semi-structured tool was tailored to collect information that will lead to understanding the effect of COVID-19 on gender, children, and household relationships.

A total of 33 in-depth interviews were held with the key informants. Key informants included in the study were from national, regional and district levels. These involved officials from the Ministry of Health, Ministry of Education (from Zanzibar), multilateral and bilateral organizations and non-governmental organizations with health focus. At the regional and district levels, medical officers, reproductive health coordinators and educational officers were interviewed. Interviews were also conducted with traditional birth attendants, community leaders, influential persons, traditional healers, and community health volunteers from the selected Wards. Representatives from United Nations Children's Fund (UNICEF), World Health Organization (WHO) and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and non-governmental organizations (NGOs) interested with health services, namely Tanzania Media Women's Association (TAMWA), *Chama cha UzazinaMalezi Bora Tanzania* (UMATI) and Zanzibar Female Lawyers Association (ZAFELA).

A total of eleven focus group discussions were conducted and they included mixed age groups and gender: adults (males and females) and also young males and females as well as community leaders and health care providers. Each group had 8-12 participants and the discussion took between 90 to 120 minutes. Researchers used a pre-prepared interview guide which was tailored to the study objectives and had been translated into Swahili, the Tanzania national language.

Overall, 60 households were involved in the In-depth interviews. In each household, two members of the household were interviewed starting with head of household followed by an adult thus bringing the total of 120 interviewed members in the household. The aim of the household interview was to assess the effects of COVID-19 on household relationships among household members, also to capture the information on gender-based violence and violence against children during school closure.

In this study, sexual violence was defined as any sexual act,

attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work<sup>[30]</sup>. Child exploitation was defined as the act of using a minor child for profit, labour, sexual gratification, or some other personal or financial advantage. Psychological violence was defined as any act or behaviour which causes psychological harm to the partner or former partner, and may take the form of coercion, defamation, a verbal insult or harassment<sup>[31]</sup>. Physical violence was defined as any act which causes physical harm as a result of unlawful physical force<sup>[31]</sup>.

### Data Management and Analysis

Stages in the analysis started by verbatim (word for word) transcription of the audio recordings by experienced transcribers. Second stage-involved familiarization with the interviews through recording any analytical notes, thoughts and interesting impressions related to the objectives of the study. The third stage of data analysis was open coding of the transcripts focusing on relevant information to the study objectives. After the codes were established and agreed upon by the researchers, they were grouped into categories and were clearly defined, to form the study's working analytical framework (to be used in the next round of analysis) for data interpretation exercise. Data iterations were applied on the framework before finalizing it for interpretation. Data from in-depth interviews and FGDs sessions were triangulated to increase the trustworthiness and validity of the findings.

### Ethical Considerations

This study received ethical approval from the Zanzibar Health Research Institute (Ref. No. ZAHREC/03/FEB/2021/03) and the Medical Research Coordination Committee of the National Institute for Medical Research (Ref.No. NIMR/HQ/R.8a/Vol.1X/3742). All participants were informed that their participation in the study was voluntary, and they had the right to stop the conversation and withdraw from the study at any time. Before commencing an interview or focus group discussion, each participant was informed about the objective of the study and its benefits and possible harms. Participants were encouraged to ask questions at any stage of the interview/discussion. Written consent was sought from each study participant before the start of the interviews and discussion sessions. Confidentiality and anonymity of the study participants were maintained at all stages of the research process.

### Results

Participants provided a wide range of opinions on the overall effects of COVID-19 on gender, children and household relationships. Findings are therefore presented in the following two broad categories: (i) Violence against children which include (physical violence, increased deviant behaviours among children, child labour, early sexual abuse, early pregnancies, and early marriages) (ii) household relationship (strengthened relationship, unexpected pregnancy, physical violence among partners, psychological abuse and increased inequality in the division of labours in the households).

## Violence against Children

### Physical Violence

Children experienced both physical and non-physical abuse during school closure following the outbreak of the COVID-19 pandemic. This was reported in all the three study districts. For example, participants reported that children experienced physical and non-physical abuse from their parents and other adult members in the household:

*“Children who were living with their step-mothers experienced higher level of physical abuse especially during school closure”* (FGD young female adult, MjiniMagharibi).

*“There was an increase of physical violence to children during school closure due to misunderstanding among parents and children because children were so naughty, they did not want to listen to their parents”* (IDI Religious Leader, MjiniMagharibi).

*“Children were beaten and parents shouted at them and were also sometimes denied of some meals”* (Household member10, Ilala).

This increase in violence was in some cases blamed on the behaviour of the children:

*“Due to school closure children used to stay at home for a long time. Because our children are not used to stay at home, they would go out without permission from parents. This is when the parents decided to beat them”* (Household member05, MjiniMagharibi, Household member 34, 37, Chakechake).

However, some participants noted that it is normal beating a child because it is just a part of instituting discipline to a child:

*“To me beating a child was just a punishment not aimed at hurting him or her...If a child makes a mistake, he/she will be punished. It is my responsibility to discipline my children...”* (Household member 11, 16, MjiniMagharibi).

*“It is normal for a child to be punished when the child makemistake, so that they cannot repeat the mistake they did”* (Household member 19, Ilala)

On the other hand, some households interviewed said that physical violence has never happened in their households and never heard about it in the entire community.

*“I am not sure about any kind of child abuse in the community since I have never heard about it or happened in my house”* (Household member 18, Ilala).

### Sexual Violence

Sexual violence among children was very common during school closure following the implementation of the COVID-19 control measures. Cases of sexual violence among children were reported in all the three study districts. For instance, one participant from MjiniMagharibi noted that:

*“There was an increase of rape cases to students which resulted into early pregnancies during the school closure. Some of the cases were reported to Sheha who unfortunately, never reported them to higher authorities”* (IDI religious leader, MjiniMagharibi).

Similar findings were also reported in the FGD session of health workers in Ilala:

*“Since schools were closed for three months, some teachers decided to take girls for pregnancy tests when the school were opened. Eleven schoolgirls were found to be pregnant”* (FGD healthcare worker, Ilala).

There was a reported increase in the cases of sexual violence of children by their own household members. This was partly reported in the discussion of young female adults in MjiniMagharibi, participants commented:

*“There is a case of a boy aged 17 who sexually abused his two sisters aged 15 and 13 during the school closure period”* (FGD female adult, MjiniMagharibi).

The increase in cases of sexual abuse was attributed to school closures whereby children were spending more time playing in the street, which increased their risk of being sexually abused, and a lack of parental supervision;

*“I can associate the incidence with our custom of extended family and that most of the time children were out of the house playing without parental supervision. Unfortunately, the culprits were not taken to court of law. Some people claimed that their cases were not reported to court of law. But those who filed their cases in court, were told to wait until COVID-19 pandemic is over”* (KII, TAMWA, MjiniMagharibi).

In addition, a case narrated by one of the FGD participants from MjiniMagharibi illustrated the magnitude of the problem:

*“At our healthcare facility, we got one case of a secondary school student of 15-16 years who was raped by a member of her family. Another student came to our facility with a problem of genital irritation and discharge. After asking her several questions, she said during school closure she was raped more than once.”* (FGD healthcare worker, MjiniMagharibi.)

Another healthcare worker explained about a rape case involving a houseboy:

*“I remember there was one primary school girl who was raped by a house boy. This was because parents left the girl with the house boy alone. They came to notice it later on when she started explaining some rape stories to the other children...”* (FGD female adult, MjiniMagharibi).

However, some respondents in the household interviews reported that they had not experienced sexual violence among their children, but they have heard it from other

community members.

*"There was no sexual harassment, insults..."*  
(Household member 02, MjiniMagharibi)

*"For me it was just normal there was no form of abuse..."*(Household member 03, 04, 05, 10, 13, 17, MjiniMagharibi and Household member 33, 23, 25, 36, Chakechake). *"No case of sexual child abuse happened in our household or community"*

### **Increased Deviant Behaviour**

Regarding increase in the deviant behaviours, there were mixed opinions from the participants in the three districts. Some participants reported occurrence of the deviant behaviours among children while other said they did not see such behaviours. Two respondents in the household interviews in Ilala reported an increase of deviant behaviours among school going children following school closures:

*"Robbery acts increased, students stayed in gangs, smoking marijuana. This is because they just stay at home without having any work to do"* (Household member 01, Ilala).

*"Yes, there were some changes since the school was closed. As you know school children spend most of their time in school and come back home very late hence no time to engage themselves in the immoral or wicked behaviours. But during school closure children misbehaved and involved themselves in robbery groups"* (Household member 04, Ilala).

Other participants further commented that, family life hardship caused by COVID-19 caused children not to get some of their basic needs. Children tried to find ways to sustain themselves and engaged in different kinds of illegal behaviours:

*"Children were influenced by their peers to do wicked activities such as robbery because of lack of food and other basic need at home"*(Household member 13, Ilala).

Similar views were observed from key informants in MjiniMagharibi. Parents were worried about the supervision of their children following closure of schools and *Madrasa* (religious classes) as it was very hard to control the children while at home.

*"It has been normal for school children to go to madrasa after school. Thereafter, the madrasa teachers would take care of our children during the rest of the day. This arrangement changed completely after the COVID-19 outbreak as all children were supposed to stay at home"* (Household member 10, MjiniMagharibi).

Another participant said: *"As you know it is impossible for the child to stay in one place for a long period of time. They move here and there"* (KII district education officer, MjiniMagharibi).

Some of the household members reported increase of children in-house fightings.

*"Children fought each other all the time. We used to say ooh God, schools should re-open so that children could go back to school"* (KII district education officer, Chakechake).

In contrary, some respondents reported that children from their households and communities did not engage into the deviant behaviours as one of the household members said:

*"In my area there were no such kind of deviant behaviours"* (Household member 22, Ilala).

### **Children Exploitation**

With regards to child exploitation, mixed views emerged from households and focus group discussions in Ilala. On the one hand, participants reported that COVID-19 did not contribute to child exploitation:

*"Children were not involved in child labour because even the government prohibits the practice with some indicating the absence of child abuse in the community because they all live peacefully"*(Household member 13, Ilala).

*"In our area we thank God indeed, we all lived together in peace, and we used to take good care of our children during and after COVID-19"* (Household member 21, Ilala).

On the other hand, other participants reported that some parents involved their children in some income-generating activities. One group of participants reported that school closure due to COVID-19 outbreak resulted in an increase in child labour. A tendency of children to stay at home during school closure was seen to be a key driver of child to engage in different informal employment within households:

*"Children used to sell vegetable, fruits in the street, yes so many of them but they had never gone so far from here"* (Household member 26, Ilala).

*"Due to school closure some of the children used to move around the streets and some were involved in some jobs of selling vegetables, potatoes, and fried cassava. All these were effects of COVID-19 during school closure"*(FGD healthcare worker, Ilala).

Some participants in MjiniMagharibi said that due to the family poverty some of the children were asked to work and provide income for their families at the time when the schools were closed:

*"Some poor families like ours, children volunteered to do informal works such as fishing, porter jobs on the beach or in the market..."* (Household member 07, MjiniMagharibi)

### **Early marriages**

Participants from the three districts reported an increase in the cases of early marriage during the COVID-19 outbreak one of the household members in Ilala said:

*"During COVID-19 pandemic, early marriages were common. For example, for those who were impregnated"*

*and did not return to school, you may find that some parent forced them to get married. If a girl has dropped from school, where do you think she would go?"* (Household member 23, Ilala).

However, early marriage was also described to be associated with the family poor economic status and was considered as an income generating activity:

*"In poor families, young girls were forced to get married so that the family could obtain some money through dowry for their needs"* (FGD health care workers, MjiniMagharibi).

There were also conflicting reports from participants on the practice of early marriage. For example, in Ilala participants reported that child marriage had never happened in their community:

*"I won't be able to know about early child marriage at that time but here in our area that kind of thing did not happen may be in the other regions where it's very hard to know"* (Household member 12, Ilala).

*"There is no one who was abused nor had early pregnancy or early marriage in our area"* (Household member 16, Ilala).

### Household Relationships

There were different opinions about household relationships during the implementation of COVID-19 control measure in Tanzania. Some participants felt that the relationships in the households were strengthened because household members had a lot of time together, an opportunity which was not there before. But others felt the stress of economical drop down led to frequent arguments, fighting, misunderstanding, and sometimes contributed into marriage break ups / divorce and isolations. Others considered their relationships to have had remained normal, since they did not observe any difference during the implementation of COVID-19 control measures.

Other participants reported to have an improvement of social relations as most parents/ spouses were at home and not as busy as their schedules used to be before the COVID-19 pandemic. This had benefits for overall social relations in the household. In some cases, this even benefited other family activities by having parents at home and provided plenty of time to boost social interaction with other family members as one of the participants explained:

*"On my side things were different. When I remained and spent most of my time at home my wife was very happy. My family were very happy staying together at home and getting time to discuss different issues pertaining to our welfare. My wife was getting enough time seeing me around. Previously, I was missing some moments of being together with my children"*(Key informant district medical officer, MjiniMagharibi).

Another key informant commented:

*"For the people who did not like being together with their families, the misunderstanding might have happened. This is because not all of them were happy*

*being together. On the other hand, some of the men were very happy to see their wives at home rather than seeing them going to work. When they found you at home they would say when my wife is at home things go very well because when men get back home, they find everything has been properly managed"* (KII, ZAFELA NGO, MjiniMagharibi).

Yet, another key informant added:

*"African women always love their husbands. Sometimes they do not even want to see their husbands getting out of the house. Women always like to see their husbands at home. For example, it happens that if you tell her that you are going to work during weekend, they become unhappy. They always want to see you at home"* (KII director general health services, MjiniMagharibi).

In the FGD session with adult females, participants appreciated increased family affection during the COVID-19 pandemic.

*"To have your husband at home at 8:00 in the evening was a good thing in helping each other to take care of the children"* (FGD female adult, MjiniMagharibi).

Similar findings were recorded in the discussion with adult males that there was strong relationship in the house between parent and children

*"When you spend much of your time with kids you become friends; even family affection improves"* (FGD male adult, Chakechake).

There was a broad consensus among participants that COVID-19 had positive impacts on child-parent relationships. Increased closeness and affection between parents and children due to time spent together at home emerged as a common positive impact of COVID-19 among the family members. A parent commented:

*"On my side, staying at home was good to me because it increased attachment to my children and I was able to listen to their problems. There was no misunderstanding, but rather increased friendship"* (Household member 12, MjiniMagharibi).

Another head of household mentioned about increased child-parent relationships:

*"In our family, relationships improved because we used to stay and do everything together, hence it increased the bond between family members"* (Household member 25, Chakechake).

However, while other households enjoyed being together at home during the implementation of the pandemic control measures, others experience fighting, misunderstanding, and sometimes marriage break ups / divorce and isolations which was contributed by economic hardship of the household, loss of job as many people in Zanzibar depend on tourist activities as it was reported during focus group discussion with male adult:

*"During COVID-19 some of the marriages breakup, some were isolated, those who were isolated was due to economic hardship, so the situation was worse some of them were also isolating each other in bedding time.... this one takes this bed and the other take that bed....."* (KII UMATI NGO, MjiniMagharibi).

It was reported that some unfaithful men used the opportunity to cheat on their wives by deceiving that they were in quarantine after having not been seen at home for some days. FGD participants in Ilala reported:

*"Some of men used this as an opportunity to cheat on their wives. They lied to their wives that they were in a quarantine centre, while in fact they were with other women elsewhere"* (FGD health care worker, Ilala).

### **Unexpected Pregnancies**

Most of the study participants in the household interviews reported to have neither experienced nor heard from their neighbours or relatives of anyone who got pregnancy during the time of COVID-19 pandemic. FGD discussants provided different opinions regarding unexpected pregnancy during the COVID-19. Participants perceived unexpected pregnancies being those pregnancies obtained out of wedlock. They commented that all women who got pregnant in wedlock are regarded as legal ones and expected:

*"Let me tell one thing. What I believe is that unexpected child is the one who is conceived out of wedlock. But if you are mentally fit when you go out of your wedlock you cannot plant orange tree and harvest pawpaw, so you will harvest what you planted, how can you say that you did not expect? and our presidents urged us to have many children as we can, we should not use family planning"* (FGD male adult, MjiniMagharibi).

In addition, another participant reported that:

*"There were unexpected pregnancies because women could not access reproductive health services including family planning as they were advised to stay at home to avoid congestion at healthcare facilities"* (FGD Community leader, MjiniMagharibi).

Others said that unexpected pregnancies happened because men and women stayed together indoors without having anything to do for a long time. One of the participants in the household interviews commented:

*"Unexpected pregnancies have happened in our community. For example, when you put together a cat and fish indoors and they have nowhere to go for some days, the cat will definitely eat the fish!!...."* (Household member 19, MjiniMagharibi).

A similar story was reported by the head of household in Ilala who experienced increased unexpected pregnancies attributed to people remaining idle indoors during the implementation of COVID-19 control measures. He said:

*"There was an increase in unexpected pregnancies. As you know there was no job and you do not have*

*anywhere to go, it was only just eating and or watching television. This contributed some how to the increase in number of unexpected pregnancies!"* (Household member 18, Ilala).

### **Physical and Psychological Violence**

Cases of physical violence targeting women were reported. They were associated with lack of income among male partners due to loss of employment. The majority of family bread winners failed to provide basic needs to their family and when their wives asked for money it resulted into fighting. One of the heads of household reported that:

*"There was an increase of misunderstand between family members especially partners during the COVID-19 pandemic. Heads of household failed to provide basic needs due to decreased family income and sometimes led to physical violence and even divorce"* (Household member 27, Chakechake).

Apart from women being bitten by their spouses, participants reported experience of emotional abuse due to increased insults between partners. COVID-19 had serious impacts on household relationship, whereby those who failed to tolerate their relationship ended up in separation or divorce:

*"It depends on people's customs and tradition. There are some people with tendency of insulting or arguing with others"* (Household member 12, MjiniMagharibi).

*"When partners are not in a good relationship tendency is to insult each other and take it as a normal thing, sometimes resulted into psychological abuse"* (Household member 18, MjiniMagharibi).

One participant further commented:

*"COVID-19 affected people psychologically in one way or another because of fear and pain of losing their beloved ones"* (FGD community leader, Ilala).

### **Inequality in the Division of Labour**

Participants also reported that during the COVID-19 outbreak there was unequal division of labour between the husband and wife and also between boys and girls. Female participants commented that their responsibilities in the household doubled as they had to take care of their children, cooking, laundry and many more. One members of household asserted:

*"You find that sometimes a woman does a lot of domestic activities from morning till evening. She has to clean the house and the compound, as well as fetching water. All these are huge tasks and exhausting"* (Household member 16, MjiniMagharibi).

The responsibilities of taking care of the children to make sure that they do not fight each other or get out of the house to avoid contracting COVID-19 was left to women. An FGD sessions revealed that, girls had more household chores to attend to because they stayed at home most of the time compared to boys who spend most of time outside.

*“The increase in household chores among girls was influenced by them staying at home for three months after the school closure”* (FGD, young adult, MjiniMagharibi).

A group of young female adults in Chakechake also commented that:

*“Young girls spent most of their time helping in household activities during the school closure”* (FGD young female adult, Chakechake).

## Discussion

This study has highlighted major effects of COVID-19 and its control measures in the areas of gender, children, and household relationships in the United Republic of Tanzania. The results clearly show that the effect of COVID-19 outbreak and its control measures had highest toll on women and children. Women experienced physical violence and additional household responsibilities. Children on their part experienced both physical and sexual violence, exploitation, early pregnancies, and early marriages. Relationships in the households were not spared with reports of either strengthened or weakened leading to separation and divorces.

The findings from this study show how COVID-19 pandemic was associated with increase of violence in children and women as well as impacting positively and negatively on household relationships in Tanzania. Some of the key findings observed in this study included the physical and sexual violence towards children by their step parents and/or adult members in the households. This was in line with observations reported from Singapore<sup>[32]</sup> and the United States of America<sup>[33]</sup>. The main driver of violence against children was parental stress where children are also at greater risk for neglect as an impact of COVID-19 stay at home orders. A study in the USA revealed that, parents who lost their jobs and with depressive disorders were more likely to maltreat their children during the pandemic<sup>[33]</sup>. The reported child abuse incidences during the pandemic are an indicator of persistence of child abuse even after the pandemic. Thus, actions such as child help lines in Tanzania are important for primary prevention of child abuse and in promoting the wellness of children at risk. Tanzania already has a National Plan of Action to End Violence Against Women and Children in Tanzania (NPA – VAWC) (2017 – 2022) which aim to prevent and respond to all forms of violence against women and children through comprehensive multi – sectoral collaboration at all levels and combining eight national action plan<sup>[28]</sup>.

This study also highlighted the rise in children exploitation during the COVID-19 pandemic. In some household's children, especially boys had to work, to have an income in order to provide for their families due to family economic insecurities during the pandemic. The implication of this is that, there is likely to be a fallout in the efforts made to stop child labour<sup>[34]</sup>. In addition, gender inequalities are likely to persist within the households as girls are expected to stay at home and do house chores while boys go out to provide for the families. This limits these children's sense of equity even from the grass root level that is the household level. Tanzania has a National Strategy on Elimination of Child Labour (2018 – 2022). The strategy aim at coordinating prevention and responses to the worst forms of child labor at

the national level<sup>[35]</sup>. Implementation of the strategy has been slower mainly due to lack of resources.

In addition to the effects that the pandemic had on children, our study revealed the effects the pandemic had on the couples in the households. One of the reported effect was the rise of gender-based violence cases<sup>[36]</sup>. Some participants reported women to have been bitten, experienced emotional abuse in the form of insults from their partners. As a result, this had serious impacts on household relationships, consequently leading to separation and marriage breakups. This is similar to what was observed in Australia<sup>[7, 20, 21]</sup>. Whereby most of these studies reported that isolation during the pandemic paired with psychological and economic stressors as well as potential increases in negative coping mechanisms such as excessive alcohol consumption triggered an unprecedented wave of family violence<sup>[20, 21]</sup>. This highlights the need for the government and other stakeholders to create awareness about an increased risk of violence during the pandemic. There is a need for people facing violence to report to appropriate bodies or authorities through help lines to receive support.

This study also revealed that, although couples spent more time at home during the pandemic, there has been an unequal division of labour between husbands and wives. During the implementation of COVID-19 control measures, women's role doubled through taking care of children, taking care of the household (cooking, washing clothes) with little to no assistance from their male partners. This is consistent to what was reported in New Zealand<sup>[38]</sup> and Italy<sup>[39]</sup> whereby couples agreed that during the lockdown the balance of labour was unfair on women. This unequal division of labour among men and women in the households has detrimental outcomes to women who are unfairly doing a greater share of domestic work and with lesser personal time. As a result, these women experience residual increase in relationship resentments, which are likely to be a trigger for misunderstandings within the households.

There was a positive theme observed in our study that rose from the pandemic, which was the strengthened family relationships. Our study showed general improvement in social relations and strengthened family relations, as most parents / spouses were at home and not as busy with their usual schedules that boosted social interaction among family members. This finding is in line with what was observed in Australia, Portugal and the United States<sup>[9, 11, 28]</sup>, where by families reported an increase in quality time spent together as a result they managed to develop more adaptive behaviours that helped to overcome some effects of COVID-19 pandemic. They also reported developing positive relationship functioning through an increase in constructive communication and positive conflict resolutions. This emphasizes on the importance of enforcing positive family relationships especially during difficult times such as the pandemics and other emergencies.

There were some limitations of this study which are worth reporting. The study findings may not be generalizable for the entire country as only three districts were involved in the data collection and the fact that all of them were along the coastal belt. Some of the findings in this study especially the responses from in-depth interviews were personal opinions and we had no means of verification at the time of the data collection. Despite these few limitations, the study results have clearly highlighted several effects of COVID-19 pandemic and its control measures on gender relationships



and roles in the household's relationships in Tanzania.

In conclusion, it is clear that the COVID-19 and its control measures had a number of effects on gender, children and household relationships in Tanzania despite the fact that the country did not implement a total lockdown. The results call for the need to strengthen the existing social welfare interventions to be able to act and mitigate social challenges brought about by emergency situations including disease outbreaks.

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### Availability of Data and Material

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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