

**THE ASSESSMENT OF COMMUNITY BASED APPROACH IN  
IMPLEMENTING MOTHER AND CHILD HEALTH PROJECT OF  
IMMUNIZATION IN TANZANIA: THE CASE OF ARUSHA MUNICIPALITY**

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**CERTIFICATION**

The undersigned certifies that he has read and hereby recommends for acceptance by The Open University of Tanzania in collaboration with The University of Fernando Pessoa-Portugal a research dissertation titled: *“The Assessment of Community-Based Approach in Implementing Mother and Child Health Project of immunization in Tanzania: The Case of Arusha Municipality”* in partial fulfillment of the requirements for the award of Master of Arts in International Cooperation and Development Degree (MAICD) of The Open University of Tanzania.

.....

Prof. Hossea Rwegoshora

**(Supervisor)**

.....

Date

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I, **Masesa Mafaja Mashauri**, do hereby declare that this research is my own original work and that it has not been presented and will not be presented to any other University for similar or any other degree award.

.....

Signature

.....

Date

**DEDICATION**

To my parents Mr & Mrs. Mashauri Mafaja Sorwa. To the Directors of Despa East African Ltd.

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## **ABSTRACT**

The study sought to assess the community involvement in Community-Based Approach used by local Non-Governmental Organizations in implementing Maternal/Mother and Child Health Project of immunization in Arusha Region. The study was conducted in four places in Arusha Municipality. The study had three main specific objectives namely; to examine the involvement of men and women in Community-Based Approach used by local Non Government Organizations in implementing Maternal/Mother and Child Health Project of immunization, to assess the involvement of men and women in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization, and to propose sustainable approaches to men and women involvement in Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization. The study employed descriptive survey design with sampling size of 100 respondents involving 50 women and 50 men of different ages. Data collection was done using questionnaires instrument, oral interview, observation, and desk review. The quantitative data was subjected to monivariate analysis by the aid of SPSS software while the qualitative were analysed by narration. The findings revealed that lack of proper education, availability low income, and prevalence of patriarchy system of life among the majority were the major threatening challenges on implementing of Maternal/Mother and Child Health project of immunization. The study concluded that public awareness should be provided to the community so as to raise awareness on matters pertaining to MCH, improvement of income to the community, and implementation of sustainable approaches towards MCH projects including immunization.

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## **LIST OF ABBREVIATIONS**

|          |   |
|----------|---|
| CBOs     | Community Based Organizations   |
| CBA      | Community Based Approach  |
| DPO      | District Planning Officer   |
| FBOs     | Faith Based Organizations   |
| FGM      | Female Genital Mutilation   |
| HIV/AIDS | Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome       |
| M        | Mean  |
| MAICD    | Masters of Arts in International Cooperation and Development            |
| MCH      | Mother/Maternal and Child Health  |
| MCHE     | Mother/Maternal Health Education  |
| MCHS     | Maternal and Child Health Services                                      |
| MNCH     | Mother and Newborn Child Health   |
| MoHCDGEC | Ministry of Health, Community Development, Gender, Elderly and Children |
| NGOs     | Non-Governmental Organizations  |
| NRHS     | National Reproductive Health Services                                   |
| NSGPR    | National Strategy for Growth and Poverty Reduction                      |
| PHSDP    | Primary Health Services Development Programme                           |
| PMCT     | Prevention of Mother to Child Transmission                              |
| PRA      | Participatory Rural Appraisal   |
| RCH      | Reproductive and Child Health   |
| RCHS     | Reproductive and Child Health Services                                  |

|        |  |
|--------|--|
| REPOA  | Research on Poverty Alleviation                        |
| SD     | Standard Deviation                                     |
| SPSS   | Social Package for the Social Sciences                 |
| UNDP   | United Nations Development Programme                   |
| UNHCR  | United Nations High Commission for Refugee             |
| UNICEF | United Nations International Children's Emergency Fund |
| URT    | United Republic of Tanzania                            |



## **CHAPTER ONE**

### **1.0 INTRODUCTION**

The chapter is all about the problem facing the Community-Based Approach during the involvement of the community in implementing the Maternal/Mother and Child Health Project of immunization in the study area of Arusha Municipality, Arusha Region. The setting of the problem was based in Arusha Municipality. However, the chapter is arranged into seven sub-heading such as the Background information, the Statement of the problem, the General objective, the specific objectives, research questions, the significance of the study and the limitation and delimitation of the study.

#### **1.1 Background of the Study**

The concept of Community-Based Approach can be clearly defined by defining the two key words found in the concept. These words are ‘Community’ and ‘Approach’. According to the United Nations High Commissioner for Refugee (2008) manual, community can be described as a group of people that recognizes itself or is recognized by outsiders as sharing common cultural, religious or other social features , backgrounds and interests, and that forms a collective identity with shared goals. While the Macmillan English Dictionary for Advanced Learners (2007), defines the word ‘Approach’ as a particular way of thinking about or dealing with something.

When these two key words combined together to form the concept of Community-Based Approach, the same UNHCR (2008) manual defines Community-Based Approach as a way of working in partnership with persons of concern during all stages of projects cycle by recognizing the resilience, capacities, skills and resources of persons of concern in

order to reach the community's own goals. The study has chosen to assess the Community-Based Approach, which is mainly used by NGOs to implement Maternal/Mother and Child Health Projects in Tanzania: the case of Arusha Municipality in Arusha Region due to the fact that is the approach that gives the community an opportunity to participate in all stages of the project concern. In other words the Community-Based Approach is so friendly to the communities or beneficiaries due to the fact that beneficiaries are not only participating in Maternal/Mother and Child Health Projects from the initial stages up to the closure ones but also are involved in decision making; something which gives them the feeling of being owners of the project concern.

Although Community-Based Approach seems to be more recommended by different NGOs dealing with Maternal/Mother and Child Health Projects, yet there are different problems such as indigenous resistance against the implementations of Maternal/Mother and Child Health Projects in their localities, failure of Maternal/Mother and Child Health Projects, embezzlements of projects' funds, lack of enough education on Maternal/Mother and Child Health, etc. All these problems and others not mentioned here, which becomes obstacles to Maternal/Mother and Child Health Projects in the area, apart from the Community-Based Approach to be considered as the based approach in implementing Maternal/Mother and Child Health Projects by involving the community concern, have aroused the interested to the study to venture into this aspect of health to assess the Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization.

Through a thoroughly assessment of the Community-Based Approach used by NGOs in implementing health projects such as HIV/AIDS, Mother/Child health, Water Sanitation, Female Genital Mutilation (FGM) in Arusha Region, the study came up with the information on the problems which makes Maternal/Mother and Child Health Projects to fail apart from the NGOs to use the Community-Based Approach. However, the study also informed other health stakeholders such as the MoHCDGEC of the government of the United Republic of Tanzania, and academicians on the Community-Based Approach effectiveness on implementation of Maternal/Mother and Child Health Projects in Developing Countries including Tanzania; and the study was not only giving out the information but also gave the recommendation to NGOs, which are using other approaches to use Community-Based Approach during the implementation of Maternal/Mother and Child Health Project of immunization.

The main purpose to use the Community-Based Approach in implementing Maternal/Mother and Child Health project on immunization is to facilitate human development among the community concern. According to the concept of human development which was for the first time defined by the United Nations Development Programme (UNDP) in 1990, people with good health enlarge their choices. The most critical ones are to lead a long and healthy life, to be educated and to enjoy a decent standard of living (Human Development Report, 1990). These choices may be falling under social, political, economic or cultural spheres. All these choices can be only attained by a person with good health, which obtained through immunization so as to prevent the outbreak of communicable diseases.

This study dealt with the aspect of health by assessing the Community-Based Approach (CBA) used by local NGOs in implementing Mother and Child Health (MCH) project of immunization in Tanzania, using Arusha Municipality as a case. Community-Based Approach is widely used by NGOs and other health stakeholders in many societies of either developed or developing countries in order to attain effective results in implementing Mother and Child Health Projects.

However, different health stakeholders such as, Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) of the United Republic of Tanzania (URT), Community Based Organizations (CBOs), and Faith Based Organizations (FBOs), have been using Community-Based Approach to implement MCH projects in Arusha Region. All the NGOs, CBOs, and FBOs referred in this study were local one; which are most vulnerable to the challenges of the Community-Based Approach in implementing Maternal/Mother and Child Health Projects in the area of study.

## **1.2 Statement of the Problem**

Most Non-Governmental Organizations use Community-Based Approach in implementing the Maternal/Mother and Child Health Immunization Project however the involvement of the men and women surrounding the project continue to pose a big challenge not only in Tanzania but also in other many developing countries. The involvement of men and women is a problem due to the fact that most of men do not like to participate in immunization project on the reason that the immunization project is concern with women and children while most of women do not participate in

immunization project due to ignorance as well as high commitment on family activities. If this situation of men and women not participating in implementation of Maternal/Mother and Child Health Project of immunization persist, the project will be subjected to main two dangers in the area of study; failure to the project and outbreak of diseases that can be prevented through immunization.

The study wanted to assess the involvement of the community (i.e. men and women) in the implementation of Maternal/Mother and Child Health Project of immunization through Community-Based Approach used by local NGOs and local government in the area of the study.

In view of the above the study examined the main variables such as poor education, low income of individuals, and lack of enough funds from NGOs. These variables regarded as predictor variables acted as the root cause leading to other factors that may precipitate the decision of men and women not to participate in implementing Maternal/Mother and Child Health Project of immunization.

### **1.3 General Objective**

The general objective of the study was to assess the community i.e. men and women participation in Community-Based Approach used by local Non-Governmental Organizations in implementing Maternal/Mother and Child Health Immunization Project in Arusha Region.

### **1.3.1 Specific Objectives**

#### **The study was guided by the following specific objectives**

To examine the involvement of men and women in Community-Based Approach used by local Non Government Organizations in implementing Maternal/Mother and Child Health Project of immunization.

To assess the involvement of men and women in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization.

To propose sustainable approaches to men and women involvement in Community - Based approach in implementing Maternal/Mother and Child Health Project of immunization.

### **1.3.2 Research Questions**

#### **The study was guided by the following major research questions**

What is the involvement of men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Project of immunization?

What is the difference in terms of men and women involvement in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization?

What are the sustainable approaches to men and women involvement in community based approach in implementing Maternal/Mother and Child Health Project of immunization?

#### **1.4 The Significance of the Study**

The significance of this study is to generate the information which enables the community, the government of the United Republic of Tanzania, the local Non-Governmental Organizations, which are engaged directly or indirectly in implementing Maternal/Mother and Child Health Project of immunization to notice the strengths and weaknesses of men and women involvement in Community-Based Approach, the challenges facing the approach, and how to improve the weaknesses in order to enable the community to participate well in implementation of the Maternal/Mother and Child Health Project of immunization in the study area.

Also the findings of this study help other scholars to understand well how community (i.e. men and women) involvement in Community-Based Approach used by local Non-Governmental Organizations and local government in implementing Maternal/Mother and Child Health Project of immunization in Arusha Municipality; and the findings can be used in other areas of the United Republic of Tanzania as well. The targeted groups who benefit with the findings of this study are such as men, women, children, local NGOs, and local government. The main benefit among several ones for men, women, and children is immunization against communicable diseases for sake of their good health. The rest groups (i.e. local NGOs and Government) benefit with this study by getting awareness of what is going on in the area of study as far as the implementation of Maternal/Mother and Child Health project of immunization is concerned.

#### **1.5 Limitation and Delimitation of the Study**

The challenges of this study were such as time pressure to accomplish this study, some of the respondents were not ready to give out true information freely, and the third

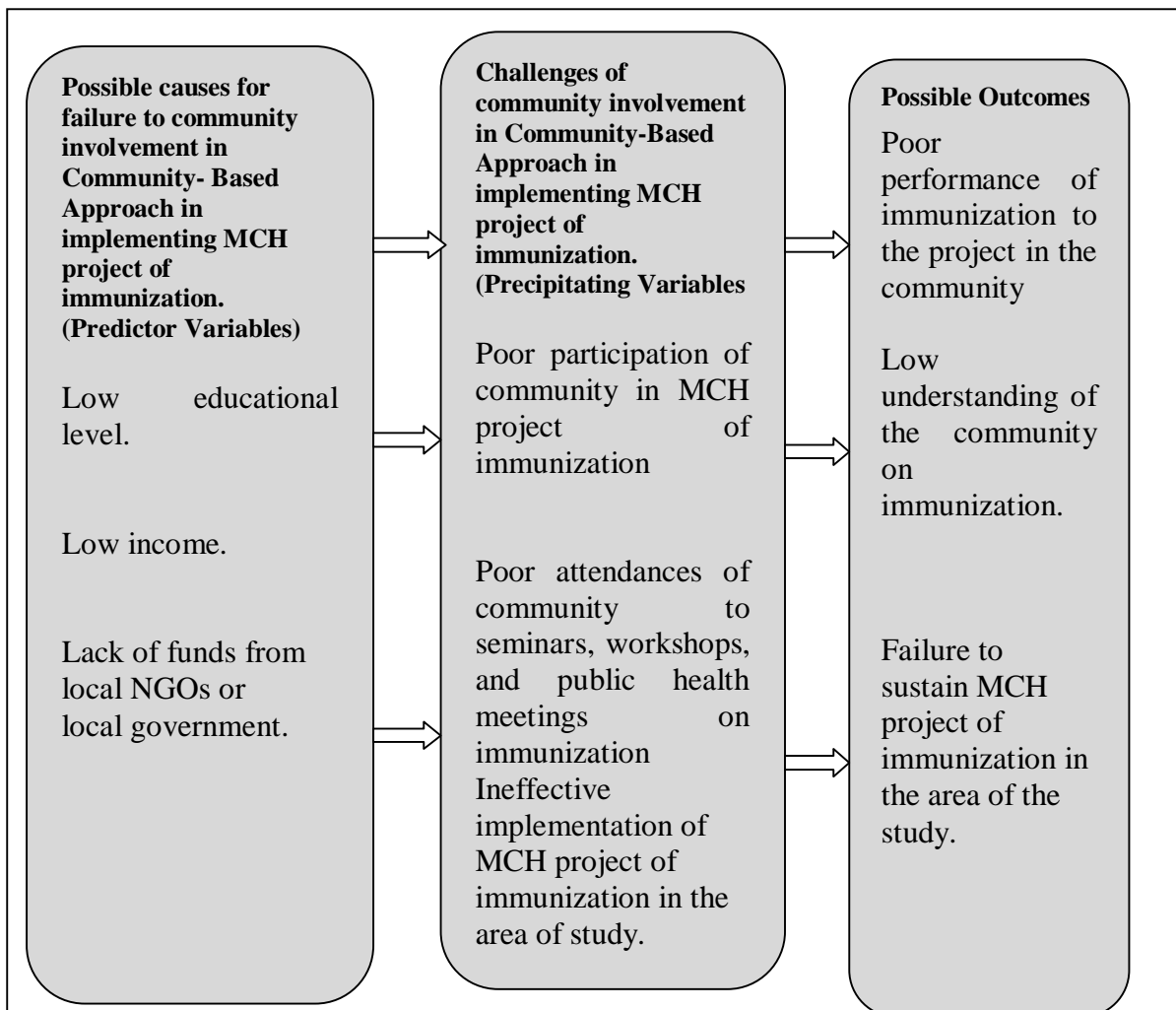
one was on the individuals, who were worried on their safety to reveal information to somebody whom they do not know. These challenges somehow became an obstacle to the researcher to take too long to get the information intended during the process of data collection. However, the study overcame these obstacles and got the information needed from the field to accomplish the study.

### **1.6 The Conceptual Framework**

According to Reichel and Ramey (1987) a conceptual framework is a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation. It is a research tool intended to assist a researcher in developing an understanding of the situation under investigation. The study was organized by using two concept; socialization and economic conceptual models as were cited by Becker, (1975) and (1981); Bryant, (1990) as cited by Garasky (1995), which explains that both theories are related to family and education obtained by children. The study employed these two concepts due to the fact that socialization as well as economic plays a big role in the study. Two categories of variables were used to guide the framework for this study; those are the predicting and precipitating variables. The predictor variables act as the root cause leading to other factors that may precipitate the decision of a community not to participate in implementing MCH project of immunization. Precipitating variables for that matter includes poor economic condition of individual family leading to inability to support MCH project of immunization, and low level of education, which also led poor participation of individuals as well as a community at large to MCH project of immunization in the area of study. The study was based on the assumption that predictor variables such as poor education, low income for individual family, and lack of enough



funds from NGOs or local government may precipitate some problems to involvement of men and women in Community-Based Approach in implementing MCH project of immunization. For example, low income may affect involvement of men and women in attending seminars or public meetings on immunization due to the fact that people will be spending a lot of their time to look for daily bread to their dependents.



**Figure 1.1 : Major variables and Possible Outcomes Presumed from Community-Based Approach in implementing MCH project of immunization**

Sources: Adapted and modified from Becker, (1975 and 1981) and Bryant, (1980) as cited by Garasky, (1995).

## **1.7 Summary**

Chapter one was all about the general overview on the study-involvement of community in Community-Based Approach; and the chapter was arranged on the introduction, the background of the study, statement of the problem, general and specific objectives, research questions, the significant of the study, limitation and delimitation of the study, and the conceptual framework of the study.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Introduction**

The chapter reviews different literatures in order to see what different scholars said on the same subject matter of Community-Based Approach in implementing the Maternal/Mother and Child Health Project of immunization, what is known and what is not known about the problem, and the organization of the chapter. The chapter divided into different parts such as; the overview of Community-Based Approach in Tanzania, Challenges facing Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization, Policies and Legal Framework and Knowledge gap, Theoretical Discussion, and definition of key concepts.

#### **2.2 Overview of Community-Based Approach in Tanzania**

For the purpose of enabling the audience to understand clearly the meaning of Community-Based Approach, the study has adopted the following working definitions of “community” and “community-based approach”.

##### **2.2.1 Community**

Community can be described as a group of people that recognizes itself or is recognized by outsiders as sharing common cultural, religious or other social features, and a common background and interests, forming a collective identity with shared goals (UNHCR, 2008). Kling and Posner (1990) described community as the term which includes those who “agree to undertake collective action to achieve some public goal”. According to Etzion (2003) communities have two characteristics: (1) affect-laden

relationships among a group of individuals that reinforce one another, and (2) a commitment to shared values, norms, and meanings, as well as shared history and identity.

### **2.2.2 Community-Based Approach**

A community-based approach is a way of working that is based on an inclusive partnership with communities of persons of concern which recognizes their resilience, capacities and resources. It mobilizes and builds on these to deliver protection, assistance, and solutions while supporting community processes and goals (UNHCR, 2007). According to Warren as cited in Kettner, Daley and Nichols (1985), community-based approach defined as a locality or space, people or members, shared institutions and values, interaction, distribution of power and social system.

The word Community-Based Approach may sound as a new terminology to most common people as well as to some scholars in Tanzania. In a real sense, Community-Based Approach has been used in many Tanzanian societies to perform several development projects especially in rural areas in different ways for long time ago. In some places the approach has been called “Msalagambo” in Pare language or “Nguvu kazi” in Kiswahili language. These words are used whereby people decide to use their own energy to participate into different development projects such as; building school’s classes, dispensaries, tarmac roads, cleaning streets, and all the like.

The only difference between the Community-Based Approach and “Msalagambo” or “Nguvu Kazi” is only that Community-Based Approach is formal while the two are

informal but all are similar in involving the community to implement a certain project in their localities. Whatever it may be called, the motive behind of the Community-Based Approach is to involve communities of persons of concern into different projects in order to attain the expected goals.

The community in Tanzania has been experiencing the Community-Based Approach during the performance of different projects such as building health centers, roads, school classes, and other social activities into their areas. Therefore, the Community-Based Approach has existed in Tanzania for many years in different forms from one part of the country to another; and being called into different names as shown herein above. However, there were challenges facing the community-based approach in involving men and women in implementing community-based projects from generation to another.

### **2.3 Challenges facing community involvement in Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization**

Maternal/Mother and Child Health Project of immunization is all about the immunization of mother and child. Mother should be immunized during the pregnancy and just a short time after child delivery in order to prevent the transmission of communicable diseases like HIV/AIDS, tuberculosis, venereal diseases, just to mention a few from mother to child. Immunization should also be done to a child against diphtheria, tetanus, measles, poliomyelitis, tuberculosis, and hepatitis B before their first birthday; and other immunization for a child can be done repetitively to a child up to five years old. In that case, immunization is very important to be done to mother and child so as to prevent transmission of communicable diseases from mother to child. The

project is related to mother due to the fact that mother and child health are intimately interconnected. Due to that intimacy mother can transmit communicable disease easily if immunization will not take place to both (i.e. mother and child) in a proper time. Also immunization gives a child an immune against infection of communicable diseases from any other community member within five years from its birth. Briefly, immunization can be defined as the provision of preventative programmes aimed at controlling communicable diseases and protecting vulnerable groups. The Expanded Programme of Immunization (EPI) in Tanzania has performed well over the past decade with immunization coverage of 71% for all vaccination for children 12-23 months (TDHS, 2004/05). However, the Maternal/Mother and Child Health Project of immunization has been facing different challenges during its implementation time in the area of study.

The first challenge facing it is general awareness of men and women especially who are living in rural areas on the Maternal/Mother and Child Health immunization project. Decreased awareness on immunization is due to emerging of negative attitudes/perception, myths and traditional beliefs on immunization services in some of the communities (EPI REVIEW, 2010). Most of men and women who are living in rural areas do not have proper education on immunization as one of Maternal/Mother and Child Health something which hinders them (especially men) not to be involved themselves well in the project.

Lack of proper education such as antenatal care and delivery, managing diarrhoea, nutrition, Prevention of Mother to Child Transmission (PMTCT) especially diseases like HIV/AIDS among the community is contributing a lot to make Maternal/Mother and

Child Health Project of immunization to face some obstacles during its implementation through Community-Based Approach. Therefore, the study suggests that proper education on all matters pertaining to Maternal/Mother and Child Health project on immunization should be provided to the community (i.e. men and women) of different ages, expected mothers, fathers, and teenagers, in the area of study. The local government in collaboration with local NGOs, and other health stakeholders who are either directly or indirectly engaged in Mother and Child Health/Reproductive and Child Health should make sure that they provide education to the community on immunization. Maternal education is a significant determinant of a child health and the MCH program acts as a substitute for formal education for uneducated mothers (Chaudhuri, 2005). Education generates behavior to the extent that educated mothers have greater knowledge and awareness to seek out mother health services than uneducated mothers (Caldwell, 1979). Pebley, et al (1996) in a study on Guatemala found that both father's and mother's education had a positive strong effect on immunization status.

The second challenge facing involvement of community through Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization in Tanzania especially in the area of study is culture. Culture is one of the big challenges facing the involvement of community through Community-Based Approach in the area. The culture (taboos and traditions) which prevails in the Arusha Municipality and its suburbs, women and children are not given high priority in the communities as far as different social aspects such as education, health, just to mention a few are concern. In several studies cultural standards were identified as barriers for male involvement in

immunization. Frequently men perceive that ANC (immunization inclusive) services are designed and reserved for women, thus are embarrassed to find themselves in such “female” places. Some men believe it is not good to follow their wife to antenatal clinic even though she exposed her privacy to you at home and that male participation in immunization services is superfluous and that immunization is “a woman’s responsibility” (Byamugisha et.,al. 2010).

The third challenge facing the involvement of men and women in Community-Based Approach in implementing Maternal/Mother and Child Health of project immunization is discrimination. Women are more discriminated in decision-making issues concerning to their health. Justifying this discrimination, the UNICEF (2009) wrote that many women in developing countries have no say in their own health-care needs. This is a cross-border issue facing women. This is due to fact that many African countries excise the patriarch system of life where men are top of women in all matters in the community especially when comes the matter of decision making. In other words women are mostly discriminated in several matters in most African families.

Also the Report of UNICEF (2007) stated that discrimination on the basis of gender can prevent women – the primary caregivers for children in all societies – from fully participating in the critical decisions and actions taken in households and communities that can affect maternal and child health; the issue which was examined extensively and showed that in a number of countries across sub-Saharan Africa, South Asia and the Middle East and North Africa, more than one third of women surveyed said that their husbands alone made the decisions regarding their health care. The same issue is also



taking place in the area of study where the study was conducted on the issue of Maternal/Mother Health project of immunization.

Peters, et.,al (2009) wrote that in a successful community based approach cultural and social issues should be incorporated in the community based health model. In other words NGOs, other health stakeholders, and the Ministry of Health, Community Development, Gender, Elderly and Children of the United Republic of Tanzania should formulate policies which will incorporate the culture of the indigenous of the areas concern so as Materanl/ Mother and Child Health Project of immunization to be accepted by the community (i.e. men and women) regardless their existing culture and traditions.

The act of incorporating culture of the indigenous of the areas concern with health policies will not only involve both men and women in MCH immunization but also will provide a mechanism which will enforce men to participate in Maternal/Mother and Child Health Project of immunization by putting aside their culture which are really patriarch one. Currently, the United Republic of Tanzania through her Ministry of Health, Community Development, Gender, Elderly and Children has got no any mechanism recognized by law which enforces men to participate in Maternal/Mother and Child Health Project of immunization rather than being an appeal to men.

The fourth challenge facing the involvement of the community through Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization in Tanzania especially in the study area is the patriarch system of life

exercised by the community concern. Patriarch system which is exercised by most Developing Countries including Tanzania, gives men the power to ignore women and children. In so doing women and children have been lacking quality education, a decent standard of living, equal participation in home, community, social and political life; and they have been subjected to abuse, exploitation, discrimination and violence to an extent of affecting Mother and Child Health project of immunization. The study examined the same challenge in the study area.

#### **2.4 Policies and Legal Framework**

In this sub-section the study went through different policies established by the government of the United Republic of Tanzania for the health sector. The main objectives of the formulation of policies and legal frameworks in health sector among others are to enable her citizens to get a high quality of livelihood. The health sector in the United Republic of Tanzania is governed by different laws such as; the Medical and Dental Practitioners Act, 2012, the Nursing and Midwifery Act, 2010, Tanzanian Food, Drugs and Cosmetics Act, 2003, the Employment and Labour Relations Act, 2004 just to mention a few.

Apart from the legal frameworks, there are also several policies formulated from time to time in order to make sure that the United Republic of Tanzania through her Ministry of Health, Community Development, Gender, Elderly and Children provides good health to her citizens. Both legal frameworks and policies are linked to the study due to the fact that good management of immunization programmes through legal frameworks and policies are essentially reducing morbidity and mortality from major childhood

infectious diseases; and is a basic measure of government commitment to preventative health services to mother and child. However, this study was also going through these legal frameworks as well as policies to see whether there is any law or bylaw stating clearly the emphasis of men and women on participating of Maternal/Mother and Child immunization; and stating clearly the consequences of men and women not participating in immunization of mother and child.

Historically, Maternal/Mother and Child Health Services were established in Tanzania in 1974. In 1975 the Expanded Programme of Immunization (EPI) was initiated to strengthen immunization services for vaccine preventable childhood diseases. Tanzania responding to Maternal/Mother and Child Health Services established the Reproductive and Child Health Services (RCHS) within the Ministry of Health and Social Works by then; and developed a National Reproductive and Health Strategy (NRMSP, 2008).

Thereafter, according to the NRMSP (2008), several policies such as the National Health Policy (revised in 2003), the Health Sector Reform and the Health Sector Strategic Plan (2003-2007), the Reproductive and Child Health Strategy (2005-2010) were established to address MNCH challenges, immunization being one of the key components of health strategies to improve the health of citizens in the country.

Furthermore, the issue of improving Mother and Newborn Child Health was also a major priority area in the policy of the National Strategy for Growth and Poverty Reduction (NSGPR) 2002-2010. Several goals have shown in the policy. For example in a manifestation on poverty and food insecurity and the poor nutrition of reproductive-age women as indicated in MKUKUTA Report (2011). Immunization is one of the key

component in improving Maternal/Mother and Child Health. However, in the second cluster of NSGPR (2011) indicated other several factors contributing to poor Mother and Child Health outcomes such as poor nutrition, malaria, high workloads among expectant mothers; low utilization of family planning and teenage pregnancies; long distance of delivery facilities, in terms of access to skilled health workers at delivery; and lack of quality obstetric care at delivery facilities. All these goals were aiming at improving health and survival of both women and children especially of the vulnerable groups.

However, several strategies such as the Health Sector Support Programme III (2008-2012) and the initiated Primary Health Services Development Programme (PHSDP/MMAM) 2007-2017 mentions the incorporation and address of Mother and Newborn Child Health (MNCH) issues in terms of resources mobilization as well donor harmonization in alignment with Government policies and the address of health services' delivery in order to ensure fair, equitable and quality services to the community (NRMSP, 2008).

After the study went through the policies and legal documents thoroughly, yet all documents did not disclose clearly on what can be done to men who does not participate well in Maternal/Mother and Child Health project of immunization. The study saw this to be the weakness of the policies and legal binding documents on the participation of men in immunization as far as the matter of Maternal/Mother and Child Health is concern. This study advocates to the MoHCDGEC and other health policy makers to make sure the issue of men involvement in Maternal/Mother and Child immunization become enforceable.

## **2.5 Theoretical Discussion**

Theoretical discussion simply refers to the discussion of some theories as written by different scholars. A theory, simply speaking, refers to a particular kind of explanation. According to Leedy and Ormrod (2005) a theory is an organized body of concepts and principles intended to explain a particular phenomenon. Different theories were discussed by this study on the subject matter in connection to the involvement of men and women in Community-Based Approach in implementation of Maternal/Mother and Child Health on the issue of immunization. This study discusses some theories in order to make the reader to know how each theory plays part to change the behaviour of individual particularly in the area of study so as to participate in the implementation of Maternal/Mother and Child Health project of immunization through Community-Based Approach.

One of the theories discussed by this study was the Health Belief Model (HBM). According to Becker and Maiman (1975), the theory was developed to help understand why people did or did not use preventive services offered by public health departments in the 1950's, and has evolved to address newer concern in prevention and detection (e.g., mammography screening, influenza vaccines) as well as lifestyle behaviours such as sexual risk behaviours and injury prevention. The theory has been most-often applied for health concerns that are prevention-related and asymptomatic, such as detection of early cancer and screening hypertension especially where beliefs seems to play a great importance than overt symptoms.

Another theory was Trans theoretical model/stages of changes. The theory is all about the behavior changes among the people. The theory talks about how long-term changes of behaviour in health involve multiple action and adaptations over time too. Some people in the community may not be ready to adhere to health changes; while others have already begun implementing health changes in their diet, activity level, and so on. According to Prochaska, et al., (1982), the construct of 'stage change' is a key element of the Transtheoretical Model (TTM) of behavior change, and proposes that people are at different stages of readiness to adapt healthful behavior.

Social Cognitive Theory (SCT) was another theory to be discussed by this study. The theory is concern with cognitive formulation of social learning, and it has been best articulated by Bandra. It explains human behavior in terms of a three-way, dynamic, reciprocal model in which personal factors, environmental influences, and behavior continually interact. According to Bandura (1986), the theory synthesizes concepts and processes from cognitive, behavioristic, and emotional models of behavior change, so it can be readily applied to counseling interventions for disease prevention and management. A basic premise of SCT is that people learn not only through their experience, but also by observing the actions of others and the results of those actions.

The last theory to be discussed by this study was Socialization theory. According to Luhmann (1995) socialization is defined as a process controlled by the community. Berker (1983) defined socialization as the process through which the child learns how to become a member of a society, internalizing the social world; the same process occur when an adult enters in a new social group. Vanderstraeten (2000) wrote that

socialization fulfills a clear role of society, because due to this process, people endure the pressure of their social environment, since the internal structure is determined by rules, values and orientations of the society in which they live. Doda (2005) defined the socialization as a process of making somebody social and fully human or more appropriately, it is a process whereby individual persons learn and are trained in the basic norms, values, beliefs, skills, attitudes, way of doing and acting appropriate to specific social group or society. All these scholars referred herein above, mentioned three key words such as process, community or society, and training in their definitions. In other words, socialization is how people of all ages can be trained to fulfill some clear roles in their societies concern including the role of immunization.

Becker, (1975) and (1981); Bryant, (1990) cited by Garasky (1995), wrote about socialization and economic (i.e. social-economic) theories saying that both theories are related to family and education obtained by children. Becker and Bryan emphasized much on how socialization and economic goes together for the growth of any society. However, these two theorists considered family and education as a key role for any society to attain their expected goals. All theories discussed by this study was to link the relevancy of theories referred and the use of Community-Based Approach in implementing Maternal/Mother and Child Health project of immunization in the area of study.

After discussing some of the theories like Health Belief Model (HBM), Trans theoretical model/stages of changes, Social Cognitive Theory (SCT), Socialization, and Social-economic, the study also went through different literatures to see how different scholars

who wrote on the Community- Based Approach integrated some theories; and to see the relevance of each theory, and finally this study chose the most relevant theory to be adopted by it.

Scholars like Dubber and Stockman (1966), when writing on the health children project, they said that Community-Based Approach helps parents understand and take greater responsibility for the primary health care of their children. The writers were showing the relevance of Community-Based Approach in the health children project including immunization, and how the project can be successful by involving both parents. Parents' involvement helps them to know exactly the needs for the health of their children and themselves, the challenges facing their health as well as the way to overcome those challenges. This is also applied in the implementation of successful Maternal/Mother and Child Health project of immunization if the community will be involved from the very beginning of the project. The involvement will help the community to participate fully in decision making in all matters concerning to the Maternal/Mother and Child Health Project of immunization in their respective area.

Yansane (1996) stated that, grassroots participation presents even more problem for formulating and implementing projects because their capabilities for political articulation are often lacking. The writer, in other words shows how the CBA can help the grassroots (beneficiaries) to be empowered with knowledge for political articulation. It is true that politics has got great influence in all matters pertaining to a particular society including immunization. In that case, implementation of Maternal/Mother and Child Health Project of immunization and others of the like depends much on the



prevailing politics in the area concern. In other words community involvement will also raise awareness of different political issues among the beneficiaries; and empower them the ability not only to articulate politics but also health matters as far as human development is concern.

Torres and Cernada (2003), writing to the Latino populations on Sexual and Reproductive Health Promotion project, they stated that “In recent years, there has been a growing interest in community-based approaches to health promotions and disease prevention”. The writers emphasized the importance of community participation in health projects so as to fight sex and reproductive diseases among the Latino population. Once people are involved fully in any issue, they can change their behaviour easily following their participation. This is due to the fact that participation is more practical than other methods. This is not only relevance to the Latino population but also the Arusha Municipality’s population where the study was conducted. The community involvement through Community-Based Approach can be used in implementing Maternal/Mother and Child Health Project of immunization in area of study.

According to Nasah, et.,al (1994), writing on the contemporary issues in maternal health care in Africa, stated that “In practice in Africa this process of changing from top-down approach was been low. Community-based approach in health care projects have been steadily building up experience of methods that lead to more participation and involvement of individuals, families and communities in their own health within the last twenty years. Here, writers didn’t mean something else when saying top-down approach but community participation through CBA.

Bhat, et.,al (1992), wrote that, it is often assumed that NGOs always use participatory approaches and, therefore, that direct funding to these organizations will support the increased involvement of beneficiaries. In other words when the writer talks about the involvement of beneficiaries, automatically refers to involvement of community through Community-Based Approach in implementing different projects. The writers strongly recommended that there should be a very close involvement of the community (beneficiary), which means that employing Community-Based Approach in the projects is the easiest and the best way of directing funds direct to the beneficiaries. In that case, involvement of community through Community-Based Approach also increased transparency and accountability among the community on the expenditure of project's funds in any project including Maternal/Mother and Child Health Project of immunization.

Supporting the relevance of involvement of community through Community-Based Approach, the report written by REPOA (2005) explaining the approaches from top-to-down done by the District Planning Officer (DPO) to the grass root community, the report stated that, "In traditional top-down planning approach this identification and prioritization of development issues is done at the district by district heads of departments and compiled into a district plan by the District Planning Officer. Often times such plans have no relevance to the felt needs of the grass root communities. They instead, indicate what the district officers think the grass root communities need". Here, the report supports the involvement of community through Community-Based Approach whereby the grass root community supposed to be involved in planning due to the fact

that the community is the one who knows the needs, i.e. what kind of Human Development Project is needed in the locality, why it is needed, and how to implement such Human Development Project; and participation provides a voice to beneficiaries to make decisions on the Health Projects including the immunization project.

In some cases, some NGOs are using the Participatory Rural Appraisal (PRA) as a substitute of Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization. The PRA simply is an approach used by NGOs and other agencies involved in local and international development. The approach is the same as the Community-Based Approach due to the fact that it aims to incorporate the knowledge and opinions of rural people in planning and management of development projects and programmes, Maternal/Mother and Child Health Project of immunization being among them.

Although to some extent still a gap between the use of participatory methodologies and the building of legitimacy from the bottom, yet the involvement of community through Community-Based Approach still a recommendable approach in implementing the Maternal/Mother and Child Health Project of immunization. “While not all NGOs which have been exposed to participatory methods have agreed to adopt them, it is interesting to note that Participatory Rural Appraisal (PRA) is more used and better understood among those NGOs which present a lightened grass-roots profile, and which are working more closely with local communities, in particular in rural areas, in other words among NGOs where there is an overlap between staff and target group” (The UNDP Report 1999). The report supports involvement of community through Community-Based

Approach in implementing Maternal/Mother and Child Health Project of immunization among the people in the area of study (UNDP, 1999).

Some literature appraised the Community-Based Approach by narrating the weakness of the approach which comes from top-to-down showing that the approach does not involve the beneficiaries. Christopher, et.,al (1999), said that “Among the weakness of the past initiatives were a top-down approach that discouraged beneficiary participation, and the low priority given to monitoring and evaluation of project activities”. What Gibbs and his fellows want to put here is that the best approach which involves beneficiaries (community) in implementing the Human Development Projects including Maternal/Mother and Child Health Project of immunization is the Community-Based Approach.

Clief, et.,al, (2003) said that community-based approaches have been presented as a possible means to bridging the ‘gap’ between relief and development. This shows how the involvement of community through Community-Based Approach can enhance Maternal/Mother and Child Health project of immunization in the area of study. However, it has been suggested that involvement of community through Community-Based Approach can be pursued in areas where traditional forms of aid are not yet possible.

The involvement of community in Community-Based Approach does not only make beneficiaries to participate in Maternal/Mother and Child Health Project of immunization but also help the communities to prevent health problems and to deal

directly with those that do arise in their areas, instead of having external actors step in and assume the health responsibilities. Indeed, the goals of involvement of community in Community-Based Approach are to reinforce the dignity and self-esteem of people of concern and to empower all the actors to work together to support the different members of the community in exercising and enjoying their health projects including immunization health project. It has been argued that (well-designed) Community-based projects have the potential to be more inclusive, to empower communities, including poor and marginalised groups, and strengthen linkages between civil society and government (Narayan, 1998; Alkire et al, 2004).

Slaymaker and Christiansen (2005) wrote that “While a community-based approach to service delivery may contribute to empowerment, improving efficiency, effectiveness and sustainability, building local capacity and strengthening local governance, it is unlikely to meet all of these objectives at once with the same level of success. The argument was seconded by Ariyabandu, (2004) saying that “However, community-based does not imply self-sufficiency at community level, and experience shows that the success of such approaches depends on establishing a framework of responsive external support agencies. In other words, involvement of community in Community-Based Approach in implementing Maternal/Mother and Child Health project of immunization will strengthen MCH in the area of the study.

However, wherever the Maternal/Mother and Child Health Project of immunization is used the Community-Based Approach, the project is clearly likely to be more sustainable due to the fact that have drawn primarily on locally available skills, materials

and financing; and some commentators have argued that this simply amounts to shifting the financial burden of service delivery to potential beneficiaries. Also involvement of community in Community-Based Approach often mobilizes other resources, including volunteer contributions, particularly in kind, such as labour and materials, things among others which makes the beneficiaries to feel part and parcel of the project.

This study after going through several literatures mentioned herein above, noticed that all scholars did not show as well as explain the mechanism to be used in order to enforce men to participate fully during the implementation of Maternal/Mother and Child Health Project of immunization. All scholars concentrated on the advantages and disadvantages of involvement of community in Community-Based Approach in implementing Maternal/Mother and Child Health Projects, challenges facing the approach, and the way forward to overcome the challenges but they did not consider any mechanism to enforce men to be involved in intensively in the project.

In order to fill the gap, the study opted to use the socialization and economic conceptual models as were written by Becker, (1975) and (1981); Bryant, (1990) cited by Garasky (1995), which explains that both theories are related to family and education obtained by children. The study employed these two concepts due to the fact that socialization as well as economic plays a big role in the study as far as the involvement of men and women in Community-Based Approach in implementing Maternal/Mother and Child Health project of immunization is concern.

## **2.6 Synthesis and Knowledge Gap**

The study in this sub-section synthesized the literatures review went through as well as other health policies on the same subject matter if they expressed clearly the matter in issue or not. Also in this part the study stated clearly the knowledge gap on how men are involved in implementing Maternal/Mother and Child Health Project of immunization.

### **2.6.1 Synthesis**

The study after going through different literatures as indicated herein above has noticed that all the literature talks much about on the Maternal/Mother and Child Health Education (MCHE) by explaining its meaning, importance, implementation, benefits and challenges. Several benefits of Maternal/Mother and Child Health Education such as reduction of Maternal/Mother and Child deaths through proper and timely immunization, child delivery, involvement of both women and men, young people and children in Maternal/Mother and Child Health Education, just to mention a few, have all written in details by all scholars cited by the study. For example, the MKUKUTA I&II Reports (2011) explains more on how the United Republic of Tanzania will do in implementing the Maternal/Mother and Child Health Education, the benefits /importance of Maternal/Mother and Child Health Education without explaining clearly how the United Republic of Tanzania will enforce men during the implementation of the project. The Reports does not show clearly how men will be involved in the implementation of Mother and Child Health/Reproductive and Child Health in both urban and rural areas, and the strategies to be enforced to make men to be responsible to Mother and Child Health/Reproductive as far as immunization is concern.

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) which is given the task of taking care of the livelihood health of the Tanzanians does not also show clearly in her health policies on how men will be answerable if they will not accompany their spouses in attending to Maternal/Mother and Child Health/Reproductive and Child Health clinics. Although the Ministry of Health, Community Development, Gender, Elderly and Children decided to change Mother and Child Health to read Reproductive and Child Health in order to accommodate all genders (muscular and feminine) so as to make men to participate fully in Reproductive and Child Health, yet there is no any mechanism (law) to enforce men to participate in Reproductive and Child Health programme including immunization project.

On the part of the laws governing health issues also have got weakness on the enforcement of the Mother and Child Health/Reproductive and Child Health projects including immunization either done direct by the government or by NGOs and other health stakeholders. The laws does not state clearly on what will be done against men who will not accompany their spouses to attend Mother and Child Health/Reproductive and Child Health such as immunization or during the child delivery time. The study believes that if the laws and policies will have a mechanism which will enforce men to be accountable in Mother and Child Health/Reproductive and Child Health on immunization legally, the NGOs and other health stake holders will have a reference authority to engage men in the Mother and Child Health/Reproductive and Child Health during the implementation of Mother and Child Health/Reproductive and Child Health



project of immunization not only in the study area but also in other places of the United Republic of Tanzania.

### **2.6.2 The Knowledge Gap**

The study has seen that there is a knowledge gap on how men in the community are involved in Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization in the study area. Through the questionnaires, and literature review, the researcher discovered that the issue of men not involved in Community-Based Approach in implementation of Mother and Child Health/Reproductive and Child Health project of immunization still uncovered. Most of the studies the researcher went through, explained only the involvement of women and children in immunization but they didn't say on the involvement of men on the same subject matter. This is what constituted the knowledge gap of this study in the area of study so as to address the problem of men not involved in Mother and Child Health/Reproductive and Child Health project of immunization. Most of African families including the families found in the study area are exercising patriarch way of life; and regard men to be superior to women and children. In that case, most men consider Mother and Child Health/Reproductive and Child Health including immunization to be for women and children; and men tend to feel less concern on such issue. This is what faces the implementations of Mother and Child Health/Reproductive and Child Health project of immunization run by NGOs and other stake holders in the area of study.

The study came up with the knowledge that the knowledge gap can be only filled if the United Republic of Tanzania through her parliament will enact laws or if the Ministry of Health, Community Development, Gender, Elderly and Children which is responsible for the livelihood of the citizens of the United Republic of Tanzania will enact by-laws through her health Policies to enforce men to have legal obligation on all issues pertaining to Mother and Child Health/Reproductive and Child Health including immunization.

## **2.7 Summary**

Chapter two was looking on other scholars who have written on the same research problem through different literatures. The chapter was arranged through introduction, Overview of community involvement in Community-Based Approach in Tanzania, Challenges facing Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization, Policies and Legal Framework, Theoretical discussion, and Synthesis and Knowledge gape. This chapter followed by chapter three which will present the research methodology and design of the entire study.

## **CHAPTER THREE**

### **3.0 RESEARCH METHODS**

#### **3.1 Introduction**

The chapter is all about the methods as well as the designs used in the entire work. The chapter is organized into different sub-sections such as; Research Design, Area of the Study, Study Population, Sample Size and Sampling procedure, Data Collection Methods, Data Analysis Plan and Validity as well as Reliability of the research; their importance and how they used in the study are presented.

#### **3.2 Research Design**

Research design simply refers to the way the research is planned and structured and how data were collected. Rwegoshora (2014:87) defines it as “a detailed plan of activities to be done in order to achieve the research objectives.” Sharing the same argument on what is a research design; Kothari (2004) said that, a research design is a plan that constitutes a blue print for the collection, measurement and analysis of data. In other words the research design is simply means what the study entails such as; the whereabouts of the study, the reasons for the study to be carried, the place where the study took place, the kind of data needed, the area to find data, the sample design, the techniques used in data collection, the way data were analyzed, and the style of the report. Kombo and Tromp (2007) defined Research design as the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. A research design used to structure the research, to show how all of the major hypotheses. Therefore this study used a surveyed (quantitative) and qualitative designs, which were conducted at Arusha Municipality.

However, descriptive survey design and qualitative designs were employed by this study during the processes of collecting data from the field in order to suit the objectives. The study decided to use descriptive survey design in order to explore a wide range of social indicators on the community involvement in Community-Based Approach used by the NGOs in implementation of Maternal/Mother and Child Health Project of immunization in Arusha Municipality. The design also helped the study to describe the understanding of a particular individual on what the researcher wanted to define, establish or measure. Not only that but also the design was helpful to the study due to the fact that it explored clearly the information on the involvement of the community (i.e. men and women) through the Community-Based Approach during the implementation of Maternal/Mother and Child Health Project of immunization done by NGOs from the grass-roots.

The study is a mixed quantitative and qualitative research. Different methods such as structured questionnaires, observation, oral interview, and desk review were used during the collection of data from the field. The structured questionnaires were employed in order to ask all correspondents identical questions in the same order. The form of questions which the respondents responded towards them was 'closed-ended' or fixed. According to Rwegoshora (2014), the advantage of closed-ended or fixed questionnaires allows meaningful comparison of responses across respondents and study sites. On the qualitative part the research used oral interview, observation and desk review to generate the relevant information on the research topic as indicated herein above.

### **3.3 Area of Study**

The study was conducted at Arusha Municipality. Arusha is a major international sensitive center in northern Tanzania, the capital of the Arusha region which is located at

(3640'59.880E, 322'0.012S) and has an altitude of 1265metres from the sea level with a template climate. According to the Population and Housing Census (PHC) for the United Republic of Tanzania done in 2012, Arusha Municipality has got the population of 416,442 of which 199,524 are men and 216,918 are women (NBS, 2013). Arusha Municipality is among seven District Councils which made up the entire Region of Arusha. Other District Councils are such as; Karatu District Council, Longido District Council, Meru District Council, Monduli District Council, and Ngorongoro District Council. The Region is bordered by Narok County and Kajiado County to the north, the Kilimanjaro Region to the east, the Manyara and Singida Regions to the south, and Mara and Simiyu Regions to the west.

This study chose Arusha Municipality due to different reasons. The first reason was the absence of the same research done in the area on the same subject matter. The second one was due to the potentiality of Arusha Municipality economically, politically, and socially. Many scholars within and without the boundaries of Tanzania are interested to know more the whereabouts of the area. The third reason was to sensitize the government of the United Republic of Tanzania, local NGOs, and other health stakeholders from East African Community Regional Block as well as the community generally to be aware on the issues of immunization pertaining to Maternal/Mother and Child Health in the area of study. The fifth and last reason was to reveal necessary information on Maternal/Mother and Child Health on immunization issues so as to enable the government, local NGOs and other Maternal/Mother and Child Health stakeholders to use the findings to improve immunization in Maternal/Mother and Child Health.

### **3.4 Target Population**

Study Population in a simple language means the population which the researcher chose to-gather information for the study. The population targeted by the study was men and women of different ages from Arusha Municipality, who in one way or another are beneficiaries of Maternal/Mother and Child Health Project of immunization run by the NGOs in their areas. This population targeted was determined as per Population and Housing Census (PHC) of the United Republic of Tanzania done in 2012. Men and women who were engaged in the study aged from eighteen (18) to sixty five (65) years old. The study chose this age group because of their relevance information on the Maternal/Mother and Child Health Project of immunization implemented by NGOs in their respective areas. In other words, either they are direct or indirect involved in maternity or were having more experience on Maternal/Mother and Child Health Project of immunization conducted in their areas. In that case, the Study Population used by the researcher was relevant to the research problem.

### **3.5 Sample Size and Sampling Techniques**

#### **3.5.1 Sample Size of the Study**

The sampling technique in a simple language is a technique used by the study to categorize some of respondents from the entire targeted population in order to obtain needed information by the study from them. According to Rwegoshora (2014 p. 214), sample is a portion of the total population. Kothari (2004:55) stated that, a sample size is a certain number of respondents obtained from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample.

Manheim (1977:270) defined a sample as a part of the population which is studied in order to make inference about the whole population.

The study employed a sample size of One Hundred (100) people of which fifty (50) were men and the other fifty (50) were female. This study used simple random technique to obtain a total number of 100 respondents (male and women) from different sub-locations of the study area as shown by table 3.1 herein below.

### **3.5.2 Sampling Techniques**

Sampling is the act, process or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population (Kombo and Tromp, 2006). During the sampling process, the study employed simple random technique.

### **3.5.3 Stratified Sampling**

Several scholars have written on Stratified sampling technique. Huberman and Miles (2002) said that Stratified sampling technique is also known as chance sampling or probability sampling where each and every item has equal chance to take part in a study. Rwegoshora (2014) defined stratified random sampling as “the method involving dividing the population in homogenous strata and then selecting simple random samples from each stratum”. The study divided the area of study into four strata which included Kimandolu, Mianzini, Ngarenaro and Kwamromboo. The study decided to divide the population into these strata because they have many NGOs which deal with Mother and Child Health activities. So after establishing the strata, the researcher through the

random sampling opted, visited ward leaders and obtained a list of residents who were randomly sampled to obtain a list of 100 respondents. The study used the technique so as to enable each individual in the targeted population to have an equal chance of being included into the sample. The strata and the number of respondents (men and women) into brackets were such as; Kimandolu (27), Mianzini (23), Ngarenaro (17), and Kwamromboo (33). This technique was employed to select 100 respondents from the areas indicated above on the basis of their availability in the surveyed places such as dispensaries, markets, streets, and residential places. The reason behind for the study to employ simple random sampling was due to the fact that it was simple to use, saving time and money. Also simple random sampling technique gave each respondent in the Study Population both men and women aged from 18-65years an equal probability of getting into the sample; and to give each possible sample combination an equal probability of being chosen.

**Table 3.1 : Sampling frame**

| Area of study              | Gender    |           | Total      |
|----------------------------|-----------|-----------|------------|
|                            | Male      | Female    |            |
| <b>Arusha Municipality</b> |           |           |            |
| Kimandolu                  | 15        | 12        | 27         |
| Mianzini                   | 13        | 10        | 23         |
| Ngarenaro                  | 6         | 11        | 17         |
| Kwamromboo                 | 16        | 17        | 33         |
|                            | <b>50</b> | <b>50</b> | <b>100</b> |

Source: Surveyed Data, Aug. 2015



### **3.6 Data Collection Method**

Data collection refers to the process of obtaining evidence in a systematic way to ascertain answers to the research problem (Cohen, Manion and Marrison, 2000). The method of data collection depends on the nature of the research. In that case, there are several methods of collecting data from the field. This study adopted different methods to collect data from the field. These methods were such as; the structured questionnaires, interview, observation, and desk review instruments to generate relevant data for the research.

#### **3.6.1 Questionnaire**

Questionnaire simply means a written list of questions which are answered by selected people/respondents in order to provide information for a report or a survey. Rwegoshora (2014:259) a questionnaire is one of the tools used to carry out a survey. Goldbell (2003), and Blaikie (2000) defined a questionnaire as a list or a set of questions addressed to a group of people who must respond and return to the sender in a given period of time.

This study used 'closed-ended' questionnaires during the collection of data from the field or respondents. The study employed questionnaire to all respondents from all groups of respondents (men and women) from the area of study. By using this method, the respondents were so comfortable to answer the questions asked through the questionnaire easily; and also through questionnaires the respondents were conversant in answering written questions due to the fact that they spent short time to respond towards the questions. The study used this method due to the fact that is a free method from

biasness. Kothari (1990) also wrote that “This method is free from bias and allows collection of a large amount of data from a large population in highly economical way”.

The questionnaires were successful filled and returned to the researcher. This was contributed by the following factors; the continuous presence of the researcher and nagging on the toes of the participants exerted a gentle pressure on the respondents to complete and handover the questionnaire. The layout of the closed-ended questionnaires, which were short but clear, was attractive enough to convince respondents to complete and return them. Therefore, the study used questionnaires as primary data collection method in the quantitative research conducted in order to make the respondents to respond to the questionnaires freely according to the objectives of the study prepared by the researcher.

### **3.6.2 Interview**

Rwegoshora (2014) defined the term interview as a systematic method whereby one person enters more or less into the inner life of another who is comparative stranger to him. Kothari (2004) defined an interview as a set of questions administered through verbal communication in a face-to-face relationship between a researcher and the respondent. An interview can be said as interaction between the interviewer and interviewee in the course of data collection on a particular subject of study (Rwegoshora, 2014).

This study employed interview method to collect data from the field due to fact that this method allows flexibility as there is opportunity to restructure questions. However, interviews were administered to the individuals for the sake of finding out what was in the individuals' minds and what he or she was thinking or what he or she was feeling

about immunization. According to Best and Khan (2006) one of the advantages of an interview is to allow the participants to describe what is meaningful or important to him or her using his or her own words rather than being restricted to pre-determined categories. It is flexible, adaptable and information can be obtained in detail. Semi-structured interview was employed by this study in gathering information from all categories of respondents on the involvement of men and women on Maternal/Mother and Child Health Project of immunization. General questions posed to respondents were relevant to the study objectives and questions; and were developed well to guide the data collection from the respondents in such a way that provided framework for more specific questions that were raised from both the interviewer and the interviewees in a more communicative way during data collection.

During the interview, the researcher had to take notes and then elaborated upon the notes, and analyzed the information at the end of each day of the interview. Cohen, et al., (2000) points out that the major advantage of semi-structured interview is the ability it provides to the researcher to probe and ask follow-up questions thereby gaining a deeper understanding of the interviewee's experience, feelings and perspectives concerning the topic under discussion.

### **3.6.3 Observation**

Observation is a deliberate study through the eye and other sense of organs of the researcher to observe the pattern of the behaviour in a particular research setting (Rwegoshora, 2014). Rwegoshora further augured that observation is taken to mean accurate watching of a phenomenon as they occur in nature with regard to cause and

effect or mutual relation (ibid). Observation occurs when a researcher physically visits a site to collect data (Yin, 1994). In this study non-participant observation was employed and it helped the researcher to acquire dependable information on the subject matter without influence from respondents. This was done in different health centers in the area of study when mothers and expected mothers were attending Maternal/Mother and Child Clinics on immunization. The data obtained through non-participant observation by the researcher were used to complement the other gathered data through interview and desk review.

#### **3.6.4 Desk Review**

Desk Review also known as Documentary Review refers to the studying of existing documents on the same subject matter in order to obtain relevant data. According to Yin (1994), documents can provide more insight into the phenomena under the study by cross-validating and augmenting evidence obtained from the other sources. Also desk review analysis is that information is permanent and can be checked by any other people. In this study, official documents from the Ministry of Health, Community Development, Gender, Elderly and Children were reviewed. This method helped the researcher to accomplish the research objectives, and helped the researcher to get more understanding of theoretical issues and empirical studies on the subject matter. Moreover, the desk review information sharpened the researcher's understanding and thinking in one way or other on the issue of involvement of men and women in Community-Based Approach in implementing of Maternal/Mother and Child Health Project of immunization in the area of the study and Tanzania at large.

### **3.7 Data Analysis**

Data analysis simply means the way of analyzing data found from the field through different ways depending on the nature of the research and data themselves. Bogdan & Bulklen (1992) defined Data analysis as a systematic process which involves working with data, organizing and breaking them into manageable units, synthesizing them, searching for patterns, discovering what is important and what was learned and deciding what to tell others. However, Data analysis is necessary because it enables the researcher to summarize, categorize, and organize the collected data in such a way that it is possible to adequately answer the research questions. In this quantitative and qualitative research, the study quantitative data were analyzed using descriptive statistics, which were computed through SPSS software Version 16.0.

Shafer and Zhang (2010) defined descriptive statistics as the branch of statistics that involves organizing, displaying, and describing data, and Kerns (2010) defines it as the summarization of data. This method of analysis is important for the study because if the researcher simply presented his raw data it would be hard to visualize what the data was showing, especially if there was a lot of it. Therefore, the study used descriptive statistics method analyzed through SPSS software Version 16.0 because it enabled the researcher to present the data in a more meaningful way, which allowed simpler interpretation of the data. Apart from many units of analysis the Descriptive Statistics has, the study employed the use of Mean and Standard Deviation because only the Mean and Standard Deviation takes all the data values into account, because of this it is prone to being unduly affected by one or two extreme outlier, even in small sample (Garth, 2008). The qualitative data obtained through interview, desk review, and observation were analysed by narration.

### **3.8 Validation and Reliability of Instruments**

#### **3.8.1 Validity of Instrument**

Validity is defined as the extent to which scores on a test or responses to question items enable one to make meaningful and appropriate interpretations (Ary *et al.*, 2010). In order to assure the validity of the instrument, the researcher before conducting data collection, conducted a pilot study in the area of study to pre-test the instrument so as to test the validity of the instruments developed for the study. This helped the researcher to be familiar with the target population in the area of study which made easier for data collection. Also to ensure validity of instruments, the instruments were developed under close guidance of the research supervisor. Thereafter, the questions were designed and pre-tested to respondents not in the sample. This was done a month before actual data collection commenced. The findings from pilot test helped the study to modify the instrument accordingly by considering the relevance, coverage and consistency; and during the data analysis the questionnaires gave the same highly similar results which were replied to the same or highly similar phenomena.

#### **3.8.2 Reliability of Instrument**

Patton (2002) defined reliability as the consistency with which repeated measures produce the same results across time and across observers. According to Rwegoshora (2014), a questionnaire is reliable only if it gives the same or highly similar results when replied to the same or highly similar phenomena. In other words reliability refers to the establishment of the causal relationships whereby the outcomes of the study are linked to each other. In order to maintain reliability, the study formulated questionnaires which were simple and clear to respondents to answer as well as were not ambiguous, which

gave the similar or highly results when replied by the same or highly similar respondents.

### **3.9 Ethical Considerations**

According to Wellington (2000), an ‘ethic’ is a moral principle guiding conducts which are held by a group or even a professional. In order to maintain ethics, the study considered legal rights, confidentiality, privacy and consent of respondents to safeguard their human rights as insisted by Tuckman (1994). In this regard, a research clearance was sought from the Open University of Tanzania, Arusha Regional Center for further permission before visiting the study area. However, during data collection, the study provided a brief explanation to the respondents about the aim of the study before the responded started to respond towards the questionnaires. Data were collected under the respondent’s consent, and at the right time and place. Moreover, the information obtained was solely used to inform this study and not otherwise.

### **3.10 Summary**

The chapter involved four areas of the study area which included a total of 100 respondents. The study employed both quantitative and qualitative research design in obtaining data. The researcher used ‘Open-ended’ questionnaires techniques to obtain quantitative data from the field of work while interview, desk review, and observation techniques were used to obtain qualitative data. The quantitative data were processed by using Statistical Package for Software Scientists (SPSS) and presented using tables while the qualitative data were analysed by narration. The next chapter will present the analysis and discussion of the study which emanated from the study objectives.

## **CHAPTER FOUR**

### **4.0 PRESENTATION OF RESEARCH FINDINGS**

#### **4.1 Introduction**

This chapter presents, analyses, interprets and discuss findings, which the study found from the field though the methods explaining in the previous chapter three. These methods were such as; questionnaire, interview, observation, and Desk Review methods. The quantitative findings were analyzed through SPSS software, presented and interpreted with the help of tables while other findings obtained through interview, observation, and Desk Review were presented and interpreted by narration. The findings discussion was supported by the view of literature and other studies. According to Hornby (2005), the word finding is the information that is discovered as the result of research into something. The information presented by the study from the field covered the specific objectives of the study, which assessed the involvement of both women and men during the implementation of Maternal/Mother and Child Health Project of immunization in area of study.

The study divided the section into two parts: the demographic profile for the questionnaires respondents and the operational information found from the field through questionnaire method.

#### **4.2 Demographic Profile of Questionnaire Respondents**

This was a range of demographic information which was sought from respondents through questionnaires. The study opted to present the demographic profile of respondents in order to enable the audience to know the profile of men and women



responded to the questionnaires used to gather information from the field; and how demographic profile of respondents influences the implementation of Maternal/Mother and Child Health Project of immunization. According to Rosenstock (1974), demographic characteristics such as social-economic status, gender, ethnicity, and age were known to be associated with preventive health-related behavior patterns (i.e. patterns of behavior predictive of differences in morbidity and mortality) as well differential use of health services. This demographic profile is part of the first research objectives wanted to examine men and women involvement in community-based approach used by local Non-Government Organizations in implementing Maternal/Mother and Child Health Project of immunization. These included gender, age, average income and level of education. Table 4.1 indicates demographic profile of questionnaire respondents based on gender.

The Table indicates that both male and female respondents were 100 (100%) of which men were 50 (50%) and female were 50 (50%). The study decided to balance the number of respondents in the study of area due to the fact that both men and women are key players in the MCH projects. Another reason was to avoid gender biasness during the collection of information from the field; in that case, each gender was given equal participation opportunity. The third reason to choose 50 men and 50 women, the study was highly respected gender lines in due to the fact that both genders are equal before the law of the United Republic of Tanzania.

**Table 4.1 :. Gender of the respondent**

|            | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------|-----------|---------|---------------|--------------------|
| Valid Male | 50        | 50.0    | 50.0          | 50.0               |
| Female     | 50        | 50.0    | 50.0          | 100.0              |
| Total      | 100       | 100.0   | 100.0         |                    |

Source: The Surveyed Data, Aug. 2015

Another demographic profile of the respondents was the age. The age of respondents ranged between 18 years to 65 years. Majority of research respondents were between 36 and 45 were 32 (32%), followed by those of 26 and 35 years old 26 (26%), and those of between 46 and 55 were 20 (20%), between 18 and 25 were 13 (13%), while the research respondents between 55 and 65 years old were only 9 (9%). Table 4.2 indicated that the increment of age as from 18 to 45 years increased the number of respondents too while the increase of age from 46 to 65 years old reduced the number of respondents. This implied that many respondents (71%) in the area of study ranging from 18 to 45 years old are the ones still either direct or indirect engaged in child rearing comparing to the other group of respondents aging from 46 to 65 years of age. The respondents falling in this group are either stopped the activities of child rearing or are engage in a very low percentage. This demographic finding has the impact to the study due to the fact that only people who are represented by the respondents falling under 71% will be likely to participate in the implementation of Maternal/Mother and Child Health Project of immunization in area of study.

**Table 4.2 : Age of the Respondent**

|              | Frequency  | Percent      | Valid Percent | Cumulative Percent |
|--------------|------------|--------------|---------------|--------------------|
| Valid 18-25  | 13         | 13.0         | 13.0          | 13.0               |
| 26-35        | 26         | 26.0         | 26.0          | 39.0               |
| 36-45        | 32         | 32.0         | 32.0          | 71.0               |
| 46-55        | 20         | 20.0         | 20.0          | 91.0               |
| 55 -65       | 9          | 9.0          | 9.0           | 100.0              |
| <b>Total</b> | <b>100</b> | <b>100.0</b> | <b>100.0</b>  |                    |

Source: The Surveyed Data, Aug. 2015

Table 4.3 also indicates demographic profile of questionnaire respondents. The Table indicates the income of respondents. The relationship between this study and person income is based on how a person with high or good income can participate well in services pertaining to health especially immunization services comparing to a person of low or poor income. The table indicates that the majority of respondents earn an average income of below Tshs. 250, 000.00, which were 40 (40%), followed by those who earns an average of Tshs. 251,000.00-500,000.00 who were 32 (32%). However, table 3 indicates that 21 (21%) respondents earn an average of Tshs. 501,000.00-1,000,000.00, while respondents who earn an average income of Tsh. 101,000,00.00-2,000,000.00 and an average income of 2,001,000.00 and above were 6 (6%) and 1 (1%) per month respectively . This indicates that the majority of respondents who were 40% earn an average income of below Tshs. 250, 000.00 per month. Also the analysis indicates that only the minority respondents earn an average income of Tshs. 1,001,000.00-2,000,000.00 of 6% and Tshs. 2,001,000.00 and above 1%, respectively. This implied

that majority of respondents (72%) in the area of study earn an average income of below Tshs. 500,000.00, which is approximately to 230 USD per month. The amount which is peanut to sustain the daily life of a common person to cover his all basic needs such as; food, education, health, and shelter. The demographic findings show that only 27% of respondents earn an average of income above Tshs. 501,000.00 onwards. This implies that majority of respondents spend most of their daily time for searching their daily bread for their families; something which makes them more difficult to attain any public seminar concerning to MCH. The findings have impact to the study due to the fact that only few people (28%) at least can be sure with their daily bread; and can have time to participate the implementation of Maternal/Mother and Child Health Project of immunization in area of study. A family with higher income may spend much time of their money and time for investment in children.

According to Chaturvedi (2009), poverty influences immunization by compounding other barriers families may experience in trying to access services. The poor are usually dependent on public services, which can be of poor quality. Coreil (1994) wrote that, although the fact that immunization services are offered free of charge, the level of poverty still indirectly influences utilization. Indirect costs such as transport still need to be financed by clients and in some cases material resources may be not sufficient to take a child to clinic. Writing on the income, Rosenstock (1974) said that poor mothers avoid health services as they fear to be humiliated when their poverty becomes evident to the public. The economic status ventures into this study due to the fact that all formal health services including immunization, entails indirect economic costs related to transportation, travel, waiting time, and missed opportunities for income generation.

Families of high income can employ housekeepers so as to let mother to have time to attend immunization. Leibowitz (1974) urged that the family with higher income often has a housekeeper who performs all household tasks; and the existence of a housekeeper may allow the mother to spend less time on household work particularly on house cleaning, doing laundry, and cooking, and in turn, increase the mother's time available for investment in children. According to The National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008-2015 (2008), children born to mothers in the lowest wealth quintile are less likely to be fully immunized than those born to mothers in the highest wealth quintile. Therefore, information concerning income is relevance to the statement of the study due to the fact that income generally whether good or poor has impact on the participation of men and women in Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization in the area of study.

**Table 4 3 : Average Income of the Respondent per Month**

|       |                        | <b>Frequency</b> | <b>Percent</b> | <b>Valid Percent</b> | <b>Cumulative Percent</b> |
|-------|------------------------|------------------|----------------|----------------------|---------------------------|
| Valid | Below 250,000.00       | 40               | 40.0           | 40.0                 | 40.0                      |
|       | 251,000-500,000.00     | 32               | 32.0           | 32.0                 | 72.0                      |
|       | 501,000-1,000,000.00   | 21               | 21.0           | 21.0                 | 93.0                      |
|       | 1,001,000-2,000,000.00 | 6                | 6.0            | 6.0                  | 99.0                      |
|       | 2,001,000 and above    | 1                | 1.0            | 1.0                  | 100.0                     |
|       | <b>Total</b>           | <b>100</b>       | <b>100.0</b>   | <b>100.0</b>         |                           |

Source: The Surveyed Data, Aug. 2015

The last demographic profile of the respondents which was discussed was the education level of the respondents. Person education background is direct linked to this study since education has got more impact on Maternal/Mother and Child Health project of immunization. The education levels of respondents were Primary, Secondary, and Tertiary. Majority of research respondents were 47 (47%) who is having a primary education, followed by 32 (32%) secondary education, and lastly were 21 (21%) respondents who were having tertiary education. Table 4.4 indicates that education level of the majority of respondents (79%) was primary and secondary education level; and only the minority of respondents (21%) was tertiary education level.

This implies that the level of understanding of the majority in the area of study is low or poor. According to Bian (1996), better-educated mother spend more money in absolute and relative (income share) terms on investment in child. Wherever the level of education is poor in any society, the level of human development in different aspects will be low too. These demographic findings have the impact to the study due to the fact that the level of understanding of respondents from the area on MCH will be low to an extent of affecting them to participate well in implementation of Maternal/Mother and Child Health Project of immunization.

**Table 4.4 : Education Level of the Participant**

|               | Frequency  | Percent      | Valid Percent | Cumulative Percent |
|---------------|------------|--------------|---------------|--------------------|
| Valid Primary | 47         | 47.0         | 47.0          | 47.0               |
| Secondary     | 32         | 32.0         | 32.0          | 79.0               |
| Tertiary      | 21         | 21.0         | 21.0          | 100.0              |
| <b>Total</b>  | <b>100</b> | <b>100.0</b> | <b>100.0</b>  |                    |

Source: The Surveyed Data, Aug. 2015

**i. The involvement of men and women**

The second part to analyze data was based on the operational information after the demographic information of respondents. This study started to analyze data by looking on the first specific objective, which was to examine the involvement of men and women in Community-Based Approach used by local Non-Government Organizations in implementing Maternal/Mother and Child Health project of immunization in the area of study. In order to ascertain general perception of respondents toward men and women involvement in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Project of immunization, descriptive statistics was employed using Statistical Package for Social Sciences (SPSS). In order to ascertain the general perception of respondents, the mean score results were interpreted as follows:

4.50-5.00= Strong Agreement, 3.50-4.49 = Agreement, 2.50-3.49 = Undecided, 1.50-2.49 = Disagreement, and 1.00-1.49 = Strong Disagreement.

This study has discussed the data interpretations from general (Research Question) to specific (individual variable) under the same Research Question. In that case the study discussed the findings by considering the general Mean score and general Standard Deviation. The study got the general Mean score after adding all variable under the research question, and then divided the total number of variable. The same applied to the general Standard Deviation. That is  $GM = \text{Total Variable Mean score} \div \text{Number of Variable}$ ; while the  $GSD = \text{Total Variable SD} \div \text{Number of Variable}$ . Arithmetically, the general Mean score and Standard Deviation of this research question can be shown as follows;

- i.  $GM = (2.4200 + 2.0300 + 2.2700 + 2.3200 + 2.4000) \div 5$ . Therefore,  $GM = 2.288$
- ii.  $GSD = (1.33470 + 1.16736 + 1.27806 + 1.22169 + 1.31809) \div 5$ . Therefore,  $GSD = 1.26398$

According to the above general Mean score and general Standard Deviation, the findings indicates that the general mean score of respondents regards to the involvement men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Project of immunization is 2.288, which is disagreement. According to the study interpretation, disagreement implies bad. This implies that the respondents generally showed that the involvement of men and women in Community-Based Approach used by NGOs in the study area is low or poor. This is supported also by the Standard Deviation (SD) which is 1.264. Also according to researchers, where the SD is above 0.003, this interprets that the outcome is bad or poor.

After interpreted the general Mean score and Standard Deviation of the research objective number one through first research question used to collect data in the study,



then the interpretation of the same objective by using sub-questions (variable) formulated by the study were interpreted too. The first variable to be interpreted was the one which wanted the respondent to respond if “*The involvement of men and women in community based approach as used by local government in implementing MCH project of immunization is high*”. During data interpretation, the findings indicates that (M=2.4200, SD 1.33470). The Mean score indicates that respondents disagree with the involvement of men and women in community-based approach to be high. In other words the involvement of men and women in community-based approach used by local government is low or poor. In order to the local government to attain its goal in implementing MCH project of immunization in the area of the study, involvement of men and women in all stages of the project of immunization is important. The argument is supported by the manual of UNHCR (2008), which regarded Community-Based Approach as a way of working in partnership with persons of concern during all stages of projects cycle by recognizing the resilience, capacities, skills and resources of persons of concern in order to reach the community’s own goals. This makes men and women in the community concern to fill the ownership of the project concern.

The second variable to be interpreted was the one which wanted the respondent to respond if *the local NGO has conducted at least 2 seminars in each year on sensitization of MCH project of immunization*. The findings indicates that (M=2.0300, SD=1.15488). The Mean score indicates that respondents disagreed with the statement. This implies that the local NGO did not conduct any seminars in each year on sensitization of MCH project on immunization in the area of study. This implies that the absence of seminars in the study area on MCH project of immunization makes men and women to be

ignorant because they lack proper education on MCH project of immunization. Seminars raise public awareness on a certain matter even if men and women concern does not have high level of education. The argument is supported by Bodiang, (2001), wrote that the health sector can also organize training of community health workers, traditional birth attendants, and people involved in community-based prevention projects.

The study went on interpreting the third variable under the first research objective. Through this variable “*The local government has sponsored selected local NGO to conduct short courses to men and women on MCH project of immunization*”, the findings indicates that (M=2.2700, SD=1.27806). The Mean score indicates that respondents disagree. This disagreement implies that the local government did not sponsor any selected NGO to conduct short courses to men and women from the area of the study on MCH project of immunization. The findings imply that the local government should support the local NGOs in implementation of MCH project of immunization. This is due to the fact that provision of health services supposed to be done by the local government to her citizens. The local government should see the necessity of supporting these local NGOs into different perspectives including the provision of expatriates from the MoHCDGEC to conduct short courses to men and women before, during, and after the implementation of MCH project of immunization.

The fourth variable to be interpreted under this first research objective was if “*The local NGO has received funds from excelling local government on supporting MCH project of immunization*”. During data interpretation, the findings indicates that (M=2.3200, SD=1.22169). Here the Mean score shows that respondents disagree. In other words this

disagreement indicates that there was no any local NGO in the study area which received funds from excelling local government to support MCH project of immunization. This implies that many MCH project of immunization will stuck even to collapse when it comes that the concern NGO will not receive enough funds from donors or granters. In that case, the local government should see the necessity of funding as well as collaborating with local NGOs in some projects which goes direct to local community including MCH project of immunization. The argument is supported by WHO (2005), wrote that “Governments should define the conditions for collaboration, e.g. a legal framework at the national level, official structures that promote collaboration among NGOs and between NGOs and public services, improved communication channels between NGOs and the Ministry of Health”. However, during the analysis of this variable, the researcher was concerning to the assessment of Community-Based Approach used by NGOs and not participation of NGOs in Community-Based Approach.

The last variable to be interpreted by the study in the research objective number one was if “*The local NGO has received grants from international organizations to fund MCH project of immunization*”. The findings indicates that (M=2.4000, SD=1.31809). During data interpretation, the study realized that respondents disagreed with the local NGO to receive grants from international organizations to fund MCH project of immunization in their area. Therefore, after analyzing each variable, the general outcome indicated that respondents disagreed. In that case, the findings gave the answer on the first specific objective number one, which wanted to examine the involvement of men and women in Community-Based Approach used by local Non-Government Organizations in

implementing Maternal/Mother and Child Health Project of immunization. The findings indicate that the involvement of men and women in Community-Based Approach used by NGOs in implementing Maternal/Mother and Child Health Project of immunization is low or poor. This was proved by the sum of Mean scores for all five variables dividing to the number of variable as shown above by the study. Thereafter, the study proceeded to discuss the research objective number two.

**iii. Assessment of men and women involvement in Maternal/Mother and Child Health Project of immunization**

The study proceeded to ascertain general perception of respondents on research objective number two used in the study. This time the study after discussing the first research objective, the study started to discuss the second research objective, which asked the difference in terms of men and women involvement of Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization. In order to ascertain the general perception of respondents, descriptive statistics was employed using Statistical Package for Social Sciences (SPSS); and the mean score results were interpreted the same with the first research question as follows:

4.50-5.00= Strong Agreement, 3.50-4.49 = Agreement, 2.50-3.49 = Undecided, 1.50-2.49 = Disagreement, and 1.00-1.49 = Strong Disagreement.

The general Mean score in this research objective was 4.308, and the general Standard Deviation was 0.935488. The discussion here follows the same system from the general to specific as it was done in the first research objective. During the discussion of the

findings the study considered the general Mean score and general Standard Deviation to interpret data. The same formulae of getting the general Mean score and Standard Deviation were applied in this objective too, that is  $GM = \text{Total Variable Mean score} \div \text{Number of Variable}$ ; while the  $GSD = \text{Total Variable SD} \div \text{Number of Variable}$ . Arithmetically, the general Mean score and Standard Deviation of this research question can be shown as follows;

- i.  $GM = (4.7800 + 4.2700 + 4.3100 + 4.3600 + 3.8200) \div 5$ . Therefore,  $GM = 4.308$
- ii.  $GSD = (0.52378 + 1.10878 + 0.92872 + 0.81054 + 1.30562) \div 5$ . Therefore,  $GSD = 0.935488$

The above general Mean score 4.308 indicates that the research respondents agree that there is a difference in terms of men and women involvement in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization in the area of study. This is the general findings for the research objective through question posed by the study, while the reasons for the difference in terms of men and women involvement of Community-Based Approach across gender lines will be shown clearly as the study will start to discuss individual variables falling under this objective. However, according to the Mean score of the general findings, the study interpreted “Agreement” as the indication of presence of gender imbalance between men and female as far as involvement of gender lines in implementing Maternal/Mother and Child Health Project of immunization in the area of study. The issue of gender imbalance is a cross-border issue facing women due to the fact that women in many communities all over the world are discriminated in decision making in many matters pertaining to the community concern. The argument is supported by the

UNICEF (2009), which wrote that many African countries excise the patriarch system of life where men are top of women in all matters in the community especially when comes the matter of decision making. After the discussion of the general Mean score and Standard Deviation of the research objective as well as the interpretation of its findings, the study now starts to discuss the individual variable falling under this research objective number two as follows;

The first variable in this part wanted to know from research respondents if “*Women are more involved in MCH project of immunization than men*”. During data interpretation, the findings indicates that (M=4.7800, SD 0.52378). This Mean score indicates that respondents Strongly Agree that women are more involves in MCH project of immunization than men. The findings interprets that the issue of MCH project of immunization is left in the hands of women at a large extent comparing to men. This is mainly affected by many African cultures consider child raring as a task of mother alone. Due to the patriarchy way of life exercised by many African families, men have delegated child raring tasks to women. Therefore, more efforts should be done to make men to be involved in MCH project of immunization too. The report of WHO (2005) supported the argument by stating that “In many countries, however, men are not involved in MCH services and few staff members see the benefit of male involvement. Various initiatives have tried to strengthen men’s involvement in safe motherhood, with the aim of increasing programme effectiveness (where men are service gatekeepers) or gender equity (men supporting their partners and, to a lesser extent, strengthening their role as fathers).

The second variable to be discussed was the one which the study wanted to know the reasons why women are more involved in MCH than men as it was revealed by research respondents in the first variable. The study wanted to know if “*Women are more involved in MCH project of immunization because it is a cultural role*”. During the data interpretation, the findings indicates that (M=4.2700, SD=1.10878). The Mean score indicates that respondents strongly agreed with the statement. This interprets that most of men in the area of study do think that the issue of MCH project of immunization is basically the issue of women and not men; and also this indicates that most men according to their culture neglects women and children . The argument of culture is also supported by UNICEF (2009) “It is important that community-level interventions are complemented and guided by a larger system of norms and standards to ensure quality and equity in services provided”. Also many families including the ones from the area of study do think the role of immunization belongs to women and not men. Topuzoglu (2007) notes that “The social status of women was recognized to play an important role an accessing the immunization services than men”. This makes the immunization services target mothers as the primary children’s caretakers and as a result are feminized or gendered in their information, and service delivery in the area of the study. However, both men and women should be involved in immunization fully for the betterment of the whole community.

The study proceeded with the discussion on individual variables. After the discussion of the second variable, then the third variable was interpreted and discussed. Through the third variable, the study wanted to know another reason if “*Women are more involved in MCH project of immunization because they have basic education*”. During the data

interpretation, the findings indicates that ( $M=4.3100$ ,  $SD=0.92872$ ). The Mean score indicates that respondents agreed with the statement. According to this interpretation the study has seen that women have basic education on MCH project of immunization comparing to their spouses. This is because health personnel provide education to women when they attend to MCH clinics, something which raises awareness among them comparing to men who are not willing to accompany their spouses to attend Maternal/Mother and Child Health clinics in the area of study. Initiative should be done to make sure that men change their mind set and see the importance of accompanying their spouses to MCH clinics. In many settings men have little understanding of women's reproductive health issues, and especially the risks associated with pregnancy and delivery (Bloom et al., 2000; Ntabona, 2001). Roth and Mbizvo (2001) emphasized that both maternal and child health outcomes (including mortality rates) can be improved through programmes that raise the awareness of male partners and others of obstetric issues and possible complications. In that case local NGOs, the Ministry of Health, Community Development, Gender, Elderly and Children and other health stakeholders should give emphasis on Mother/Maternal and Child Health Education (MCHE) on different health matters such as family planning, immunization, nutrition, safe birth, HIV/AIDS infection, should be more emphasized to both gender lines.

The study proceeded with the discussion by looking on the fourth variable which the study wanted to know if "*Women are more involved in MCH project of immunization because even the acronym mentions women*". During data interpretation, the findings indicates that ( $M=4.3600$ ,  $SD=0.81054$ ). Here, The Mean score indicates that research respondents agreed with the statement. In other words this agreement interpreted by the



study that most of men in the area of the study consider the acronym of MCH to segregate men from Maternal/Mother and Child Health. However, the Mean score interprets that not only men research respondents who said that the women are more involved in MCH project of immunization because even the acronym mentions women but some women respondents also agreed with the statement.

The last variable to be interpreted by the study in this part was if “*Women are more involved in MCH project of immunization because the services are freely available*”. The findings indicates that (M=3.8200, SD=1.30562). The findings’ interpretation indicates that respondents agreed with the statement. This shows that the service to be free plays a big role to motivate women to participate in MCH project of immunization activities. In that case, the local NGOs and the local government in the area of study should work hand to hand to make sure that Maternal/Mother and Child Health should be really given free without any cost as a way of motivating many men and women members to attend Maternal/Mother and Child Health clinics so as to improve the reproductive health through immunization across gender lines as well as children.

Therefore, after analyzing each variable, the respondents showed the difference in terms of men and women involvement in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization in the area of study. However, respondents gave some reasons for the presence of the differences. The research objective number two was intending to assess the involvement of men and women in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization in the area of the study.

According to the findings, the feminine gender line are more involved in implementing Maternal/Mother and Child Health project of immunization comparing to masculine gender line. Thereafter, the study proceeded to discuss the research objective number three.

**iii. Sustainable approaches to involve both men and women**

This is the research objective number three in this study, which was aiming to propose sustainable approaches to men and women involvement in community based approach in implementing Maternal/Mother and Child Health Project of immunization. In that case, the discussion on the variables falling under this research objective were proposing the sustainable approaches to men and women involvement in community based approach in implementing Maternal/Mother and Child Health Project of immunization in the study area.

After this brief explanation on the last research objective to be discussed, the study starts to discuss the interpretation of the general Mean score ( $M=4.844$ ) of the findings, and the general Standard Deviation ( $SD=0.4048658$ ). Either the study reminds the reader the formulae on how the general Mean score and Standard Deviation were obtained. That is, the  $GM = \text{Total Variable Mean score} \div \text{Number of Variable}$ ; while the  $GSD = \text{Total Variable SD} \div \text{Number of Variable}$ . Arithmetically, the general Mean score and Standard Deviation of this research question can be shown as follows;

- i.  $GM = (4.9300 + 4.9200 + 4.8700 + 4.670 + 4.8300) \div 5$ . Therefore,  $GM = 4.844$
- ii.  $GSD = (0.25643 + 0.27266 + 0.33800 + 0.7255 + 0.45070) \div 5$ . Therefore,  $GSD = 0.408658$

The above general Mean score 4.308 indicates that the research respondents strongly agree on the sustainable approaches to men and women involvement of community based approach in implementing Maternal/Mother and Child Health Project of immunization in the area of the study. According to the findings on how respondents responded towards the research objective number three through research question posed by the study, sustainable approaches to men and women involvement in community based approach in implementing Maternal/Mother and Child Health Project of immunization given by respondents will be found during the discussion of variables falling under this research objective. However, according to the Mean score of the general findings, the study interpreted “Strong Agreement” as the indication of presence of sustainable approaches given by respondents to enhance the sustainability to involvement of men and women based approach in implementing Maternal/Mother and Child Health Project of immunization in the area of the study. After the discussion of the general Mean score and Standard Deviation of the research objective as well as the interpretation of its findings, the study now starts to discuss the individual variable falling under this research objective through its research question, which will be giving the sustainable approaches as follows;

The first variable in this part wanted to know from research respondents if “*The local government needs to regularly to give seminars to both males and females on the importance of MCH project of immunization*”, as one of the sustainable approaches. During data interpretation, the findings indicates that (M=4.9300, SD= 0.25643). This Mean score indicates that respondents Strongly Agree that the local government needs to regularly to give seminars to both males and females on the importance of MCH project

of immunization. In other words, respondents indicates that if the local government will give seminars to both men and women on the importance of MCH project of immunization in the area of study, the approach will be sustainable to such extent that will minimize if not to eradicate all bad culture which hinders men to participate fully in implementation of MCH project of immunization in their locality. The argument is supported by Athey, et al., (2000) who wrote that MCH Training Program has thus helped to develop, shape, and model new approaches to numerous child and adolescent health problems, changing the provision of services to children throughout the nation after programs have initiated new service innovations, they continue to evolve as new knowledge becomes available, and as advocacy efforts lead to a better understanding of approaches to care.

The second variable wanted research respondent to show *“The local government needs to outsource funds from local entrepreneurs, government and international organization on support local NGO for MCH project of immunization”*. During the data interpretation, the findings indicates that (M=4.9200, SD=0.27266). The Mean score indicates that respondents strongly agreed with the statement. This interprets that by the local government to outsource funds from local entrepreneurs, and international organizations to support local NGOs for MCH project of immunization will be a sustainable approach to involvement of men and women in community based approach in implementing Maternal/Mother and Child Health Project of immunization. This is due to the fact that many local NGOs do not have enough funds to run the MCH project of immunization in the area of study. This is the reason why they are depending on donors or granters from outside the country.

The study proceeded with the discussion on the third variable. Through the third variable, the study wanted to know if “*Both women and men needs to be educated that culture has never been static*”. During the data interpretation, the findings indicates that (M=4.8700, SD=0.33800). The Mean score indicates that respondents strongly agreed with the statement. According to this interpretation the study has seen the education as the key factor to sustainable approaches to men and women involvement in community based approach in implementing Maternal/Mother and Child Health Project of immunization. Through education men and women can know the advantages as well as disadvantages of immunization towards Maternal/Mother and Child Health.

This can also enable the community to reduce the death of both mother and child before, during, and after birth. Also it is through education, people can know that culture is not static, that is culture can be changing according to time and environment. For example, the eruption of diseases facing the community in 21<sup>st</sup> Century is quite different with those existed in 18<sup>th</sup> Century. The world today is like a village due to globalization policy which is a cross-border aspect. Supporting the argument that culture has never static, Thomas and Inkson (2008) wrote that “Although we increasingly cross boundaries and surmount barriers to trade, migration, travel, and the exchange of information, cultural boundaries are not so easily bridged. Unlike legal, political, or economic aspects of the global environment, which are observable, culture is largely invisible. Therefore, culture is the aspect of the global context that is most often overlooked”. In other words writers justifies that culture is not static.

The study proceeded with the discussion on the fourth variable which the study wanted to know if *“The acronym for MCH must change to accommodate men as well”*. During data interpretation, the findings indicates that (M=4.670, SD=0.7255). The Mean score indicates that research respondents strongly agreed with the statement. In other words this agreement interpreted by the study that most of respondents of both genders recommend the acronym of MCH to be changed so to accommodate both genders; and by so doing the approach will be sustainable to involvement of men and women in community based approach in implementing Maternal/Mother and Child Health Project of immunization in the area of study. However, the government of Tanzania through her Ministry of Health, Community Development, Gender, Elderly and Children has seen it and changed the acronym to be Reproductive and Child Health (RCH), although the changes has not more emphasized to all parts of the country. This is proved by respondents from the area of the study because they insisted on the changes of the acronym MCH to RCH.

The last variable to be interpreted by the study in this part was if *“The curriculum and the practices for MCH must change accordingly to accommodate men as well”*. The findings indicates that (M=4.8300, SD=0.45070). The findings’ interpretation indicates that respondents strongly agreed with the statement. Respondents wanted the curriculum and practices for MCH to be changed accordingly so as to accommodate men as well. The outdated curriculum and practices for MCH which isolates men must be changed to enhance sustainable approach to involvement of men as well in community based approach in implementing Maternal/Mother and Child Health Project of immunization in the area of study.

### 4.3 Interview

This study proceeded to analyse the information obtained from the field through the interview method just after analyzing and interpreting quantitative data collected through structured questionnaires. Different respondents were interviewed on the subject matter through semi-structured questions arranged by the interviewer based on the specific objectives, which were guided by the specific research questions. Hence the following presentation provides participants accounts, which are presented in narrative form. The reason behind is to make a reader to get a first-hand information (i.e. real words of a participant). The researcher could not write all stories for all respondents instead selected only four of them to present others since their stories were looks like the same. This is supported by Stake (1995) where asserts that although many researchers would like to tell the whole story, choice is inevitable. So selection was done and decision was made on how much to tell others according to the purpose of the study. The researcher used the real names of interviewees following their consent for their names to be used in this study.

One of the respondents interviewed by the interviewer was Kelvin Joseph a resident of Mianziani who accompanied his wife to attend Mother and Child Clinic at Selian Lutheran Hospital. When he was asked the involvement of men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Project of immunization, he responded that,

*“The involvement of men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health is still a big challenge especially to men”.* He further argued that *“men*

*should accompany their wives to attend Maternal/Mother and Child Health Clinics for immunization since it is a good thing for both parents and children's health".*

When Kelvin Joseph was responding to the second research question on what is the difference in terms of men and women involvement in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization, he said that female gender are more involved comparing to masculine gender.

*"My brother, as you can see here (clinic) I am only one man who has accompanied my wife to attend Mother and Child Health Clinic for immunization. I have decided to attend MCH/RCH clinic with my wife so as to know the progress of the pregnancy of my wife as well as our expected baby".*

He further said that time has come for men to put aside their traditions which discourage them to accompany their wives to MCHCs.

*"I am a Maasai young man well known as Moran, but I want to tell my fellow moran and all other young men that the MCH/RCH does not belong only to women but to both men and women".*

Responding to the third question on what are sustainable approaches to men and women in involvement in community based approach in implementing Maternal/Mother and Child Health Project of immunization, Kelvin said that,



*“The local NGOs and local government should work hand in hand with the local community (i.e. men and women) surrounding the Maternal/Mother and Child Health Project of immunization to ensure the sustainability of the project concern”.*

The argument was supported by UNICEF (2009) “It is important that community-level interventions are complemented and guided by a larger system of norms and standards to ensure quality and equity in services provided”.

Another person to be interviewed by this study was Loshie Sambweti, a Maasai aged between 45 -55 years old, residing at Kwamromboo area, Arusha District. During the interview, Sambweti said that he had never ever heard about the Community-Based Approach all the time he stayed at the area. However, he acknowledged that he had been seeing women with either pregnancies or babies going to hospital to attend clinic but he had never accompanied with his wife all the time of their marriage. When the study wanted to know why he did not attend to MCH/RCH clinics all the time of their marriage, Sambweti said that,

*“According to Maasai’s traditions and culture, it is shameful for a man to accompany his wife to attend MCH/RCH clinic for immunization”.*

The same comment was given by Saibu-Ole-Sokoni from the same area saying that,

*“It is against the Maasai’s traditions and culture for ‘Olobhayani’ (a Maasai old man aged between 45-55 years) to accompany his wife- ‘Endasati’ (a Maasai married woman aged between 45-55 years) to hospital to attend clinics”.*

However, these two Maasai old men when responding to the research question on what is the difference in terms of men and women involvement in Community-Based Approach across gender line in implementing Maternal/Mother Health Project of immunization, both respondent shortly that, “*women are more involved than men*”.

Pascalina Francis Amsy, a married young woman with three children, a resident of Arusha Municipality and a nurse by professional, was also among the respondents interviewed by this study. When the researcher asked her on what is the involvement of men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Project of immunization, she responded by saying that the involvement of men and women in community-based approach in implementing Maternal/Mother and Child Health on immunization still a big challenge to the community itself as well as the local NGOs. She further argued that,

*“The government of the United Republic of Tanzania should enact laws through the parliament which will enforce men to accompany their spouses to attend clinics”*. For example, she proceeded, “*when I was attending internship at Mchukwi Hospital, Rufiji District and Kwamkono Hospital, Handeni District-Tanga at different times, women who came to MCH/RCH clinic for immunization without being accompanied with their spouses, were not attended until they brought their partners*”.

When she was asked on the difference in terms of men and women involvement in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization, she said that women are more involved

comparing to men. However, when she was responding to the question on what are sustainable approaches to men and women involvement in community based approaches in implementing Maternal/Mother and Child Health Project of immunization she said that,

*“Sustainable education on Maternal/Mother and Child Health on immunization should be provided to all members in the community especially to men and women so as to eradicate bad traditions and propogandas which hinder most of men and some women not to attend MCH clinics for immunization”.*

Lucy Kungu, a resident of Kimandolu was another respondent interviewed by this study during data collection from the field. When she was responding towards the first question on the involvement of men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Project of immunization, she said that the involvement of men and women still a challenge to many local NGOs, which are involved in Maternal/Mother and Child Project of immunization. She further said that,

*“Many local NGOs run their project without involving the community (i.e. men and women) from the initial stages of the project, something which make men and women in the society not to feel the ownership of the project concern”. She further said, “Local NGOs should provide education on Maternal/Mother and Child Health Project of immunization so as men and women can know the importance of immunization for their*

*health as well as their children or expected children for those parents who are expecting to have a child”.*

The researcher proceeded with the interview with Lucy on the question of what are sustainable approaches to men and women in involvement in community based approach in implementing Maternal/Mother and Child Health Project of immunization. Responding to this question, she said,

*“The local government should enact bylaws which will enforce both gender lines to attend Maternal/Mother and Child Health clinics for immunization”.*

Through this interview, different findings were revealed from the field. Among these findings were such as; bad traditions which suppress women and children in the area of the study makes men to ignore several matters concerning to women and children including immunization, culture do not consider women and children to be important, and ignorance among men and women on the Community-Based Approach in implementing Maternal/Mother and Child Health Project of immunization, which exists in the area of study, contributes to the less involvement of men comparing to women in Maternal/Mother and Child Health Project of immunization. However, the researcher found that lack of proper education on different health matters such as family planning, nutrition, safe birth, and HIV/AIDS infection, makes the respondents not to consider immunization to be important.

#### **4.4 Observation**

Through non-participants observation, the study conducted observation in different hospitals and health centers in the study area. These hospitals included Kaloleni, Revolosi, Arusha women and Children Hospital, and Seliani Lutheran Hospital while health centers were Ngarenaro and Sombetini. During the time of data collection through this method of observation, the researcher saw only few men accompanied their spouses to attend immunization during the Mother and Child Health clinics.

This indicator was answering affirmatively the first research question on the involvement of men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Project of immunization. The question which was guiding the researcher on the first specific objective which wanted this study to examine the involvement of men and women in Community-Based Approach used by local Non Government Organizations in implementing Maternal/Mother and Child Health Project of immunization. Through this observation, the researcher examined that the involvement of men and women in community-based approach in implementing Maternal/Mother and Child Health Project of immunization still a big challenge in the area of study. This is due to the fact that women who attended Mother and Child Health clinics for immunization were few contrary to the expected number.

Furthermore, through this observation based on the second research question which guided the researcher to the second specific objective which wanted this study to assess the involvement of men and women in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization, the

researcher noted that women are more involved than men in implementation of Maternal/Mother and Child Health Project of immunization in the area of study. This was due to the fact that during all the time of observing the attendance of men and women to Mother and Child Health clinics on immunization, the majority were women while men were very few in number.

#### **4.5 Desk Review**

The researcher went through several documents on the subject matter of involving community (i.e. men and women) in community-based approach in implementing Maternal/Mother and Child Health Project of immunization. The findings were also presented and analyzed according to research objectives guided by research questions.

The first desk review to be done by this report was the report document written by REPOA (2005) the researcher notice that the report emphasized on the application of community-based approach through involvement of men and women and not from top-to-down as it is mainly done by the District Planning Officer (DPO) to the grass root community. This report (REPOA, 2005) called the top-down approach as a tradition way of planning. However, the report stated that, “Often times such plans have no relevance to the felt needs of the grass root communities. They instead, indicate what the district officers think the grass root communities need”. Here, the report supports the involvement of men and women in planning due to the fact that participation provide a voice to beneficiaries to make decisions on the Maternal/Mother and Child Health Project of immunization.

The researcher reviewed also on the report of the NRMSP (2008). This report was pointing out several policies such as the National Health Policy (revised in 2003), the Health Sector Reform and the Health Sector Strategic Plan (2003-2007), the Reproductive and Child Health Strategy (2005-2010), which were established to address Maternal and Newborn Child Health challenges. This NRMSP (2005) report indicated that immunization is one of the key components of health strategies to improve the health of citizens in the country. Here, the researcher noticed that the issue of Maternal/Mother and Child Health Project of immunization is so important to both men and women. Education on involvement of men and women should be done so as men and women can see the necessity of attending clinics or health centers for immunization process.

Furthermore, the researcher went through the document of the National Strategy for Growth and Poverty Reduction (NSGPR) 2002-2010. Among several issues written in this document, the issue of improving Mother and Newborn Child Health is taking a first priority. This revealed that Maternal/Mother and Child Health can only be attained through immunization. The researcher noticed that this document also recognized the essence of immunization but did not state clearly how men and women can be involved in implementing Maternal/Mother and Child Health, and the mechanisms enforcing men to be involved in Maternal/Mother and Child Health Project of immunization.

The last document among several desk review document the researcher went through was the NSGPR (2011) report. This report especially in the first cluster of NSGPR (2011), pointed out that immunization is one of the key component in improving

Maternal/Mother and Child Health. However, in the second cluster of NSGPR (2011) indicated other several factors contributing to poor Mother and Child Health outcomes such as poor nutrition, malaria, high workloads among expectant mothers; low utilization of family planning and teenage pregnancies; long distance of delivery facilities, in terms of access to skilled health workers at delivery; and lack of quality obstetric care at delivery facilities. The researcher noted that all these goals indicated in the NSGPR (2011) cluster I&II were aiming at improving Maternal/Mother and Child Health. Therefore, this improvement of Maternal/Mother and Child Health can only be attained by involving men and women to attend immunization services.

However, through these desk reviews, the researcher noticed that Maternal/Mother and Child Health Project of immunization can be successful to men and women in the study area only if local NGOs, local Government and other health stake holders (providers) will involve men and women in community-based approach in providing the immunization services. Therefore, involvement of men and women will build up empowerment, improving efficiency, effectiveness and sustainability, local capacity and strengthening local governance in the area of study.

#### **4.5 Summary**

The study after analyzing, presenting, discussing, and interpreting data findings of chapter four through descriptive statistics run by SPSS software, Version 16.0 for quantitative data, and thematically narration for qualitative data, the following outcomes were revealed. First, the involvement of men and women in Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health



Project of immunization in the study area is generally low or bad. Second, the findings revealed that there is a big difference in terms of men and women involvement in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization. Women involve more in Maternal/Mother and Child Health Project of immunization comparing to men. Third, the findings revealed that there is a need of sustainable approaches to involvement of men and women in community based approach in implementing Maternal/Mother and Child Health Project of immunization in the area of study. However, the end of chapter four of this study takes the reader to next chapter five which will present the conclusion and recommendation on the entire work.

## **CHAPTER FIVE**

### **5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

The chapter gives summary of the study, outlines the major findings from the field, and provides conclusion and recommendations based on the findings. Nsubuga (2000) stated that the fifth chapter of the research includes a brief statement of problem and a description of the procedures used in the investigation, the findings, and the conclusions. The study sought to examine the challenges facing Community-Based Approach in implementing Maternal/Mother and Child Project in Arusha Region specifically in Arusha Municipality. In that regard, the chapter circles around concluding findings and remarks of the themes of the study.

#### **5.2 Summary of the Study**

The study investigated the challenges facing Community-Based Approach in implementing Maternal/Mother and Child Project of immunization in Tanzania. To achieve its objectives the study employed three research questions hereunder:

- (i) To examine the involvement of men and women in Community-Based Approach used by local Non-Government Organizations in implementing Maternal/Mother and Child Health Project of immunization.
- (ii) To assess the involvement of men and women in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization.

- (iii) To propose sustainable approaches to involvement of men and women in community based approach in implementing Maternal/Mother and Child Health Project of immunization.

This study was guided by the conceptual framework adapted and modified from Becker (1975, 1981, and Bryant, 1990), which uses two variables namely predictor variable, that is the root cause leading to other factors that precipitate the decision of community members not to participate in implementing Maternal/Mother and Child Health project of immunization in the area of study. The study revealed that poor economic condition, and poor level of education led to inability to men and women not to be involved in community-based approach in implementing Maternal/Mother and Child Health project of immunization.

Literature related to the research problem was reviewed. It covered issues associated with challenges facing Community-Based Approach in implementing Maternal/Mother and Child Project of immunization in Tanzania. So relevant literatures were organized objective wise for the purpose of establishing what is already known and hence identifying what was not known, which led to the knowledge gap that guaranteed conducting the present study.

This study was done into four strata from the area of study of Arusha Municipality involving men and women. These strata and their number of respondents (men and women) into brackets were such as; Kimandolu (27), Mianzini (23), Ngarenaro (17) and Kwamromboo (33). Simple random sampling techniques were used to select the study samples of 50 men and 50 women. During data analysis, the quantitative data were

analyzed through descriptive statistical through SPSS V. 16.0 while the qualitative data were analyzed by thematically narration.

### **5.3 Summary of the Main Study Findings**

The study found the challenges falling into demographic profile and operational information.

(i) *The demographic profile.*

The study findings indicated that demographic profile respondents falling in the age of 46 to 65 have negative impact on the issue of implementation of Maternal/Mother and Child Health Project of immunization in area of study. Another demographic finding having the impact on the study was the income of respondents. This indicated that lower income has impact on the implementation of Maternal/Mother and Child Health Project of immunization in area of study. This revealed that people of low income spend a lot of their time for chasing a daily bread for their families something that makes impossibility of them participating in MCH project of immunization.

The third demographic findings were on the education. This implied that the level of understanding of the majority in the area of study was low or poor. This means that wherever the level of education is poor in any society, the level of human development in different aspects including MCH project of immunization will be low too. These demographic findings have the impact to the study due to the fact that the level of understanding and the poor income of respondents contribute to poor participation in implementation of MCH project of immunization.

(ii) *Operational information*

The study through operational information, which were based on the research objectives revealed several findings as follows;

The findings revealed that the general involvement of men and women in community-Based Approach used by local NGOs in the study area were low or poor. This means that poor participation of the community leads to failure of MCH project of immunization in the area of the study.

On difference in terms of men and women involvement in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization, it was revealed that there was gender imbalance between men and female in involvement of gender lines in implementing Maternal/Mother and Child Health Project of immunization in the area of study. Women were more involved in community-based approach comparing to men apart from them (women) being discriminated in decision making including matters concerning to their involvement in implementation of MCH project of immunization in the area due to patriarchy system of life. This means that immunization regarding to MCH was left to feminine comparing to masculine.

Lastly, the findings revealed that sustainable approaches to involvement of men and women in Community- Based Approach in implementing Maternal/Mother and Child Health Project of immunization should be enhanced in the study area. The findings indicated that the research respondents strongly agree on the need of sustainable approaches to involvement of men and women in community based approach in

implementing Maternal/Mother and Child Health Project of immunization in the area of the study. This study insists on proper Maternal/Mother and Child Health Education due to the fact that according to data collected through questionnaires, some respondents revealed that there are some improper education provided by some people propagates that western countries intends to reduce the population of African through family planning programmes. This propaganda hinders the immunization services too in the study area.

#### **5.4 Conclusion**

Kombo and Tromp, (2006) assert that conclusion of the study should be very brief and it should indicate what the study result reaffirms. This conclusion covers in brief the main ideas in the findings found from the field.

Based on the findings in this study, the following conclusions have been reached:

1. Based on the first specific research objective, which wanted the researcher to examine the involvement of men and women in Community-Based Approach used by local Non-Government Organizations in implementing Maternal/Mother and Child Health Project of immunization, this study found that the involvement of men and women in Maternal/Mother and Child Health Project of immunization in the area of study still low as well as a big challenge to the local NGOs which are implementing the project.
2. Another finding was based on the second specific research objective which wanted the researcher to assess the involvement of men and women in Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Project of immunization. The researcher

found that women are more involved in implementation of Maternal/Mother and Child Health Project of immunization comparing to men in the area of study.

3. This study also on its conclusion especially on the third specific objective on sustainable approaches to involvement of men and women in community based approach in implementing Maternal/Mother and Child Health Project of immunization, the researcher found that there is a need of implementing sustainable approaches which will enforce men and women to involve in implementing Maternal/Mother and Child Health Project of immunization in the area of study.
4. Moreover, the researcher found that improvement of income can help men and women to get time to participate in seminars and other education relating to MCH project of immunization. This is due to the fact that men and women will be able to sustain their daily life for satisfying the basic needs of all human beings.
5. Implementation of sustainable approaches is of great importance of involving men and women in implementation of Maternal/Mother and Child Health Project of immunization in the area of the study. In that case the local government in collaboration with local NGOs should implement the strategies for assurance of existence of sustainable approaches.

### **5.5 Recommendations**

Based on the findings of this study, the following recommendations have been given:

1. Men should change their negative mind set towards Maternal/Mother and Child Health  
Project of immunization and see that they are obliged to involve in the project as women do in the area of study.
2. Local government should collaborate with local NGOs, and other health stakeholders to provide Public seminars, workshops, education on health matters especially immunization continuously so as to raise public awareness on the importance of immunization. Also the local government should see the necessity to support local NGOs financially and other logistics to make the implantation of MCH project of immunization to be successful.
3. The Ministry of Health, Community Development, Gender, Elderly and Children should make sure that the acronym of MCH is not used in all health centres and other health related document; and the acronym of Reproductive and Child Health (RCH) should be emphasized to be used so as to accommodate both gender lines and to remove the ambiguity which is in the MCH acronym.
4. Apart from this study, there is a need for other scholars to do a research relating to this study on how the patriarchy system affects the participation of community (i.e. men and women) in MCH project of immunization.



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**APPENDICES****Appendix 1 : Questionnaire for Community Members****Section A: Demographic Data**

1. What is your gender
  - a) Male
  - b) Female
  
2. What is your age?
  - a) 18-25
  - b) 26-35
  - c) 36-45
  - d) 46-55
  - e) 55 -65
  
3. What is your average income per month
  - a) Below 250,000/=
  - b) 251,000-500, 000/=
  - c) 501,000-1000,000/=
  - d) 1001, 000-2,000,000/=
  - e) 2,001,000 and above
  
4. What is your education level?
  - a) Primary
  - b) Secondary
  - c) Tertiary

**Section B: Likert Scale Items**

**Research Question One:** *What is the level of involvement of Community-Based Approach used by local NGOs in implementing Maternal/Mother and Child Health Projects?* Use the following scale to rate the responses *by checking /ticking the relevant number* 5= Strongly Agree (SA); 4=Agree (A); 3=Undecided (UN); 2=Disagree (D); Strongly Disagree (SD) =1

| S/N | Item  | SA<br>(5) | A<br>(4) | UN<br>(3) | D<br>(2) | SD<br>(1) |
|-----|---|-----------|----------|-----------|----------|-----------|
| 5   | The involvement of men and women in community based approach as used by local government in implementing MCH project of immunization is high. |           |          |           |          |           |
| 6   | The local NGO has conducted at least 2 seminars in each year on sensitization of MCH project of immunization.                                 |           |          |           |          |           |
| 7   | The local government has sponsored selected local NGO to conduct short courses to men and women on MCH project of immunization.               |           |          |           |          |           |
| 8   | The local NGO has received funds from exelling local government on supporting MCH project of immunization                                     |           |          |           |          |           |
| 9   | The local NGO has received grants from international organizations to fund MCH project of immunization.                                       |           |          |           |          |           |

**Research Question Two:** *What is difference in terms of involvement of Community-Based Approach across gender lines in implementing Maternal/Mother and Child Health Projects?* Use the following scale to rate the responses by checking /ticking the relevant number 5= Strongly Agree (SA); 4=Agree (A); 3=Undecided (UN); 2=Disagree (D); Strongly Disagree (SD) =1

| S/N | Item   | SA<br>(5) | A (4) | UN<br>(3) | D<br>(2) | SD<br>(1) |
|-----|--|-----------|-------|-----------|----------|-----------|
| 10  | Women are more involved in MCH project of immunization than men.                                 |           |       |           |          |           |
| 11  | Women are more involved in MCH project of immunization because it is a cultural role.            |           |       |           |          |           |
| 12  | Women are more involved in MCH project of immunization because they have basic education         |           |       |           |          |           |
| 13  | Women are more involved in MCH project of immunization because even the acronym mentions women   |           |       |           |          |           |
| 14  | Women are more involved in MCH project of immunization because the services are freely available |           |       |           |          |           |



**Research Question Three:** *What are the sustainable approaches to involvement of community based approach in implementing Maternal/Mother and Child Health Projects?*. Use the following scale to rate the responses by checking/ticking the relevant number 5= Strongly Agree (SA); 4=Agree (A); 3=Undecided (UN); 2=Disagree (D); Strongly Disagree (SD) =1

| S/N | Item   | SA<br>(5) | A<br>(4) | UN<br>(3) | D<br>(2) | SD<br>(1) |
|-----|--|-----------|----------|-----------|----------|-----------|
| 15  | The local government needs to regularly to give seminars to both males and females on the importance of MCH project of immunization.                                   |           |          |           |          |           |
| 16  | The local government needs to outsource funds from local entrepreneurs, government and international organization on support local NGO for MCH project of immunization |           |          |           |          |           |
| 17  | Both women and men needs to be educated that culture has never been static   |           |          |           |          |           |
| 18  | The acronym for MCH must change to accommodate men as well   |           |          |           |          |           |
| 19  | The curriculum and the practices for MCH must change accordingly to accommodate men as well  |           |          |           |          |           |

**Appendix 2 : Permission Letter**

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DATE: 22<sup>nd</sup> June, 2014

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.....  
.....

Sir/Madam

**RE: INTRODUCTION TO DATA COLLECTION**

MASESA MAFAJA MASHAURI is our student at The Open University of Tanzania; he is doing his Masters of Arts in International Development and Cooperation (MA ICD) with registration number PG201402892 he wants to conduct data collection on **Assessment of Community –Based Approach in implementation of Mothers and Child Health Projects** from 19<sup>th</sup> June to 18<sup>th</sup> July 2015.

This is purely an academic exercise and any information given will be kept highly confidential and for the study purpose not otherwise.

Thank you in advance.

Yours sincerely

*R. Makiya*  
Rosemary Makiya  
Ag. Director  
THE OPEN UNIVERSITY OF TANZANIA  
ARUSHA REGIONAL CENTRE  
P. O. BOX 19 ARUSHA

**Appendix 3 : The Map of Arusha.**



Source: <http://www.maplandia.com/Tanzania/Arusha>.

**Appendix 4 : Descriptive Statistics**

|   | N   | Minimum | Maximum | Mean   | Std. Deviation |
|---|-----|---------|---------|--------|----------------|
| Age of the respondent   | 100 | 1.00    | 5.00    | 2.8600 | 1.15488        |
| Average Income of the respondent per month  | 100 | 1.00    | 5.00    | 1.9600 | .97359         |
| The involvement of men and women in community based approach used by local government in implementing MCH project of immunization | 100 | 1.00    | 5.00    | 2.4200 | 1.33470        |
| The local NGO has conducted atleast 2 seminars in each year on sensitization of MCH project of immunization                       | 100 | 1.00    | 5.00    | 2.0300 | 1.16736        |
| The local government has sponsored selected local NGO to conduct short courses to men and women on MCH project of immunization    | 100 | 1.00    | 4.00    | 2.2700 | 1.27806        |
| The local NGO has received funds from excelling local government on supporting MCH project of immunization                        | 100 | 1.00    | 5.00    | 2.3200 | 1.22169        |
| The local NGO has received grants from international organizations to fund MCH project of immunization                            | 100 | 1.00    | 5.00    | 2.4000 | 1.31809        |
| Women are more involved in MCH projects of immunization than men  | 100 | 2.00    | 5.00    | 4.7800 | .52378         |
| Women are more involved in MCH project of immunization because it is a cultural role  | 100 | 2.00    | 5.00    | 4.2700 | 1.10878        |

|  |            |      |      |        |         |
|--|------------|------|------|--------|---------|
| Women are more involved in MCH project of immunization because they have basic education   | 100        | 1.00 | 5.00 | 4.3100 | .92872  |
| Women are more involved in MCH projects of immunization because even the acronym mentions women  | 100        | 2.00 | 5.00 | 4.3600 | .81054  |
| Women are more involved in MCH project of immunization because the services are freely available   | 100        | 1.00 | 5.00 | 3.8200 | 1.30562 |
| The local government needs to regularly to give seminars to both males and females on the importance of MCH project of immunization                                    | 100        | 4.00 | 5.00 | 4.9300 | .25643  |
| The local government needs to outsource funds from local entrepreneurs, government and international organization on support local NGO for MCH project of immunization | 100        | 4.00 | 5.00 | 4.9200 | .27266  |
| Both women and men needs to be educated that culture has never been static   | 100        | 4.00 | 5.00 | 4.8700 | .33800  |
| The acronym for MCH must change to accommodate men as well   | 100        | 1.0  | 5.0  | 4.670  | .7255   |
| The curriculum and the practices for MCH must change accordingly to accommodate men as well  | 100        | 2.00 | 5.00 | 4.8300 | .45070  |
| <b>Valid N (listwise)</b>  | <b>100</b> |      |      |        |         |