

# TAMWANites Konnect



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## MISSION

To advocate for women and children's rights for cultural, policy and legal changes/ transformations in the society through the use of media.

## VISION

A peaceful Tanzanian society which respects human rights from a gender perspective.

# Violence Against Women and Children in Tanzania still rampant



*Physical violence is as bad as any kind of gender based violence*

**By Lilian Timbuka**

**Despite the ongoing campaigns against child and forced marriage, gender discrimination in land rights, ownership and inheritance, the nation is still facing difficulties in combating challenges that are associated with human rights particularly women and children's rights violation.**

According to local and International Human Rights organizations' reports, Tanzania leads in child marriage which has a significant contribution to early pregnancy, and data show that 16 children are impregnated everyday in the country and this situation results in poor development of girl child in all facets of life.

The Tanzania Demographic and Health Survey/Malaria Indicator Survey (TDHS/MIS) 2015 - 2016 and the National Bureau of Statistics (NBS) reveal that 27% of women aged 15-19 years have began child bearing while 1 in 3 young women is married by the age of 18 years.

There has been different efforts by organizations and the Government itself to save those who have been affected but early pregnancy is still a major challenge that faces families and the society in general in Tanzania Mainland and Zanzibar.

In Zanzibar, violence against women and children rate is high in South Pemba region and Unguja while in Tanzania mainland the situation is worse in the districts of Kahama, Tarime, Sengerema, Newala, Mbulu, Bunda, Nkasi, Babati, Chunya, Dodoma, Bariadi, Busega and Singida rural.

Many communities are silent on all forms of discrimination and violence against women and children including intimate partner violence and rape where many are seeing violence as normal and it is part of the males' rights in matrimonial homes.

Despite efforts done by paralegals at the community level in different parts of the country, physical and other forms of abuse in marriage, land conflicts and early pregnancy are perceived to be normal

on the side of women but a taboo if it is happening to men and there are few poorly cases of violence and abuse against men compared to women.

The Tanzania Women Lawyers' Association (TAWLA) has been providing legal assistance including resolving land and inheritance disputes in regions that have been performing poor in human and women's rights issues as a way of contributing to reduction of violence and violation of rights against women and children. TAWLA has done a commendable job by recruiting over 400 paralegals working all over the country.

The Tanzania Media Women Association (TAMWA) as a stakeholder in gender issues conducted a study last year on land, inheritance and violence against children in the regions of Tanzania. The study shows that Coast, Morogoro, Mtwara, Lindi, Arusha, Tanga, Shinyanga, Manyara and Mwanza regions lead in conflicts on inheritance and violence against children mainly child marriage.

Apart from Tanga and Arusha, Dodoma is leading in land and inheritance conflicts that demand for more intervention in this area as well as in early pregnancy, school dropouts for primary and secondary schools female students that are also with high rate of child marriage and early pregnancies.

Challenges facing women and children in Tanzania require collaborative efforts by the community and the Government, while children's issues need to be tackled by parents as well as the institutions that support children's development such as schools.

Communities awareness raising efforts will assist in improving the situation of violence against women and children in Tanzania. Parents' effective contribution to raising their children well will compliment the efforts done by institutions such as schools in order to have better citizens in the future.

Parents have forgotten their responsibilities and trade off this opportunity for economic pressure where they spend most of their time looking for financial gains and forget about their obligations to children.

In some incidences, parents are found to be unaware of their children's behavior until when teachers intervene to inform them, that is when they get shock of their lives. So if parents will not be responsible to work together with children's development supporters like in guidance and development, the efforts that are geared towards protecting children particularly girl children will be in vain.

Politicians need to play their roles as well by addressing these challenges in public meetings and in the parliament as some of them do not take issues of violence and abuse as serious as it is supposed to be.



**LET US JOIN HANDS TO SAVE GIRL CHILD IN TANZANIA!**

# Granting women rights to economic and reproductive resources benefits everyone

By TAMWA KONNECT Reporter



Women in VICOBA Group at Kigogo, Dar es Salaam  
Photo: TAMWA Library

**D**espite the fact that there are continued efforts to close the gap on women's access, ownership and enjoyment of economic rights, large gender gaps exist in the ownership and control of economic and productive resources.

Gender inequalities continue due to discrimination. Unfavorable laws and politics that deny women their rights. This in turn contributes to women's vulnerability that leads to attain a lower social status and inability to participate effectively to contribute and benefit from the process of development.

Regardless of this, women remain to be main contributors in productive and economic activities but still not adequately recognized. Their economic empowerment can be achieved through equal access to and control over economic and productive resources and opportunities as well as the elimination of gender inequalities that hinder their rights.

Economic empowerment increases women's access to economic resources and opportunities such as jobs, financial services, property, skills development and market information. Women's access to use and control over land and other productive resources is essential to ensure rights to equality and standard of living. Women run all sorts of enterprises, self-owned, private companies, associations and cooperatives. They are employed in every sector at all levels.

Key Facts on Tanzania's economic empowerment:

- The Tanzania Government revised the land law in 2004 to create value for land and to allow mortgage of land with consent of spouses and the established land tribunal must include at least 43% of women.
- The contribution by women to national economies is often unrecognized
- Women face indirect and direct discrimination in the work place and when entering into business
- Majority of women continue to operate in informal sector under pressure without recognition of their economic rights.

# TAMWA Joins Hands in Efforts to Raise Awareness on Road Safety and the Risk Factors for Road Crashes



*A Facilitator in one of the TAMWA's Road Safety training*

**By Saida M. Msumi**

**R**oad traffic accidents can have devastating psychological effects on the families of victims, especially women and children and can expose them to Gender Based Violence especially when the life is lost or when the breadwinner who mostly appear to be men from the family is permanently affected by the accident.

The impact of road deaths and injuries results in depression, anger, suicidal feelings, anxiety attacks and loss of drive more common in the relatives of victims left with disabilities than the victims themselves. Studies show that it's not just the victim who suffers as a result of a serious injury or death on our roads. Whilst negative emotions affect the person involved in the collision, families of these victims often present more pronounced psychological suffering than the victims themselves. Some studies show that up to six years after their collision, as many as 40% of victims don't improve, even with treatment. So TAMWA's intervention in Road Safety is crucial for the betterment of women and children lives and in ensuring that they are free from GBV and don't bear the burden of the accidents that are most likely to affect victims' families and have an adverse impact on the societal cost.

With support from the Bloomberg School of Public Health. In 2017 - 2018, TAMWA has trained more than 100 journalists from Coast, Dar es salaam and Morogoro regions on how to write Road Safety stories that will attract readers and how to look for different angles from the moment crash happens to post care and other followups as well as sources of road crash data. Journalists that are trained by TAMWA have the big picture of Road safety as a complex issue where media is part of the solution to

write, promote change to save lives and reveals the burden that women and children bear due to road crashes as well as in analysing the existing gaps in the Tanzania's Road Traffic Act (1973).

From April 2017 to February 2018, a total of 128 journalists from Coast, Dar es salaam and Morogoro regions were trained by TAMWA. This project aims at engaging journalists to build a network and their understanding of the road safety crisis including the risk factors and to increase the frequency of quality and accurate reporting on Road Safety issues to the public. It also promotes public awareness on the road safety situation and the key risk behavioral factors. These trainings has enabled journalists to report not only on road crashes as they happen but follow up on victims of road crashes and what loss the nation incur as a result. So they go further to the concrete data and actual impacts of road crashes.

TAMWA's intervention in this issue is timely as the number of premature deaths increase due to road crash not only in Tanzania but in other developing countries than in the developed countries. Despite a number of campaigns aimed at increasing road safety, more Tanzanians are dying on roads and highways almost every day. The Traffic Police Department says that from January to September 2017, a total of 1906 people have died on roads. The World Health Organisation (WHO) on the other hand, ranks Tanzania among the worst performing countries on road safety. According to the Global Status Report on Road Safety 2015 by the WHO traffic related fatalities is around 32.9 per cent per the 100,000 population. This occasions a significant economic loss of 3.4 per cent of the country's GDP

## Road Safety Facts

### Seniors vs. Teens

We expect mistakes from young drivers, but the first few years are pretty risky. Drivers ages 16-19 are three times more likely to crash than drivers over 20.

Novice drivers cause significantly more car accidents than seniors, 12.2 percent of car accidents are the responsibility of teen drivers while 7.5 percent of accidents are caused by drivers over 65 years



Participants of the Road Safety training

Advocacy groups are working to raise awareness on chronic risk factors by teens including cell phone use, passenger distraction, impulsive/aggressive road behavior, impaired driving and lack of seatbelt use.

The life expectancy for car-dependent seniors, is steadily increasing. Impairments associated with aging – including slow response time and compromised vision and hearing – could have a staggering effect on road safety.

## **Men vs. Women**

Men get more traffic violations and are deemed responsible for a greater portion of car accidents. Men drive more miles than women (about 40 percent more miles per year) despite the fact that there are a lot more licenced female drivers than it used to be.

Men under 25 get in more accidents because they're more prone to aggressive behavior and risk taking.

### **On Numbers:**

- Men cause 6.1 million accidents per year and women cause 4.4 million per year
- 105.7 million women and 104.3 million men have drivers licenses
- On average, men drive 16,550 miles and women drive 10,142 miles per year

## **Cyclist Vs. Drivers**

### **Drivers and Cyclists are equally responsible for causing bike accidents.**

Cyclists are twice as likely as motorists to get into an accident. only a third of bicycle accidents are car collisions.

Statistically, drivers are at fault about 15 percent of the time.

The overarching cause of bike accidents could have more to do with bike hostile roads.

Poor surfacing, inadequate bike lanes, lack of signage and lack of education make it difficult for cyclists and drivers to share space.

## **Lifestyle choices can indicate accident likelihood...**

The logic being that people who pursue risk in their careers will also pursue it on the road.

Rural drivers are more likely to be involved in a road fatality due to high speed limits, poorer road conditions and increased rates of intoxicated driving. Yet, 80 percent of reported accidents take place in urban areas.

Drivers are half likely to get injured in a car accident if they have a spouse. I think TAMWANITES understand this well!

# Health services for Mother and Child: An agenda for action

By TAMWA KONNECT Reporter



*A baby in a post-natal clinic*

**T**anzania has made good progress on the target for Millenium Development Goal 4 whereas under five deaths per 1,000 live births has declined steadily from 166 in 1990 to 112 in 2005 and 67 in 2015; but the number is still high, so maternal and newborn health services is a necessary first step in bringing down rates of newborn mortality. It is critical to have an adequate number of competent health workers, facilities with capacity to deal with the main causes of newborn mortality which is easily accessed by communities. In most cases the survival of mother and child increase dramatically when women give birth with the support of a skilled health attendant or in a health facility.

According to health experts, access to health services is equally important as the quality of care. Quality is not about whether resources and services exist , it is also about health workers believing that the life of every mother and baby is worth saving regardless of income, age, ethnicity,

religion, social and cultural norms. Unless quality of care is prioritized, the mere presence of health facility or health worker will often not be enough to make the difference between life and death.

Giving every newborn a fair chance to survive requires strong cooperation among government, businesses, health care providers, communities and families. These actors need to come together to demand and provide affordable quality health care for every mother and baby from the very vulnerable period of pregnancy, birth and the first days and weeks of life. What is required are the places for clean and functional health facilities, People who are well trained health care workers, Products which are life saving drugs and equipment and the power; where dignity, respect and accountability is inclusive.

A range of policies and interventions can also empower adolescent girls, mothers and families to demand from the government and receive quality care. These include sexual and reproductive health

education, cash transfers to promote access to health and nutrition services, efforts to solicit feedback from girls and women about the health and nutrition services they receive and legally mandated policies for family leave after the birth of a child.

### Quick Facts

- Breastfeeding is one of the ways health care workers can help protect the lives of newborns. After birth breastmilk is a baby's first vaccine - the first and best protection against illness and diseases
- Preterm births expose mothers and babies to a host of potentially fatal complications, including low birth weight. Pre term babies who survive the new born phase often endure life-long complications including stunted growth and learning disabilities

### Thumbs Up - Tanzania data

- Over 75% immunization coverage has been achieved
- There is reduction in new HIV infection amongst children by 69% from 2009 – 2015
- 59% of babies aged 0-6 months in mainland Tanzania are exclusively breastfed

- 63% of all women deliver their babies in a health facility
- 56% of children who are living with HIV and below the age of 15 have access to life saving antiretroviral treatment.

### Thumbs Down - Tanzania data

- Under 5 mortality has decreased by 40% between 2005 and 2015 but infant mortality still accounts for 64% of under-five mortality
- Chronic malnutrition has been reduced from 42% - 34% but 1 in 3 children under five years is still stunted
- 20% of children with albinism aged 7-17 have never attended school
- 2 in 5 primary school aged children with disabilities attend school
- Children in rural mainland Tanzania are three times less likely to have a birth certificate than in urban areas
- 27% of women or rather say children aged 15-19 years have begun child bearing

Data Sources: NBS 2012, PMO-RALG, UNICEF, TDHS-MIS 2010, CDC, MoEVT



Maternal Health services is crucial for the development of the country

# Women's presence in media is still marginalized

By Saida M. Msumi

**W**omen's views and voices are continuously marginalized in the world of news media. It shows lack of progress on the presence of women in the news media. The Global Media Monitoring Project 2015 (GMMP 2015) notes that in Africa women's relative presence in the news has only increased from 19% in 2010 to 22% in 2015. This is way behind the global population data that shows women constitute more than half of the world's population but on contrary their voices do not make up the majority of those who make news. The record for Tanzania shows the radio, TV and print media coverage on women as sources to be 25.5% for Radio, 24.07 for Television and 23.04% for print.

The study by GMMP reveals that in Tanzania, women consists of only 22% of news sources, which was two percent point more than the regional average of 20%, women voices are continuously missing in science and health, sports and the economy. There is a limited portrayal of women in diverse roles in the media in Tanzania who are featured in array of occupations. Women

who appear in the news are mostly homemakers by 100%, students 82%, in agriculture 57%, religious leaders 1%, government politicians 6% and police 8%. However the Country Executive Director of Gender Links, Ms. Colleen Lowe-Morna was recently in the country and she commended Tanzania Broadcasting Corporation (TBC) for being able to feature 50% of women as its sources for stories when the monitoring was done as per media house. Ms colleen noted that "The media plays a frontline role in shaping attitudes, norms and perceptions in achieving and contributing to gender equality. It is important to see the media promote gender equality and women's empowerment".

In Tanzania men are the majority of news subjects in all news topics especially in politics, government and economy. Women are heard in news mostly in soft beats where they are likely to be heard on social issues than in hard news. The proportion of women according to the GMMP study is highest on health, HIV and AIDS, social issues, crime and violence. This is how media is performing in Tanzania despite the fact that, it has an important role to play to the public on what discriminatory practices are in the country. Media need to keep on their radar on issues of discrimination and the violation of rights in public and private spheres and bring to light the trends of discrimination against women and children.

When the media begins to speak and give opportunities for women to talk about discrimination practices they can control the agenda on what is talked about and breaking through the visible and invisible spaces where discrimination exist to the places where discrimination has been institutionalized and normalized and seen as the order of the day.



*Ms. Colleen Lowe-Morna speaking in a press conference in Dar es Salaam*

# Gender and Media in a nutshell

## Tanzania's progress in Gender Equality and top leadership still slow

By TAMWA KONNECT Reporter

**W**omen's participation in politics and leadership has over the past years increased especially because of strategies put in place to empower women. Tanzania is making some efforts to promote women in leadership, yet progress is slow in many of the top political and leadership positions. Some people still inhibit perceptions that women are not capable and women are weak and incapable of holding political and administrative posts.



Women, particularly young women and women from marginalized groups, continue to face difficulty engaging in political and leadership positions. Many factors including socio-economic development, geography, culture and the type of political system remain as hindrances for women to enter into political and leadership positions. Leadership is still associated with masculinity and such power to make key decision whether in political, economic, or public life is seen as man's domain.

If Governance reforms do not address the social relations that undermine women's capacity to participate in public decisions, they run the risk of reproducing gender biases and patterns of exclusion in the management of public affairs. Governance focus on sound management of the economy, to a wider view that embraces political liberalization and problems of social inequality. It implies democratic governance, meaning an agenda for participation, human rights and social justice.

A 2017 report from the East African Community Gender Equality and Development (GED) pilot Barometer shows a comparative snapshot of women and men in key positions in parliaments, cabinets, parastatal leadership and Public services where Tanzania is faring well compared to some other countries but it has majority of women leading in parastatals in only 30% of women. In comparison to men the participation of women (30%) is too low compared to the 70% of men in parastatals while in Public Service it is 39% of women and 61% of men, in parliament women are 37% while men are 63% and in Cabinet, only 22% of women have positions against 78% of men.

Source: GL

COUNTRY	PARLIAMENT		CABINET		PARASTATAL		PUBLIC SERVICE	
	% Female	% Male	% Female	% Male	% Female	% Male	% Female	% Male
Uganda	32.0	68.0	42.6	57.4	-	-	20.7	79.37
Kenya	19.0	81.0	32.8	67.2	18.0	82.0	36.68	63.4
Tanzania	36.8	63.2	21.7	78.3	30.0	70.0	39.1	60.9
Rwanda	64.0	36.0	37.5	62.5	19.0	81.0	45.0	55.0
Burundi	37.1	62.9	27.3	72.7	13.6	86.3	15.9	84.1

Source: EAC GED Barometer Country Reports, EASSI

# Gender and Media in a nutshell

The Gender and Media Digital media monitoring tool in place

By TAMWA KONNECT Reporter

**I**n an effort to put the sustainable Development Goal number 5 which seeks to promote Gender equality and women's empowerment through gender-responsive reporting the southern African women's rights organization 'Gender Links' has created a state of the art digital media monitoring tool to track the representation and portrayal of women and men in the media. The reason for its creation is the fact that, critical media monitoring generates evidence for awareness creation and advocacy for change in media institutional practice, policies and editorial content.

According to Gender Links' statement during introduction of the tool, the tool is based on 15 years of media monitoring activities that were in line with comprehensive media studies in Southern African countries whereby it provides assurance to be ideal for self monitoring by media houses, training of media students and use by media development organizations to hold the media accountable.

The tool incorporates all parameters of the Global Media Monitoring Project (GMMP), that is conducted voluntarily in every five years. The media monitoring tools suit different needs that allow one to conduct own gender and media monitoring project covering one country or more, have access to and analyse own data and add to global data on gender and media content for research and advocacy purposes.

The tool has 14 sections that are divided into two, one is providing the basic information on gender gaps and the other one dwelling into specialized topics such as elections and political participation, Gender Based Violence (GBV), HIV and AIDS, disability and peace, conflict and security.

Through the introduction of this tool media's influence is expected to be used constructively to help citizens understand and make informed decisions about their lives by allowing media to contribute to gender equality that can help change women and girls' lives and help to shift societal mind sets that have become ingrained structural barriers to women's advancement.

*Source: GL*



# 'FUDIKILA'

By Lilian Timbuka

**W**hat do you think when you hear a word 'Fudikila', do you think it is a native language? Do you know what does it mean?

Those who are coming from Iringa understand the meaning of this word. Some of the interviewed people in Iringa region explain the meaning to TAMWA Connect reporter who recently visited the area.

The word 'Fudikila' is referred to a nursing woman whose baby is between six months to a year old and the woman falls pregnant during that period.

The locals in Iringa believe that 'Fudikila' is the source of stunting and low birth weight in majority of children in their area. However harmful traditional beliefs about the use of modern family planning has been mentioned as the cause of stunting and low birth weight.

Nutrition specialists on the other hand, suggest that babies' 1,000 days from birth are very crucial for the baby's brain development so they need to be fed nutritious food that is mostly available in addition to breast milk and other weaning food as they grow.

This fact is however contrary to the real life situation in Iringa where our reporter visited some of the villages including Itamba- Mgera and found out that for some, even one meal a day is a challenge. The challenge that villagers claim to be caused by financial problems facing them. Others are found not to be fed properly because of poor use of modern family planning methods. But the Regional Medical Officer (RMO) for Iringa Atupele Mwandiga had this to say in an interview with TAMWA Connect;

"Just after delivery, we train mothers to feed their babies nothing but breast milk until after the baby turns six months old, but this is difficult to control when they leave for home"

What are efforts done to combat the problem? There are different efforts and activities implemented by the Government and health stakeholders to combat the problem but the 2016/2017 Tanzania Demographic Health Survey (TDHS) indicates that about 50% of children in Iringa region are stunted by 41.6% . The region has a total of 29,825 children under 5.

Forty percent of children between six months and under two years of age in Iringa are anemic while 15% of those in the age group of 0-6 months are also suffering from anaemia. Children who have anaemia as a result of diarrhoea are 8% of all children in their age group.

From the available data, kwashiorkor rate has dropped by 0.9% and the challenge that faces Iringa as a region now is to save the lives of 15,000 children at risk of dying from malnutrition.

The Deputy Coordinator of Reproductive Health in Iringa region Rwosita Msangi has said children whose conception happened when their mothers were breastfeeding are at the higher risk of being malnourished or stunted due to poor feeding experienced from the womb.

She said "There is a misconception of continuing breastfeeding for pregnant women that their breast milk is not good for consumption' and that makes a high percentage of women to stop feeding babies just after conceiving that is why many children are malnourished and others stunted.



*Fudikila or food killer?*

# Excellence in Journalism: Congrats! TAMWANITES

By Lilian Timbuka

**T**he Tanzania Media Women Association (TAMWA), members Tumaini Msowoya, Salome Kitomari and Jane Moshia Shirima have shined and hold the TAMWA's flag high in this year's Excellence in Journalism Awards Tanzania (Ejat) by the Media Council of Tanzania (MCT).

The winners were announced at a gala dinner held in Dar es Salaam, where the three TAMWA members Tumaini Msowoya, Jane Moshia Shirima and Salome Kitomari emerged among winners in a colourful ceremony that was officiated by the retired Chief Justice Barnabas Samatta.



TAMWA member Tumaini Msowoya, one among the winners of the Excellence in Journalism Awards (EJAT) for the year 2017 receiving her presents.



TAMWA member Jane Shirima, one among the winners of the Excellence in Journalism Awards (EJAT) for the year 2017 receiving her presents.



TAMWA member Salome Kitomari, one among the winners of the Excellence in Journalism Awards (EJAT) for the year 2017 receiving her presents.

Tumaini emerged the winner in two categories of 'Children' and in 'Education' while Salome was the winner in .Tourism and Conservation category and Jane emerged the winner in Azam TV Health category.

TAMWA Congratulates all members who emerged as winners for their achievement in this year's (2018) excellence in Journalism Award

# UNDESTANDING THE HIGH BLOOD PRESSURE

By Anna Nkinda

**H**igh Blood pressure happens when the pressure of the Blood appear to be higher than the way it is supposed to be in a normal situation. The increase in blood pressure overworks the heart and in turn problems associated with heart diseases start to emerge one by one. Sometimes there are minor symptoms that will make you understand if you are or you are not at risk of suffering from blood pressure and other diseases related to it.

Some of the symptoms that you may have high blood pressure are headache, poor vision, pain

in muscles of the neck, nose bleeding, unconsciousness and stroke.

There are two types of blood pressure, one is the natural high blood pressure and the other is high blood pressure that is a result of being suffering from certain diseases such as diabetes. Between 90% up to 95% of those suffering from high blood pressure are having the natural high blood pressure without known scientific reasons for them to suffer from it.

The first type of blood pressure does not have known scientific reasons and might be caused by the family history like suffering from High Blood Pressure, or can be because of being overweight, excessive use of salt, inadequate workout, smoking, the habit of eating too much oily food and aging. Majority of those suffering from high blood pressure fall under this group.

High blood pressure that is caused by other diseases a person is suffering from might be a result of poor functioning of the kidneys, heart aorta and hormonal system. Five to ten percent of the population that suffer from heart diseases have

**Home Remedies for HIGH BLOOD PRESSURE**

**1 Lemons**  
Simply drink a cup of warm water with the juice from 1/2 a lemon added to it each morning on an empty stomach. For best results, do not add salt or sugar.

**2 Watermelon Seeds**  
Grind equal quantities of dried watermelon seeds and poppy seeds (khus khus). Take 1 tsp of this mixture in the morning on an empty stomach & again in the evening.

**3 Garlic**  
Eat 1 or 2 crushed garlic cloves daily. You can simply crush them with your hands. If you do not like eating raw garlic then take it along with a cup of milk.

**Other Remedies**

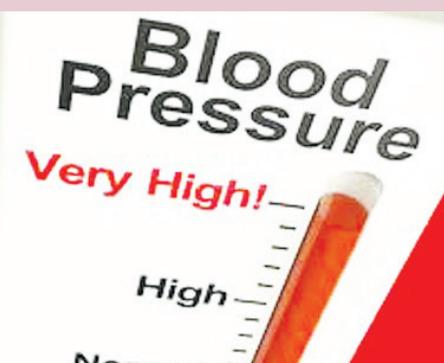
- Banana
- Celery
- Cayenne Pepper
- Honey
- Coconut Water

To explore more, visit [www.Top10HomeRemedies.com](http://www.Top10HomeRemedies.com)

**Top 10 Home Remedies**

this kind of blood pressure which at times happen to women during pregnancy and disappears after deliveries.

According to the 2017 World Health Organization (WHO) report there are more than one billion people in Africa suffering from the disease. The high blood pressure also led in 2017 for having more people suffering from it than any other diseases in the world.



Among 64,093 patients that were treated at the only cardiac institute in Tanzania, the Jakaya Kikwete Cardiac Institute (JKCI) in 2017, 58 percent were suffering from the high blood

pressure, that means in every 10 patients seen by a doctor, six of them were suffering from high blood pressure or other diseases related to it.

In a period of four months for the year 2018, the institute treated a total of 25,594 patients of whom 12,706 were suffering from high blood pressure, this is equal to 50 percent of all patients.

In 2017 and 2018 the institute conducted outreach program and awareness raising in different regions of Tanzania namely Dar es Salaam, Dodoma, Lindi, Katavi, Arusha and Songwe. During that period 52 percent to 64 percent were coming from were having high blood pressure, this also depended on where they come from.

One can avoid getting high blood pressure by working out at least five times a week or for 150 minutes which is equal to 30 minutes per day.

Other strategies to avoid high blood pressure is by eating fresh fruits and vegetables, food rich in potassium, minimizing consumption of too much, oily food and salt, avoid smoking, and excessive drinking, being aware of blood sugar level, cholesterol and blood pressure. By frequent checkups and follow up of your body and health in general we can prevent sudden deaths from high blood pressure, frequent checkups will make one be aware as earlier as possible when she starts developing the high blood pressure.

High Blood pressure may result in stroke, heart attack, heart failure, expansion of heart's veins, kidney diseases and low life expectancy. So women need to take precautionary measure to ensure that they or their family don't get the disease for the burden of those who suffer normally fall much on women who are the caregivers of families.



# Women, be aware: Cervical Cancer is the Silent Killer

By Saida Msumi

**Tanzania has launched the vaccination against Human Papilloma Virus (HPV) that causes cervical cancer in April this year. This is a commendable step that has been taken by the government since, cervical cancer currently claims lives of majority of women and it is the leading cancer among women.**

The government's efforts is timely as women and the society in general are assured that this vaccination is safe and good for the health of girls as they grow up and the services for young is available. The government's aim is to protect girls who are future mothers from cervical cancer: the silent killer. So all rumours spread concerning the negative response from the public about HPV vaccination are baseless.

First and fore most, TAMWANITES, women and community members in general need to know what is cervical cancer and how it is spread as well as the risk factors associated with it in order to prevent from getting it beforehand.

This is very crucial because if one waits for the symptoms to appear it might be too late for treatment while the fact is, Cervical cancer is the only cancer that can be treated if captured early Most of the times when you start seeing the symptoms it is also the time that it has already spread to other parts of the body

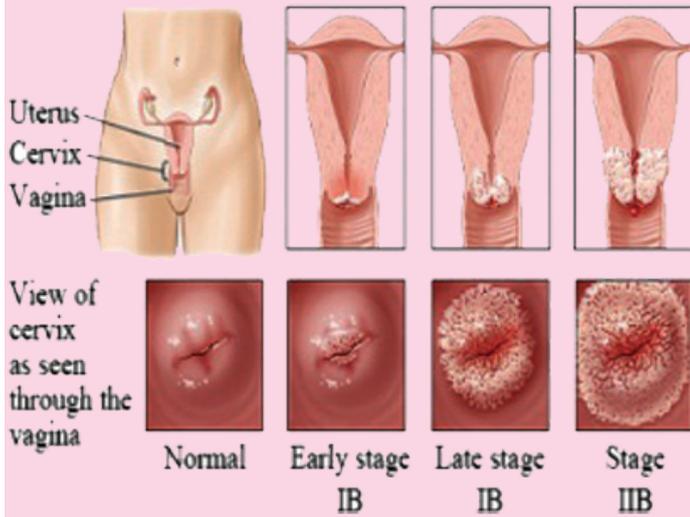
There are many rumours associated with cervical cancer and many women don't know the real cause and which possible ways one can prevent from getting it and how to treat it if one screens and find out that the cells are starting to develop and might be cancerous.

First and foremost we need to know what is cervical cancer, the diseases that claims majority of women among cancer survivors in the country.

Cervical cancer is a cancer arising from the cervix. It is due to the abnormal growth of cells that have the ability to invade or spread to other parts of the body. Early on, typically no symptoms are seen. Later symptoms may include abnormal vaginal bleeding, pain during sexual intercourse blood spots or light bleeding between or following periods, menstrual bleeding that is longer and heavier than usual, bleeding after intercourse, douching, or a pelvic examination, increased vaginal discharge, bleeding after menopause, unexplained, persistent pelvic and/or back pain.

A risk factor is anything that changes your chance of getting a disease such as cancer. Different cancers have different risk factors. For example, exposing skin to strong sunlight is a risk factor for skin cancer. Smoking is a risk factor for many cancers. But having a risk factor, or even several, does not mean that you will get the disease. Despite these facts, women need to be aware that several risk factors increase one's chance of developing cervical cancer. Women without any of these risk factors rarely develop cervical cancer. Although these risk factors increase the odds of developing cervical cancer, many women with these risks do not develop the disease. When a woman develops cervical cancer or pre-cancerous changes, it might not be possible to say that a particular risk factor was the cause.

In thinking about risk factors, it helps to focus on those you can change or avoid (like smoking or avoid the human papilloma virus infection), rather than those you cannot (such as your age and family history). However, it is still important to know about risk factors that cannot be changed, because it's even more important for women who have these factors to get screened to detect cervical cancer early. Every woman must remember that Cervical cancer is the only cancer that can be treated if caught early, so screening is the best choice for every woman of reproductive age.



**Cervical cancer risk factors include:**

Infection by the Human Papilloma Virus (HPV). This is the most important risk factor for cervical cancer. HPV is a group of more than 150 related viruses. Some of them cause a type of growth called papillomas, which are more commonly known as warts. The ones that cause cervical cancer are HPV type 16 and 18 only. HPV can also infect cells on the surface of the skin, and those lining the genitals, anus, mouth and throat, but not the blood or internal organs such as the heart or lungs.

HPV can spread from one person to another during skin-to-skin contact. One way HPV spreads is through sexual activity, including vaginal, anal, and even oral sex. So all those messages that are spread about cervical cancer spread apart from HPV is not true. In a research done in Ilala district in 2016 the knowledge of the cervical cancer spread was low where some believed that it is a cancer just like other cancers and some believe that it is not spread sexually by the virus.

Other types of HPV (16 & 18) are called high-risk types because they are strongly linked to cancers, including cancer of the cervix, vulva, and vagina in women, penile cancer in men, and cancers of the anus, mouth, and throat in both men and women. Infection with HPV is common, and in most people the body can clear the infection by itself. Sometimes, however, the infection does not go away and becomes chronic. Chronic infection, especially when it is caused by certain high-risk HPV types, can eventually cause certain cancers, such as cervical cancer.

Smoking When someone smokes, they and those around them are exposed to many cancer-

causing chemicals that affect organs other than the lungs. These harmful substances are absorbed through the lungs and carried in the bloodstream throughout the body. Women who smoke are about twice as likely as non-smokers to get cervical cancer. Tobacco by-products have been found in the cervical mucus of women who smoke. Researchers believe that these substances damage the DNA of cervix cells and may contribute to the development of cervical cancer. Smoking also makes the immune system less effective in fighting HPV infections.

Having a weakened immune system. Human immunodeficiency virus (HIV), the virus that causes AIDS, damages a woman's immune system and puts them at higher risk for HPV infections. The immune system is important in destroying cancer cells and slowing their growth and spread. In women with HIV, a cervical pre-cancer might develop into an invasive cancer faster than it normally would. Another group of women at risk for cervical cancer are those taking drugs to suppress their immune response, such as those being treated for an autoimmune disease (in which the immune system sees the body's own tissues as foreign and attacks them, as it would a germ) or those who have had an organ transplant. Chlamydia infection. Chlamydia is a relatively common kind of bacteria that can infect the reproductive system. It is spread by sexual contact. Chlamydia infection can cause pelvic inflammation, leading to infertility. Some studies have seen a higher risk of cervical cancer in women whose blood tests and cervical mucus showed evidence of past or current chlamydia infection. Women who are infected with chlamydia often have no symptoms. In fact, they may not know that they are infected at all unless they are tested for chlamydia during a pelvic exam.

A diet low in fruits and vegetables. Women whose diets don't include enough fruits and vegetables may be at increased risk for cervical cancer.

Being overweight. Overweight women are more likely to develop adenocarcinoma of the cervix.

Long-term use of oral contraceptives (birth control pills). There is evidence that taking oral contraceptives (OCs) for a long time increases the risk of cancer of the cervix, because some pills lower the immunity in women. Research suggests that the risk of cervical cancer goes up the longer

a woman takes OCs, but the risk goes back down again after the OCs are stopped, and returns to normal about 10 years after stopping.

Intrauterine device (IUD) use. Some research suggests that women who had ever used an intrauterine device (IUD) had a lower risk of cervical cancer. The effect on risk was seen even in women who had an IUD for less than a year, and the protective effect remained after the IUDs were removed. Using an IUD might also lower the risk of endometrial (uterine) cancer. However, IUDs do have some risks. Also, a woman with multiple sexual partners should use condoms to lower her risk of sexually transmitted illnesses no matter what other form of contraception she uses.

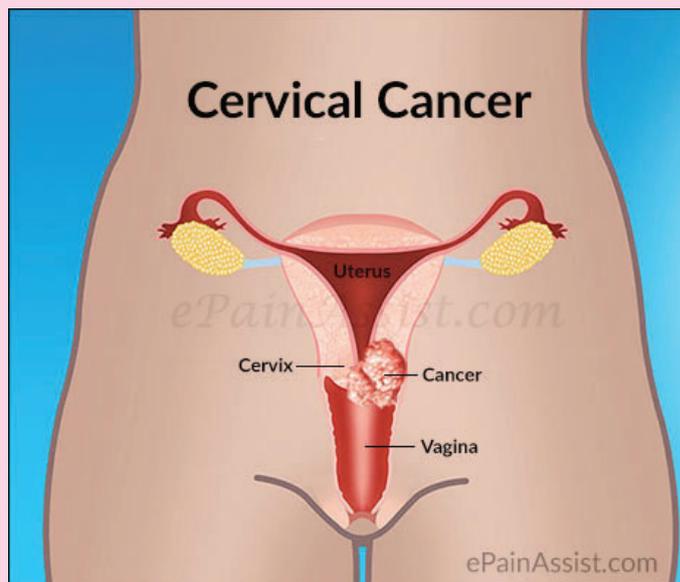
Having multiple full-term pregnancies. Women who have had 7 or more full-term pregnancies have an increased risk of developing cervical cancer. No one really knows why this is true. Also, studies have pointed to hormonal changes during pregnancy as possibly making women more susceptible to HPV infection or cancer growth. Another thought is that pregnant women might have weaker immune systems, allowing for HPV infection and cancer growth.

Being younger than 17 at your first full-term pregnancy and early sexual debut. Women who were younger than 17 years when they had their first sexual intercourse and or full-term pregnancy are almost 2 times more likely to get cervical cancer later in life than women who waited to get pregnant until they were 25 years or older. This is because they might be exposed to HPV many times in their lives than those who are exposed to HPV later in life.

Economic status. Many low-income women do not have easy access to adequate health care services, including Pap tests. This means they may not get screened or treated for cervical pre-cancers.

Diethylstilbestrol (DES). DES is a hormonal drug that was given to some women between 1940 and 1971 to prevent miscarriage. Women whose mothers took DES (when pregnant with them) develop clear-cell adenocarcinoma of the vagina or cervix more often than would normally be expected. These types of cancer are extremely rare in women who haven't been exposed to DES. There is about 1 case of vaginal or cervical clear-cell adenocarcinoma in every 1,000 women

whose mothers took DES during pregnancy. This means that about 99.9% of "DES daughters" do not develop these cancers.



DES-related clear cell adenocarcinoma is more common in the vagina than the cervix. The risk appears to be greatest in women whose mothers took the drug during their first 16 weeks of pregnancy. The average age of women diagnosed with DES-related clear-cell adenocarcinoma is 19 years. Since the use of DES during pregnancy was stopped 1971, even the youngest DES daughters are older than 45 now, way past the age of highest risk. Still, there is no age cut-off when these women are felt to be safe from DES-related cancer. Doctors do not know exactly how long these women will remain at risk. DES daughters may also be at increased risk of developing squamous cell cancers and pre-cancers of the cervix linked to HPV.

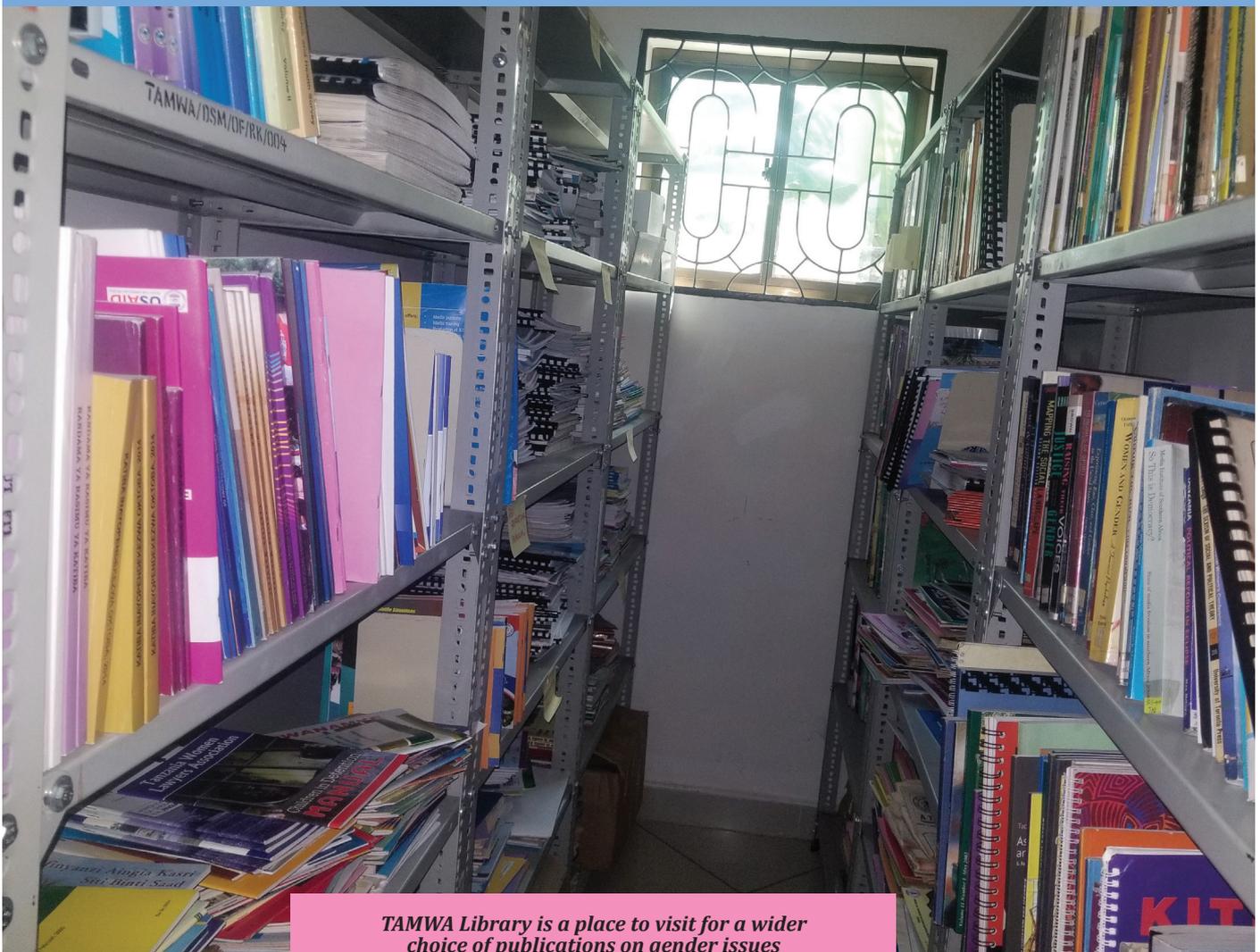
Having a family history of cervical cancer: Cervical cancer may run in some families. If your mother or sister had cervical cancer, your chances of developing the disease are higher than if no one in the family had it. Some researchers suspect that some instances of this familiar tendency are caused by an inherited condition that makes some women less able to fight off HPV infection than others. In other instances, women in the same family as a patient already diagnosed could be more likely to have one or more of the other non-genetic risk factors previously described in this section.

However the government need to come with more interventions in cervical cancer screening

among adults for women who screen for cervical cancer are still very few. Despite the magnitude of the problem that are caused by the effect and delay in screening for cervical cancer among women only 4% women screened for cervical cancer in a campaign that was held in the year 2004 in Ilala district. Another study that was done in 2016 in Ilala district in 2016 focusing on women aged 18 -75 revealed that over 76% have inadequate knowledge. Their perception on the cause of cervical cancer is like any other cancer. They also perceive Cervical Cancer like any other Sexually Transmitted Infections (STIs) without knowing the specific virus that causes it. Excessive chemicals/cosmetics, consumptions of processed foods; multiple partners were established to be the causes of cervical cancer. The knowledge pattern was established to be low even among men during Focus group Discussion. Majority of women over 85% perceived the reasons for not taking the cervical cancer screening. Of all the seven items used to present

the reasons for not taking the cervical cancer screen, none of the mentioned reasons (the process is painful, feel shy, shaming process, against the culture, not at risk and men provides the service) were unaccepted by majority of women. From the study it was established that practices on cervical cancer screening was inadequate as 78.7% Majority of key Informants 80% also indicated that inadequate knowledge on public side makes including community mobilizers for cervical cancer screening makes women to be less informed of the importance of screening for cervical cancer. Lack of facilities in surveyed health centres, could also be one of the reasons for having limited number of women uptaking cervical cancer screening. It was established that the majority of women had insufficient knowledge and practices and poor attitudes to cervical cancer screening. The other barrier to cervical cancer screening was lack of screening services.

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# BEAUTY THERAPY

By Saida M. Msumi

## AGEING

Ageing is associated with a loss of body cells. Cells reproduce more slowly, die more quickly and mal function more often (Now you understand why we get sick and suffer every kind of pains now and then as we age). This means that all body tissues and organ systems deteriorate and the body response less well in all situations. The maximum force generated by a muscle decreases by 30-40 percent between the ages of 30 -80 years, and muscles adapt less easily to increased activity (I bet you have seen adults trying to stand up from a sitting position!) on contrary, in young persons, muscles performance improves rapidly in response to trainings.

Reproductive function decreases with age. This is a gradual process in men as testosterone secretion slowly declines from about the age of 40; in women the changes are more dramatic. The menopause occurs around the age of 50. Menstruation stops and there is significant decline in the amount of oestrogen circulating around the body. Reproductive organs including breast tissue, start to shrink. There is also a loss of bone mass (Have you been wondering how women get shorter as they age?), there is also a loss of bone mass. Connective tissues become less elastic, affecting skin, blood vessels, ligaments and even the lens of the eye (Lens of the eye?? So some of us have strategy aging earlier?)

## TOP TIP

By remembering the word SHAPES, it will help you to remember the functions of the skin:

- S - Sensation
- H - Heat regulation
- A - Absorption
- P - Protection
- E - Excretion
- S - Secretion

## DID YOU KNOW?

### The Skin

Although the skin has a water proof property, it allows water to be lost from the tissues through evaporation every day, approximately 500 ml is lost. So friend, you need to keep your skin hydrated!

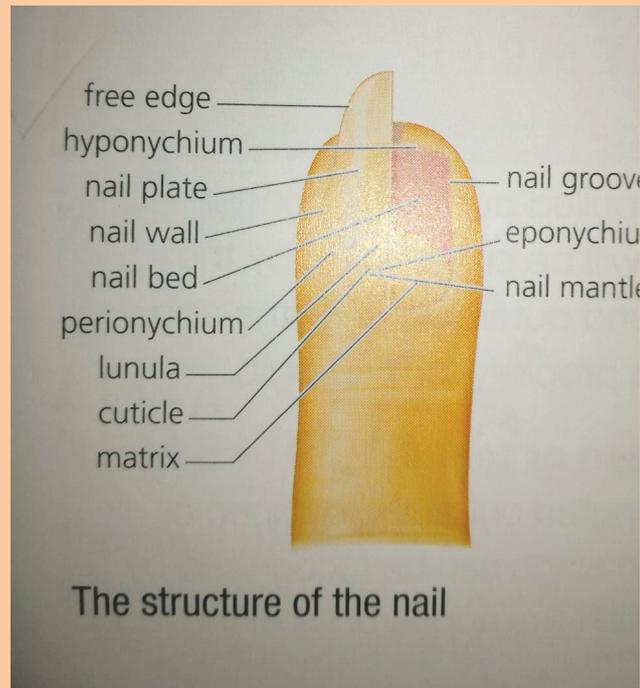
### Hair

There are approximately 100,000 hairs on the scalp

# BEAUTY THERAPY

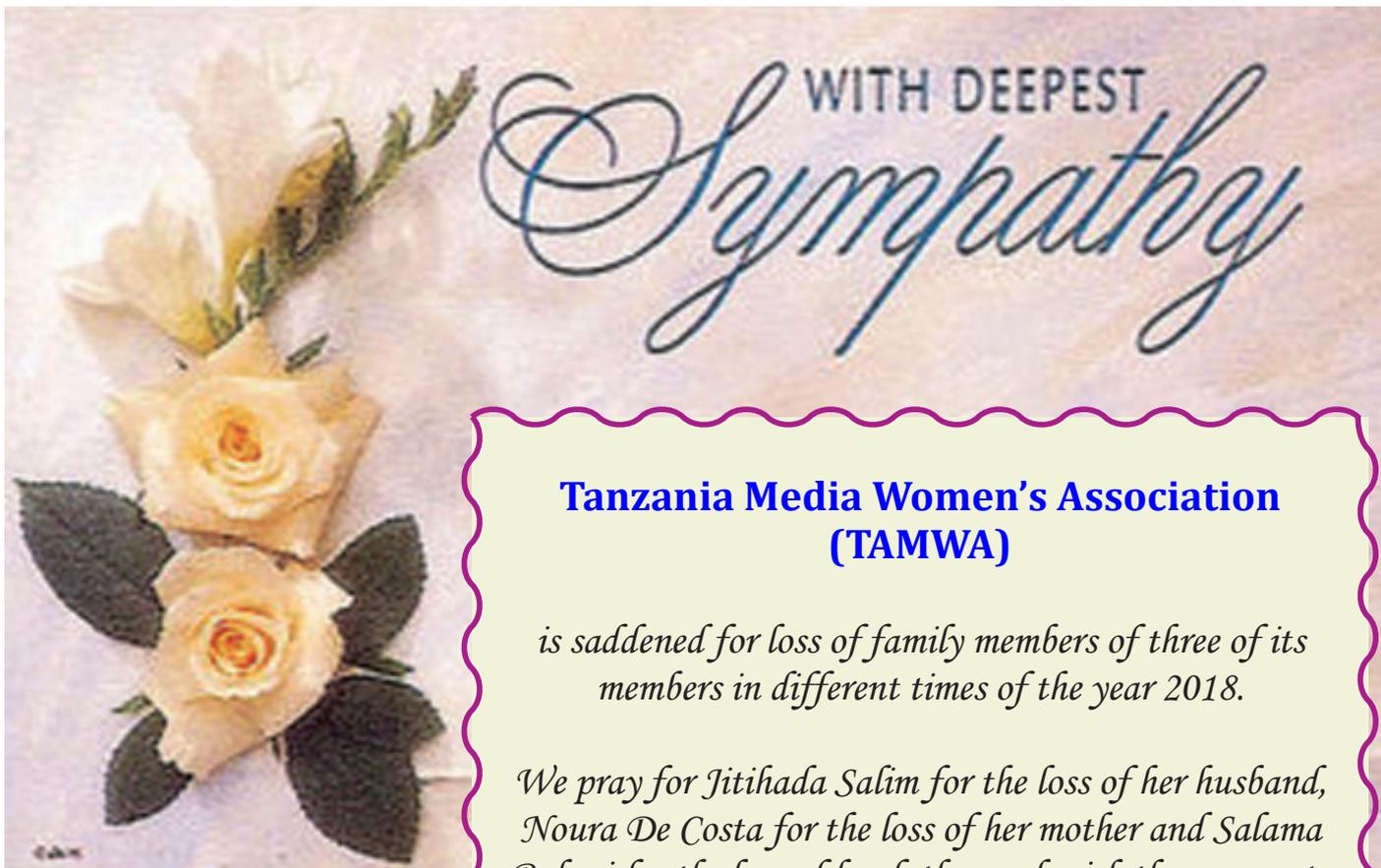
## The nail

The nail has a structure.



## Nail Functions

The nail plate	-	Protect the living nail bed of the fingers and toes
The free edge	-	Protect the tip of the fingers and toes and the hyponychium
The matrix	-	To produce new nail cells
The nail bed	-	To supply nourishment and protection
The nail mantle	-	To protect the matrix from physical damage
The lunula	-	No function
The hyponychium	-	Protect the nail from infections, prevent dirt and bacteria getting underneath the nail
The nail grooves	-	guide the body of the nail plate as it grows forward over the nail bed
The perionychium	-	the same function as the hyponychium
The nail walls	-	Cushions and protect the nail plate and grooves from damage
The eponychium	-	Protect the matrix from infection, dirt and keep away bacteria by forming a waterproof barrier
The cuticle	-	Same function as eponychium (and some women's pedicure and manicure is incomplete if they don't cut the cuticle)



**Tanzania Media Women's Association  
(TAMWA)**

*is saddened for loss of family members of three of its members in different times of the year 2018.*

*We pray for Jitihada Salim for the loss of her husband, Noura De Costa for the loss of her mother and Salama Bakari for the loss of her father and wish them peace to bring comfort and courage to face the days ahead and loving memories of their loved ones.*

*Jitihada, Noura and Salama, we share your sadness and we are thinking of you during these difficult times. Our hearts go out to you in this time of sorrow and our thoughts of comfort and condolences go to your grieving families.*

*Our collective hearts are heavy with sympathy, we share the sorrow with love and friendship and our prayers are with you and your families.*

**MAY GOD, REST YOUR LOVED ONES  
IN ETERNAL PEACE - AMEEN**





**Tanzania Media Women's Association (TAMWA)**

P. O. Box 8981, Sinza - Mori, Dar es Salaam, Tanzania, Tel: 255 22 2772681, Fax: 255 22 2772681, E-mail: tamwa@tamwa.org.

**Zanzibar Office:** P. O. Box 741, Mombasa, Zanzibar, E-mail: tamwazanzibar@tamwa.org

Website: [www.tamwa.org](http://www.tamwa.org)