INTIMATE PARTNER VIOLENCE AMONG WOMEN LIVING IN INFORMAL SETTLEMENTS: A CASE STUDY OF MANZESE, IN DAR ES SALAAM, TANZANIA.

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INTIMATE PARTNER VIOLENCE AMONG WOMEN LIVING IN INFORMAL SETTLEMENTS: A CASE STUDY OF MANZESE IN DAR-ES-SALAAM, TANZANIA.

By

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A Dissertation Submitted in (Partial) Fulfillment of the Requirements for the Degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

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CERTIFICATION

The undersigned certify that he has read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences a thesis/ dissertation entitled **Intimate partner violence among women living in informal settlements: A case study of Manzese in Dar es salaam**, **Tanzania,** in (partial) fulfillment of the requirements for the degree of master of public health of Muhimbili University of Health and Allied Sciences.

…….

Dr. Mangi J.Ezekiel

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DEDICATION

I dedicate this dissertation to my father Vincent Shaidi, my mother Margareth Salukele, my sister Elda and my brothers Michael and Elifadhili.

ABSTRACT

Background: Women experience violence in many different forms. It may be physical, psychological, sexual, economic, social or cultural abuse but most commonly is the combination of these. Studies have shown that the rate of intimate partner violence is still a public health problem in informal settlements. It has both physical and psychological consequences to the victim.

Objectives: This study was conducted with the aim of determining the prevalence/magnitude, attitude, characteristics of perpetrators and help seeking behaivour of women who have experienced intimate partner violence.

Methodology A cross sectional descriptive study was conducted in Manzese ward. Multistage sampling was used to select the participants and a total of 267 eligible women living in the study area were interviewed. Data were collected through interviewing women using a structured questionnaire.

Results: The findings showed the rate of intimate partner violence is still high in this area, the prevalence of physical intimate partner violence was 69.3%, psychological 70%. While for the case of sexual abuse being forced to have sexual intercourse with the husband/intimate partner even when they did not want to do so was reported to be 41.2%, threats of separation was reported by 38.2%. Alcohol use was significantly associated with characteristics of men who were violent to their wives or partners. Men who were using alcohol were more likely to be violent to their wives compared to those who were not using alcohol.

Conclusion: The study findings indicate that the prevalence of intimate partner violence in Manzese is high. The majority of women who experienced intimate partner violence did not take any action. There are various reasons which were associated with their silence and the most reported reasons included affection 21.9%, limited financial options 20.8%, and fearing the husband 19.8%. For the respondents who had the tendency of reporting incidences of violence most of them were reporting to family 30.7% and religious leaders 15.7%.

Recommendations: Therefore with these findings prevention of intimate partner violence should be an urgent public health priority in countries with informal settlements such as Tanzania. There should also be policies and laws which limits people from alcohol abuse. Furthermore health policy makers should also plan for possible interventions on prevention of intimate partner violence including provision of education. Together with forming stations for providing counseling especially to young families. More ever stiffer measures should be taken to perpetrators of intimate partner violence to prevent others from practicing such kind of violence. Healthcare providers from the primary healthcare level onwards need to be sensitized to the issues of intimate partner violence in order to recognize and treat it early. This information obtained should also facilitate the speed of planners and other responsible stakeholders in upgrading of these informal settlements.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CEDAW	Convention on the elimination of all forms of discrimination against women
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
MUHAS	Muhimbili University of Health and Allied Sciences
STI	Sexually Transmitted Infections
SPHSS	School of Public Health and Social Sciences
TAMWA	Tanzania Media Women's Association
TDHS	Tanzania Demographic and Health Survey
UN	United Nations
UNESCO	United Nations Educational Scientific and cultural organization
UNICEF	United Nations Children Fund
USA	United States of America
WHO	World Health Organization
YWCA	Young Women Christian Association

DEFINITION OF TERMS

Intimate partner violence: Is the type of violence which occurs in the domestic sphere and the main perpetrators are the husband or the lover of the responsible woman

Informal settlement: Based on the UN Habitat definition, these include spontaneous, irregular, unplanned, marginal, and squatter settlements where a group of housing units has been constructed on land to which the occupants have no legal claim, or which they occupy illegally. Housing in these areas does not comply with existing planning and building regulations.

Violence: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

Gender based violence: Gender based violence refers to all forms of violence that happen to women girls and men because of unequal power relations between them and the perpetrators of such violence. It has a greater impact on girls and women, as they are most often the survivors and suffers greater physical damage than men when victimized (WHO, 2005).It also refers to violence that targets individuals or groups on the basis of their being female or male (Ministry of health and social welfare,2011).

Gender: According to WHO gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

CHAPTER I

INTRODUCTION

1.0 Background.

World Health Organization (WHO) defines violence as the intentional use of physical force or power threatened or actual against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, or deprivation (WHO, 2002). Gender based violence refers to all forms of violence that happen to women, girls and men because of unequal power relations between them and the perpetrators of such violence. It has a greater impact on girls and women, as they are most often the survivors and suffers greater physical damage than men when victimized (WHO, 2005). Gender which is inherently about relations between men and women is a determinant of social relations that sustains men's power over women (Bart at el., 1993). The terms gender based violence and violence against women are used interchangeably but they are not synonymous.

The Beijing Platform for Action (1995) defines violence against women as any gender based violence that results in, or likely to result in physical, sexual, or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life. Such violence is not confined to any particular type of women, It happens regardless of educational levels, economic status, religious affiliation, tribal grouping, colour, age, and able or disability. It is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men (UNESCO, 1999). Violence against women does not have a special place where it occurs it can occur at any setting including workplace, school, home, streets and community.

There are various forms of violence including domestic violence which refers to acts of violence that occurs in the domestic sphere and the main perpetrators are members of the family. Economic violence which consists of trafficking of women and girls, property grabbing, deprivation of basic necessities, controlling earnings or forbidding employment

using victims as unpaid labour and exclusion from decision making. There is also social and cultural violence which refers to harmful traditional and cultural practices such as female genital mutilation (FGM) wife and property inheritance, early and child marriage ,forced sexual exposure, training and dowry and bride price abuse (Claudia at el., 2003).

Together with sexual violence which refers to all forms of forced sexual acts including rape (systemic, date, gang and marital rape) defilement of girls and boys, incest abduction, forced prostitution, forced dry sex, sodomy and bestiality. Furthermore there is political and collective violence which affects mostly women and girls because of their sexuality they are being victims of war related rape and abuse, violence by law enforcement forces includes border officials. State perpetrated violence including ethnic clashes and organized crime such as banditry and abductions. Intimate partner violence among women is the type of violence which occurs in the domestic sphere and the main perpetrators are the husband or the partner of the responsible woman (ibid).

Violence against women is a global public health problem which violates human rights and incurs substantial social, economic and health costs, and its prevalence in Sub-Saharan Africa ranks high even in comparison with levels in other developing regions. Violence against women is an obstacle to the achievement of development, peace and equality. According to the WHO (2002), violence affects millions of women in Africa. Women experience violence in many different forms. It may be physical, psychological, sexual, economic, social or cultural abuse but most commonly is the combination of these.

Epidemiological evidence shows that violence is one of the major causes of ill health among women and girls, as seen it can cause death and disabilities due to injuries, and through increased vulnerability to a range of physical and mental health problems (Krug et al., 2002, Mugawe et al., 2006). The psychological consequences of violence against women includes depression which is one of the most common consequence of sexual and physical violence against women. Women who suffer from intimate partner violence are also at a higher risk of stress, depression, concentrating difficulties and anxiety disorders, including post-traumatic stress disorder (United Nations, 2006).

Other psychiatric disorders which are common among women reporting intimate partner violence than those not affected includes phobias and dissociative disorder (Roberts et al., 1998).Women who have experienced violence in their life time are more likely than other women to have unintended pregnancies, report symptoms of reproductive tract infections, have multiple partners, and less likely to use condoms and other contraceptives (Campbell, 2004).

Violence, and the fear of violence, severely limits women's contribution to social and economic development, thereby hindering achievement of the country development and the world at large. Violence also increases the burden of health sector as it increases costs of serving the victims of violence. Rape and domestic violence account for 5-10% of healthy years lost by women (WHO, 2001). Studies from various countries have shown that intimate partner violence account for 40-70 percent of homicides worldwide (WHO, 2004).

The prevalence of intimate partner violence has remained high. Population based surveys have found that between 10-70% of women have reported being physically assaulted by an intimate male partner at some point in their lives (Heise, Ellsberg and Gottemoeller, 1999).While findings from mult-country study on domestic and women health carried out by WHO in fifteen sites and ten countries found that between 13-62% of women had experienced physical violence by a partner over the course of their lifetime and between 3-29%of women reported violence within the past year. In U.S, between 25% and 30% of married women have experienced some form of spouse abuse at some point in their marriage. Severe violence is a chronic feature of almost 13% of all marriages in the U.S. and 1.6 million women are severely assaulted by their partners. Among 50 million married people in the U.S., some 15 million have experienced violence in their marriage. The highest rate of intimate partner violence in the U.S. is among American, Indian women and native Alaskan women (WHO, 1997).

Studies from various informal settlements have shown the prevalence of intimate partner violence to be high. In informal settlements of Bangladesh the prevalence of physical intimate partner violence was reported to be 35% and this is low compared to the prevalence reported in non informal settlement of Bangladesh which was 20% (Sambisa et al., 2011) .In informal

settlement of Bangkok Thailand the rate of intimate partner violence has been reported to be 27.2% (Aekplakorn et al.,2007). While in Calcutta India more than 17% of women have experienced physical violence from their husbands or intimate partner (Pandey et al., 2009). In Eastern India the overall prevalence of physical, psychological and sexual violence has been reported to be 16%, 52% and 25% respectively (Bontha &Santana, 2009).Moreover women living in informal settlement of Chandigarh have reported (39.4%) of physical intimate partner violence (Agarwal et al., 2009).

Intimate partner violence is considered to be the most pervasive form of violence against women. In Tanzania half of ever-married women have suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual. More than one third (37%) of ever-married women reported having experienced some form of physical or sexual violence by their husband/partner in the past year (TDHS, 2010). In most cases intimate partner violence occurs inside the houses of the partners.

Housing is the key determinant of quality of life that can be measured at three levels individual, household and community level (Campbell, Converse and Rodgers 1976). Physical and social environment within the household and neighborhood support family functioning including children personal growth and lifestyles (Barlett, 1997; Kaufman, 1996).

Many synonymous words have been used in literature to refer to informal settlements. These include spontaneous, irregular, unplanned, marginal, and squatter settlements. Informal settlements are also considered as illegal land development where settlements initial occupation is legal but where unauthorized land developments have occurred. They comprise communities housed in self-constructed shelters under conditions of informal or traditional land tenure. They are common features in developing countries and are typically the product of an urgent need for shelter by the urban poor. As such they are characterized by low standard housing, non compliance to planning regulations, insecurity of tenure, degradation of the local ecosystem (Abebe, 2011).

Generally the consequences of informal settlements in many countries are similar. The first result of informal settlement is associated with health problems which includes violence. People living in informal settlement are victims of many problems including environmental problems, urban violence, social distress, physical disorder, economic destruction, fire and crime. Literatures from various countries show that living in these settlements often poses significant risks of intimate partner violence. Tanzania is one of the countries in Sub Saharan Africa within which the highest population of its urban population lives in unplanned and subserviced informal settlements which increases the chances of experiencing violence. This is due to the fact that people living in informal settlement have characteristics which have been proven to accelerate the prevalence of violence.

There has also been an increase on the number of informal settlements in Tanzania from 40 in 1985 to over 150 in 2003 which tripled while the population doubled in the specified time planned and serviced wide span (Kombe,2005). The rapid increase in the urban population with limited capacity of the government to meet high demand for planned land for housing development is one of the factors contributing to the rise of informal settlements (Scholz, 2006). Other factors include inadequate capacity of local authorities to provide planned and serviced land, outdated laws, and poor enforcement of laws (Christian, 1980). The increase of informal settlement accelerates the chances of women to experience violence. Since people living in informal settlement has the living condition which has proven to be conducive for the occurrence of violence such as severe social and economic problems (Mark et al., 2005).

Tanzania has joint efforts at international and national levels to fight against women violence. At the international level the government is part to regional and international conventions on human as well as on women's rights. In 1985the Government of Tanzania committed itself to protect and preserve the rights of citizen through the ratification of the United Nations (UN) Conventions, such as the 1979 convection on the elimination of all forms of discrimination against women (CEDAW) which establishes international standards for guaranteeing equality between women and men within the family as well as between the family and the state. In 1993, the UN general assembly in resolution 48/104 proclaimed the UN declaration on the

Elimination of violence against women which defined gender based violence. International concern over gender based violence was reflected in the special Rapporteur's report on torture in 1994.The Beijing platform for action of 1995 further crystallized the doctrine that women's rights are human rights.

In Tanzania the government promotes and adheres to basic human rights including equality in access ownership of the resources, right to life and freedom from torture. It has also enacted laws intended to curb violence such as the Sexual Offences (Special Provisions) Act, 1998. There has also been initiatives by the Police Female Network (TPF-net) which has establish 94 gender desks in police stations all over the country by 2010. Despite having in place the above mentioned international, national, and legal provisions, actions of violence against women are still persistent in Tanzania although there is under reporting of cases and its extent is not well documented.

1.1 Statement of the problem.

Globally intimate partner violence against women has gained great recognition. Women are significantly more likely than men to be victims of intimate partner violence. It is estimated that around the world 1 in 3 women have been beaten, coerced into sex or abused in their life time and most often the perpetuator is the intimate partner (UN, 2006). It has been constantly reported in Tanzania that women are experiencing intimate partner violence. More than one-third (37%) of ever-married women have reported having experienced some form of physical or sexual violence by their husband/partner in 2009 (TDHS, 2010). Although underreporting of cases is still a challenge in the country.

There is increasing evidence from various studies in the world that living in informal settlements plays a role in facilitating opportunities for violence against women. Various studies in the world have shown that intimate partner violence against women who lives in informal urban areas is of high prevalence. In Tanzania studies have looked at intimate partner

violence in various dimensions but there is limited research evidence on the intimate partner violence occurring in informal settlements particularly in Tanzania.

In Tanzania the urban population growth is at an average of 6% per annum twice that of the national average (World bank, 2002).Still it is expected that in 20 years to come, one in two Tanzanians will be living in urban areas. Shortage of housing supply remains a serious problem to solve this rapid urban expansion (Lupala, 2002).Unfortunately due to increasing levels of poverty population growth and lack of sustainable policy urban growth is absorbed into informal settlement (World bank, 2002).The gap between the supply and demand for housing has been widening with time. This can be traced back from the slum clearance, site and services and squatter upgrading in Tanzania since independence in 1961.With the expected increase of informal settlements even the rate of intimate partner violence is likely to increase with time.

Therefore, there is a great need to gain more information on intimate partner violence occurring in informal settlements. Thus this study explored the magnitude, attitude, main characteristics of the perpetrators of intimate partner violence and help seeking behaivour of women who have experienced intimate partner violence (IPV). The use of Manzese as a case study provided baseline information on this growing problem.

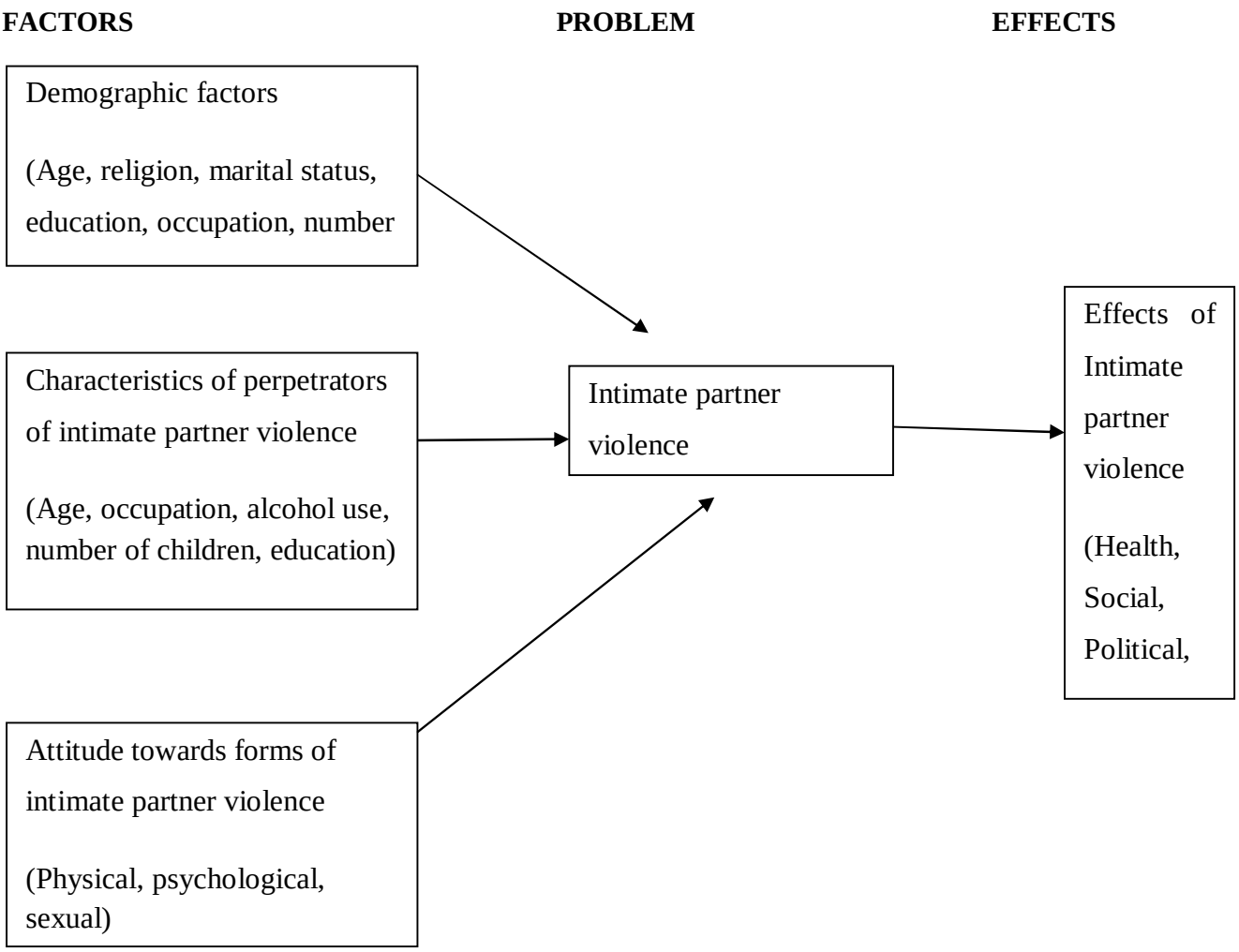
1.2 Research questions

1. What is the prevalence of intimate partner violence?
2. What are the characteristics of perpetrators of intimate partner violence as reported by women in Manzese?
3. What is the attitude of women towards different forms of intimate partner violence among women living in Manzese?
4. What is the help seeking behavior of victims of intimate partner violence in Manzese?

1.3 Conceptual framework

To reduce the rate of intimate partner violence occurring in informal settlement it is crucial to have information on intimate partner violence occurring in informal settlement. The occurrence of intimate partner violence is influenced by many factors. The figure below described various factors which have been associated with the occurrence of violence in several studies. This includes the characteristics of a woman, characteristics of the perpetrators and the attitude of a woman towards intimate partner violence. These violent episodes have both social, health economic and political effects.

Figure 1. Conceptual framework for intimate partner violence.



1.4 Rationale

Violence is predictable and preventable especially by tackling the factors that perpetuate it whether they are behaviors, attitudes, social structures and institutions (WHO, 2002). Prevention of violence is one of the most effective ways of eliminating it. Understanding the contexts, perpetrators and victims of violence are crucial to designing effective strategies and interventions in elimination of violence in informal settlements. The recognition of the critical role that men can play as perpetrators and allies in eliminating of violence is very important.

Information obtained from this study can prove useful for planning, designing and implementing intervention programs by policy makers and other stakeholders aiming at preventing violence and its related impacts. The information may also be useful to town planners and other responsible stakeholders in upgrading of informal settlements.

In the process of upgrading of informal settlement residents will benefit through the provision of basic social and economic facilities such as water, recreational parks and facilities such as playgrounds and open spaces, market places and areas for petty trades. The formalization of their properties will enable them to use their properties such as house and land as collaterals in the banks and other financial institutions. Result of this research will further open new avenue for further research on other types of violence occurring in informal settlement since this area has been ignored by researchers.

1.5 Study objectives

1.5.1 Broad objective

To assess intimate partner violence among women living in informal settlement.

1.5.2 Specific objectives

1. To determine the prevalence/magnitude of intimate partner violence.
2. To describe characteristics of perpetrators of intimate partner violence as reported by women in Manzese.

3. To explore attitude towards different forms of intimate partner violence among women living in Manzese.

4. To assess help seeking behavior of women who have experienced intimate partner violence in Manzese.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

2.1.1 Magnitude of intimate partner violence

Intimate partner violence has long been perceived to be a private matter within four walls of the home and women are perceived to be the one responsible for adjusting more adequately to the situation as dictated by cultural norms or developing an acceptable way of suffering silently. But as a result of tremendous efforts by various gender activists this action is now recognized as a violation of human rights and a crime. Intimate partner violence is any behavior within an intimate relationship that causes physical, psychological or sexual harm. (TAMWA, 1992).

Intimate partner violence is the most common form of violence faced by women in both developed and developing countries and, due to its magnitude, is recognized as a substantial public health problem. The main perpetrators of this type of violence are the husbands or the intimate partner of the responsible woman. One in three women worldwide is reported to experience IPV at some point in her life (Heise et al., 2002).

Violence leads to tremendous suffering on the women affected, as well as on their children. Because of its nature intimate partner violence is often enacted away from the public eye. Globally the magnitude of intimate partner violence has remained high. Worldwide, the prevalence of lifetime intimate partner violence has been reported to be 10% to 71% of women in marriage or current partnerships (Ellsberg et al., 1999). In sub-Saharan Africa, the reported prevalence of intimate partner violence ranges from 20% to 71%. According to the World Health Organization's multi country study on violence against women by their male intimate partners, the lifetime prevalence of physical or sexual violence ranges between 15% and 71%, and past-year prevalence also shows a wide variation (4%–54%), with the lowest rates found in Japan and the highest in Ethiopia, Tanzania, Peru, and Bangladesh(WHO,2006).

The prevalence of intimate partner varies within various countries with different cultures over a certain period of time.

In Kenya, 43% of 15-49 year old women reported having experienced some form of gender-based violence in their lifetime, with 29% reporting an experience in the previous year,16% of women reported having ever been sexually abused, out of which 13%, this had happened in the 2002 (Kenya DHS, 2003).

In Zambia, DHS data indicate that 27 percent of ever-married women reported being beaten by their spouse/partner in the past year, this rate reaches 33 percent of 15-19 year-olds and 35 percent of 20-24 year-olds. In South Africa, 7 percent of 15-19 year-olds had been assaulted in the past 12 months by a current or ex-partner and 10 percent of 15-19 year-olds were forced or persuaded to have sex against their will (South Africa DHS, 1998).Other studies show that 35 percent of women Egypt,41 percent in Uganda,16 percent in Cambondia,30 percent in India,28 percent in USA,19 percent in Columbia have reported being beaten by their husbands by 2002.(Okumba Miruka et al., 2003).

In Tanzania women are still experiencing violence as shown in the most detailed descriptive study in the country carried out in Dar-es- Salaam and Mbeya regions. The research findings showed that 41% of ever partnered women in Dar-Es-Salaam and 56% in Mbeya had ever experienced physical and sexual violence at the hands of the partner. In Dar es Salaam 33% of ever partnered women had experienced physical and 23% sexual violence (WHO, 2003). In demographic health survey shows that 39 percent of ever-married women aged 15-49 have ever experienced physical abuse perpetrated by their current or former husbands, 17 percent experienced sexual violence, and 36 percent experienced emotional violence. In summary, 44 percent of ever-married women have experienced some form of physical and/or sexual violence, and 13 percent have experienced both physical and sexual violence. One in two ever-married women aged 15-49 report having experienced either one or a combination of the three types of violence namely emotional, physical and sexual violence, while 11 percent report experiencing all three violent behaviours. Regarding violence occurring in the past 12 months,

33 percent of women experienced physical violence and14 percent experienced sexual violence (TDHS 2010).

2.1.2 Attitude on intimate partner violence

Eradicating the problem of intimate partner violence against women is still a challenge since women susceptibility to IPV to some extent is social and cultural accepted as the way of punishing their wives or partners (Jewkes, 2002).Various studies have shown that attitude towards intimate partner violence is one of the most important predictors of IPV, when contrasted with other potential predictors including social and empowerment reasons. (Hanson et al., 1997) Without a primary change in the social attitudes that encourage, and perpetuate IPV it is difficult to respond effectively to this problem (Gracia, 2004).Women owns condemnation of this behavior may be an important element in changing it.

It has been reported that the occurrence of intimate partner violence is associated with age where respondent aged 15–24 were consistently and significantly more likely to justify IPV in all countries except for Benin and Burkina Faso. Also lower educational attainment was positively associated with acceptance of IPV. Respondents with no education or primary education were more likely to justify IPV compared with those with secondary or higher education in all countries but Liberia, Madagascar, and Nigeria. Relationship between occupation and acceptance of IPV was mixed. Respondents not in working force from Mozambique Rwanda, Burkina Faso, and were at 20% statistically increased risk of justifying IPV. Respondents who were not working from Benin, Liberia, Madagascar, Malawi, Tanzania, and Zimbabwe were less likely to justify IPV. The association was not significant in other seven countries (Uthman, et al., 2009).

Women acceptance of intimate partner violence, their attitudes towards themselves as inferior, gender roles, and men's dominant patriarchal values may all perpetuate the occurrence of violence. Another study was conducted by (WHO, 2009) in their study of promoting gender equality to prevent violence against women they have found that 52% of the respondents were more likely to disagree with statements that condone physical and sexual violence towards an intimate partner. These kind of attitudes may be transferred across generations through

learning processes, the schools, media, witnessing and experiencing violence throughout life and can therefore bring a challenge in changing it.

2.1.3 Informal settlements in Tanzania

In Dar es Salaam 3.2 million out of 4 million population live in unplanned areas. These areas are characterized by haphazardly constructed buildings, violence, and insecurity of tenure and lack of basic urban services. Unplanned areas are irregularly developed, and over time, consolidate to high densities, leaving little or no land for access and circulation.

Lack of roads, drains, open spaces and social infrastructure such as schools and health centers are common. Access to safe water is limited and most households get water from wells or buy it from vendors. Sanitation is poor, mainly realized through low-quality pit latrines, while solid waste is not collected. Most houses are of low quality, unfinished in one way or the other, and poorly maintained and overcrowded.

There are numerous underlying causes of unplanned settlements development in Dar es Salaam. These include housing and the dominance of informal and customary land delivery systems, rapid urbanization, and sporadic and non-comprehensive upgrading initiatives, severe shortage of affordable housing opportunities provided by the public and private formal sectors. Furthermore lack of resources and strategies for upgrading at large-scale and prevention of new unplanned developments and inappropriate institutional and regulatory frameworks for land use planning and infrastructure provision. (UN-HABITAT, 2010).

2.1.4 Forms of intimate partner violence

Intimate partner violence according to various literatures can occur in many different forms including physical, psychological and sexual violence. Since they occur in intimate relationships, many forms of abuse are often not recognized as violence. Physical abuse is intentional use of physical force with the potential for causing death injury or harm. It includes actions such as slapping, hitting, pushing, kicking, biting, scratching, choking, and threatening to use or actually use a gun, knife or weapon against another person (Heise et al., 2002).

Psychological abuse also referred to as emotional abuse or mental abuse, is a form of abuse characterized by a person subjecting or exposing another to behavior that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder. It also includes intimidation, constant belittling and humiliating, various controlling behaivours such as isolating a person from their family and friends, monitoring their movement and restricting their access to information or assistance. Psychological abuse does not always lead to physical abuse, but physical abuse in intimate partner relationships is nearly always preceded and accompanied by psychological abuse (Maiuro et al., 2000).

Sexual abuse which includes actions such as forced sexual intercourse, and unwanted sexual comments (Heise et al., 2002).It is categorized into three groups which includes the use of physical force to compel a person to engage in a sexual act against his/her will whether or not the act is completed. Also an attempt or completed sex act involving a person who is unable to understand the nature of the act and participation unwillingness in the sexual act for example a person who is ill, disabled, under the influence of alcohol or other drugs or due to intimidation or pressure. Together with abusive contact defined as intentional touching directly or through the cloth of the gentiles, anus, groin, breast, inner thigh or buttocks of any person against their will (ibid).

2.1.5 Consequences of intimate partner violence.

Intimate partner violence is associated with various consequences which includes health effects such as physical injury, death, sexually transmitted diseases(STI) including HIV/AIDS, unwanted pregnancies, mental health and behavioral problems and sexual dysfunction. In attempts to explain this, authors have suggested that gender inequality and violence reduce women's ability to choose when and with whom to have sex and to protect themselves in sexual encounters. Some studies have found that the severity and frequency of violence initiated by intimate male partners against women is higher when those women are pregnant (Burch & Gallup 2004, Martin et al., 2004).

In a cross-sectional, self-reported questionnaire survey done in a maternity ward of a university hospital in Munich, Germany intimate partner violence was associated with

pregnancy loss and unplanned pregnancy where by 29% of the women experienced pregnancy loss, 13% reported that their last pregnancy was unplanned. In the US, 37% of all women who sought medical care in hospital emergency rooms for violence-related injuries were injured by their ex- partner (UNICEF, 2000).

Intimate partner violence is also associated with higher rates of non-birth outcomes such as unwanted pregnancy, miscarriage, and induced abortion. In Zambia a study by the YWCA showed that assault by husbands is the most common factor for women going to casualty wards. Due to violence or the threat of violence, many women do not consent to sex, negotiating safer sex or determining the number and spacing of their own children. According to the Human Watch Report (2003) abusive husbands may force their wives to have sex without using any protection thus increasing women's risk of pregnancy and Human Immune Virus (HIV) infection. In Zambia IPV violence is an important factor in the high rate of HIV infection among girls and young women (Human Rights Watch, 2002).

A study in Uganda found that women known to be HIV positive might be evicted from their homes and abandoned by their husbands and neighbors (Boas, 2006). While in United States wife abuse is the one of the leading cause of injury among women of reproductive age, it is the most common reason for suicide attempts and it provides primary context for many health problems. According to Australian national mental health and well-being Survey in 2007, of 4451 women aged 16 to 85 years have experienced mental problems as result of IPV.

While in a study in Papua New Guinea 18 percent of urban wives surveyed had received special hospital treatment for injury inflicted by their husbands (Heise, 1993). In Tanzania IPV does the most common cause of injury to women comprise twenty one percent of traumatic injuries, ranging cuts, bruises, partial loss of hearing or vision and scars from burns or knife wounds. Injuries to the breast, chest and abdomen are common in battered women (Guth et al., 2000). Women suffer more physical and mental problems that affect their job and thus decreasing the household income while increasing the welfare costs (Tanzania Human Rights Watch, 1999).

Psychological effects include suicidal tendencies, loss of self esteem, feelings of shame and guilt, alcohol and drug abuse, poor performance in schools, fear and anxiety (Morrison and Biehl, 1999). Various researches have shown women who kill their husbands do so in response to immediate attack or threat of attack from them (Hansard report, 2007). In a study done in United States it was reported that 33 percent of all assaults on police officers and 11 percent of police deaths occur in contexts of disturbance calls from women who are victims of violence from their intimate partner.

Economic consequences include loss of productivity, cost of health care and cost of legal and judicial investigation and prosecution. In a research by the Inter-American Development Bank macro research identified some of the consequences of violence in terms of direct costs as medical, criminal justice system, loss of production, decreased investment and social services (Morrison et al., 1999). Women who have experienced violence are less likely to participate in developmental activities (Heise,1995). Sometimes intimate partner violence or threat of violence often hinders women to leave the house and go to participate in various developmental activities (Gupta et al., 1998).

There are also social consequences which includes ostracization and stigma, forced marriage to rapist or abductor, imprisonment and loss of self and social esteem. IPV has also forced breakdown of some families where some members of the family especially children leave their homes and others suffer physically and emotionally (Flavia, 1992). Intimate partner homicides account for one-fifth of all homicides in Australia. Four out of five involve a man killing his female partner, in 2005 to 2006, 59 women were killed by their male partners or ex-partners in Australia. (Davies & Mouzos, 2007).

2.1.6 Characteristics of perpetrators intimate partner violence.

The prevalence of intimate partner violence occurring in informal settlements has remained high compared to intimate partner violence occurring in formal settlements. There is no single factor to account for violence perpetrated against women. Various researches have been done

in different areas of the world to investigate factors which are associated with the occurrence of intimate partner violence in informal settlements. In a study done in an informal settlement of Bangkok Thailand the prevalence of intimate partner violence was (27.2 percent). Most of the violent episodes were triggered either by factors related to the couple's personal character, including circumstantial factors, such as financial problems (74.7 percent), bad temper (89.9 percent) and being grumpy suspicions of adultery (28.5 percent). The occurrence of violence was also associated with age group (where by a young age group younger than 35 year was compared to those aged 55 years or older), inadequate income for family expenses, family size and regular alcohol use (Aekplakorn et al., 1992).

A population based data on IPV from women living in informal settlements of Karachi found the Risk factors for physical violence to be related mainly to the husbands, low educational attainment, unskilled worker status, and five or more family members living in one household. For sexual violence, the risk factors were low socio-economic status of the family, the respondent's low educational attainment, and five or more family members in one household. For psychological violence, the risk factors were low socioeconomic status of the family and the husband being an unskilled worker, history of violence, low level of education, alcohol use and young age (Ali et al., 2011).

In South Africa studies have found a positive relationship between a man's socioeconomic status and his perpetration of sexual IPV (Jewkes et al., 2006). IPV is also a consequence of gender stereo type and unequal power between men and women (Bennice, 1994).

In a study of physical and sexual abuse in urban Bangladesh it was found that out of 8,320 husbands, 55 percent reported perpetrating physical IPV against their wives at some point in their married lives, 23 percent reported perpetrating physical IPV in the past year, 20 percent reported ever perpetrating sexual IPV, and 60 percent reported ever perpetrating physical or sexual IPV. It was further revealed that men residing in formal settlements had a greater likelihood than those residing in non-informal settlement areas and in district municipalities of perpetrating lifetime and past-year physical IPV, and any lifetime (physical or sexual) IPV. Various factors were associated with the occurrence of IPV in informal settlement of Urban

Bangladesh including holding attitudes supportive of wife beating, poor mental health, low socio-economic status, and sexually transmitted disease infection (Sambisa et al., 2011).

There are various factors which have been associated with this situation such as education of the husband where by better educated men are less likely than men with less education to show violent behavior. Almost a half 48 percent of women whose husbands had no education experienced emotional, physical, or sexual violence compared with 39 percent of women whose husbands had secondary or higher education. There was also a strong positive relationship between alcohol consumption and the tendency to be violent where by women whose husbands are often drunk are twice as likely to experience emotional, physical, or sexual violence than those whose spouses do not drink alcohol amounting 81 and 39 percent, respectively.

Women who are of the same age with their husbands are more likely to experience violence than those who are either older or younger than their husbands. Furthermore the more controlling behaviours displayed by the husband, the greater is the likelihood of the wife reporting experience of spousal violence. Men who have been exposed to IPV during their childhood have the likelihood of perpetrating intimate partner violence when they become as adults (Markowitz, 2001 and Schumacher et al., 2001).

Intimate partner violence in many parts of the world is also often associated with economic stress. Some men, when they are unable to fulfill their customary role as provider, may opt for violence in an attempt to re-assert their customary male power (Kaufman, 1993). In studies done in US, men who have or perceive themselves to have few other sources of self-worth and identity may be more likely to resort to violence in their intimate relationships (Archer, 1994).

In a study conducted by WHO (2003) in Tanzania intimate partner violence was associated with wife disobedient which was reported by 10.4 percent of women interviewed and 6.3 percent experienced violence due to refusal to have sex with their partners. In demographic health survey shows that 39 percent of ever-married couples have experienced intimate partner violence. While 26 percent of women who report no controlling behavior suffer from

emotional, physical, or sexual violence, the corresponding proportion of women who report five or six of the controlling behaviors are 84 percent. Majumdar (2003) associated IPV with cultural biases and the strong patriarchal social order, with its misplaced notions of masculinity and manhood, find reflections in domestic violence and controlling behaviors against wives. In Tanzania intimate partner violence is still persistent despite various measures which have been taken. According to a study by TAMWA (1992) it revealed 1925 cases of women battered by their husbands in 1991.The trend has increased by 37 percent in 1993. In some tribes in Tanzania such as the Kurya intimate partner violence among women is considered as a symbol of intimacy between couples (TAMWA, 1992).

2.1.7 Help seeking behaivour

Intimate partner violence has been occurring in almost all countries in the world throughout human history (Gelles, 1979).This action has also been increasing due to the fact that in most countries violation of women's rights often goes unrecognized and when recognized unpublished and unsolved (Cook, 1994). The consequence of tolerating violence in the first instance is to perpetuate a cycle of violence in the family and in society. A serious challenge for all types of research on the prevalence of intimate partner violence is the fact that most estimates probably reflect a certain degree of underreporting. This continues to be a challenge even in large surveys such as Demographic Health Surveys (DHS) since women are not willing to disclose their information about IPV they are socialized to tolerate rationalize and even accept, domestic violence and to remain silent about such experiences (Zimmerman, 1994).

Women who are victims of violence are often unable or afraid to seek health care as in some severe cases they are required to report first to the police station before going to the hospital. In some instances these women lack enough money to support them to seek medical care. Sometimes women are often reluctant to disclose experiences of physical or sexual violence due to shame of reprisals (Koss, 1993). Sense of embarrassment and shame coupled with the need to keep it hidden so as to protect family honor, keeps many women silent (Jeyaseelan et al., 2007).

Protection of family honor adds upon the complexity of the matter and contributes further to the underreporting of violence against women. In some societies IPV has been hidden under the umbrella of cultural practices such as in Kurya tribe of Northern Tanzania where this action is considered to be a sign of love. (TAMWA, 1992). This hinders women from reporting to the responsible authority.

However, police reporting is also very low. The police are the least-likely institution abused women will turn to. Especially, victims of economic and emotional abuse do not report the abuse to the police. In a study in Uganda it was found that only 7% of physical abuse victims and 6% of sexual abuse victims reported the incident. In addition to the low rate of reporting, it is unfortunate that only 12% of reported cases result in actual arrest. Three out of every four victims of economic, physical and emotional abuse told somebody about the abuse, compared to half of the survivors of sexual abuse. Three-quarters of abused women turn to informal support services provided by their family and friends. The main reasons for abused women not to tell anyone are complacency, as "women are abused anyway", and shame. In countries such as Uganda there are criminal provisions for IPV but women do not want their husbands arrested and locked up in jail (Taylor, 1985).

In a study done in Marshall island in 2007 on sexual and physical violence experience it was found that the proportion of women who experienced violence who sought help is 26 percent, compared to 52 percent who never told anyone and 14 percent who told someone. Women with no or primary-level education were more likely not to seek help when they experienced violence than women with higher levels of education. Women in the highest, second, and middle wealth quintiles were more likely to seek help than other women from lower wealth quintiles. The percent of respondents who sought help generally increases with number of living children, and age while unemployed women were the least likely to tell anyone if they have experienced violence. It was further revealed that women who are divorced, separated, or widowed and have ever experienced physical or sexual violence are less likely to seek help than currently married women. Currently married women who tend to seek help were 51 percent compared to 55 percent who. Thirty-three percent of women in rural areas have sought

help, compared with 23 percent of women in urban areas. However, more than half of all women were unable to seek help when they experienced violence 54 percent rural compared to 51 percent urban (TDHS, 2007).

CHAPTER 3

METHODOLOGY

3.0 Introduction

3.1 Description of the study area.

Manzese is an administrative ward in the Kinondoni district of the Dar es Salaam Region of Tanzania. Kinondoni is situated on the eastern part of Tanzania and it is one of the three municipalities which make Dar-es-salaam city, others are Ilala and Temeke. It borders with Bagamoyo district in the north, Kibaha and Kisarawe district in the west, Ilala district in the south and Indian Ocean in the east. It has an area covering 531 square kilometers.

The district is composed of four divisions namely Kinondoni, Kibamba, Kawe and Magomeni. It has a total population of about 1,088,867 with an average household size of 4.2 persons (Census, 2002). The divisions are divided into 27 wards, Manzese is one of the wards in the district which is found in Kinondoni division. These wards in turn are subdivided into villages for the rural areas and streets (Commonly known as mitaa) in urban areas. There are 113 *mitaa* (streets) and 14 villages in Kinondoni district. It is estimated that 360,000 residents of Kinondoni municipality are employed in the public and private sectors. A working force of 200,000 people is self employed. Many people are involved in petty business, fisheries, livestock keeping and agriculture including horticulture. The per capital income of Kinondoni municipality is estimated at Tsh.150, 000/= per annum. According to the 2002 National Population Census, the ward had a total population of 67002. The total population of men is 34389 while of women is 32613. It has a total of 5438 households with 6 dispensaries and 1 hospital. The study was conducted in Manzese because this ward is one of the oldest informal settlements in Dar es Salaam.

Kinondoni district has different social groups including high, middle, and lower income. The population density is higher in the low income areas of Kinondoni municipality. Most of the informal settlements are characterized with high densities. Areas with high density include

Manzese Mabibo, Magomeni, Moscow, Kagera, Mikoroshini, Tandale kwaTumbo, Kawe, Mburahati, and Mwananyamala B. (Ministry of Lands, Housing and Human Settlement Development 1990).

The majority of the residents in informal areas are people of low income. In lower density category the population is lower compared to high and medium density areas. This category includes areas such as Osterbay, Msasani, Mbezi beach and Mikocheni areas. These areas are well planned with modern social services such as tarmac roads, water supply, street lights, and sewage system provided by the government. There are modern houses inhabited by people of high income who live an affluent life such as senior administrators in the government, rich business people, parastatal organizations staff, diplomats, and foreign experts. Medium density areas are inhabited by the middle class people with some well to do people. This category covers areas such as Kijitonyama, Magomeni, Mikumi, Mwananyamala, Kimara, Sinza and Mwenge. The settlement in these areas are planned and supplied with basic social services. In 1970s, the government adopted a policy of upgrading rather than demolishing informal settlements. The government of Tanzania has enacted a law to formalize informal settlements known as the Land Act No.4 of 1999 whereby Section 56-60 of the Act gives procedures for regularization of informal settlement. I decided to use Manzese ward as my study area since it is one of the informal settlement in Tanzania which was easily accessible for me.

3.2 Study population.

The study population for this study was women residing in Manzese area Dar es Salaam, aged 18 to 60 years. These women were selected because they are most likely to experience intimate partner violence.

3.3 Study Design

A cross sectional study design was used in this study. A quantitative approach to data collection was employed. The method of collecting data was through interviews using a structured questionnaire. Cross sectional studies are often referred to as observational studies because the investigator simply observes. No interventions are carried out by the investigator.

Another important advantage of cross sectional studies is that in general they are quick and cheap since data is collected only once and multiple outcomes can be studied hence less resources are required to run the study (Mann, 2003)

Cross sectional studies are the best way to determine prevalence and are useful at identifying associations that can then be more rigorously studied using a cohort study or randomized controlled study. However, the most important problem with this type of study is differentiating cause and effect or the sequence of events (Mann, 2003).

Cross-sectional research design was most appropriate in this case because the study aimed to describe a phenomenon at a certain point time. It also looked at the prevalence/magnitude of the problem. Furthermore, the researcher was faced with shortage of time and resources for conducting the study.

3.4 Variables

The study had the following variables

Independent variable

1. Age,
2. Marital status
3. Type of marriage,
4. Level of education,
5. Occupation,
6. Excessive alcohol use,
7. Parity,
8. Attitude on intimate partner violence
9. Help seeking be

Dependant variable

The dependant variable was intimate partner violence.

3.5 Sample size estimation

Sample size was calculated based on the following formula.

$$N = \frac{z^2 p (100-p)}{\varepsilon^2}$$

Whereby:

n=Estimated minimum sample size required

z= level of confidence (1.96 for 95% confidence level)

p = expected proportion of intimate partner violence in the population was 35%.

This figure was obtained from a study on intimate partner violence occurring in informal settlement of Bangladesh. The assumption was based on the fact that the characteristics of the informal settlement in Bangladesh and Tanzania are not very different.

ε = margin of error will be 6.

$$n = \frac{1.96 \times 1.96 \times 35 (100-35)}{36} = 243$$

The above formula gave a minimum sample size of 243 people consequently 10% of the minimum sample size was added to cater for missing and other unexpected problems during data collection. During data collection 267 respondents were interviewed.

3.6 Sampling technique

The study used multistage sampling technique to obtain study subjects where by selection of the sample was done through various stages. Simple random sampling was done where by a sampling frame of all 8 streets found in Manzese ward was made. Names of all streets were written in the small folded pieces of paper which was then drawn at random until the required five numbers of streets was obtained. From the sampled streets another sampling frame of all household was be made and systematic random sampling was used to obtain a sample of household from where the respondents were drawn. All eligible participants in a household were interviewed.

Inclusion criteria:

1. Women between the ages of (18 yrs and 60) with an intimate partner and those who have had an intimate partner.
2. Those consenting to take part.

Exclusion criteria:

1. Those not consenting to participate in the study.
2. Women below the age of 18 and those above the age of 60.

3.7 Data collection technique

Data were collected by the researcher assisted by the research assistants. Research assistants were given a short training one day before the study commences, whereby they were exposed to the objectives of the study and the general questions to be answered. Each research assistant was assigned an area to conduct interviews. The researcher assumed the overall supervision of data collection in all areas covered by research assistant.

3.8 Data collection instruments

A structured questionnaire which consisted of both open ended and closed questions was used to obtain desired information on intimate partner violence among women. The questionnaires were developed in English and then translated in Kiswahili a language which is familiar to almost everyone in the study area. To ensure validity and reliability one day was set aside for pre-testing of the questionnaire in Buguruni area which is also an informal settlement, and 34 women were interviewed. The aim was to check the extent to which questions were understood by the interviewee and to identify areas for modifications and corrections which ware made accordingly before actual data collection commenced. In addition the exercise was done to familiarize research assistants with data collection tools.

3.9 Data processing and analysis

Data were collected by the researcher assisted by research assistants. For consistency purposes all filled questionnaires were rechecked for completeness every day after field work. There was a brief discussion between the researcher and research assistants to see if there were any problems observed during the day. Responses of closed ended questions were pre recorded while the ones for open ended questions the coding was done after the completion of the study.

Data was then entered in the computer and cleaning was done. Manual data cleaning was done to check accuracy and completeness of the questionnaires. Open ended questions were categorized before data entry which was done in SPSS (Statistical Package for Social Sciences) software for cleaning and analysis. Data was presented using frequency distribution tables showing independent and dependant variables. Cross tabulation was done to find association between independent and dependant variables. Statistical significance was assessed using Chi-square test. A P-value of less than 0.05 was considered statistically significant.

3.10 Ethical considerations

Before commencing data collection, ethical clearance was sought and obtained from research and publication committee of Muhimbili University of Health and Allied Sciences (MUHAS). Permission to collect data was granted by Regional Ilala Municipal authorities.

Informed consent was sought and obtained from participants before they participate in the study. Specifically, participants were informed about the objectives of the study and that their participation will be voluntary.

It was clearly clarified that the information obtained will be for research purposes and would therefore be strictly anonymous and dealt with confidentiality. Written consent was used to obtain their consent for participation in the study. No names of study participants was recorded in the questionnaires to ensure confidentiality and data was entered into the computer for analysis using code numbers assigned to each questionnaire.

CHAPTER FOUR

4.0 RESULTS

4.1 Description of the study sample

This study involved a total of 267 respondents of the estimated sample size from 5 streets of Manzese ward in Kinondoni district. The social demographic characteristics of these women are summarized in Table 1. Among the 267 women interviewed the majority 136(50.9%) were aged between 19-29 years. The age group which had fewer respondents was from 52-62 which had 9(3.4%). Many respondents reported to be married 162(60.7%). Most of women had attended school 230(86.1%) with the highest level of complete primary school 137(51.3%). Only 30(11.2%) of the respondents had no formal education. The majority of the respondents 159(59.6%) were unemployed. Furthermore most of the respondents had children 241(90.3%).

Table 1: Social demographic characteristics of the study sample

Variable	**N(%)**
Age group (years)	
19-29	136(50.9)
30-40	100(37.5)
41-51	22(8.2)
52-62	9(3.4)
Total	**267(100)**
Level of education	
Pre primary	47(19.8)
Incomplete primary school	17(7.2)

Table 1continues: Social demographic characteristics of the study sample

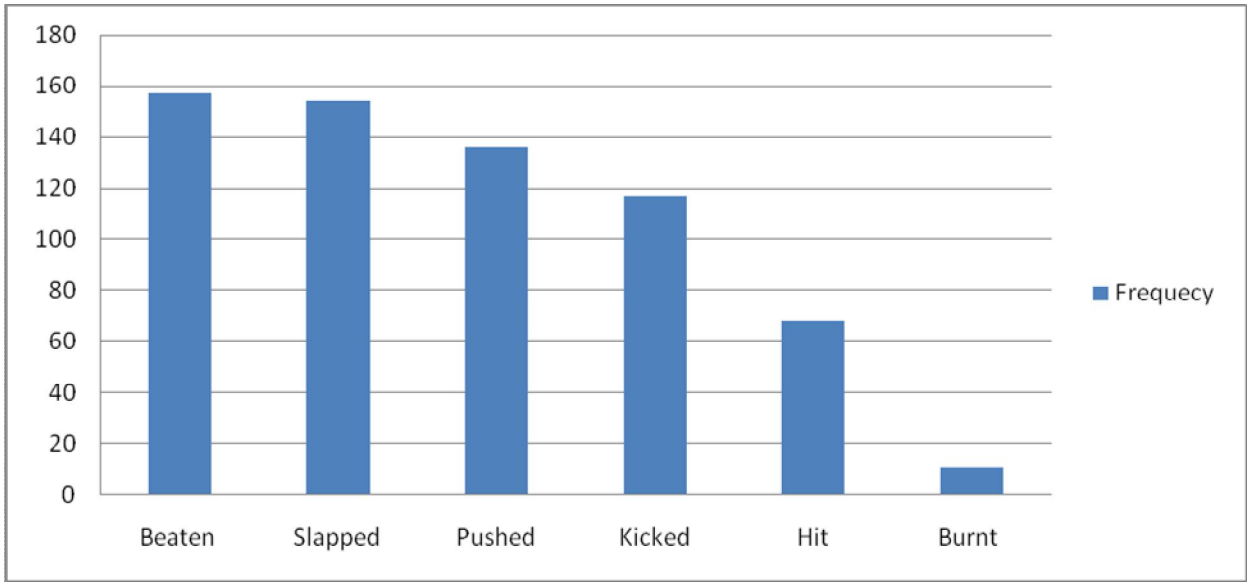
Completed primary school	138(57.8)
Incomplete secondary education	19(8.0)
Secondary education and above	17(7.2)
Total	**238(100)**
Occupation	
Civil servant	4(1.5)
Self employed	45(16.9)
Farmer	4(1.5)
Business	55(59.6)
Unemployed	159(59.6)
Total	**267(100)**
Marriage type	
Religious	152(59.4)
Civil	18(7.0)
Customary	13(5.1)
Cohabiting	73(28.5)
Total	**267(100)**
Parity	

Yes	241(90.3)
No	26(9.7)
Total	**267(100)**

4.2 Prevalence of intimate partner violence

Figure 2, 3, 4 shows the prevalence of different forms of intimate partner violence. For the case of physical violence study participants reported to have been beaten 157(58.8%), slapped 151(56.5%), pushed 136(50.9%), followed by kicked 117(43.8%), hit 68(25.4%), while burnt was the less type of physical violence reported by women living in this area11 (7.7%).

Figure 2: Prevalence of physical intimate partner violence.



While for the case of sexual abuse being forced to have sexual intercourse with the husband or intimate partner even when they did not want to do so was mostly reported 110(41.2%) as it is

depicts in figure 3. Compared to other types of sexual violence, threats of separation were reported to be 102(38.2%). While 77(28.8%) had reported being forced by their husband or intimate partner to do something sexual that they found degrading or humiliating**.**

Figure 3.Prevalance of sexual intimate partner violence.

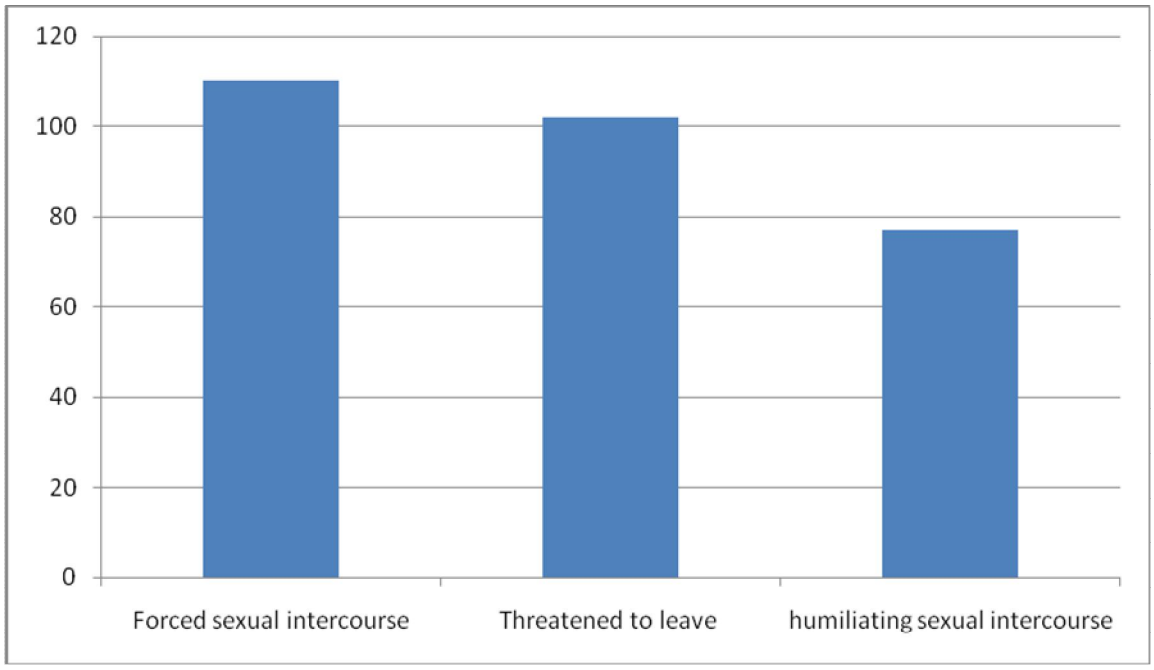
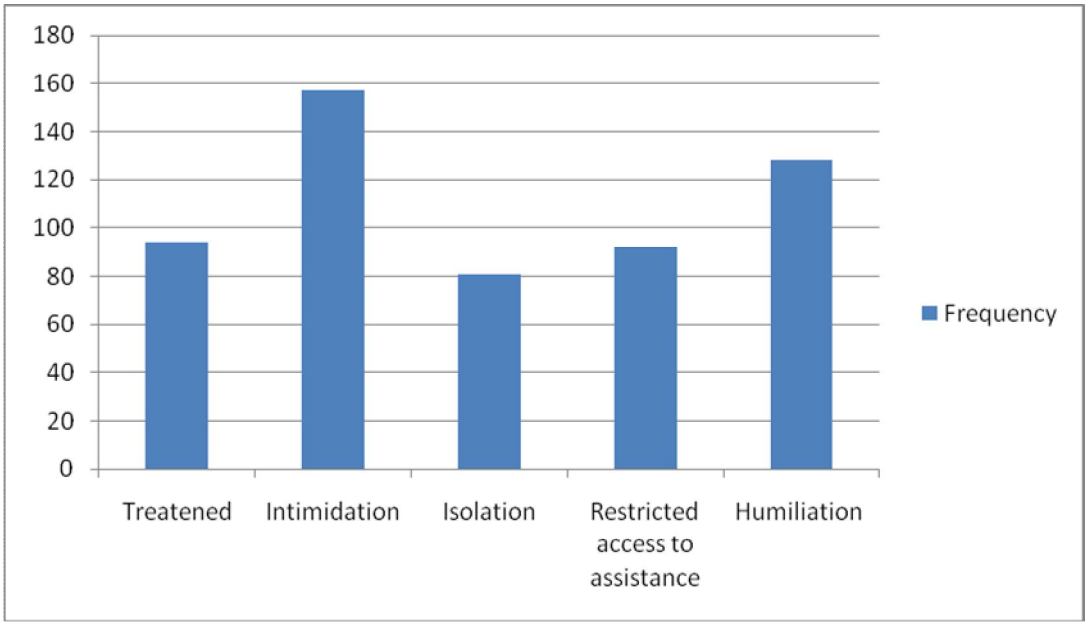


Figure four shows the prevalence of psychological violence where the most reported type of psychological violence was humiliation 128 (47.9%) and intimidation 157(58.8%). Followed by threatened 94(35.2%), restricted to access information or assistance 92(34.5%), and isolation 81(30.4%).

Figure 4: Prevalence of psychological intimate partner violence.



4.3 Attitude towards different forms of violence

For the case of attitude toward different forms of intimate partner violence respondents were asked whether they strongly agree, agree, disagree, and strongly disagree on given statements. About 64(24.0%) of the respondents strongly agreed that the mention acts are the form of physical violence this number of respondents is higher compared to the number of respondents who had strongly agreed on the psychological 26(9.7%) and sexual 31(11.6%) forms of intimate partner violence. Generally the study found that most of the women interviewed had positive attitude towards different forms of violence 135(50.6%) and others 132(49.4%) had negative attitude. However the difference between those who had positive and those who had negative attitude was minimal.

4.4 Social demographic characteristics of women and attitude towards intimate partner violence.

The findings shows that women with high age group 6(67%) had more positive attitude compared with women of high age group 68(50%). However the association was not statically significant (P=0.756). Morever women who were self employed 25(56%) were more likely to

have a positive attitude compared to those who were unemployed 82(52%). Likewise women who were married in a religious type of marriage 80(53%) were more likely to have positive attitude compared to those who were cohabiting 32(44%). However this difference was not statistically significant (P=0.279).

Table 2: Association between socio demographic characteristics of women and attitude towards intimate partner violence

Variables	**Attitudes**		
	Negative N(%)	**Positive N(%)**	**P-value**
Education level			
Pre primary	23(48.9)	24(51.1)	0.359
Completed primary education	7 (48.9)	10(58.8)	
Completed primary education	74(53.6)	64(46.4)	
Incomplete secondary education	6(31.6)	13(68.4)	
Secondary education and above	10(58.8)	7(41.2)	
Age of the woman			
19-29	68(50.0)	68(50.0)	0.756
30-40	51(51.0)	49(49.0)	
41-51	10(45.5)	12(54.5)	
52-62	3(33.3)	6(66.7)	
Occupation			

Table 2continues: Association between socio demographic characteristics of women and attitude towards intimate partner violence

Civil servant	1(25.0)	3(75.0)	0.189
Self employed	20(44.4)	25(55.6)	
Farmer	4(100)	0	
Business person	30(54.5)	25(45.5)	
Unemployed	77(48.4)	82(51.6)	
Marriage type			
Religious	80(52.6)	72(47.4)	0.279
Civil	6(33.3)	12(66.7)	
Customary	5(38.5)	8(61.5)	
Cohabiting	32(43.8)	41(56.2)	

4.5 Characteristics of perpetrators of intimate partner violence

This study also explored characteristics of perpetrators of intimate partner violence the majority 146(54.7%) of women interviewed their husbands had the age falling in the group of 19-34.The highest percentage 227(85.0%) of these men had attended formal education and few women were not aware of the educational status of their husbands or intimate partner 9(3.4%). Most of men had attended secondary education and above 41(15.4%) compared to their wives 17(6.4%). A high percentage of perpetrators were employed only 10(3.7%) did not have any kind of occupation. While 150 (56.2%) of men were using alcohol and 5(1.9%) were not sure if their partners were using alcohol.

Table 3: Characteristics of perpetrators of intimate partner violence

Variable	**N(%)**
Age group (years)	
19-34	146(54.7)
35-50	104(39.0)
51-66	17(6.3)
Total	**267(100)**
Level of education	
Pre primary	32(13.5)
Incomplete primary school	9(3.8)
Completed primary school	137(57.8)
Incomplete secondary education	18(7.6)
Secondary education and above	41(17.3)
Total	**237(100)**
Occupation	
Civil servant	27(10.1)
Self employed	111(41.6)
Farmer	5(1.9)
Business	102(38.2)

Table 3continues: Characteristics of perpetrators of intimate partner violence

Unemployed	10(3.7)
Others	12(4.5)
Total	**267(100)**
Use of alcohol	
Yes	150(56.2)
No	112(41.9)
I don't know	5(1.9)
Total	**267(100)**

*The total for education level differs because there are respondent who had not attended school at all.

4.6 Association between characteristics of perpetrators of intimate partner violence and the occurrence of incidence of violence

Findings from the study show that prevalence of intimate partner violence was increasing with the increase of age of the husband or partner. Men from the low age group (19-34) were more likely to be violent to their partners and wives compared to those of high age group (51-66). Moreover men who were using alcohol were more likely to be violent to their wives and partners compared to those who were not using alcohol. This difference was statistically significant for both physical (P=0.000), psychological (P=0.000) except for sexual violence. Moreover respondents who had completed primary school were more likely to be violent compared to those who had finished secondary education and above.

Table 4: Association between physical intimate partner violence and characteristics of perpetrators of intimate partner violence

Variable	Physical violence			
	Never N(%)	Sometimes N (%)	Many times N (%)	P- value
Age of husbands/partner				
19-34	49(59.8)	45(52.3)	52(52.5)	0.275
35-50	25(30.5)	36(41.9)	43(43.4)	
51-66	8(9.8)	5(5.8)	4(4.1)	
Occupation of husbands/partner				
Civil servant	9(10.9)	8(9.3)	10(10.1)	0.558
Self employed	36(43.9)	34(39.5)	41(41.4)	
Farmer	0(0.0)	0(0.0)	2(2.1)	
Business person	29(35.4)	36(41.9)	37(37.4)	
Unemployed	4(4.9)	4(4.7)	2(2.1)	
Others	4(4.9)	1(1.2)	7(7.1)	
Alcohol Use				
Yes	29(35.4)	55(63.9)	66(66.7)	
No	51(62.2)	30(34.9)	31(31.3)	
I don’t know	2(2.4)	1(1.6)	2(2.1)	
Education level of husbands/partner				
Pre primary	13(16.9)	11(14.5)	8(9.5)	0.072
Incomplete primary	1(1.3)	3(3.9)	5(5.9)	
Complete primary	41(53.3)	37(48.7)	59(70.3)	
Incomplete secondary	6(7.79)	7(9.2)	5(5.9)	
Secondary education and above	16(20.8)	18(23.7)	7(8.3)	

Table 5: Association between psychological intimate partner violence and characteristics of perpetrators of intimate partner violence

Variable	Psychological violence			
	Never N(%)	Sometimes N (%)	Many times N (%)	P-value
Age of husbands/partner				
19-34	46(57.5)	44(59.5)	56(49.6)	0.023
35-50	24(30.0)	27(36.5)	53(46.9)	
51-66	10(12.5)	3(4.1)	4(3.5)	
Occupation of husbands/partner				
Civil servant	9(11.3)	4(5.4)	14(12.4)	0.483
Self employed	32(40.0)	33(44.6)	46(40.7)	
Farmer	1(1.3)	0(0.0)	4(3.5)	
Business person	29(36.3)	33(44.6)	40(35.4)	
Unemployed	5(6.3)	2(2.70)	3(2.6)	
Others	4(5.0)	2(2.70)	6(5.3)	
Alcohol use				
Yes	32(40.0)	48(64.9)	70(61.9)	
No	48(60.0)	26(35.1)	38(33.6)	
I don’t know	0(0.0)	0(0.0)	5(4.4)	
Education level of husbands/partner				
Pre primary	11(15.3)	9(13.1)	12(12.5)	0.270
Incomplete primary	1(1.4)	4(5.8)	4(4.2)	
Completed primary	35(48.6)	37(53.6)	65(67.7)	
Incomplete secondary	7(9.7)	4(5.8)	7(7.3)	
Secondary education and above	18(25.0)	15(21.7)	8(8.3)	

Table 6: Association between sexual intimate partner violence (Physical forced to have sexual intercourse) and characteristics of perpetrators of intimate partner violence

Variables	Sexual violence (Physically forced to have sexual intercourse)			
	Never N(%)	Sometimes N (%)	Many times N (%)	P-value
Age of husbands/partner				
19-34	87(55.4)	52(54.7)	7(46.7)	0.937
35-50	59(37.6)	38(40.0)	7(46.7)	
51-66	11(7.1)	5(5.3)	1(6.7)	
Occupation of husbands/partner				
Civil servant	19(12.1)	7(7.4)	1(6.7)	0.730
Self employed	62(39.4)	40(42.1)	9(60.0)	
Farmer	2(1.27)	3(3.2)	0(0.0)	
Business person	60(38.2)	38(40.0)	4(26.7)	
Unemployed	7(4.5)	2(2.1)	1(6.7)	
Others	7(4.46)	5(5.26)	0(0.0)	
Alcohol use				
Yes	82(52.5)	58(61.1)	10(66.7)	0.580
No	72(45.9)	35(36.8)	5(33.3)	
I don't know	3(1.9)	2(2.1)	0(0.0)	
Education level of husbands/partner				
Pre primary	20(13.9)	9(11.4)	3(21.4)	0.567
Incomplete primary school	6(4.2)	3(3.8)	0(0.0)	
Complete primary	83(57.5)	46(58.2)	8(57.1)	
Incomplete secondary	8(5.6)	8(10.1)	2(14.3)	
Secondary education and above	27(18.8)	13(16.5)	1(7.1)	

Table 7: Association between sexual intimate partner violence (Threats of divorce) and characteristics of perpetrators of intimate partner violence

Variable	Sexual(Threats of divorce)			
	N(%)	N(%)	N(%)	P-value
Age of husband/partner				
19-34	95(57.6)	39(50.0)	12(50.0)	0.241
35-50	57(34.6)	37(47.4)	10(41.7)	
51-56	13(7.9)	2(2.6)	2(8.3)	
Occupation of husband/partner				
Civil servant	18(10.9)	7(8.9)	2(8.3)	
Self employed	67(40.6)	35(44.9)	9(37.5)	
Farmer	1(0.6)	4(5.1)	0	
Business person	63(38.2)	29(37.2)	10(87.5)	
Unemployed	7(4.2)	2(2.6)	1(4.2)	
Others	9(5.4)	1(1.3)	2(8.3)	
Alcohol use				
Yes	83(50.3)	52(66.7)	15(62.5)	0.127
No	79(47.9)	25(32.1)	8(33.3)	
I don’t know	3(1.8)	1(1.3)	1(4.2)	
Education level of husband/partner				
Pre primary	19(12.8)	10(14.1)	3(16.7)	0.242
Incomplete primary	3(2.03)	6(8.4)	0(0.0)	
Complete primary	88(59.5)	39(54.9)	10(55.6)	
Incomplete secondary	9(6.1)	8(11.3)	1(5.6)	
Secondary education and above	29(19.6)	8(11.3)	4(22.2)	

Table 8: Association between sexual intimate partner violence (Forced to do something sexual that they found degrading or humiliating) and characteristics of perpetrators of intimate partner violence

Variable	Sexual(Forced to do something sexual that they found degrading or humiliating)			
	N(%)	N(%)	N(%)	P-value
Age of husband /partner				
19-34	103(54.2)	40(57.9)	3(37.5)	0.061
35-50	70(36.8)	29(42.1)	5(62.8)	
51-56	17(8.9)	0	0	
Occupation of husband/partner				
Civil servant	19(10.0)	7(10.1)	1(12.5)	0.730
Self employed	80(42.1)	30(43.5)	1(12.5)	
Farmer	4(2.1)	1(1.5)	0	
Business person	71(37.4)	27(39.1)	4(50.0)	
Unemployed	8(4.2)	2(2.9)	0	
Others	8(4.2)	2(2.9)	2(25.0)	
Alcohol use				
Yes	96(50.5)	50(72.5)	4(50.0)	0.026
No	89(46.8)	19(27.5)	4(50.0)	
I don't know	5(2.6)	0	0	
Education level of the husband/partner				
Pre primary	22(13.1)	8(12.9)	2(28.6)	0.036
Incomplete primary	6(3.6)	3(4.8)	2(28.6)	
Complete primary	98(58.3)	37(59.7)		
Incomplete secondary	10(19.1)	6(9.7)	2(28.6)	
Secondary education and above	32(19.1)	8(12.9)	1(14.3)	

4.7 Help seeking behavior

Generally most of the respondents who reported to have experienced some forms of violence reported not to have taken action. There are various reasons for this tendency and the most reported reasons included affection 21(21.9%), limited financial options 20(20.8%), feared the husband 19(19.8%), shame and embarrassment 19(19.8%),the belief that the husband/partner will change17 (17.7%), a belief that violence among women is a normal thing 14(14.6%) as shown in figure five below.

Women who had attended formal education tend to report these incidences more compared to those who had not attended. A very few number of people 3(3.1%) reported religious reasons as being one of the reasons hindering them from reporting incidence of violence. More ever the study found that for those few respondents who had the tendency of reporting incidence of violence they commonly report to the family leaders 82(30.7%) and religious leaders 42(15.7%) compared to those respondents who seek medical treatment 24(9.0%) or report to the police21 (7.9%). Furthermore the majority of women who had reported these incidences to family leaders 42(84.0%) and religious leaders 24(80.0%) their husbands were warned but sometimes these women were blamed and considered as the cause of the violence been done to them.

Figure5:Reasons for not reporting incidences of intimate partner violence

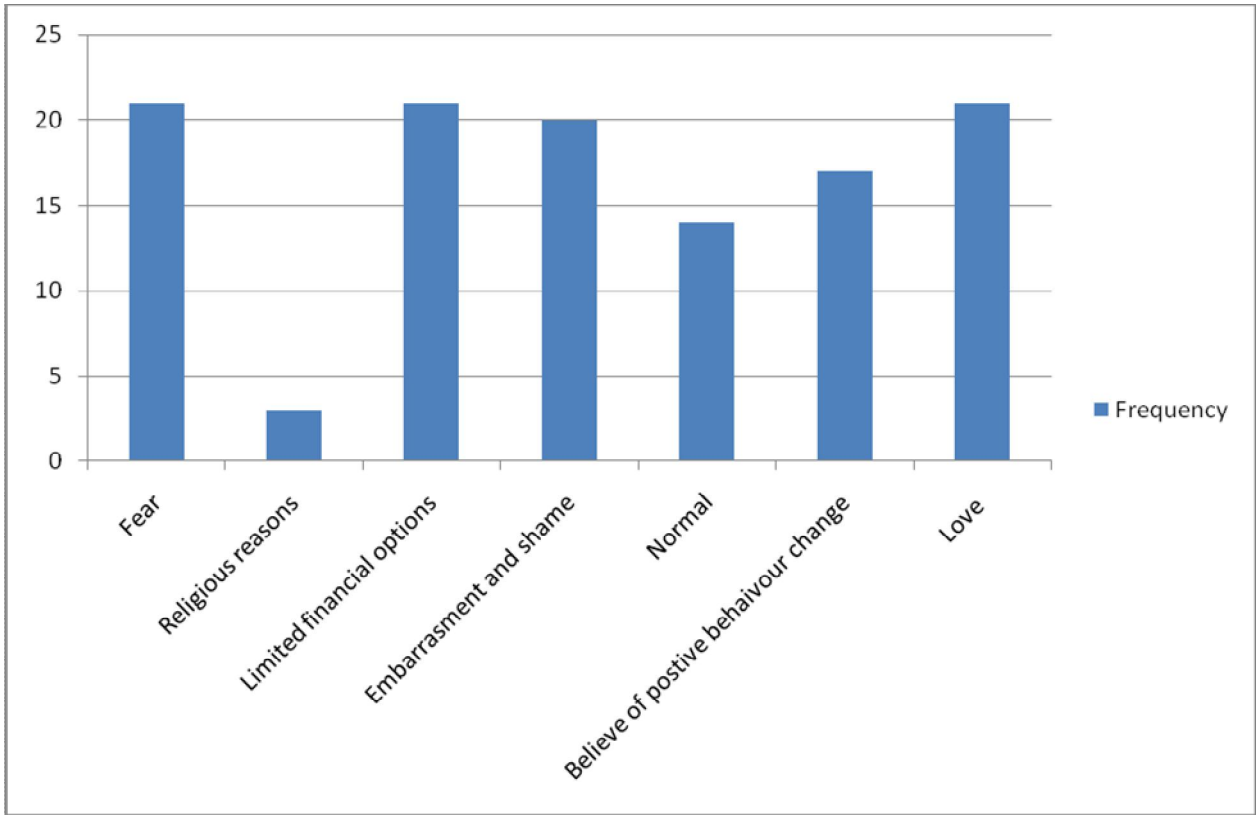


Figure 6 summarizes the association between social demographic characteristics of women and the rate of reporting incidences of intimate partner violence. Women who had attended primary education 79(57.2%) were more likely to take action after they had experienced incidences of violence compared to women who had pr primary education 37(87.7%). Also women in a religious type of marriage 94(61.8%) were more likely to report incidences of violence compared to women who were cohabiting 49(67.1%) with the husband or partners .However the association was not statistically significant (p=0.739).

Table 9: Association between social demographic characteristics of women and not taking any action after they had experience incidences of intimate partner violence

	Take action		
Variable	**YES N(%)**	**NO N(%)**	**P-value**
Education level			
Pre primary	10(21.3)	37(87.7)	0.095
Incomplete primary education	6(35.3)	11(64.7)	
Complete primary education	59(42.8)	79(57.2)	
Incomplete secondary education	5(26.3)	14(73.7)	
Secondary education and above	6(35.3)	11(64.7)	
Age of the woman			
19-29	53(39.0)	83(61.0)	0.043
30-40	32(32.0)	68(68.0)	
41-51	11(50.0)	11(50.0)	
52-62	0(0.0)	9(100)	
Occupation of the woman			
Civil servant	1(25.0)	3(75.0)	0.087
Self employed	15(33.3)	30(66.7)	
Farmer	4(100)	0(0.0)	
Business	22(40.0)	33(60.0)	
Unemployed	54(34.0)	105(66.0)	

CHAPTER FIVE

DISCUSSION

Gender based violence against women living in the informal settlement has been existing for a long time, just as old as the informal settlement themselves. The world today is experiencing the increase of violence among women living in informal settlement. Tanzania is one of the countries with informal settlement and it is experiencing a high prevalence rate of gender based violence. For that matter intimate partner violence issues for these women living in informal settlement is becoming increasingly important**.**

This cross sectional study assessed the magnitude, attitude towards different forms of intimate partner violence, characteristics of perpetrators of intimate partner violence and help seeking behavior. Three forms of intimate partner violence reported in the current study were physical, sexual and psychological.

The study findings have shown that the rate of intimate partner violence in informal settlement is still high. The rate of physical intimate partner violence reaches 69.3% this is close to the rate of physical violence which was reported in a study done informal settlement of Uganda which has reported that 68% of women have experienced physical intimate partner violence and many of these women who have been worse affected they are poor, not educated and disadvantaged. This prevalence is also high compared to the prevalence of 34% which was reported in a study on domestic violence and health which was conducted in Karachi Pakistan. (Bhati et al., 1999).

Previous evidence have shown that in many countries use of physical violence is normatively accepted as a way of punishing a woman for the mistakes she has perform but that there is a clear limit to the tolerated severity of violence (Jewkes, 2002). In the current study women also reported experiencing sexual abuse this is in line with a study done in Eastern India on prevalence of domestic violence and related issues where the rate of sexual abuse was found to be 25%.This may be due to cultural reasons that, the initiator for sex is usually the husband or intimate partner women are shaped to satisfy their partners. To larger extent, sex remained as a

hidden subject of discussion even between wife and husband and women are not expected to express their desire. This prevailing societal norm might have led men to think sex as the choice of husband or partner and women are just expected to accept to keep their relationships healthy and strong. Perhaps, men might also not perceive their violent actions as sexual violence.

Furthermore this study revealed that percentage of people who had reported having negative attitude towards intimate partner violence is low compared to those who had positive attitude. This findings contradicts to the findings reported by WHO 2009 in their study of promoting gender equality to prevent violence against women where they found that 52% of the respondents had negative attitude towards an intimate partner which is a high percentage compared to those who had reported having positive attitude.

The occurrence of intimate partner violence has also been associated with age where respondent aged 19-29 were consistently and more likely to justify intimate partner violence compared to those of high age group(52-62). This tendency has also been observed in a comparative study on factors associated with attitudes towards intimate partner violence of 17 sub Saharan countries where respondents aged 15–24 were consistently and significantly more likely to justify intimate partner violence compared to those of high age.

Regarding the level of education the current study found that women who had pre primary education were more likely to accept intimate partner violence compared to those who had completed primary education. However this association was not statistically significantly (P=0.359).This is similar to a study done by (Hanson et al.,2009) where respondents with no education or primary education were more likely to justify IPV compared with those with secondary or higher education.

Furthermore the occurrence of physical and psychological intimate partner violence was also significantly associated with the use of alcohol. Men who were using alcohol were reported to be more violent to their wives or partners compared to those who were not. Similarly previous evidence (Koenig et al., 2004) reported that women whose partners drink before sex

experienced risks of violence almost five times higher than women with non-drinking partners. This might be contributed by the fact that men who are using alcohol tend to be out of control easily.

Findings further reveal that a majority 96(36%) of respondents who had experienced intimate partner violence who reported not taking any action after these incidences. This tendency has also been observed in a recent WHO multicounty study of 10 countries (including low, middle, and high income countries), where fear of retaliation from the abuser and stigmatizing attitudes from service providers and community at large to hinder abused women from seeking help from formal networks such as healthcare (WHO, 2007).However in this study stigmatizing attitudes from service providers was not studied. Nevertheless all the respondents who had reported seeking medical treatment reported that they were well attended. In Afghanistan it has been reported that there are traditional practices and conservative interpretations of culture which is usually reinforced by arbitrary invocation of religion which restrict women's movement from one place to another. There is even a popular Afghan saying which says "women are made for homes or graves". These traditions do not have any religious or legal basis, but the people accept harmful traditional practices, which have been reinforced by tribal, community and religious leaders in the name of religion (Heidi, 2009). As a result, many communities and families sincerely believe that women should stay at home. When experiencing violence it is difficult for these women to go to seek any kind of help since even the issue of making movement from one place to another is difficult.

The WHO study further explored that abused women in most cases opt for redress in such situations from informal networks such as family and relatives. (Aaleen et al., 2000).This is similar with what was observed from this study where the majority of the respondents have the tendency of reporting these incidences to family leaders 82(30.7%) or religious leaders 42(15.7%).

Also in a study conducted in Uganda on sexual and domestic violence it was found that three-quarters of abused women turn to informal support services provided by their family and friends. The main reasons for abused women not to tell anyone are complacency, as "women

are abused anyway", and shame. In countries such as Uganda there are criminal provisions for intimate partner violence but women do not want their husbands arrested and locked up in jail (Taylor, 1985). this has also been observed in another study where the Sense of embarrassment and shame coupled with the need to keep it hidden so as to protect family honor, keeps many women silent (Jeyaseelan et al., 2007).

Such sense of shame and embarrassment was also reported in this study where some respondents had reported not seek any help due to shame and embarrassment. This may be due to the fact that intimate partner violence is still considered as a family issue and adequate support systems still lacking or operating poorly.

The study has also revealed that some respondents do not take any kind of action since the culture has shaped them to see violence as a normal thing between people who love each other. Similarly (TAMWA, 1992) in their study of the Kurya tribe of Northern Tanzania intimate partner violence was hidden under the umbrella of cultural practices where it is considered to be a sign of love (TAMWA,1992).

Limitations

The information gathered on intimate partner violence was based on self reports by respondents. This kind of information may often be subjected to recall bias. Such findings are likely to grossly underestimate the problem. Sometimes participants hesitated to admit experiencing intimate partner violence so more emphasize had to be made on confidentiality that the information will be used only by the research team and no names were taken. This fact might have been also influenced by the personal understanding of the definition of intimate partner violence. The study design is a cross-sectional which prohibits the ability to establish the causal effect of intimate partner violence.

Furthermore the sample was restricted to women under 60 years, a decision that was based on the belief that women over that age were likely to have better management skills than younger women and therefore they were less likely to experience intimate partner violence. This limited the ability to generalize the study's findings to a wider cross-section of older women.

Despite these limitations, this study has generated information that could be useful for designing and implementing programmes which are sensitive to the needs of women experiencing intimate partner violence.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.0 Conclusion

The study has shown that intimate partner violence is a problem in informal settlement of Manzese and its prevalence is high. There was a small difference in percentage between those respondents who had positive and those who had negative attitude towards different forms of intimate partner violence. However attitude was not significantly associated with age, education, marriage type and occupation.

Furthermore the current study has shown the prevalence of intimate partner violence was decreasing with the increase of age. More ever alcohol use was significantly associated with the occurrence of violence, women with husbands or partners who were using alcohol experienced more violent episodes compared to those whose partners were not using any kind of alcohol.

It was also shown that most of women who had experienced this kind of violence did not have the tendency of taking any action and this was due to various reasons including love, limited financial options, feared the husband, the belief that the husband or partner will change a belief that violence among women is a normal thing. Most of women who had reported these incidences of violence tend to report to religious and family leaders.

6.1 Recommendations

The study revealed that a high proportion of women living in this informal settlement are experiencing intimate partner violence. Most of these women were unemployed so there should be strategies to empower women economically and encourage them to join various organizations which can act as buffer at times of stress hence they won't be obliged to depend on their spouses economically.

Intimate partner violence should strictly be treated as a crime. More ever stiffer measures should be taken to perpetrators of intimate partner violence to prevent others from practicing

such kind of violence. There should also be policies and laws which limits people from alcohol abuse. Together with forming stations for providing counseling especially to young families. Furthermore health policy makers should also plan for possible interventions on prevention of intimate partner violence including provision of education. Healthcare providers from the primary healthcare level onwards need to be sensitized to the issues of intimate partner violence in order to recognize and treat it early.

Also community awareness of the harmful consequences of intimate partner violence needs to be increased to reduce the community's tolerance intimate partner violence. The role of informal places where people could report incidences of intimate partner violence such as to family and religious leaders should not be ignored. Women should be encouraged to adopt formal interventions in combination with informal interventions, wherever available, to strengthen the support they need. This information obtained should also facilitate the speed of planners and other responsible stakeholders in upgrading of these informal settlements.

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APPENDICES

Appendix 1: Informed consent, English Version

MUHIMBILI UNIVERSITY OF HEALTH SCIENCES,

DIRECTORATE OF RESEARCH AND PUBLICATIONS.

INFORMED CONSENT FORM

ID-NO

Introduction

Consent to participate in the study

Greetings! My name is..... I am a master of Public health (MPH) student at Muhimbili University of Health and allied Sciences. I am conducting a research on; INTIMATE PARTNER VIOLENCE AMONG WOMEN LIVING IN INFORMAL SETTLEMENT IN MANZESE DAR ES SALAAM.

Purpose of the study

This study has the purpose of collecting information in household on intimate partner violence occurring in informal settlement of Manzese Dar es Salaam. You are being asked to participate in this study because you have particular knowledge and experiences that may be important to the study.

What Participation Involves

If you agree to participate in this study the following will occur:

1. You will be required to sit with a trained interviewer and asked to answer questions about intimate partner violence. The interviewer will be recording your responses in the questionnaire.

2. No identifying information will be collected from you during this interview.

3. You will be interviewed only once for approximately 20 minutes in a private setting.

Confidentiality

I assure you that all the information collected from you will be kept strictly confidential. Only people working in this research study will have access to the information. We will be compiling a report, which will contain responses from several women without any reference to individuals. We will not put your name or other identifying information on the records of the information you provide.

Risks

You will be asked questions on intimate partner violence. Some questions may be sensitive and personal, so you might feel uncomfortable at the same time it will take your time as you can be doing other productive work. We do not expect any harm to happen to you because of participating in this study.

Rights to Withdraw and Alternatives

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

The information you provide will help to increase our understanding on intimate partner violence occurring in informal settlement such as Manzese. This will help in finding the appropriate intervention to deal with this problem.

In Case of Injury

We do not anticipate that any harm will occur to you or your family as a result of participation in this study.

Who to contact

If you ever have questions about this study, you should contact the study the study Coordinator **Principal Investigator, Merina Shaidi**, Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Dar es Salaam (Tel. no. 0715 511603). If you ever have questions about your rights as a participant, you may call **Prof. M. Aboud, Chairman of the College Research and Publications Committee,** P. O. Box 65001, Dar es Salaam. Tel: 2150302-6 and **Dr. Mangi J. Ezekiel who is the supervisor** of this study (0713 788811).

Signature

Do you agree?

Participant Agrees [__]

Participant disagree [__]

I _____ have read/understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of Participant _____

Signature of witness (if participant cannot read) _____

Signature of research assistant _____

Date of signed consent _____

Appendix ii: Informed Consent Swahili version

MUHIMBILI UNIVERSITY COLLEGE OF HEALTH SCIENCES DIRECTORATE OF RESEARCH AND PUBLICATIONS.

FOMU YA RIDHAA

Namba ya Utambulisho

Ridhaa ya Kushiriki katika utafiti huu

Habari! Jina langu naitwa .....ni mwanafunzi wa shahada ya pili (udhamili) katika chuo kikuu cha sayansi za afya Muhimbili. Ninafanya utafiti kama sehemu ya masomo yangu wenye lengo la kuangalia hali ya ukatili kwa wanawake unaosababishwa na waume/wenza wa wanawake wanaoishi katika maeneo yasiyopimwa katika kata ya Manzese Dar Es Salaam.

Malengo ya Utafiti

Utafiti huu una lengo la kukusanya taarifa ya hali ya ukatili kwa wanawake unaosababishwa na waume au wenza wa wanawake wanaoishi katika maeneo yasiyopimwa kata ya Manzese Dar Es Salaam. Unaombwa kushiriki katika utafiti huu kwa sababu una uelewa ambao unaweza kuwa muhimu katika tafiti hii.

Ushiriki.

Ukikubali kushiriki katika utafiti huu yafuatayo yatatokea:

a)Utakaa na msaili/mtafiti aliyepewa mafunzo ya jinsi ya kuhoji na kujibu maswali yahusuyo mtazamo wa hali ya unyanyasaji wa kijinsia kwa wanawake wanaoishi maeneo yasiyopimwa ya Manzese Dar es Salaam. Msaili atakua ananukuu majibu yako katika dodoso.

b)Hakuna taarifa zozote za utambulisho tutakazokusanya wakati wa usaili isipokua umri, kazi/shughuli za kazi, kiwango cha elimu na hali yako ya ndoa.

c)Utahojiwa mara moja tu kwa takribani dakika 20.

Usiri

Nakuhakikishia kwamba taarifa zote zitakazokusanywa kutoka kwako zitakua ni siri, ni watu wanaofanya kazi katika utafiti huu tu ndio wanaweza kuziona taarifa hizi.Tutajumuisha ripoti ambayo itakuwa na majibu kutoka kwa washiriki kadhaa bila kuweka vitambulisho vyao. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotupa.

Madhara

Utaulizwa maswali juu ya ukatili kwa wanawake unaosababishwa na waume/wenza wao.Baaadhi ya maswali yanaweza kuwa nyeti na yanayokuhusu wewe binafsi,kwa hiyo unaweza kijisikia vibaya.Vilevile tutachukua muda wako badala ya kwenda kwenye shughuli nyingine za maendeleo.Hakuna madhara yoyote yanayotegemewa kwa kutokana na ushiriki wako katika utafiti huu

Haki ya kujitoa katika utafiti

Kushiriki katika utafiti huu ni uchaguzi wako, kama utachagua kutokushiriki au utaamua kusimamisha kushiriki hutapata madhara yoyote. Unaweza kusimamisha kushiriki katika tafiti hii muda wowote hata kama ulisharidhia kushiriki. Kukataa kushiiriki au kujitoa katika utafiti hakutasababisha adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata.

Faida

Endapo utakubali kushiriki katika utafiti huu ,majibu yako yatakuwa na mchango mkubwa katika matokeo ya jumla ya utafiti huu ambayo yanatarajia kuleta mapendekezo ambayo yatasidia kupunguza ikiwezekana kuondoa kabisa tatizo la ukatili kwa wanawake wanaoishi katika maeneo yasiyopimwa,unaosababishwa na waume/wenza wao.

Endapo Utadhurika

Hatutegemi madhara yoyote kutokea kwa kushiriki kwako katika utafiti huu.

Watu wa kuwasiliana nao

Kama una maswaIi katika utafiti huu unaweza kuwasiliana na **mratibu mkuu wa mradi, Merina Shaidi**, Chuo Kikuu cha Muhimbili, S.L. P 65001, Dar es Salaam (Simu. no. 0715 511603). Kama utakua na maswali yoyote kuhusu haki zako kama mshiriki unaweza kupiga simu kwa **Prof.M.Aboud,** ambaye ni **Mwenyekiti wa kamati ya chuo ya utafiti na machapisho**, S.L.P 65001, Dar es Salaam. Simu namba: 2150302-6 na **Dr. Mangi J Ezekiel ambaye ni msimamizi wa utafiti huu** (Simu nambari. 0713788811).

Sahihi

Unakubali?

Mshiriki amekubali [__]

Mshiriki amekataa [__]

Mimi _____ nimesoma/nimeielewa hii fomu, maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki _____

Sahihi ya shahidi (kama hawezi kusoma na kuandika) _____

Sahihi ya mtafiti mwandamizi _____

Tarehe ya makubaliano

APPENDIX II: Survey Questionnaire, English Version

INTIMATE PARTNER VIOLENCE AMONG WOMEN LIVING IN INFORMAL SETTLEMENT

Date [__ __] - [__ __] - [2011]

Respondents ID

Name of interviewer:

ID of interviewer:

Instruction: Please fill in the empty blanks or circle the right answer

1. How old are you? _____

2. Religion?

a) Muslim

b) Christianity

c) Other, specify_____

3. What is your current marital status?

a) Single

b) Married

c) Divorced/separated

d) Widowed

e) Cohabiting

4. Marriage type

a) Religious

b) Civil

c) Customary

d) Cohabiting

e) Other, specify_____

5. Have you ever attended school?

a) Yes

b) No (Go to question 7)

6. What is your highest level of education?

a) Pre primary

b) Incomplete primary school

c) Completed primary school

d) Incomplete secondary school

e) Secondary education and above

7. What is your current occupation?

a) Civil servant

b) Self employed

c) Farmer

d) Business person

e) Unemployed

f) Other, specify_____

8. Do you have children?

a) Yes

b) No (Go to question 10)

9. If yes, how many children do you have? _____

10. How many people live in your household? _____

11. For how long have you been living in this Manzese area? _____

12. How old is your husband/intimate partner? _____

13. What is his occupation?

a) Civil servant

b) Self employed

c) Farmer

d) Business person

e) Unemployed

f) Other, specify_____

14. Does your husband/intimate partner drink alcohol?

a) Yes

b) No (Go to question 15)

15. How often does your husband/intimate partner get drunk?

a) Many times

b) Sometimes

c) Never

16. Has your husband/intimate partner ever attended school?

a) Yes

b) No (Go to question 17)

17. What is the highest level of education of your husband/intimate partner?

a) Pre primary

b) Incomplete primary school

c) Completed primary school

d) Incomplete secondary school education

e) Secondary education and above

18. Physical abuse is an aggression to the woman by a husband or intimacy partner. It involves being slapped, pushed, burned, chocked, kicking, hit, dragged, and beaten,

a) Strong agree

b) Agree

c) Disagree

d) Strong disagree

19. Psychological abuse to a woman by a husband or intimacy partner involves intimidation, constant belittling and humiliating, , threatened to use sharp objects or weapon various controlling behaivours such as isolating a person from their family and friends, monitoring their movement and restricting their access to information or assistance.

a) Strong agree

b) Agree

c) Disagree

d) Strong disagree

20. Sexual abuse is the act of being coerced to perform sexual acts against the woman's will and physically forced into sexual intercourse by the husband/intimacy partner. It can be being physically forced to have sexual intercourse with you even when you do not want to. Threatened that if you did not have sex with him he would leave you or go to another woman and Forcing a woman to do something sexual that she found degrading or humiliating.

a) Strong agree

b) Agree

c) Disagree

d) Strong disagree

21. Have you ever been slapped by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

22. Have you ever been pushed by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

23. Have you ever been Hitted with his fist or with something else that could hurt you by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

24. Have you ever been kicked up by your husband or intimate partner?

a) Many times

b) Sometimes

c) Never

25. Have you ever been beaten up by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

26. Have you ever been choked or burned on purpose by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

27. Have you ever been forced by your husband or intimate partner to do something sexual that you found degrading or humiliating

a) Many times

b) Sometimes

c) Never

28. Have you ever been physically forced to have sexual intercourse with your husband/intimate partner even when you did not want to do so?

a) Many times

b) Sometimes

c) Never

29. Have you ever been threatened by your husband or intimate partner that if you didn't have sex with him he would leave you or go to another woman?

a) Many times

b) Sometimes

c) Never

30. Have you ever been threatened to use or actually used a gun, knife or weapon against you by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

31. Have you ever been intimidated by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

32. Have you ever been isolated from your family and friends by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

33. Have you ever been restricted to access information or assistance by your husband/ intimate partner?

a) Many times

b) Sometimes

c) Never

34. Have you ever been humiliated by your husband/intimate partner?

a) Many times

b) Sometimes

c) Never

35. If you experience intimate partner violence what action do you take? (More than one option allowed)

a) Report to a police

b) Seek medical treatment

c) Reported to religious leaders

d) Reported to family leaders

e) No action

f) Other, specify_____

36. In case you did not take any action what were the reasons for not taking any action? (More than one option allowed).

a) Fear of the husband/intimate partner

b) Religious reasons

c) Limited financial options

d) Embarrassment and shame

e) Believing violence among women is normal

f) Believing the abuser will change

g) Love

h) Other, specify_____

37. When you reported to the police what actions were taken? (More than one option allowed).

a) Statement taken

b) Case opened

c) The husband/intimate partner caught

d) Ignored

e) Other, specify_____

38. When you went to the hospital what actions were taken? (More than one option allowed).

a) Given medical treatment

b) Failed to explain the problem to the doctor

c) Failed to get medical treatment

d) Other, specify_____

39. If you reported to the religious leaders, what actions were taken? (More than one option allowed).

a) The husband/intimate partner was warned

b) Divorce was initiated

c) You were blamed for causing the violence you had experienced

d) Ignored

e) Other, specify_____

40. If you reported to family leaders what actions were taken? (More than one option allowed).

a) The husband/intimate partner was warned

b) You were blamed for causing the violence you had experienced

c) Punishment provided to the husband/intimate partner

d) Ignored

e) Other, specify_____

UKATILI KWA WANAWAKE WANAOISHI KATIKA MAENEO YASIYOPIMWA UNAOSABABISHWA NA WAUME AU WENZA WAO KATIKA KATA YA MANZESE DAR ES SALAAM.

Tarehe ya leo [__ __] - [__ __] - [2012]

Namba ya utambulisho ya mshiriki

Jina la mtafiti msaidizi _____

Maelekezo: Tafadhali jaza sehemu ilio wazi au zungushia jibu lililo sahihi.

A.TAARIFA ZA MSAILIWA

1. Una umri gani? _____

2. Dini

1) Muislamu

2) Mkristo

3) Sina dini

4) Nyinginezo, taja_____

3. Hali yako ya ndoa ya sasa?

1) Sijaolewa

2) Nimeolewa

3) Nimeachika/Nimetengana

4) Mjane

5) Naishi na mwenza

4. Aina ya ndoa

1) Kidini

2) Kiserikali

3) Kimila

4) Naishi na mwenza

5) Aina nyingine, itaje_____

5. Je, Umeshawahi kupata elimu ya shule?

1) Ndio

2) Hapana (nenda swali la 7)

6. Una kiwango gani cha juu cha elimu?

1) Elimu ya awali

2) Hujamaliza elimu ya msingi

3) Umemaliza elimu ya msingi

4) Hukumaliza elimu ya sekondari

5) Umemaliza elimu ya sekondari na zaidi

7. Una ajira gani kwa sasa?

1) Mtumishi wa serikali

2) Nimejiajiri

3) Mkulima

4) Mfanyabiashara

5) Sina ajira yoyote

6) Ajira nyingine, itaje_____

8. Je, una watoto?

1) Ndiyo

2) Hapana (nenda swali la 10)

9. Kama ndio, una watoto wangapi? _____

10. Kaya yako ina watu wangapi? _____

11. Umekuwa ukiishi eneo hili la manzese kwa muda gani? _____

12. Mume/mwenzi wako ana miaka mingapi? _____

13. Mume/mwezi wako ana ajira gani?

1) Mtumishi wa serikali

2) Amijiajiri

3) Mkulima

4) Mfanyabiashara

5) Hana ajira

6) Kazi nyingine,itaje_____

14. Mume/mwezi wako anakunywa pombe?

1) Ndio

2) Hapana (nenda swali la 15)

3) Sifahamu (nenda swali la 15)

15. Mume/mwenza wako anakunywa pombe kwa kiasi gani?

1) Mara nyingi

2) Mara chache

3) Hajawahi

4) Sifahamu

16. Je, mume/mwenza wako amepata elimu ya shule?

1) Ndio

2) Hapana (nenda swali la 17)

3) Sifahamu (nenda swali la 17)

17. Mume/mwezi ana kiwango gani cha elimu?

1) Elimu ya awali

2) Hajamaliza elimu ya msingi

3) Amemaliza elimu ya msingi

4) Hakumaliza elimu ya sekondari

5) Amemaliza elimu ya sekondari na zaidi

18. Ukatili wa kutumia nguvu dhidi ya mwanawake unaofanywa na Mume/mwezi ni wakati anapotumia nguvu kukupiga makofi, kukusukuma, kukuunguza, kukuziba pumzi, kukupiga mateke, kukukokota, na kukupiga ngumi.

1) Nakubali kabisa

2) Nakubali

3) Sikubali

4) Sikubali kabisa

19. Ukatili wa kisaikolojia dhidi ya mwanamke unaofanywa na mume/mwezi ni wakati anapokudhalilisha, anapokukejeli, anapokutenga na familia na marafiki, anapokukataza kupata habari au msaada anapouhitaji?

1) Nakubali kabisa

2) Nakubali

3) Sikubali

4) Sikubali kabisa

20. Ukatili wa ngono kwa mwanawake unaofanywa na mme/mwenza ni wakati anapotumia nguvu kufanya nawe ngono bila wewe kutaka, kukutishia kukuacha na kwenda kwa mwanamke mwingine iwapo utakataa kufanya nae ngono na kukulazimisha kufanya ngono ambayo unaona ni ya kudhalilisha.

1) Nakubali kabisa

2) Nakubali

3) Sikubali

4) Sikubali kabisa

21. Umeshawahi kupigwa makofi kama adhabu na mume/mwenza wako?

1) Mara nyingi

2) Mara chache

3) Sijawahi

22. Umeshawahi kusukumwa kama adhabu na mume/mwenza wako?

1) Mara nyingi

2) Mara chache

3) Sijawahi

23. Umeshawahi kugongwa na kitu cha kuumiza na mume/mwenza wako kama adhabu?

1) Mara nyingi

2) Mara chache

3) Sijawahi

24. Umeshawahi kupigwa mateke kama adhabu na mume/mwenza wako?

1) Mara nyingi

2) Mara chache

3) Sijawahi

25. Umeshawahi kupigwa na mume/mwenza wako kama sehemu ya adhabu?

1) Mara nyingi

2) Mara chache

3) Sijawahi

26. Umeshawahi kuunguzwa makusudi kama adhabu na mume/mwenza wako?

1) Mara nyingi

2) Mara chache

3) Sijawahi

27. Umeshawahi kulazimishwa kufanya ngono ambayo unafikiri imekudhalilisha?

1) Mara nyingi

2) Mara chache

3) Sijawahi

28. Umeshawahi kulazimishwa na mume/mwenza wako kufanya ngono bila idhini yako?

1) Mara nyingi

2) Mara chache

3) Sijawahi

29. Umeshawahi kutishiwa kuachwa na mume/mwenza wako iwapo hautafanya nae ngono?

1) Mara nyingi

2) Mara chache

3) Sijawahi

30. Umeshawahi kutishiwa kwa kutumia bunduki, kisu, au kitu chenye ncha kali?

1) Mara nyingi

2) Mara chache

3) Sijawahi

31. Mume/mwenza wako ameshawahi kukukejeli?

1) Mara nyingi

2) Mara chache

3) Sijawahi

32. Umeshawahi kutengwa na mume/mwenza wako na familia au marafiki kama adhabu?

1) Mara nyingi

2) Mara chache

3) Sijawahi

33. Umeshawahi kukatazwa kupata habari au msaada pale unapouhitaji na mume/mwenza?

1) Mara nyingi

2) Mara chache

3) Sijawahi

34. Umeshawahi kudhalilishwa na mume/mwenza wako?

1) Mara nyingi

2) Mara chache

3) Sijawahi

35. Je, ukifanyiwa kitendo cha kikatili na mume/mwenza wako huwa unachukua hatua gani? (Zaidi ya jibu moja inaruhusiwa).

1) Unatoa taarifa police

2) Unaenda kutafuta matibabu

3) Unatoa taarifa kwa viongozi wa dini

4) Unatoa taarifa kwa viongozi wa familia

5) Hauchukui hatua yoyote

6) Hatua nyingine, itaje_____

36. Kama hauchukui hatua yoyote ni sababu gani zinazokufanya usichukue hatua yeyote? (Zaidi ya jibu moja inaruhusiwa).

1) Unamwogopa mume/mwenza wako

2) Sababu za kidini

3) Uhaba wa fedha

4) Fedheha na aibu

5) Imani kuwa ukatili kwa wanawake ni kitu cha kawaida

6) Imani kwamba mume/mwenza atabadilika

7) Upendo

8) Sababu nyingine, itaje _____

37. Kama umeshawahi kutoa taarifa polisi ni hatua gani zilichukuliwa? (Zaidi ya jibu moja inaruhusiwa).

1) Maelezo yalichukuliwa

2) Kesi ilifunguliwa

3) Mume/mwenza wako alikamatwa

4) Ulidharauliwa

5) Hatua nyingine, itaje _____

38. Kama ulienda kutafuta matibabu ni hatua gani zilichukuliwa? (Zaidi ya jibu moja linaruhusiwa).

    1) Ulipata matibabu

    2) Ulishindwa kuelezea tatizo lako kwa daktari

    3) Ulishindwa kupata matibabu

    4) Hatua nyingine, itaje _____

39. Kama ulitoa taarifa kwa viongozi wa dini ni hatua gani zilichukuliwa?

    1) Mume/mwenza wako alipewa onyo

    2) Mchakato wa talaka ulianzishwa

    3) Ulilaumiwa kwa kuwa chanzo cha ukatili ulifanyiwa

    4) Ulidharauliwa

    5) Hatua nyingine, itaje _____

40. Kama ulitoa taarifa kwa viongozi wa familia ni hatua gani zilichukuliwa? (Zaidi ya jibu moja inaruhusiwa).

    1) Mume/mwenza wako alipata onyo

    2) Ulilaumiwa kwa kuwa chanzo cha ukatili uliofanyiwa

    3) Mchakato wa talaka ulianzishwa

    4) Ulidharauliwa

    5) Hatua nyingine, itaje_____

ASANTE SANA KWA USHIRIKIANO WAKO!