RECONCEPTUALIZING SWAHILI TRADITIONAL SOCIAL SECURITY SYSTEM UNDER UTU AND UBINADAMU VALUES FOR THE BENEFIT OF WOMEN: A CASE STUDY OF THE SWAHILI COMMUNITY IN DAR-ES-SALAM CITY, TANZANIA

BY
HAMISI KOMBAKONO

Supervisor: Professor J. Stewart

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Abstract

In terms of various binding and/or persuasive local, regional and international Human Rights instruments, it is the dream and the task of the Tanzanian government to provide social security to all its citizens, particularly to the majority of its citizens who are women, many of whom work in the informal sector. They are a particularly vulnerable group of people in the continuing wake of the HIV/AIDS epidemic and the devastating consequences of ESAP. In an attempt to protect these most deserving citizens, the writer of this dissertation suggests formalising (in a manner of speaking) and adapting the traditional Swahili social security system to the needs of its intended beneficiaries. This system, which is a unique blend of African Swahili custom and Islam, is the most commonly used and successful form of social security among many women who live along Tanzania's Indian Ocean coastline. Using a combination of the Grounded and Women's Law Approaches (which makes women themselves the reference point of the research), the writer seeks to reach a full understanding of the various values, characteristics and functions of the system with particular emphasis on the role of women in both their capacity as contributors to and beneficiaries of the system. Finally, he strongly advises that to succeed in adapting this system to suit a more formal and universal or national context, reformers should also strive to acquire a similar 'grounded' understanding of the traditional system. It is only by doing so that they may successfully reconceptualise or adapt and incorporate the traditional system's unique and valuable qualities (e.g., of *utu* and *ubinadamu*, humanity) into any new system.

DECLARATION

I Hamisi Kombakono do here by declare that, this report is my own work.

Signature-----------------------------------

Date--

This work is approved for submission towards fulfillment of the degree of masters in women's law by the supervisor

Signature-----------------------------------

Date--

Prof Julie Stewart, Director,
Southern and Eastern African Regional Centre for Women's Law
University of Zimbabwe.

DEDICATION

This work is dedicated to my wife, Mwanasha Msuya who took good care of my son, Sahr-Ammar during the whole period of my studies. And also to my late mother, Mrs. Nurban Hamisi Mruma. May ALLAH rest her soul in peace.

ACKNOWLEDGEMENTS

LIST OF STATUTES AND HUMAN RIGHTS INSTRUMENTS

African Charter on Human and Peoples' Rights
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
International Covenant on Civil and Political Rights (ICCPR)
International Covenant on Economic, Social and Cultural Rights (ICESCR)
Protocol to the African Charter on Human and peoples' Rights and Duties on the Rights of Women in Africa ('The African Protocol on Women's Rights')
SADC Charter on Fundamental Rights
SADC Protocol on Gender and Development
The Constitution of the United Republic of Tanzania of 1977
The ILO Convention on (Standard minimum) Social Security Protection, Convention 102
Universal Declaration of Human Rights (UDHR)

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civic Society Organization
GDP	Gross Domestic Product
HIV	Human Immune Virus
IGA	Income Generation Activities
ILO	International Labour Organization
MCH	Maternal Child Health
MDA	Ministries, Departments and Agencies
MVC	Most Vulnerable Children
NGO	Non Government Organization
NORAD	Norwegian Agency for International Development
NSPF	National Social Protection Framework
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
SADC	Southern Africa Development Community
SAP	Structural Adjustment Programme
SEARCWL	Southern and Eastern African Regional Centre for Women's Law
UDHR	Universal Declaration for Human Rights
UN	United Nations
UNCESCR	United Nation Covenant of Economic, Social, and Cultural Rights

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Introduction

Traditional social security systems which in this research refer to the traditional safety net which are customarily regulated by the family, extended or nuclear, and/or community at large. It provides a survival mechanism for both men and women from their childhood through adulthood. This social institution is heavily relied by most poor men and women in the informal and/or agricultural sector when dealing with contingencies, such as in old age, disability, disease, hunger or famine and natural disasters. The family and community support provides social protection to marginalized poor women and men, who are not covered by the formal security system.

The formal social security system coverage is extended to a few people most of whom are in formal employment either in the private or public sphere. It is therefore important to explore and assess the efficacy, benefits, and importance of traditional social security under *utu* and *ubinadamu* values, which most men and women depend on to deal with the shocks and risks of life.

My research topic zeros in on Swahili traditional social security under *utu* and *ubinadamu* values, and to assess its benefits to women. In short, Swahili communities referred to are communities living along the East African coast. The Swahili people are majority Muslim and the Swahili culture is a blending of Bantu and Islamic traditional. Therefore this research was conducted at Toa ngoma ward along Kigamboni Main road, Temeke District in Dar-es-salaam Region. The idea was to capture the culture of Swahili people who are living in that coastal area.

I consider it important to explain why I choose this research topic. The following are the main reasons;

The first is my personal life experience from child hood to manhood. I was raised in an extended family where the whole family supports each other in case of any contingencies or shocks and risks of life. Our late mother received care and other support from members of the family in all stages of her sickness up to her death and funeral. I have seen the effective functioning and interlink between formal and informal social security systems. It was then my intention to keep this social structure very strong for the benefits of all members of our family and community at large. My family is dominantly a Muslim family hence the findings from this research are relevant and applicable in my family and the community at large.

Second, is my attending the Masters programme at SEARCWL, specifically the labour and social security class. The programme equipped me with various methodological and analytical frameworks which gave me confidence to explore and uncover different issues relating to women, labour and social security.

Third, to appreciate and create an understanding of Tanzanian's traditional values which are directly connected to traditional social security systems. There is literature on *ubunthu* unlike *utu and/or ubinadamu*. This motivated me to explore the link between *utu and/or ubinadamu* values and Swahili traditional social security.

Fourth, to assess and evaluate the traditional social security system and reveal its impact on both men and women, and suggest appropriate interventions for the benefit of women within Swahili communities in Tanzania.

1.2   Statement of the Problem

The categorization of labour under traditional social security systems in Swahili communities is more influenced by patriarchal customs and traditions but not religion. Most Swahili people are followers of Islam. Islamic traditions and teachings do not overburden women with care giving responsibilities as compared to men. The Swahili traditional social security has a tendency of exploiting women for the benefit of other members of the family. One of the questions which this research may possibly try to answer is the root source of unequal division and categorization of labour in traditional Swahili social security system in Tanzania.

On the other hand, the dichotomous categorization of formal and informal social security emerged for statistical and policy making conveniences. This is because the Government which controls formal social security focuses on those who are in formal employment either in private or public spheres. The Tanzanian Government does not give much attention to majority poor people in the informal and agricultural sector, who are heavily dependent on informal or self organized support systems and traditional support systems to deal with shocks and risks of life. This large part of our population is neglected and marginalized by the State as there is no clear policy or support mechanism created by the Government to assist the effective functioning and adequacy of social protections for them.

Nevertheless, the social economic and political policies which Tanzania has adopted since independence influenced changes in our social structure, including the family. The family's inter relation and intra relation changes with time. At this point in time where the policy of a liberal market economy is at its apex, I find it important to examine intra family relationships, specifically on Swahili traditional social security safety nets. This may help in ascertaining benefits, reliability and adequacy of traditional safety nets in dealing with uncertainties or shocks and risks of women's lives.

In addition, sub-Sahara Africa is the region worst affected by the HIV/AIDS pandemic. In Tanzania, women are the more affected compared to men for various reasons including biology, lack of resources, gender roles, customs and traditions. The formal social security schemes are not extended to affected men and women who are employed in the informal and agriculture sector. This large group of our population depends on their

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families to provide care during the time of sickness. Hence the burden to care givers in the traditional social security system increases. Therefore, women who are the majority care givers in traditional safety net become the most vulnerable and affected group in the society.

1.3   Objectives of the Research

1.3.1   Main Research Objective

To start with the main objective is as follows: To assess and evaluate the traditional social security system and assess and analyze its impact on both men and women, and suggest appropriate interventions for the benefit of women within Swahili communities in Tanzania.

1.3.2   Specific Research Objectives

The following are my research specific objectives;

1.   To investigate the position of women, as beneficiaries and/ or service providers, under traditional social security systems.

2.   To uncover the role of women in traditional social security systems.

3.   To investigate *utu* and *ubinadamu* as underlying values for traditional social security system of Swahili people in Tanzania.

4.   To investigate the roles played by women and men in the traditional social security systems and root causes for those gender roles, if any.

5.   To assess the source of funds in the traditional social security and determine if they are reliable in terms of availability and accessibility.

6.   To assess the nature and form of social protection under traditional social security systems.

7.   To determine the extent of reliance on women in traditional social security systems in dealing with shocks and risks of life.

8.   To ascertain the impact of the HIV and AIDS pandemic and evaluate society's need of traditional care economy for the victims.

9.   To determine the appropriate interventions for improving and conceptualizing traditional social security for the benefit of women in Swahili communities in Tanzania.

1.4 Research Assumptions

Based on standard assumed model, the following are my research assumptions.

1.   There are traditional social security systems in Tanzania which potentially benefit women.

2.   Women of low and medium income rely heavily on traditional social security systems to deal with the risks and shocks of life.

3.   *Utu* and *ubinadamu* values strengthen sustainable traditional social protection in Swahili communities in Tanzania.

4.   Biased categorization of sex roles under the traditional social security systems are influenced by patriarchal customs and practices. Hence women are overburdened with more responsibilities and enjoy less rights and benefits.

5.   Social protection under traditional social security systems is not reliable and adequate in dealing with shocks and risks of life because of limited resources.

6.   The dichotomized categorization of formal social security provided by Government and parastatal organization and traditional social security system is unrealistic. This is because traditional social protection particularly under the care economy form an important part of formal social security systems.

7.   The HIV and AIDS pandemic increases the burden on women who form the majority of care takers of victims under the traditional social security systems.

8.   The government and other stakeholders need to promote and support the traditional social security by extending grants and benefits to care takers in the care economy.

1.5 Research Questions

Basing on the assumptions this research intends to unearth, the following are my research questions.

1.   Do the traditional social security systems in Tanzania potentially benefit women?

2.   Are women in the traditional social security systems more of social security providers than beneficiaries?

3.   Are women of low and medium income heavily reliant on the traditional social security systems to deal with risks and shocks of life?

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4. Do *utu* and *ubinadamu* values strengthen the sustainable traditional social protection in Swahili communities?

5. Is there a biased categorization of sex roles under traditional social security systems? If yes, are the patriarchal customs and practices causes the same?

6. Are women overburdened with more responsibilities and less rights and benefits under traditional social security systems?

7. Is the social protection under the traditional social security systems unreliable and inadequate to deal with shocks and risks of life

8. Do the traditional social security systems have insufficient resources to deal with shocks and risks of life?

9. Is there any dichotomy categorization of formal and informal or traditional social security?

10. Does the traditional social security supplement the formal social security systems particularly in the care economy?

11. Does HIV/AIDS pandemic increase the burden to women in the traditional systems who are majority care takers of victims?

12. Do the government and other stakeholders need to promote and support the traditional social security by extending grants and benefits to care takers in care economy as well as knowledge?

1.6 Geographical Location of this Study

This research was conducted in the Dar-es–Salaam region, Temeke district, at Toa ngoma along Kigamboni main road. This area is largely occupied by Swahili people from the southern part of Tanzania and coastal region. Even though people from other parts of Tanzania have taken up residence in Dar-es-salaam that did not defeat the intended purpose of this research. The Swahili culture is still dominant in that area especially among its original occupants of Kigamboni up to Toa ngoma. It is therefore my sincere belief that, this research is potentially relevant and applicable to all Swahili communities along East Africa coast.

1.7 Structure of this Dissertation

This dissertation is divided into six chapters. The first part of this dissertation (chapter one) deals with the introduction, the statement of the problem, the objective of the

research, the research assumptions and questions, and the scope of the research are also included and explained.

The second part of this dissertation (chapter two) covers the methodological framework. The following aspects are included in this chapter; the research methodologies, efficacy of the methodologies used, methods of data collection, and difficulties faced in the research processes.

The third part of this research covers the law and literature review. In this, national and international legal instrument related to the right to social security protection will be reviewed. It includes international human right framework, regional framework, and national framework. In addition, other literatures connected with this research will be reviewed and a point of departure for this research will be set out.

The fourth chapter of this research covers findings and analysis of matters related to *utu* and *ubinadamu* values in the Swahili traditional social security systems in Tanzania. Further, this part will cover historic and religious origin of *utu* and *ubinadamu* as well as its relevance in the Swahili traditional social security system.

The fifth chapter of this research will cover findings, analysis and discussion on women and the Swahili traditional social security system in Tanzania. In this chapter issues related to division of labour in Swahili traditional safety nets, reliability and adequacy of the traditional safety nets will be covered and discussed in length. Also the dichotomous categorization of formal and informal and/or traditional social security systems in Tanzania together with HIV/AIDS pandemic and family responsibility of giving care will be covered and discussed.

The sixth chapter of this dissertation focuses on reconceptualizing Swahili traditional social security system in Tanzania and how women may benefit more in the Swahili traditional social security system.

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CHAPTER TWO

2.0 RESEARCH METHODOLOGIES AND METHODS OF DATA COLLECTION

2.1 METHODOLOGIES

Five different research methodologies were used in this research and they are as follows.

2.1.1 The Women's Law Approach

Firstly, the Women's Law Approach was used. This approach was effectively used to explore the reality of women's lives on the ground. The bottom-up approach attached to this methodology enabled me to explore women's lives on the ground and interrogate how the law and practices impacted women. My research focuses on answering the following questions, among others; Whether there are traditional social security systems in Tanzania which potentially benefit women; The extent to which women of low and medium income rely on the traditional social security systems. The answers to the above questions may be obtained by a thorough exploration of women's lives on the ground. Therefore by using this methodological approach, I managed to extract various information on issues of Swahili traditional social security and the position of women within the traditional safety nets. Further, this methodological approach enabled me to find out the extent of reliance by different women's groups of low and medium income on Swahili traditional social security system.

2.1.2 The Sex and Gender Approach

Secondly, the sex and gender approach is one of the research methodologies used in this research. This approach focuses on the biological makeup of women and their gender roles in society. This research also focuses on whether the HIV / AIDS pandemic has increased the burden to women who are majority care takers of victims under the traditional social security systems. The biological make up of women exposes them to high risks of contracting HIV/AIDS. The impact of HIV/AIDS is echoed by their expected gender roles in the society. In Swahili communities, women are considered to be the main care givers during sickness and old age. Thus this methodological and analytical approach was useful and relevant in my research.

This methodological approach was helpfully in ascertaining the impacts caused by HIV/AIDS to women who are the majority of care givers under Swahili traditional social security system. This approach enabled me to find answers to my research question which focuses on uncovering whether HIV/AIDS increases burden to women who are the care givers in Swahili traditional system as compared to men.

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2.1.3   The Grounded Theory Approach

Thirdly, this research used the grounded theory approach. This methodology is defined as an "iterative process in which data and theory, lived reality and perceptions about norms are constantly engaged with each other to help the researcher decide what data to collect and how to interpret it.   The interaction between developing theories and methodology is constant, as preliminary assumptions direct the data collection, and then the collected data, when analyzed, indicates new directions and new sources of data."[1] In the southern and eastern Africa region, this methodology is referred as the dung beetle method rather than the snow ball method.

This approach was very effective in exploring the women's lives from their lived realities. The focus was to examine and uncover the grounded situation in connection with the following research questions, Whether or not social protection under the traditional social security systems is reliable and adequate in dealing with shocks and risks of life because of limited funds; and whether or not the dichotomous categorization of formal social security provided by Government and parastatal organization and traditional social security system is unrealistic. This is because traditional social protection particularly under care economy form an important part of formal social security systems.

This methodological approach helped me to explore the grounded situation on social protection and women's position and roles in the traditional safety nets under the Swahili traditional social security system. Also this approach enabled me to assess the extent of reliance and adequacy of traditional safety nets in dealing with shocks and risks of life in this period of a liberal market economy to Swahili communities in Tanzania.

In addition, this approach was effective in assessing the interrelations between traditional and/or informal social security systems in one hand and formal social security on the other. This was made easy because women in the families which benefit from traditional and formal systems were in good position to show the interrelations between the formal and informal social security systems. Also, those who were not covered under the formal systems, they explained how they react to provide care to those who are covered under formal systems during sickness and other life's contingencies.

2.1.4   Legal Pluralism

Fourthly, this research used legal pluralism as one of its methodological approaches. This approach was effective in determining the question, whether or not, biased categorization of sex roles under the traditional social security systems are more influenced by patriarchal customs and practices. Hence women are overburdened with more responsibilities and have less rights and benefits.

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[1] Pursuing grounded theory, page 10

Women's lives on the ground are governed not only by law. There are other social forces eminent from culture, tradition, religions, families and the community at large which demand compliance. By using this methodological approach I was able to trace the root of biased categorization of sex roles under Swahili traditional social security system. Also it was possible determine the extent of influences from customs and traditions in one hand, and religion on the other, and how the two factors impact on women different as compared to men.

2.1.5   The Human Rights Approach

Lastly, the human rights approach was used as a research methodology.   This methodology focuses on human rights standards and compliance in the subject in question.   In my research work, this methodology was used because the state is under international obligations to ensure reliable and adequate social protection to all its citizens. This obligation of the state should not in any way discriminate against any members of the population on the basis of socio-economic factors. It should be clear that, though this research is aimed at strengthening the traditional safety nets, but that should in no way be construed to mean that, the state is excluded or exempted from discharging its obligation to ensure reliable and adequate social protection to all people.

This methodological approach was important in this research not only for the purpose of establishing State obligation on provision of social security in Tanzania, but also to inform the government and other stakeholders on the need to promote and support the traditional social security. This may be done through various ways including extension of grants and benefits to care takers in care economy as well as providing them with knowledge.

2.2   METHODS OF DATA COLLECTION

The following are the methods used in data collection.

2.2.1   Interviews

This is a common method used in this research in data collection. Various respondents and actors in structures were interviewed concerning the Swahili traditional safety nets and the position of women within the Swahili traditional social security system. My interviews were conducted in the form of questions. I asked questions on a particular aspect connected to my assumptions or research questions, and thereafter recorded the answers in the exact words as offered by the respondents. All interviews were conducted in Swahili language because this is the language well known to my target group and the nation as a whole. However, in this research they will appear as translated by myself in the English language.

2.2.2 Focus Group Discussions

This was also another method used in data collection. This method was used in four different occasions. In the first instance, a focus group discussion was conducted to women who were selling food famously known in Tanzania as *mama lishe*. This discussion also involved few men who were taking breakfast there. I organized this discussion at their place of business because it was not possible for them to be somewhere else for discussions during business hours. It was the only discussion which involved men and women of different family background. In this discussion many issues relating to Swahili traditional social security were discussed. These women showed their concern on the distribution and division of labour under Swahili traditional social security system. Further they explained and showed to what extent their business is affected either when they are sick or when any of their close relative is sick or dies.

The other three group discussions involved only women. I have to admit that, it was one of my relative who organized these women group for discussion. I specified my target group and he found those women whom I intended to meet for the purpose of this research. This first group consisted of house wives, or women who are working at home. Whereas on the other two group discussions, there were random different women of low and medium income.

This method of data collection was useful in my research because women who were involved in the discussions gave their opinions freely. It should be noted that, presence of closely related men in the discussions of this nature where family issues become part of the discussion, may limit some women from freely giving their opinion because some opinions may seems to offend the some customs and traditions of a particular place. Therefore I had a plan to separate men and women except in the first occasion where women and men who were clients of *mama lishe* engaged in the group discussion.

2.2.3 Observations

This was another method used in data collection. I personally value data collected in this way. This is because some other methods of data collection depend upon the informant's character and attitude. In other words, their information might be affected by their prejudices and demeanour. Based upon the facts stated, I personally consider data collected by observation stronger and more reliable. For the same reason, where there is inconsistency between data collected by observation and interview, the data collected by observation ought to prevail. However, this should not be taken to mean that other data collected by other methods are less important or insignificant.

This method of data collection was used on two occasions where I attended a funeral and when I visited a family where one of the members was sick. I observed on the ground the sex division of labour in funerals organized under Swahili traditional social security system. In funerals, women are separated from men. Women are also responsible for duties related to cooking, fetching water, collecting fire wood, cleaning the environment

and washing dishes, together with consoling female members who have lost their relatives. Men on the other hand are responsible for preparing the burial place and leading prayers for the burial ceremony.

On the day when I visited a house where one member of the family was sick, I observed that there were more women than men. Some women came from distant villages to look after the patient and assist members of the family with domestic duties. This includes cooking, washing dishes and clothes, cleaning the environment and even consoling the patient. The patient was a man; however there were more women than men. Generally women were the ones who actually cared for the patient who was a man.

2.2.4   Consultations

This method was mainly used to collect data from family heads, ward executive of Toa ngoma, and Islamic religion leaders. This research was basically dealing with Swahili traditional social security. It was important to consult religious leaders on issues related to Islamic family life because most of Swahili people along the East Africa coast are Muslims. This enabled me to understand the inconsistencies between what Islamic religion says and what exactly happened on the ground. The religious leaders explained to me that, women are not religiously responsible for the discharge of domestic duties in their matrimonial home. They also confirm that the division of labour under Swahili traditional system is not rooted in Islamic religion.

I therefore consider this to be one of the most important methods of data collection in this research.

2.2.5   Baraza Talks

Baraza is one of the key features of Swahili communities. This is a place where men of the same age group meet to talk. There is no *baraza* for women. It's involves only men. This commonly happens in the evening after *alasir* prayers which is conducted around 1600 hours. I went to the *baraza* and initiated some discussions on issues related to Swahili safety nets. Findings differ from one *baraza* to another depending on the age group which forms that particular *baraza*.

This was not new to me because my experience living in the coastal areas, such as Zanzibar which includes Unguja and Pemba islands, enabled me to navigate in this social structure in Swahili communities. This method which is more applicable in Swahili communities was helpful in my research as more data were collected from men of different age through this method.

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2.3   The Efficacy of the Methodologies

I think before explaining the efficacy of the methodologies, I need to admit that, if I were to do this research before joining the masters programme in women's law, this work would have been different. I was a more legal centralist or positivist. My thinking and methodological approach in research processes was confined in a legal box. I believed that all answers to all questions can only be found in laws. The law was the solution for all problems faced by people.

After joining this course I started to perceive things in different ways. My thinking and methodological approach in research processes is no longer confined in a legal box. Currently, I find myself in a good position to employ the combination approach of various methodologies to explore or uncover a particular aspect of a woman's life from the lived realities.

This research combined five methodologies and each of them explores and uncovers a particular issue related to Swahili social protection from lived women's realities. Therefore, the combination of various methodologies in this research helped not only to make this research relevant and real, but also for me to enjoy the whole research process.

2.4   Problems encountered in the Research Process

The following are the problems encountered in this research.

2.4.1   Cultural Barriers

The Swahili culture differs from other cultures in Tanzania. The blending of Bantu and Islamic traditions create unique features of this culture. When I visited some families to meet women who are working at home, some women refused to engage in an interview. They were not ready to do so unless obtained a prior permission from their husband. This happened in few families which strictly followed Islamic religion principles. In Islamic religion people of different sex are discouraged to meet. The situation was more difficult because the targeted women group was wives who are working at home.

However in the above circumstances I had to fix appointment with those women so that they obtained prior permission to engage in an interview with me. In one incident I had to fix time and day when the husband would be present at home.

2.4.2   Local Government Elections

There was a local government election in October 2009 in Tanzania. The voters' registration started in September to early October, and then followed by campaigns and lastly on 27th October 2009 local government elections were held. Some community activities had to be postponed to give people full concentration and participation in the election processes.

The ward executive of Toa ngoma sent to me a written permission to conduct my research in his area, starting on the 1ˢᵗ November 2009. This caused a delay of almost three weeks in starting my research. However this delay did not substantially affect my research processes because I had to reschedule my plan to extend my field research to December and January of 2010.

2.4.3 Road Accident

When my supervisor Prof Julie Stewart visited me in November last year, we had a serious car accident when we were on our way to the area where this research was conducted. We sustained relatively minor injuries and my car was completely written off. I had to postpone my field research for one week in order to recover. I was therefore forced under the circumstances to change my research diary and plan. After recovery I proceeded with my research and managed to meet my target. My supervisor however did not reach my research site and at that point my supervision was cut short as she had to see other students. In January 2010 my supervisor came back and we had further discussions on my field research.

CHAPTER THREE

3.0   HUMAN RIGHTS INSTRUMENTS, LAW AND POLICY REVIEW

The right to social protection is stipulated by various international and regional human rights instruments. It is important to review these human rights instrument not only for the purpose of informing State's responsibility in providing social protection but also to create a base for strengthening the traditional safety nets. The state's responsibility in ensuring adequate social protection to people may easily be achieved by supporting already existing structures established under traditional social security system. Having this in my mind, I find it important to review some of the human rights instruments which provide for social security.

3.1   The International Human Rights Framework

To start with the international human rights instruments, the following should be observed. The Universal Declaration of Human Rights (UDHR), states that,[2]

> *"Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each state, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality."*

Further, UDHR provides that[3]

> *"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."*

The above instrument clearly provides the right to social security for everyone. It makes no distinction to people of different social groups. The scope of the article covers individuals and the family at large. The emphasis is to ensure realization of an adequate standard of living which includes food, clothing, housing, and medical care for everyone. It also covers the right to social security in event of unemployment, sickness, widowhood, disability and old age. This instrument creates a basis for the right of social security for every individual and family.

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[2] Article 22
[3] Article 25(1)

The UN International Covenant on Economic, Social, and Cultural Rights (UNCESCR) states that[4]:

> *"The state parties to the present covenant recognize the right of everyone to social security, including social insurance."*

It further provides that[5]:

> *"1.   The state parties to present covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The state parties will take appropriate steps to ensure the international co-operation based on free consent.*
>
> *2.   The state parties to the present covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes which are needed:*
>
> > *1.   To improve methods of production, conservation and distribution of food by making use of technical and scientific knowledge, by disseminating knowledge of principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources.*
> >
> > *2.   Taking into account the problems of both food importing and food exporting countries, to ensure an equitable distribution of world food supplies in relation to need."*

The UNCESCR obliges state parties to recognize the right to social security of everyone and further, creates a responsibility to their part to make available the provision of right to social security to everyone. The covenant obliges the members' states to recognize the right of everyone to an adequate standard of living for himself and his family. This includes the availability of adequate and nutritious food, clothing and housing. The covenant is silent on traditional safety nets, but the states parties may establish the support mechanism to strengthen the traditional safety nets in order to ensure social security to majority men and women in African countries.

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[4] Article 9.
[5] Article 11(1)and (2)

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), provides that[6]:

> *"1.   States parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:*
>
> *(e)   The right to social security, particularly in case of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;*
>
> *(f)   The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction."*

The concept of the right to social security in this convention is too narrow. This is because it attaches the right to social security with employment. Also the kind of employment impliedly interpreted from the wording of the article seems to be formal employment. The majority of women in sub-Saharan Africa are self-employed in the informal and agriculture sectors. The literal interpretation of the article does not specifically cover these groups of women. However this research intends to adopt the spirit of article 11 of CEDAW to cover the majority of neglected women who are self-employed in the informal and agriculture sectors in Tanzania.

3.2   The Regional and Sub-Regional Frameworks

At the regional and sub-regional level, the following instruments also provide for the right to social security:

To start with Article 18 of the African Charter[7] provides that:

> *"1.   The family shall be the natural unit and basis of society. It shall be protected by the state which shall take care of its physical health and moral.*
>
> *2.   The state shall have the duty to assist the family which is the custodian of morals and traditional values recognized by the community.*
>
> *3.   The state shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of*

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[6] Article 11(e) and (f)
[7] African (Banjul) Charter on Human and Peoples' Rights of June 27, 1981.

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woman and the child as stipulated in international declarations and conventions.

4.   The aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs."

This instrument is among the most relevant which promotes and supports the African traditional social security systems. It recognizes the family as the natural unit and basis of the society. Further, it creates an obligation on the member states to assist the family which is the custodian of morals and traditional values. The traditional values referred to in this article are those which are recognized by the community. This includes values connected to social security provision like *utu, ubinadamu, umunthu, ubunthu*. This article I consider important in supporting and strengthening traditional safety nets in African settings. In line with this article, this research intends to explore and re-conceptualize issues to be considered in conceptualizing Swahili traditional social security under utu and ubinadamu values for the benefits of women in Tanzania.

Coming to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa ('The African Protocol on Women's Rights'), provides that[8]:

"States parties shall adopt and enforce legislative and other measures to guarantee women equal opportunities in work and career advancement and other economic opportunities. In this respect, they shall:

(f)   establish a system of protection and social insurance for women working in the informal sector and sensitize them to adhere to it"

It further provides that[9],

"The states parties undertake to:

(a)   provide protection to elderly women and take specific measures commensurate with their physical, economic, and social needs as well as their access to employment and professional training"

The same instrument provides in Article 23(a) that,

"The states parties undertakes to:

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[8] Article 13(f)
[9] Article 22(a)

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> (a)   ensure protection of women with disabilities and take specific measures commensurate with their physical, economic and social needs to facilitate their access to employment, professional and vocational training as well as their participation in decision making."

The right to social protection for women is widely covered in this instrument. This Protocol has taken into consideration the African situation where incidents of discrimination and violence against women with disabilities and elderly women are rampant. This instrument obligates the member states to provide social protection to elderly women and women with disabilities. The right to social protection under this protocol is free from all kinds of discrimination, marginalization, and categorization, such as formal and informal and/ or self employed and employed. In other words, the right to social protection in this protocol covers all women of different social groups and economic backgrounds.

In line but different from the articles of protocol for women in Africa, this research will adopt an accommodative approach, in re-conceptualizing Swahili traditional social security in Tanzania.

In considering sub regional human rights instruments, The Charter of Fundamental Social Rights in SADC provides that[10]:

> "Member States shall endeavour to create an enabling environment in accordance with arrangements applying to each Member State so that:
>
> (a)   Every worker in the Region shall at the time of retirement enjoy resources affording him or her decent standard of living, including equity in post employment security schemes;
>
> (b)   Every worker who has reached retirement age but who is not entitled to a pension or who does not have other means of subsistence shall be entitled to adequate social assistance to cater specifically for basic needs including medical care; and
>
> (c)   Employment after the normal retirement period shall be under the same labour standards and rates of remuneration that applies to all workers."

It further provides in article 9 that,

> "1.   Member States shall create an enabling environment such that all persons with disabilities, whatever the origin and nature of their

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[10] Article 8.

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> *disability, shall be entitled to additional concrete measures aimed at improving their social and professional integration.*

> 2. *The measures shall relate to, in particular, according to the capacities of beneficiaries, vocational training, accessibility and mobility, means of transport and housing and appropriate organization of work and workplaces to take into account their needs."*

In addition, the Charter provides that[11]:

> *"1. Member States shall create an enabling environment so that every worker in the Region shall have a right to adequate social protection and shall, regardless of status and the type of employment, enjoy adequate social security benefits.*

> 2. *Persons who have been unable to either enter or re-enter the labour market and have no means of subsistence shall be entitled to receive sufficient resources and social assistance."*

This instrument affords a detailed and elaborate right to social protection to citizens of SADC countries, specifically in terms of articles 8, 9 and 10. It is also interesting to note that the right to social protection in this instrument covers those who are in the labour market. The narrow conception of the labour market which excludes women who are working at home and those who are subsistence farmers may prevent many women from benefiting from this instrument. However, article 10(2) widens the scope of states parties' obligation for making available the right to social security to everyone. The article provides that, persons who have been unable to either enter or re-enter the labour market, and have no means of subsistence shall be entitled to receive sufficient resources and social assistance.

The SADC Protocol on Gender and Development, provides that[12]:

> *"States Parties shall, in accordance with the SADC Protocol on Health and other regional and international instruments relating to the protection and welfare of people with disabilities to which Member States are party, adopt legislation and related measures to protect persons with disabilities that take into account their particular vulnerabilities."*

On issues of HIV/AIDS and care economy, the Protocol[13] provides in article 27 and I quote:

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[11] Article 10
[12] Article 9
[13] The SADC Protocol on Gender and Development

> *"1.   States Parties shall take every step necessary to adopt and implement gender sensitive policies and programmes, and enact legislation that will address prevention, treatment, care and support in accordance with, but not limited to, the Maseru Declaration on HIV and AIDS.*
>
> *2.   States Parties shall ensure that the policies and programmes referred to in sub-Article 1 take account of the unequal status of women, the particular vulnerability of the girl child as well as harmful practices and biological factors that result in women constituting the majority of those infected and affected by HIV and AIDS.*
>
> *3.   States Parties shall, by 2015:*
>
> > *(a)   develop gender sensitive strategies to prevent new infections;*
> >
> > *(b)   ensure universal access to HIV and AIDS treatment for infected women, men, girls and boys; and*
> >
> > *(c)   develop and implement policies and programmes to ensure appropriate recognition of the work carried out by care givers, the majority of whom are women, the allocation of resources and the psychological support for care-givers as well as promote the involvement of men in the care and support of people living with HIV and AIDS."*

This instrument provides unique guidance on issues related to the care economy [Article 27(1), (2) and (3)]. In Tanzania and other African countries, families are taking the responsibility of looking after HIV/AIDS patients within their families. The HIV/AIDS pandemic has led to a dramatic increase in female headed households, surviving on woefully inadequate resources, in which women's capacity to care for the sick and dependent is completely exhausted. Their own care, if they are infected, is neglected. Men are far more likely than women to bring the disease into their families, and so are more often among the first family members to die. Destitution may soon follow, as male incomes have been lost, family resources have been completely expended to care for men, and the women left behind have little independent access to resources[14]. The circumstances not only warrant appreciation of care givers but also necessitate the establishment of a supporting mechanism for families in order to reduce the heavy burden of looking after HIV/AIDS patients.

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[14] Waldorf, L (2001).Turning the tide: CEDAW and the gender dimensions of the HIV/AIDS pandemic, New York, UNIFEM.

To remedy the situation, this instrument obligates the members states to develop and implement policies and programmes to ensure appropriate recognition of the work carried out by care givers, the majority of whom are women, the allocation of resources and the psychological support for care-givers as well as promote the involvement of men in the care and support of people living with HIV and AIDS. To ensure the grounded impact, the state parties should in addition, provide universal access to HIV and AIDS treatment for infected women, men, girls and boys in accordance with article 27 of the SADC Protocol on Gender and Development.

The ILO Convention 102 on Minimum Standard of Social Security[15] provides a wide range of social protection rights to employees. It covers employees in private and public spheres. It recognizes and provides the right to medical care[16], sickness benefit[17], and other benefits such as unemployment, old age and others. Despite having a wide coverage of the right to social protection, this instrument limits accessibility of those rights as stated in Article 3 and I quote:

> *"1.   A member whose economy and medical facilities are insufficiently developed may, if and for so long as the competent authority considers necessary, avail itself, by a declaration appended to its ratification, of the temporary exemptions provided for in the following articles: 9 (d), 12(2), 15(d), 18(2), 21(c), 27(d), 33(b), 34(3), 41(d), 48(c), 55(d) and 61(d)."*

Any members states have the right to apply for exemptions by following the procedures stipulated in article 3 (2).

3.3   The National Framework

At the national level, The Constitution of United Republic of Tanzania also provides the right to social protection. It states that,[18]

> *"The state authority shall make appropriate provisions for the realization of a person's right to work, to self education and social welfare at times of old age, sickness or disability and in other cases of incapacity. Without prejudice to those rights, the state authority shall make provisions to ensure that every person earns livelihood."*

The constitutional recognition of the right to social security in Tanzania provides a basis for other legislation to make available the right to social protection to everyone. It is too early to celebrate its inclusion in the Constitution because this right does not form part of

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[15] Date of coming into force 27 April 1955
[16] Part II, article 7-10.
[17] Part III, article 13-15
[18] Article 11

the fundamental rights or bill of rights in our Constitution. The same is provided in the objectives clause which cannot be enforced in a court of law. It may only provide guidance to policy makers. The non inclusion of the right to social security in the bill of rights limits accessibility of this right to the majority of poor women in the informal and agricultural sector. This is because the Government is not constitutionally obligated to ensure availability and accessibility of right to social protection to everyone.

3.4   Review of National Policy and other Literature

The Tanzania National Social Protection Framework[19] gives an elaborate explanation of issues related to social security protection. The framework identifies that there are extremely vulnerable groups refer to population groups that live well below the poverty datum line and groups with special needs. The latter includes vulnerable children, youth, women, people with disabilities, the elderly and People Living with HIV and AIDS (PLWHA). The Social Protection should prioritize the needs of the less economically active households/individuals and those who are unable to sufficiently address shocks or risks associated with poverty and vulnerability. Targeting the most vulnerable groups for support will depend on periodic analysis and review by all stakeholders in the course of implementation, monitoring and evaluation.

Also the framework highlights its broad objective that is to increase the scale and gradually build a coherent social protection system with cost-effective programmes that target (extremely) vulnerable groups.

The framework also identifies challenges facing the vulnerable groups which include:

i.   Developing an effective system that will categorize and identify the extremely vulnerable groups and establish an up-to-date comprehensive, coherent data on the composition and number of extremely vulnerable groups.

ii.   Sensitizing state and non-state actors to understand, adopt, and use the system for the provision of social protection.

iii.   Involving the local community in the categorization and identification of the extremely vulnerable in their respective communities.

iii.   Mainstreaming the provision of social assistance in plans and activities of the state and non-state social protection providers.

v.   Reviewing policy and regulations of microfinance institutions to promote and access easy credit conditions to vulnerable groups and also exemptions and waiver systems applicable to the extremely poor and vulnerable groups.

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[19] The Tanzania national social protection framework by Ministry of Finance and Economic Affairs

Focus areas in addressing challenges related to extreme vulnerable groups differ depending on the specific group. The NSPF emphasizes the following broad areas:

First are Orphans and Vulnerable Children

i. Ensure effective legal, policy, and service delivery environment that addresses comprehensively the complex needs of the most vulnerable children ('MVC'). This requires addressing broad issues such as the development of guidelines and mechanisms for mainstreaming MVC issues in Ministries, Departments and Agencies ('MDA's) as well as building the capacity of state and non-state actors to mainstream and monitor MVC issues. Furthermore, it calls for promotion of advocacy programmes targeted at increasing awareness of the rights of orphans and poor children as well as scaling up of successful state and non-state actors, community-based care and support programmes for MVC. This will be achieved if there is robust and reliable information sharing system with regards to issues and programmes for MVC and strengthening the existing MVC responding systems (MVC Committees) and establishing the systems where they do not exist.

ii. Increase access to non-targeted social services such as early childhood intervention programs, education and training, and grants/financial support, cash transfer, child grants, social scheme, start up kits for Income Generating Activities (IGAs) to enable households with MVC to meet basic needs. These could involve school grants schemes on capitation basis, school feeding, school health and psychosocial support.

Second are People with Disabilities

i. Awareness creation on the rights of the people with disabilities at all levels and facilitate health providers (duty-bearers) in both state institutions and non-state institutions to identify early enough children with disabilities and provide mechanisms to meet their needs (e.g. financial and in-kind support in the form of cash transfers to the extremely poor.)

ii. Development of system/modalities to help people with disability to access exemption and waiver in basic services and related opportunities (e.g. reduce conditions for accessing microfinance credits to people with disabilities).

iii. Implementation of international and regional conventions for people with disabilities as adopted and ratified by the government and reporting on the same.

iv. Enforcement of regulations and by-laws that fulfil the needs of the disabled.

Third are Elderly People

i.   Revision and harmonization of existing policies and legislation affecting vulnerable elderly people in order to improve targeting and effectiveness of the interventions.

ii.   Develop system/modalities that will help elderly people to access exemptions and waivers (e.g. identity cards for older people) and gradually move to universal pension as the economic condition allows. Sub-categories of older people will need to be identified to enhance differentiated targeting and interventions, for example, the need to identify older people-headed and HIV/AIDS-affected households.

iii.   Awareness raising with respect to the rights and entitlements of the elderly people will be given priority to ensure equal access to their rights and entitlements.

Fourth are People Living with Long illnesses including HIV and AIDS (PLWA)

i.   Strengthen the implementation of Multi sectoral HIV/AIDS interventions by state and non-state actors. There are several aspects including promotion of micro finance and insurance institutions to set up loans and insurance schemes for PLWHA and people with long term illness, increased access to vocational training to members of households with PLWHAs to empower them to meet their basic needs, including IGA start-up kits. Another area includes assistance with providing home-based care for the ill.

ii.   Expand advocacy, information, dissemination on the rights of the HIV positive people and putting a system/modalities to facilitate PLWHAs and long term illness to access their rights (education, exemptions, etc) .

iii.   Enhance awareness raising among the general public to appreciate the fact that PLWHAs are fellow human beings with the view to fight extreme stigmatization in our communities.

Fifth are Extremely Vulnerable Women

i.   Promotion of advocacy to educate communities on discriminatory cultural practices, effects of gender violence, rights of access to social services and ownership and control of economic resources. This could involve the engagement of Civic Society Organizations ('CSO's) in providing legal aid services and counselling to vulnerable women. It also calls for improved system/modalities to help vulnerable women access their rights.

ii.   Set up mechanisms for improving access of vulnerable women to entrepreneurship and vocational training, and financial assistance (e.g. cash

transfer) and reduce conditions that violate the right to accessing microfinance credits to vulnerable women. This may involve, among other things, engagement of state and non-state actors in resource mobilization, financing and capacity building of those organizations involved in providing social protection.

iii.   Improve access to reproductive health services including access to HIV and AIDS prevention and protection information with a focus on women in rural areas, prevention of mother to child transmission ('PMTCT') and maternal child health ('MCH').

Lastly the framework explains the following to be the expected outcomes, that:

i.   Enhanced well-being, protected and fulfilled rights of extremely vulnerable groups, namely orphans and vulnerable children, people with disabilities, eligible elderly, people living with long illness including PLWHAs, and extremely vulnerable women.

ii.   Greater participation, inclusion and benefits to extremely vulnerable groups resulting from their participation and enjoyment in community economic and social development initiatives.

Oliver and Kaseke[20] describe traditional support systems as those which are based on kinship or family ties and are informed by the principle of solidarity and generalized reciprocity. The resources of the extended family system are mobilized to support members who are exposed to life-cycle crises which they cannot deal with on their own. Thus, where membership of an extended family system guarantees social protection, this also engenders a sense of belonging and togetherness and ultimately promotes human wellbeing. The problems experienced by an individual as a result of exposure to a contingency are taken as a burden on the entire extended family system. In the same vein, children are seen as a source of social security not only by the biological parents but by the entire extended family.

They further explain that, a scheme which fall under this type of informal social security system may be assistance-based schemes (e.g. where a family provides assistance to those members who are unable to provide for themselves). Support provided may be in cash or in kind. These support systems operate on the basis of the principle of (traditional) solidarity. Thus each member of the family or kinship system assists a member in need of support even though there is no guarantee that the assisted member would be able to reciprocate. This is what is referred to as generalized reciprocity. Family- or kinship-based forms of informal social security may be regarded as akin to 'privatized' social assistance, as support is dependent on the availability of resources, and not on contributions made.

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[20] Informal social security and formal social security: developing an integrative approach: a draft working paper, prepared for the SADC care group of social security specialist, regional conference on social security in the making developments in the informal economy and informal social security.

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Further on the role of the extended family Oliver and Kaseke argue that, extended family as a social security institution has been weakening over the years due to urbanization and westernization. The emerging values undermine the values that underpin traditional support systems. Mchomvu *et al*[21] indeed confirm in the case of Tanzania that there have been pronounced changes in traditional support systems. Apart from westernization and urbanization, traditional support systems are being undermined by growing levels of poverty. This is in line with the findings of Dhemba et al[22] that the *"viability of social security arrangements at the individual, family and community levels are being compromised by the generally high levels of poverty, which are exacerbated by structural adjustment programmes and the HIV/AIDS pandemic."*

Debora Kasente in her article on Gender and formal social security systems[23] emphasizes that, one of the most important issues highlighted by studies on formal social security systems in the region is the way they benefit males and disadvantage females. This bias is partly grounded in the nature of western-based conceptualizations of social security introduced to Africa during the colonial period. Social security schemes were principally employment-related rather than publicly funded and were focused on elite workers, mostly men. Over time, the expansion of formal social security programmes tended to be vertical, providing more resources for a limited number of workers.[24] The structural adjustment policy of public expenditure cuts in most African countries has led to even lower levels of coverage because of reduction in formal sector employment, thus making access to formal social security limited, even to workers who were qualified before.

Kasente also explains that several countries in the region have decided to embark on significant reforms in the social protection field with the aim of achieving forms of social protection which are politically acceptable, economically affordable and socially appropriate

On issues of Gender and non-formal social security systems, Kasente further explains that, the majority of people in the region also depend on non-formal social security systems, given the absence of comprehensive formal systems coupled with well-documented market failures and shortcomings of the state in solving many social problems resulting from structural adjustment policies, HIV/AIDS, urbanization, etc. This section looks at non-formal social security in the region and draws a distinction between traditional and semi-formal social security, based on the form each takes.

Traditional Social Security Systems in the region are kinship-based and follow the principles of solidarity and reciprocity. They operate by mobilizing resources within the

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[21] 2002.

[22] 2002: 127.

[23] Gender and social security reform in Africa. In women, labour, social security and law, MWL 519, reader set 1, 2nd semester, option courses, July-August 2009, compiled by Dr N. Kanyongolo (source of chapter not given)

[24] Mesa-Lago, 1989

extended family to support members in need by giving them money or other materials. This system makes it obligatory for individuals to support their relatives who are exposed to contingencies, and traditionally there are societal sanctions for those who fail to meet their obligations, although this is becoming less and less effective for reasons that are discussed later.

Regarding traditional mechanisms of social security provision, legal issues have an important bearing on gender equity. The fewer and weaker traditional legal rights of women in comparison with men's give the former less access to resources with which they could support themselves independently. Moreover, it is noted that women's position after divorce or widowhood is particularly difficult because the traditional mechanisms that have been supporting them weaken or are no longer legitimate. There are in fact many cases of widow inheritance (by a male relation of the deceased husband), to which women have succumbed as a desperate way of ensuring that they receive male support and keeping entitlements they had as wives.[25]

Keebet von Benda-Beckmann[26] gives a functional perspective on social security. She argues that most studies of social security take an institutional approach. Social security is defined through the institutions that are specifically set up to provide support. Though it is important to look at the institutions that have been created explicitly to deal with social security, other, more embedded forms of social security tend to be disregarded in this approach. Keebet proposes to take a step back and look at what the issues are that social security addresses. Social security, then, is a short-hand term for the social responses of support to situations in which persons cannot take care of themselves or threaten to lose the ability to provide for themselves. The reasons why they are unable to do so are usually combinations of economic, social, physical and psychological factors. The responses consist of normative conceptions of what constitutes need, concepts, rules principles, institutions and procedures of how need should be catered for.

She further emphasizes that Social Security Systems, whether state provided or customary systems are meant for ordinary adversity, as paradoxical as this may sound. They deal with contingencies that are familiar, and in some way predictable: care of small children, sick, aged, unemployment, etc. This is not to say, of course, that it is predictable who will need how much care at what particular time. Nor does it mean that all members of solidarity groups carry the same burden. Circles of solidarity are generally not egalitarian and not necessarily homogeneous. But there is a main core of occurrences that can and will be taken care of. Then there are always borderline cases, on which conflict may arise, where an expectation or a claim for support is not honoured.

As a point of departure, this research will explore from the women's lived realities issues to be considered in re-conceptualizing Swahili traditional social security system in order for women to benefit more from the system. This includes a thorough gender analysis of *utu and ubinadamu* values. In addition this research will assess and examine the extent of

[25] Kalunde, 1995.
[26] Law and social security

reliance and sharing responsibilities between men and women and evaluate the reliability and adequacy of the Swahili traditional social security system to deal with current life contingencies.

CHAPTER FOUR

4.0 *UTU* AND *UBINADAMU* VALUES IN SWAHILI TRADITIONAL SOCIAL SECURITY SYSTEMS

4.1 The Conceptual Framework of *utu* and *ubinadamu* Values

This research emphasizes and focuses on the grounded conceptualization of *utu* and *ubinadamu* values: This is because my research considered a grounded understanding of utu and ubinadamu values is more important than any literature on the subject. This is because this research explores the Swahili traditional social security system under utu and ubinadamu values. Hence it was important for me to seek out the people themselves (i.e., to find them and to listen to their voices which tell of their lived realities as people who live by *utu* and *ubindamu* values) as opposed to literature in order to find out how they perceive and live by utu and ubinadamu values. I therefore consider the peoples' grounded conceptualization of utu and ubinadamu (as explained above) as a starting point in assessing and evaluating the Swahili traditional social security system. This may consequently put me in a good position to re-conceptualize the Swahili traditional social security under utu and ubinadamu values for the benefit of women in Tanzania.

The general understanding, on the ground, is that *Utu* may simply mean humanity, human dignity, doing good things to oneself and other members of the society. In Tanzania, this word is commonly used and referred by different literature and media as humanity or human dignity. Politicians also used this word in their speeches to mean human dignity, for instances albino killings and armed robbery were considered to be violation of *utu* to the victims and lack of *utu* on the side of perpetrators. In addition, Ujamaa ideology established by the first President of Tanzania, Mwl Julius K. Nyerere claimed to be protecting *utu*. It was believed that protection of utu and ujamaa cannot be separated. Alena Retova,[27] made a comparison between *utu* and *lidstvi* and clearly distinguishes a linguistic and semantic meaning of the word, that,

> *"First the semantic field of humanity in Swahili language, comprising utu and several concepts related to it especially ubinadamu, is analyzed. The meaning of utu is further complemented by the occurrences of utu in several proverbs and saying of the Swahili. The meaning of utu thus isolated is referred to as the cultural or the ordinary meaning of the concept. Secondly, the concepts belonging to the semantic field of utu are traced in the development of Swahili literatures, as a prominate representative of intellectual discourses in the Swahili culture. This step provides an outline of Swahili literatures in four stages, with respect to its understanding of humanity. The first stage is a systemization and development of cultural meaning. This concept of utu is firmly grounded in*

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[27] www.ifeas.ac.uk/view/year/2007.default.html

a transcendent source of values and of meaning, God: what is good is what God advised humans to do. The concept of utu undergoes only slight modifications in the literatures of ujamaa which depends strongly on traditional culture and its values including religion."

The word *ubinadamu* originates from Arabic word bin-adam, which literally means generation of Adam. In Swahili context, *binadamu* means human beings. The suffix 'u' in the root word binadamu signifies the act of being humane. People who act against the public expectation in the community or family life are considered to lack ubinadamu. This may include beating, insulting, discriminating and oppressing the poor, orphans, children, women, elderly and other disadvantaged marginalized group in the society. In many occasions the word ubinadamu and utu are interchangeably used to mean human dignity or act of being humane.

There might be a technical or linguistic and semantic difference between *utu* and *ubinadamu*, but some of my respondents find it difficult to distinguish the two. One of my respondents a woman of 46 years, a house wife, said:

> "It is difficult to distinguish between utu and ubinadamu. The same act can be termed as utu and ubinadamu. For instances it is utu to care for those who are sick, and also it is ubinadamu to care for those who are sick."

I think at this point, we can take it that, the general Swahili society conceptualize *utu* as human dignity, and/ or humanity, where as *ubinadamu* is referred as the act of being humane.

4.2   Historical and Religious Origins

Utu and ubinadamu values have been claimed to have historical and religious origin. Historically the concept of *utu* and *ubinadamu* derived from the human nature. This is based on the fact that, human beings are interdependent on one another in their struggle to survive. The co-existence of human beings is inevitable hence *utu* and/ or *ubinadamu* which recognize preservation and protection of human dignity are humanly or naturally needed to harmonize human co-existence. Utu and ubinadamu values are historical phenomena and are alleged to have existed even before colonialism. The conceptualization of these values may possibly vary from time to time differently depending on what amounts to or constitutes human dignity.

In considering the religious origin of utu and ubinadamu values, one may find that, some respondents connect the origin of utu and ubinadamu to Islamic religious teaching or concept. They argue that the concept of humanity and preservation of human dignity within utu and ubinadamu concept is based on Islamic traditions. They further said that Islamic traditions and teachings have a great influence in Swahili culture. One of my respondents who is also a religious leader told me that, the Holy Quran and prophetic

traditions emphasizes on taking care of the patients, elderly people and those who cannot help themselves due to disabilities and diseases. He further said that, payment of *zakah* is mandatory for those who are financially well off. The money obtained from *zakah* can be distributed to the poor, people with disabilities, orphans and other social groups who are in need of help. All these are *utu* and *ubinadamu*. *Utu* and *ubinadamu* refers to all good deeds what God ordains human being to do to other human beings. He also emphasizes that, Quran said in *surat al baqarah* verse 177 that:

> *"It is not righteousness that you turn your faces towards east or west: but it is righteousness(the quality of) the one who believes in God and the last day and the angels, and the book, and the messengers; who spends of his wealth, in spite of love for it, to the kinsfolk, to the orphans, to the needy, to the wayfarer, to those who ask and for the freeing of slaves; and who is steadfast in prayers, and gives zakah (Alms); and those who fulfill their covenants which they made; and who are patient and perseverant in poverty and ailment and throughout all periods of fighting. Such are the people of truth, the pious."*

This evidence signifies the religious origin of *utu* and *ubinadamu* values among the Swahili communities in Tanzania. The concept of utu and ubinadamu values are well understood if both their historical and religious origins are considered.

4.3   *Utu* and *ubinadamu* and other related African Traditional Values

It is important to understand *utu* and *ubinadamu* are in line with other African traditional values on traditional social security systems. This includes *ubunthu* in South Africa, *umunthu* in Malawi, *unhu* in Zimbabwe, and *harambee* in Kenya.

To start with *ubunthu* one may find that: Archbishop Desmond Tutu said[28] that,

> *"A person with ubunthu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed."*

He further explained the *ubunthu* concept in 2008[29], in the following words:

> *"One of the sayings in our country is ubunthu-the essence of being human. Ubunthu speaks particularly about the fact that you can't exist as a human in isolation. It speaks about our interconnectedness. You can't be*

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[28] http://en.wikipedia.org/wiki/ubuntu-(phylosophy)
[29] ibid

human all by yourself, and when you have this quality (ubunthu) you are known for your generosity."

Nelson Mandela explained *Ubunthu* as follows:

> "A traveller through a country would stop at a village and he didn't have to ask for food or for water. Once he stops, the people give him food, entertain him. That is one aspect of ubunthu but it will have various aspects. *Ubunthu* does not mean that people should not enrich themselves. The question therefore is: Are you going to do so in order to enable the community around you to be able to improve?"

Judge Langa, also said that,

> *"The concept [of ubunthu] is of some relevance to the values we need to uphold. It is culture which places some emphasis on community and on the interdependence of the members of a community. It recognizes a person's status as a human being, entitled to unconditional respect, dignity, value and acceptance from the members of the community such person happens to be part of. It also entails the converse, however. The person has a corresponding duty to give the same respect, dignity, value and acceptance to each member of the community. More importantly, it regulates exercise of rights by the emphasis it lays on sharing and co-responsibility and the mutual enjoyment of rights by all."[30]*

From the above explanation, *ubunthu* may be referred to as humanity, human dignity or humaneness. It further recognizes interdependences and/or interconnectedness amongst human beings. It seems that the concept of *ubunthu* and *utu* are similar in meaning and purpose in the African traditional social security nets. They both recognize the interdependence of human beings and the preservation of and respect for human dignity.

Coming to the concept of *harambee* in Kenya the following observed:

> *"Harambee is a Swahili word that signifies that coming together relationally, facing life not alone, but pulling together, recognizing the power of one, but also the power of many ones pulling together, easing the burden one might face."[31]*

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[30]*S v Makwanyane* 1995 3 SA 391 (CC), 1995 6 BCLR 665 (CC) par 224
[31] ("Harambee - Pulling together African Style" – accessed at http://kabiza.com).

Harambee can, in addition, be described as a Kenyan value that stands for "togetherness, mutual responsibilities and mutual assistance, pulling resources together to build family and community."[32]

In considering the concept of *unhu* in Zimbabwe one may find almost similar meaning as *ubunthu*, utu, *harambee and umunthu*. The concept is elaborated in the following quoted words,[33]

> *"A key concept associated with "unhu" is how we behave and interact in our various social roles, e. g., daughters-in-laws traditionally kneel down when they are greeting their parents-in-law and serve them food as a sign of respect and maintain the highest standards of behaviour that will be extended or reflected to her family and all women raised in that family. The daughter-in-law does this as a part of the ambassadorial function that she plays and assumes at all times. However, this does not apply only to daughters-in-law but to all women in general, even among friends and equals such as brother and sister, and this does not imply that the woman is subordinate to the man, or sister to brother. It is all essentially considered to be a characteristic of having "unhu" and social interaction within the context of "unhu". The demands imposed upon men within the context of "unhu" are more physically demanding than that placed upon the women. Under "unhu" children are never orphans since the roles of mother and father are by definition not vested in a single individual with respect to a single child. Furthermore, a man or a woman with "unhu" will never allow any child around him to be an orphan."*

The concept of *unhu* as explained above, is similar or rather the same to *utu, ubunthu* and *umunthu*. In Malawi, *umunthu* means shared responsibility, reciprocity, interdependence of all human beings.[34] These abovementioned traditional African values, which are very similar to one another, underpin the traditional social security systems of Africa. It is however important to conduct a gender analysis to ascertain the benefits and position of women in the traditional social security system.

4.4   The Universality of *utu* and *ubinadamu* Values in Tanzania

There is little literature on the concept of *utu* and *ubinadamu* values in Tanzania. However my research and personal life experiences living in coast areas confirm that the concept of utu and ubinadamu is well known to Swahili people and Tanzanians at large.

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[32] Apt NA "Ageing in Africa" Paper prepared for World Congress on Medicine and Health, Hanover, 21 July – 31 August 2000. (Accessed at http://www.mh-hannover.de)).

[33] http://en.wikipedia.org/wiki/ubuntu-(phylosophy)

[34] Kanyongolo,N (un dated), Gender, social security and legal plurality in SADC: Conceptual challenges to reform: In women, labour, social security and law, MWL 519, reader set 1, 2nd semester, option courses, July-August 2009, compiled by Dr N. Kanyongolo (source of chapter not given)

The concepts have been used by politicians in public speeches.[35] The understanding of utu and ubinadamu values is proved national wide. Media which include newspapers, internet blogs, television, and radio stations have used the concept to mean humanity, human dignity, or act of being humane. The understanding of the concept of utu and ubinadamu is widely known to men and women from different social groups. The following was the response of my respondents when asked about their general understanding of utu and ubinadamu values.

To start with a woman, who is working at home, of the age of 47 years, said that:

> "I know *utu* and *ubinadamu* values. Our humanity is kept by
> these values. Once you lost them, you became worse than all
> dangerous animals in the world."

She also connects all social, moral, and legal wrongs towards other fellow human beings as being caused by lack of utu and ubinadamu. Another 20 year old lady who was engaging with a business of selling food, famously known as '*mama lishe'*, when asked about her understanding on universality of utu and ubinadamu in Swahili communities had the following to say:

> "*Utu* and *ubinadamu* values are well known values in our
> country. A person who has these values must be good and kind
> to others."

I have to confess at this point in time that I found no literature evidence on the universality of these values in Swahili communities because there is little literature on these traditional social security values. However in my research process not one respondent who was asked about these values claimed to have no idea on *utu* and *ubinadamu* values. It seems that these values are well known and recognized in Swahili communities in Tanzania. I therefore find it important to have a gender analysis to assess how and to what extent, men and women are diversely impacted by these values.

4.5   Gender Analysis and its Implications for *utu* and *ubinadamu* Values under a Swahili Traditional Social Security System

However before starting to analyze *utu* and *ubinadamu* values in Swahili traditional social security on gender perspectives, it is important to know why gender analysis is important. First, the conceptualization of social security[36] marginalizes women in the

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[35] President Jakaya kikwete speech of the New Year 2007 when addressing on albino killings.
[36] The ILO defines social security as the protection which society provides for its members through a series of public measures, against the economic and social distress that otherwise would be caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, invalidity and death; the provision of medical care; and the provision of subsidies for families with children.(1984-Introduction to social security)

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formal social security. This means that the majority of women who are working in the agriculture, domestic, and other areas in informal sector rely heavily on traditional safety nets to deal with risks and shocks of their lives. Hence, gender analysis may help me in knowing not only the efficacy of the system itself but also to assess how and to what extent women benefit in the Swahili traditional safety nets, and how the whole system of social protection impacts on men and women differently. Secondly, feminist scholars argue that in the traditional safety nets in Africa women become overburdened in the provision of social security and benefit less from the system. In other words, traditional social security systems have a tendency to exploit women for the benefit of other members of the family.[37] It is therefore important to analyze the underpinning values of Swahili traditional security in order to ascertain its gender impact on men and women.

The concept of *utu* and *ubinadamu* is gender neutral. However we should be cautious on the neutrality of these values as Kanyongolo said[38] when commenting on *umunthu* in Malawi that:

> *"There are at least two implications arising from this neutrality. First the neutrality may obscure the gendered lived realities on the ground. Social responses to risks are gendered in most cases to the disadvantage of women either through exclusion or exploitation. Further, despite the neutral equality provisions in constitutions, gender disparities have continued to exist. Paradoxically this articulation has the potential to be a powerful basis for dealing with gender inequalities. The critical unpacking of the underpinning values within the regulatory frameworks should therefore question the gender neutrality of the values."*

Utu and ubinadamu values recognize the preservation of humanity and human dignity of all human beings. Conceptually, *utu and ubinadamu* values do not distinguish or discriminate between men and women, and even different women from different social and economic groups. However in practice, the Swahili traditional social security system does not portray a picture of gender equality or equity, between men and women, and even women themselves. The division of labour or sharing responsibilities within the traditional social security safety nets, characterized by gender stereotypes roles between men and women. Effectively, more women than men participate in care giving activities. Their engagement in providing care to others compromises and hinders their effective participation in other economic activities. It is a fair comment to hold that women form part of a solid foundation of the traditional social security system.

I remember one day when I was in the field, I initiated a dialogue on gender neutrality of *utu and ubinadamu* values, with my sister, who is a lawyer and feminist, together with my wife. They agreed that utu and ubinadamu values are not gender neutral. They supported their argument by giving examples of gender inequalities within the customary

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[37] With reference to Kanyongolo Ngeyi in her article Gender, Social Security and legal plurality in SADC: Conceptual challenges to reform
[38] Ibid

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regulatory framework which governs Swahili traditional social security systems. They also asked that if traditional social security system values were gender neutral, then why are gender inequalities and stereotype roles found in the division of labour or the sharing of responsibilities in the traditional safety nets? Arguably utu and *ubinadamu* values are gender neutral. The elements of gender inequalities and stereotypes roles in the Swahili traditional social security system are caused by overlapping patriarchal customs and traditions.

It is unrealistic for gender neutral values to influence gender equity and equality on the ground in a situation where the customary regulatory framework is characterized by patriarchal stereotypes customs and traditions. The gender equity and/or equality in traditional social security system may be attained by making the whole customary regulatory framework and structures gender neutral.

4.6   The Relevance of *utu* and *ubinadamu* in Swahili Traditional Social Security Systems

Utu and ubinadamu values recognize human dignity or humanity. This is the base of the Swahili traditional social security system. However on the ground, there were different opinions in considering the relevance of utu and ubinadamu in Swahili traditional social security systems. Most of the respondent's perceptions in this issue were influenced by their age and religion. Most elderly and strong religious followers believed that the traditional social security values have a direct connection with the traditional social security system. One of my respondents who is a religious leader of the age 42, said:

> "Utu and ubinadamu values have Islamic origin. They perfect reasoning and conducts of a human being when interacting with others. They influence our motives to look after the orphans, to care our parents and those who are sick. No human beings will have a caring heart unless he/she possess utu and ubinadamu in his/her soul."

In supporting what the above respondent said, a woman of 48 years said:

> "Utu and ubinadamu values make human beings to be kind to others. If we discover any member in our community does not have utu, we consider him as misfit in our society. We don't attend funerals and other ceremonies of those who have no utu or ubinadamu values. The concept of brotherhood and neighborhood in Swahili traditions are highly influenced by utu and ubinadamu values."

In analyzing the statement given by the above respondents one may find that the concept of sharing responsibilities and caring for those in need under Swahili traditional safety nets under utu and ubinadamu values, occurred as a moral and religious obligation. So in this situation, the care givers do not expect to be paid anything on return. On the other

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hand young members of the Islamic religion believe that the reciprocity and interdependence of human beings are important factors for provision of care in the traditional safety nets, rather than utu and ubinadamu values. Further, they argued that people cannot sustain themselves, as they need assistance from other members of the family or community during hardship. Hence, the provision of social security and caring about those who are in difficulties is done on the basis that one day he/she may also need social assistance from other members of the family or community, and not on the basis of utu or ubinadamu.

A girl of 22 years, who assist her sister in *mama lishe* or food selling business, said that:

> "Normally I attended funerals and help people by providing care
> for those who are sick, because when I face the similar problems
> in the future people should also be ready to help me."

In supporting the argument a 33year old man who was a customer of *mama lishe* said:

> "I don't believe in utu and ubinadamu values; personally I
> participate on other peoples' problems during sickness and
> funerals because when I got the problems of similar nature, they
> should also come to assist me."

When analyzing the statements given by respondents on the relevance of utu and ubinadamu in Swahili traditional social security, Even if they don't realize it, utu and ubinadamu values play a great role in all scenarios. It is the values of utu and ubinadamu which makes a person recognize the interdependence of human beings. The motive of caring for others by old and young alike are all influenced by utu and ubinadamu values. However, the result of providing care differs. One group expects reward from God, while the other expects a return (even many years later) from their fellow members of the family or community.

4.7 Challenges facing *utu* and *ubinadamu* Values under Swahili Traditional Social Security Systems

In line with the observation made by Oliver and Kaseke[39], *utu and ubinadamu* values face the following challenges under Swahili traditional safety nets.

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[39] Informal social security and formal social security: developing an integrative approach.
The role of the extended family as a social security institution has been weakening over the years due to urbanization and **westernization.** The emerging values undermine the values that underpin traditional support systems. Mchomvu *et al* indeed confirm in the case of Tanzania that there have been pronounced changes in traditional support systems. Apart from westernization and urbanization, traditional support systems are being undermined by growing levels of poverty. This is in line with the findings of Dhemba et al that the "viability of social security arrangements at the individual, family and community levels are being compromised by the generally high levels of poverty, which are exacerbated by structural adjustment programmes and the HIV/AIDS pandemic."

To start with urbanization, one may find that Tanzania like other countries in the region is facing a great rural–urban migration. The rural-urban migration has great implications for traditional values. Among others things, it splits members of extended families between urban areas and rural areas and it leaves behind elders and women in the villages or places of their origin. On the other hand, men and the youth who venture into the urban areas become exposed to different values of socialization influenced by a multitude of cultures. Also the adaptations of new way of socialization to those members who migrate in urban areas undermine the significance of utu and ubinadamu values in Swahili traditional social security system.

Secondly, the high influence of western culture and civilization in Tanzania also undermine the Swahili traditional social security values. The western culture and civilization dominate our media and consequently influence behaviour changes to many people especially the youth in urban areas. The domination of western civilization threatened those African traditional values which are not western. For instances, utu and ubinadamu values which promote pooling resources together and sharing responsibilities between people, is in conflict with individualism which is a western concept of way of life. The tension between the two concepts may also undermine utu and ubinadamu values in Swahili communities.

In addition, the problem of poverty facing many people especially in subsistence farming and informal sector also undermines utu and ubinadamu values in Swahili traditional social security system. The efficacy of the Swahili traditional social security system depends on availability of sufficient funds from the members of the family. This becomes difficult to realize because of poverty. Also due to poverty, many people are struggling for their survival. Therefore, the actual involvement in giving care compromises their effective participation in the economic activities. The most affected group is women in the informal sector. Lastly, the increase of risks and life contingencies due to natural disasters and diseases create a high demand for social protection under traditional social security system. The majority of Tanzanians are not covered in the formal social security system. The increase of HIV/AIDS patients overloads the capacity of care givers in the families.

4.8   A Way Forward toward promoting *utu* and *ubinadamu* Values

This part of the research is not exhaustive. This is because this area needs a thorough investigation and deep analysis which this research cannot manage to cover due to time constraints. However in attempting to give some guidance on a way toward promoting utu and ubinadamu values, one may find that the promotion of utu and ubinadamu values should among others, focus on promoting and ensuring the realization of gender equity and/or equality in the Swahili traditional social security system on the ground.

Also African principles of morality and religious values underpinning traditional social security should be promoted to overcome the individualistic concept of western

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socialization which creates a serious threat of collapsing sharing responsibilities and pulling resources together concepts under utu and ubinadamu values in Swahili traditional safety nets. Lastly the whole process of promoting utu and ubinadamu values should consider the establishment of family supports system for care givers, in order to motivate them and reduce the family burden of caring patients, elderly, and people with disabilities.

CHAPTER FIVE

5.0   WOMEN AND THE SWAHILI TRADITIONAL SOCIAL SECURITY IN TANZANIA

5.1   The Division of Labour or sharing Responsibilities under a Swahili Traditional Social Security System

The division of labour or sharing responsibilities under Swahili traditional social security system is characterized by gender stereotypes roles. Men and women play different roles in the Swahili traditional social security system. It is interesting to note that the actual duty of providing care is on women even in a situation where the one who is sick is a man. Women are also obliged to do domestic chores such as cooking, cleaning the environment, collecting firewood and others. In the case of funerals, men are obliged to prepare the grave and lead burial prayers. The origin of this gendered division of labour is more influenced by the Bantu patriarchal customs and traditions. The patriarchal customs and traditions overlapping and influencing gender roles in sharing responsibilities under Swahili traditional social security system.

In other words, women are the real social security providers within the Swahili traditional safety nets. This compromises their effective participation in other economic activities. Kasente in emphasizing the position of women and division of labour within the traditional social security system said[40]:

> *"A second issue concerns the relative position of women more as providers than beneficiaries of social security in traditional spheres. Under current social and economic pressures, women are assuming greater burdens as the traditional obligations of men are no longer being fulfilled. For example, the conventional monetary income to provide for health expenditures for older people and children is no longer there. Instead, increasingly, women provide security through their labour and by sharing their personal social security assets. The latter may include small animals and resources from the sale of some products they control, including essential household food provisions. Women actually play a key role as providers of traditional social security even though they themselves are not guaranteed protection under the same system."*

Another dimension which must also be gendered analyzed, is the fact that family structures have been changing very rapidly. In some developed countries, the intact nuclear family has now given way to other family structures, including single-person

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[40] Deborah Kasente , Gender and social security reform in Africa. In women, labour, social security and law, MWL 519, reader set 1, 2nd semester, option courses, July-August 2009, compiled by Dr N. Kanyongolo (source of chapter not given).

households (later marriage, fewer children, more frequent divorce) and single-parent families (almost invariably headed by women). A greater number of the retired and the elderly are living separately from their children and the number of three-generation families has diminished. Apart from their other impacts, such changes have not only emphasized the greater need for independent social security rights on the part of women, but have reflected emerging needs for different forms of social protection (for example, for the elderly and children).

In determining whether categorization of sex roles under the Swahili traditional social security systems is more influenced by patriarchal customs and practices. Hence women are overburdened with more responsibilities and less rights and benefits, I observed that: As stated earlier, there is sex based division of labour in the Swahili traditional social security systems between men and women. The practice originates from customs and practices and not religion. However it should be noted that, women are not homogenous, hence there are great inconsistencies as to the responses on whether or not women were overburdened. Most married and house wives were satisfied with the division of labour under the traditional social security systems, while unmarried and independent women were not satisfied with the distribution of labour. The same difference was observed between self-employed vis a vis employed.

In responding to my question whether she felt overburdened with giving care under Swahili traditional social security, a woman of 44 years old had this to say:

> "I don't feel that at all, this is how I saw my mother doing and I think is my responsibility to provide care to my family. If I don't do that who will do for me?"

Another married woman who is working at home, of 39 years old said to me that:

> "It is an involving responsibility especially if the family is extended one. Like me I have to care for my family, my husband family as well as my family where I came from. However as a woman I manage my family responsibilities and I don't feel overburdened at all."

There was a different reaction when I asked the same question of women who are independent and/or not married. A divorced woman who is also doing business of selling fish said to me that,

> "I think this is unfair to us women, in my family when someone is sick, men will hardly pay visits on early days and instructs their wives and other female members to be visiting a patient to provide care and assist other domestic duties."

She further said,

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> "Sometime it becomes difficult for me to attend and provide care because I have a business to do and I have two children who depend on me for almost everything. I think men should effective participating in giving care the same as women do."

It seems that, women who are married and those who are house wives became passive with the traditional social security system because they consider providing care as one of their possessive contributory arena, toward welfare of their families. This may be caused by the fact that, they cannot make monetary contribution as men do. Hence they accept care giving responsibilities in Swahili traditional social security system unquestioningly. This is not the case for the independent or self employed women in the informal sector. This is because they are also capable of making monetary contributions as men do. In addition, they have other economic activities which are affected by active participation on providing care in families.

Even though my findings reveal that not all women feel that the traditional social security system overburdens them with more responsibilities than their male counterpart, we need to go further by analyzing complexities of measuring women's work. This will later help in determining the appropriate framework of measuring women's work and contributions in the Swahili traditional social security system.

5.2 The Complexities of measuring Women's Contributions to Traditional Social Security Safety Nets

There are complexities in measuring women work and their socio-economic contribution especially in the developing countries. Most women are marginalized in the formal sector and occupy informal and agriculture sector. The term 'informal sector' has broadly been associated with unregistered and unregulated small-scale activities (enterprises) that generate income and employment for the majority rural and urban poor women. The diversity in definitions of the informal sector is a result of the fact that different units of observation and different criteria of informality have been used. We can identify four main units of observation: enterprises, activities, income and people. Similarly, we can identify three main criteria used to determine informality: registration (mainly for tax and social security purposes), measurement (in GDP statistics) and regulation (mainly labour regulation). The informal sector has been defined by any combination of the above units and criteria. Thus, for instance, it has been defined as the set of all income that escapes measurement, all enterprises that escape registration, all activities that escape regulation, all income that escapes registration, all people whose work escapes registration, all enterprises that escape regulation, and so forth.[41]

The adaptation of labour force participation for measuring women's work and other socio-economic contribution like care economy, do not provide the justice desired by

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[41] Informal Employment in Countries in Transition: A conceptual framework by Sabine Bernabè pg 26.

many women in the informal, domestic and subsistence agricultural sector. This is because the concept of labour force participation excludes house hold or domestic work as it is not regarded as economic activity because of its use value rather than exchange value.[42] This problem of measuring women's work in general undermines and make invisible the women contribution and participation in providing care within traditional safety nets framework.

5.3 How may Women's Work in and Contribution to the Swahili Traditional Security System be properly measured?

It is important to develop a framework of measuring work which may adequately capture and measure their work and contributions, specifically in traditional social security system. Women's work can only be captured and adequately measured by a framework which reflects women's lived realities. A just framework of measuring work may not only uncover and ascertain the extent of work and contribution made by women but also their work and contribution in the family will be visible and appreciated.

I think time[43] and family welfare frameworks may adequately measure women's work and contributions. The time framework will be able to capture the time spent by women from morning to evening. The time spent in work may easily determine and measure women's work and contributions in the Swahili traditional social security system. In addition, this framework will be able to capture all informal activities including domestic work. These women who are working at home, normally wake up early before other members of the family and sleep late after all other members of the family. This framework will capture and adequately measure their work or contributions.

Coming to the family welfare framework as another framework which may adequately capture and measure women's work, one may find that: women's work may also be properly measured by looking on the end result of their effort. The assessment should not only be on the monetary value but rather the benefit obtained by the family in ensuring its welfare. This framework may also capture and adequately measure women's work, specifically those who are in the informal and agriculture sectors.

The possible result for adopting the explained frameworks in measuring women's work is that: women's work and contributions will not only be visible but also the society will appreciate, recognize and value their contribution. The recognition should go beyond moral satisfaction and benefits but extended into formal regulatory framework. For instances, courts should adopt this framework when assessing the contribution of each spouse in division of matrimonial assets.

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[42] Work and women: In women, labour, social security and law, MWL 519, reader set 1, 2nd semester, option courses, July-August 2009, compiled by Dr N. Kanyongolo (source of chapter not given)
[43] Ibid

5.4 The Adequacy and Reliability of the Swahili Traditional Social Security System in dealing with Life's Contingencies

The majority of women of low and medium income who are in the informal and agriculture sectors are not covered by the formal social security system. As an alternative, they are relying on the traditional safety nets to deal with risks and shocks of life. This research, develop an assumption question based on assumed model, that whether or not women of low and medium income heavily relied on the traditional social security to deal with risks and shocks of life.

There are two major categories of data on this issue. First, concerning low and medium income women employed in the formal sector, second, those who are self-employed in the informal sector. Women in the formal sector were not relying much on the traditional social security system as compared to those who are self-employed in the informal sector. This is because of the support obtained from their employers and formal social security schemes. House wives whose husbands are employed in the formal sector also differ from those whose husbands are self-employed in the informal sector. This is because those women whose husband are covered, they also enjoy extension of benefits from the formal social security system.

This assumption has been challenged to an extent that, not all women with low and medium income heavily relied on traditional social security system. In general, women benefit from the Swahili traditional social security system either direct or indirect. It can be through themselves or relatives. This not necessarily means that, all women of low and medium income heavily relied on the traditional social security system to deal with their life contingencies. Some of the women who are employed in the formal sector they are entitled to benefits from their employer or formal social security schemes. This reduces their reliance on the traditional safety nets. Also there are other women who are not in the formal social security system but they are protected through extension of their husband policy or social benefits.

5.5 Why do the Majority of Women depend on the Swahili Traditional Social Security System?

Kasente[44] explained the reasons why the majority of women are marginalized in the formal social security system and relied on the traditional social security system in the following way:

> *"One of the most important issues highlighted by studies on formal social security systems in the region is the way they target males and disadvantage females. This bias is partly grounded in the nature of*

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[44] Gender and social security reform in Africa. In women, labour, social security and law, MWL 519, reader set 1, 2nd semester, option courses, July-August 2009, compiled by Dr N. Kanyongolo (source of chapter not given)

western-based conceptualizations of social security introduced to Africa during the colonial period. Social security schemes were principally employment-related rather than publicly funded and were focused on elite workers, mostly men. Over time, the expansion of formal social security programmes tended to be vertical, providing more resources for a limited number of workers.[45] The structural adjustment policy of public expenditure cuts in most African countries has led to even lower levels of coverage because of reduction in formal sector employment, thus making access to formal social security limited, even to workers who were qualified before."

This is evident in Swahili communities where as most men are the one who occupy formal employment as compared to women. Therefore conceptualization of social security which is related formal employment marginalizes women who are in the informal, domestic and agriculture sectors. As a result many Swahili women rely on the traditional safety nets to deal with risk and shocks of life.

In addition, Kasende[46] explains further on issue relates to work patterns for the small number of women in paid employment. It is known that because of their reproductive responsibilities, many women break their employment and a big number take part-time work. This has important implications for access and eligibility to formal social security schemes. Moreover, because of their concentration in lower wage employment, women's levels of benefits are also generally lower than men's. This also causes many women not to be covered in the formal security system and to heavily rely on the informal and/or traditional social security systems.

5.6 The Effects of insufficient Funds on the Swahili Traditional Social Security System

The Swahili traditional social security is facing among other problems is the issue of funds. The proper operation of traditional social security system depends on the availability of sufficient funds. One of the research questions this research explores is on whether or not Social protection under the Swahili traditional social security systems is not reliable and adequate in dealing with shocks and risks of life because of limited funding.

Findings in this issue are categorized into three phases. First between 1960's-1970, second, during 1980's, and last, from 1990's-todate.

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[45] Mesa-Lago, 1989

[46] Gender and social security reform in Africa. In women, labour, social security and law, MWL 519, reader set 1, 2nd semester, option courses, July-August 2009, compiled by Dr N. Kanyongolo (source of chapter

To start with the first phase from 1960's-1970's one may find that; Tanzania by then Tanganyika, after getting independence in 1961 adopted thereafter *ujamaa* ideology. The *ujamaa* ideology which also referred as African socialist ideology obligated the state to provide all necessities to the people. Funding was not much needed to perfect the function of the traditional social security system. Most of the public services were controlled by the state and it provided services to everyone for free. Health and education were some of the services which were given for free. This reduced the family burden and made it able to organize its few resources for providing care for those who genuinely need.

The second phase covers the period of 1980's; this was the time where most of our African countries adopted the policy of structural adjustment policies. The following observation was made as to its impacts on social security system in Africa, that,

> *"Negative impacts of structural adjustment policies (SAPs), limited state capacities, slow economic growth in most of Africa and persistent poverty have increased the vulnerability of some social groups and therefore undermined social security. As was observed in one of the forums in Africa, the rapid increase in the number of people unable to ensure their livelihood seems threatening and has brought the issue of social security back on the agenda of policy debates."[47]*

On the ground my respondents explained the effects of SAP's on Swahili traditional social security systems. This was a transition period where liberal market economy was introduced in our country. It was the time where the policy of cost sharing was introduced on public services such as education and health. This increased the burden to the family especially on issue related to providing care under Swahili traditional social security system. Some gaps emerged in the Swahili traditional safety nets because of not only cost sharing but also lost of formal employment to many people, majority of who were women. However people kept supporting each other within traditional safety nets.

The last phase started on 1990's: This is the time where the liberal market economy is at the apex. Hence more resources are needed to perfect the traditional social security system. This was the time when the family is overburdened with care and social protection responsibilities. The situation is made worse by the fact that the majority of women are not covered within formal framework because the formal system is directly linked to formal employment or rather contributory schemes. Therefore women who are in domestic, informal and agriculture sectors are not captured and covered under the formal social security system. The insufficient fund in the Swahili social security system causes the emergence of voluntary social groups, where people establish their own local social security funds.

My findings show the historical development of the Swahili traditional social security and how the economy and political policies shape this institution. It is also important to

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[47] ibid

note that the Swahili social security system not only limited by insufficient fund but there are other constraints such as family disintegration due to western socialization and urbanization. Also there is a tension between care giving activities and other economic activities. Most people especially those who are in the informal sector are put in a dilemma in situation where care giving activities conflicts with their economic activities. This tension reduces the numbers of care givers in the traditional social security system.

5.7   The dichotomous Categorization of formal and informal and/or the Traditional Social Security Systems

Conceptualization of social security especially in Sub-Saharan Africa has aroused much academic interest in many areas. One of those is the formal and informal divide.

Franz von Benda-Beckmann and Renate Kirsch[48] explained functional and institutional approaches. They argue that conventional approaches view social security from an institutional perspective, i.e. social security as being provided by public institutions which render certain services. The function of these institutions is differentiated from the ordinary socio-economic organization. While in earlier definitions of social security, such public institutions were more or less identified with the statutory provisions regulated or provided by the state, more recent conceptualizations also include informal and traditional systems. But even where such broad definitions include non-statutory social security, the normative framework and objectives of the social security institution as such remain part of the definition/perspective. They further argue that the disadvantages of such an approach for a comparative conceptualization of social security are obvious that, such approaches do not provide a sound basis for comparative perspectives on social security systems or policies. What is required is a more abstract circumscription of social security as a field of problems to which different systems and policies can be related.

In contrast to the conventional approach, Franz von Benda-Beckmann and Renate Kirsch further argue, a functional approach departs from an abstract definition of social (in)security as a field of social problems, and looks from there at all empirical institutions, social relationships, and practices that have a social security function. It thus allows a much better perspective that links the social security conditions of people to relations and institutions as well as to policy. It sees individuals as being involved in a set of multiple relationships with a variety of (potential) social security providers and a kind of social security portfolio.

They elaborate further by saying that it also includes social relationships which are not normatively defined or institutionally designated as social security, which therefore fall outside of institutionalist analysis. Moreover, such an approach also allows for a better

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[48]Informal Security Systems in Southern Africa and Approaches to Strengthen Them through Policy Measures. Journal of social development in Africa (1999), 14:2: 21-38, also found at http://digital.lib.msu.edu/projects/africanjournals/pdfs/social%20development/vol 14ne2.

perspective on the complexity of social security systems and the interdependence of their components. The linkages and interdependence of security systems are often neglected in conventional approaches. Civil servants, for instance, usually participate in both statutory and non-statutory social security systems. If they do not receive their own pension, or if their pension is not sufficient, they nevertheless can benefit indirectly from social security based on kinship relationships.

The ILO defines[49] social security as:

> *"The protection which society provides for its members through a series of public measures, against the economic and social distress that otherwise would be caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, invalidity and death; the provision of medical care; and the provision of subsidies for families with children."*

In commenting on ILO definition of social security Debora Kasente[50] said, ILO definition makes it clear that social security is seen as a response to income insecurity. The principles of this kind of social security scheme are based on pooling of resources and sharing risk so that any contributor to the scheme can benefit in case of specified contingencies.

She further argues that, conceptualization of social security in current literature in Africa acknowledges that formal social security is no longer adequate for the African context. This conception is based on the observation that wage employment is for a very small percentage of people, as the majority of people depend on subsistence agriculture. The small percentage of people able to benefit from formal social security includes an even smaller number of women, thus making formal social security almost irrelevant to the majority of African women. And as Kaseke[51] argues, even when wage employment is available, the wages paid are not adequate for the workers to meet their immediate needs, let alone save for the future. It is also acknowledged that Africa has some very specific contingencies like drought, underemployment and low productivity, which make protection needs both immediate and futuristic.

5.8   The Tension between formal Social Security and Human Rights

The ILO conception of social security is too restrictive. It links social security with income insecurity and contributory schemes. This conception lacks relevance in Africa continent especially south of the Sahara. In practice, this system marginalizes the

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[49] ILO (1984) Introduction to social security (3rd ed) Geneva
[50] Gender and social security reform in Africa. In women, labour, social security and law, MWL 519, reader set 1, 2nd semester, option courses, July-August 2009, compiled by Dr N. Kanyongolo (source of chapter not given)
[51] Kaseke, 1999

majority of the poor especially women who are in domestic, agriculture and informal sectors. The compulsory contributory scheme in most of our African countries is confined to employees in the formal sector, either in public or private spheres. This excludes people who are in actual need for social security protections.

In Tanzania, the existing mandatory social security schemes cover only 5.4% of the labour force estimated at 16.0 million[52]. The larger part of the labour force engaged in the informal sector that includes small holder agriculture, small scale mining, fishing, and petty businesses are inadequately covered by self-help initiatives. Moreover, accessibility to the social welfare services by the disadvantaged groups is limited; hence the majority of the people are not covered by the formal social security schemes. This situational analysis creates a tension between formal social security and human rights frameworks. The right to social security has been established and recognized by various human rights instruments such as Universal Declaration of Human Rights [Articles 22 and 25(1)], Article 9 of UNICESCR, Article 11 (e) of CEDAW, Article 18 of the African Charter, the African Protocol on Women's Rights [Article 13(f)], The Charter on Fundamental Social Rights in SADC (Article 10), and the ILO Social Security (Minimum Standards) Convention 102 of 1952.

The human rights instruments obligate states parties to make available the right to social protection to everyone without any discrimination on the basis of sex, gender, or economical and social background. This is absolutely contrary to what is happening on the ground, whereas the majority of women in the informal, domestic and agriculture sectors have no access to their right to social protection. This makes them rely heavily rely on the traditional and/or informal social security system to deal with shocks and risks of life. There is urgent need for Tanzania government and other African counties to ensure that social welfare services are improved and extended to enhance accessibility to disadvantaged groups of women in difficult circumstances. The services should also be extended to people with disabilities, patients, and the elderly.

5.9   Categories or Forms of Social Security System in Tanzania

In Tanzania the following are considered to be forms or categories of social security systems. This includes the universal social assistance schemes, mandatory schemes, voluntary or supplementary schemes, and traditional safety nets.

To start with universal social assistance schemes, this constitutes provision of services to everyone. In Tanzania this includes provision of basic primary health, pre natal and post natal health care, primary education, food security and other services on a means tested basis. These services are financed by the government, donors and international community.

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[52] Tanzania National social security policy pg 14

Coming to mandatory schemes, these are usually compulsory and contributory schemes financed by both employers and employees during the working life for terminal and short term benefits. In Tanzania, there are five major formal institutions that provide social security protection in this category. This includes, National Social Security Fund (NSSF) offering social security coverage to employees of private, parastatal, and government. Then Public Service Pension Fund (PSPF) providing social security protection to employees of central government under pensionable terms. Parastatal Pension Fund (PPF) offering social security coverage to employees of both private and parastatal organization. Also there is the Local Authorities Provident Fund (LAPF) offering social security coverage to employees of the local government. Lastly there is National Health Insurance Fund (NHIF) offering health insurance coverage to pensionable employees of central government.

The third form is the informal voluntary or supplementary schemes. The schemes under this category include personal savings, co-operatives and credit societies, professional bodies, and community based organizations. Oliver and Kaseke[53] referred this category as self-organized informal safety-nets[54] which are based on membership of a particular social group or community, including, but not limited to, family, kinship, age group, neighbourhood, profession, nationality, ethnic group, and so forth.

Last are the traditional safety nets. Oliver and Kaseke explained on the traditional safety nets in the following words, that:

> *"Traditional support systems are based on kinship or family ties and are informed by the principle of solidarity and generalized reciprocity. The resources of the extended family system are mobilized to support members who are exposed to life-cycle crises which they cannot deal with own their own. Thus, where membership of an extended family system guarantees social protection, this also engenders a sense of belonging and togetherness and ultimately promotes human wellbeing. The problems experienced by an individual as a result of exposure to a contingency are taken as a burden on the entire extended family system. In the same vein, children are seen as a source of social security not only by the few biological parents but by the entire extended family."*

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[53] Informal social security and formal social security: developing an integrative approach

[54] See, for further reading about the concept of informal social safety nets, Devereux S *'Making Less Last Longer': Informal Safety Nets in Malawi* (Institute of Development Studies Discussion Paper 373 (1999)), Dercon S "Safety nets, savings and informal social security systems in crisis-prone economies" Paper presented at the Annual Bank Conference on Development Economics in Europe, Paris, 21 – 23 June 1999, Subbaro K *Namibia's Social Safety Net: Issues and Options for Reform* (Policy Research Working Paper (1996)), McDonald C *et al Income Distribution, Informal Safety Nets, and Social Expenditures in Uganda* (International Monetary Fund Working Paper (1996)), Chu K and Gupta S "Social safety nets in economic reform" in Chu K and Gupta S (eds) *Social Safety Nets: Issues and Recent Experiences* (International Monetary Fund (1998)) 7 at 27 and Ahmad E "Social security and the poor: Choices for developing countries" (1991) 6 *World Bank Research Observer* 105 at 111 – 112.

In Tanzania, the traditional social security systems provide social security protection to majority women who are in the informal, agriculture, and domestic spheres. Tanzania labour force estimated over 16 million. The formal system only covers not more than 1 million. The remaining 15 million labour forces, engaged in informal sector are not covered by the formal social security protection[55].

5.10   Where are the Women?

The estimated population of Tanzania is 33.5 million[56]. Out of this, 70% are in the rural areas, while the rest are in urban areas. The total labour force of Tanzania is estimated at 16 million where 5.4% of the total labour force or 2.7% of the total population is covered by the mandatory formal social security system. 93% of the capable workforce is engaged in the informal sector in both rural and urban areas, out of that 80% is in engaged in the agrarian economy.[57]

The 93% of the labour force that engaged in the informal sector, women are the majority. Most of the women who are working at home and agriculture sector are not covered in the formal social security system. Women enjoy the last two levels that include informal or voluntary schemes and traditional safety nets.

5.11   Is the formal/informal Social Security Divide realistic?

One of the research questions is about whether or not the dichotomized categorization of formal social security provided by Government and parastatal organization and traditional social security system is unrealistic. This question intends to explore on the ground if the formal and informal divide is real. If is real, when the formal social security starts and when the informal security starts in case of any difficult faced by an individual who enjoys all level of protection. On the ground, the traditional social security systems based on kinship, family, and blood relations covers every members of the family or community without discrimination. It may include those who are covered in the formal and voluntary or self organized community groups. This implies that there is a possibility for an individual to enjoy all levels of social security protection. For instance, if a person is working in the formal sector and be a member of compulsory schemes, and again a member of a self organized professional association, then a member of an extended family. If this person had a funeral, he/she may possibly obtain social assistance from his employer, compulsory schemes, self organized group, as well as his family.

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[55] Tanzania national social security policy.
[56] National bureau of statistics, 2001
[57] National labour force survey, 1999.

In addition, traditional social protection particularly under care economy form an important part of formal social security systems. This is because, when someone is sick, apart from medical assistance he/she may receive from the formal social security schemes he/she may also need the members of his family to look after him.

On the ground, there was a consensus between self-employed and employed, and/or those who are in the formal and informal sector that, dichotomy categorization of social security systems are unrealistic and impracticable.

The traditional social security supplements functioning of the formal social security system. Professionals, rich businesswomen, and other senior employees, politicians, benefit from all levels of social security systems, while those poor women in the informal sector enjoys the last two levels of social security systems. The question may therefore be who benefits or loose with informal and formal social security divide?

5.12   The HIV/AIDS Pandemic and the Family Duty to provide Care

The HIV/AIDS pandemic increases burden to traditional social security system. The family becomes the basic and relied institution for care giving to all HIV/AIDS patients. This includes those who are covered in the formal social security systems and those who are in the informal as well as traditional safety nets. This research intended to investigate on whether or not HIV / AIDS pandemic has increase a burden to women who are majority care givers of patients under the Swahili traditional social security systems. My findings on the ground hold my assumption that, HIV/AIDS pandemic increases the burden to the families which taking care of patients. Tungaraza[58] in support of my findings said:

> *"HIV/AIDS has compounded the gender inequalities in the division of labour since it means that women have an added responsibility of taking care of the sick and orphans. This new task means less time and energy for productive activities and has resulted in women losing their jobs or having to abandon their economic activities".*

Though there is consensus by all groups of my respondents that, HIV / AIDS has increased the burden to care takers of the victims under traditional social security system. It should be noted that women are not homogeneous, therefore it is important to explore on which group of women is mostly affected? In determining which women group is more affected, the following was observed:

The most affected group is women working at home or house wives. The majority of women in this group effectively participate in providing care than other women group. In addition to that they have limited resources to provide care and family necessities. The

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[58] Gender and social security in SADC: The case of Tanzania. pg 45

little resources they have may possibly used for providing care for the patients and if the patient is the husband, after death they remained with nothing to support their life.

The second group includes self-employed and petty traders in the informal sector. This is the group which mostly struggle to balance their business and providing care. They may suffer some financial loss in the process of providing care. However the self organized networks created among themselves may assist their fellow to get back to business. Those women who are employed in the formal sector are the least affected group. The extension of formal social security protection benefits makes them to be in a better position than other groups of women.

The most controversial issue discovered in my research was about a girl child. My respondents when asked about the position of a girl child in providing care to patients they told me Swahili customs and traditions do not obligate girls with care giving duties. One of my respondents, a woman of 43 said to me:

> "Swahili traditions do not obligate girls with providing care for those who are sick until they are matured enough."

The other respondent who is a man told me:

> "I am a good Muslim and my religion do not teach me to overburden girl child with care giving responsibilities. When she is matured enough, normally elderly women especially paternal aunt will conduct initiation for a girl and she will be taught general religious obligation for women toward the husband."

Another respondent, a woman of 46 years said that:

> "These days the duty of providing care is on us women, especially we married women. Most of the time girls are in school and left you at home looking for a patient. When they come back in the afternoon they go for tuitions studies. I during week end they attend 'madras' where they learn issues relating to our religion. They have no time at all."

This is not what I expected before starting my research. However I think it will be too early to start celebrating. A thorough deep analysis needed to be conducted and choose wide Swahili communities along east African coast. This includes Unguja and Pemba islands in Zanzibar, Tanga region, as well as Coastal and Lindi regions in the southern part of Tanzania.

CHAPTER SIX

6.0 RE-CONCEPTUALIZING THE SWAHILI TRADITIONAL SOCIAL SECURITY SYSTEM: HOW TO MAKE WOMEN BENEFIT MORE FROM THE SYSTEM

Re-conceptualizing does not have to mean changes, it is rethinking. May be this is more of a theoretical piece of work which may be transformed into practice by subsequent research. As of now, it does not need a reform agenda but rather understanding. Reform of the traditional Swahili social security system may follow later. This is based on the fact that there is a need for Africans to re-conceptualize traditional social security systems to fit our social and economic realities, and also in order for women to get more benefit from the system. The Swahili traditional social security system has shown some gender inequalities which impact women differently from men. Also overlapping patriarchal customs and tradition in the administration of the Swahili traditional social security systems influence gender roles in sharing responsibilities. This makes women more of social security providers than its beneficiaries. It overburdens women with care giving responsibilities and hence compromises their effective participation in other economic activities. The situation became worse when a family member is an HIV/AIDS.

In return, there is little appreciation of women's contribution to the Swahili traditional social security system. This is caused by inadequate methods of measuring women's work or contribution to the system.

In addition, this research shows that the traditional social security which provides social security protection to majority Tanzanians is facing many challenges which undermine its significance and efficacy. Westernization and urbanization not only eroded the strength of the extended families but also threatens utu and ubinadamu values which underpin the Swahili traditional social security system. Women, the elderly and children are the most affected groups. I therefore think as a matter of urgency, we need to re-conceptualize Swahili traditional social security systems to overcome the challenges explained and to ensure gender equity and make women benefit more from the system.

The re-conceptualization of Swahili traditional social security system should consider the following that:

1.   HIV/AIDS pandemic increases the burden to the families which taking care of patients. The most affected group is women working at home or house wives. The majority of women in this group participate more in providing care than other women. In addition to that they have limited resources to provide care and family necessities. The little resources they have may possibly be used for providing care for the patients; and if the patient is the husband, after death they remain with nothing on which to survive. Therefore family support schemes which are not income based but on a need base, should be established for the purposes of giving financial and material support for care givers. This should also include providing

knowledge of how to care for HIV/AIDS patients. The government, and NGO's as well as international community should facilitate and provide all assistance necessary for the proper functioning of these schemes.

2. The government should make available the right to social protection to everyone. This can among other ways be done by way of extending universal social assistance especially to women in the rural areas. The human rights instruments obligate states parties to make available the right to social protection to everyone without any discrimination on the basis of sex, gender, or economical and social background. This is absolutely contrary to what is happening on the ground, where the majority of Tanzania's women who are in the informal, domestic and agriculture sectors are denied their rights to social protection. This makes them heavily reliant on the traditional and/or informal social security system to deal with shocks and risks of life.

3. The formal and informal and/or traditional divide in the social security system should be discouraged in the mind of policy makers because is unrealistic and nonexistent. Traditional social protection systems particularly within the care economy form an important part of formal social security systems. This is because, when someone is sick, apart from medical assistance he/she may receive from the formal social security schemes he/she may also need the members of his family to look after him. On the ground, there was a consensus between the self-employed and employed as well as those who are in the formal and informal sector that the dichotomous categorization of social security systems (into formal and informal systems) are unrealistic and impracticable. Therefore when policy makers are thinking about how to improve the formal social security systems, they should also develop a proper grounded framework of strengthening the informal and Swahili traditional social security systems.

4. The promotion of *utu and ubinadamu* values should among others, focus on promoting and ensuring the realization of gender equity and/or equality in the Swahili traditional social security system on the ground. This may reduce features of gender inequalities characterized by gender stereotypes roles of men and women in the Swahili traditional safety nets. Consequently the burden of women of giving care may also be reduced and enabled them to participate fully in other economic activities.

5. The adaptation of labour force participation for measuring women's work do not provide the justice desired by many women in the informal, domestic and subsistence agricultural sector. As a result women's work and contribution in traditional social security system is not visible, appreciated, and recognized by the society. Therefore the reconceptualisation of Swahili traditional social security system should adopt appropriate frameworks of measuring women's work, such as time and family welfare framework in order to reflect Tanzanian women's lived realities.

6.   The majority of women of low and medium income means who are in the informal and agriculture sectors are not covered by the formal social security system. As an alternative, they are relying on the traditional safety nets to deal with risks and shocks of life. Therefore a conceptual framework on social security protection is needed to reflect the African lived realities to capture and protect these women.

BIBLIOGRAPHY

Benda Beckman Keebet, (2003), An inclusive Approach to social security: changing circles of solidarity: conference paper on south north debates on social security relationship and gender, Ouagadogou, Dec 15-16 2003

Bentzon, A.W. et al (1998), Pursuing grounded theory in law: North-South experiences in developing women's law; Harare, Tano Aschehong, Mond book publishers.

Chikalanga, V.M. (2006) Gender and Social Security in SADC. Zambia Country Report

Deerpalsing, N. (2006) Gender and Social Security: Country Report Mauritius.

Dlamini, E.L.B. (2006) Gender and Social Security in SADC. The Case of Swaziland.

Dlamini, E.L.B. (2006) Gender and Social Security in SADC. The Case of Swaziland.

Gsänger H "Linking informal and formal social security systems" *Deutsche Stiftung für Internationale Entwicklung* – accessed at http://www.dse.de/ef/social/gsaenger.htm.

Gsänger H "Linking informal and formal social security systems" *Deutsche Stiftung für Internationale Entwicklung* – accessed at http://www.dse.de/ef/social/gsaenger.htm..

Hellum, Anne et al (Eds), Human rights, plural legalities, and gendered realities; Path are made by walking, Harare, weaver press.

Kaseke, E. (2006) Gender and Social Security in SADC: The Case of Zimbabwe.

Kaseke, E. (2006) Gender and Social Security in SADC: The Case of Zimbabwe.

Keendjele, D. A. & Ntwala, M. (2006) Namibia Country Paper: Gender and Social Security.

Maminirinarivo, R. (2006) Gender and Social Security in SADC: Country Paper for Madagascar

National Bureau of Statistics and Ministry of labour,(November 2002). Intergrated Labour Force Survey 2000/01 United Republic of Tanzania

Ntseane, D. & Solo K. (2006) Gender and Social Security in Botswana.
Olivier, M., Fourie, E. and Nyenti, M. (2006) Gender and Social Security in South Africa.

Population and Housing census General Report, United Republic of Tanzania

66

Research and analysis working group(2002) Poverty and Human Development Report 2003, United Republic of Tanzania.

Stewart, Julie et al (2000), In the shadow of the law: Women and justice delivery in Zimbabwe, Harare, WLSA in association with Mond books.

Tsanga, A. (2003), Taking law to the people: Law reform and social justice, Harare, Zimbabwe, weaver press.

Tungaraza, F. & Semkwinji, D. (2006) Gender and Social Security in SADC: The Case of Tanzania.

Tungaraza, F. & Semkwinji, D. (2006) Gender and Social Security in SADC: The Case of Tanzania.

United Republic of Tanzania, National social security policy, Ministry of labour, Youth Development and Sports,2003

Von Benda-Beckman, F., Kirsch, R. and Freeberg-Straus, J. The Capacity of Social Security Systems in Southern Africa: Conditions, Constellations and Socio-economic Relevance. Vol. 1. (GTZ (1993)).

Von Benda-Beckmann F and Kirsch R "Informal security systems in Southern Africa and approaches to strengthen them through public policy measures" – accessed at http://www.gtz.de.

Von Benda-Beckmann F et al "Indigenous support and social security: Lessons from Kenya" in Midgley J and Sherraden M (eds) *Alternatives to Social Security: An International Inquiry* (Auburn House (1997)) 105