EFFECTS OF INTIMATE PARTNER VIOLENCE ON MENTAL HEALTH AMONG MARRIED WOMEN: A CASE STUDY OF NYAMAGANA MUNICIPALITY, MWANZA TANZANIA

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN GENDER STUDIES

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK, OF THE OPEN UNIVERSITY OF TANZANIA

2025

CERTIFICATION

The undersigned certifies that he has read and does hereby recommend for acceptance by The Open University of Tanzania research entitled ***"Effects of Intimate Partner Violence on Mental Health Among Married Women"*** in Nyamagana Municipality Council, Mwanza in partial fulfilment of the requirements for the award of the Degree of Masters of Arts in Gender Studies of the Open University of Tanzania.

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Date

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DECLARATION

I Nyamoni Warioba declare that, the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfilment of the requirement for the Degree of Master of Arts in Gender Studies.

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Signature

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Date

DEDICATION

This dissertation is dedicated to my beloved family. To my wonderful wife, Lulu Tawani, your unwavering love, encouragement, and support have been the backbone of my journey. Your belief in me has been a constant source of strength.

To my four amazing sons, Nyamoni Jr, Caden, Ehan, and Riyan, this work is also for you. May it inspire you to always pursue knowledge and strive to make a difference in the world. Your presence in my life brings me joy and motivation every day. With all my heart, I dedicate this achievement to you all.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to all those who contributed to the successful completion of this dissertation.

First and foremost, I extend my deepest appreciation to my supervisors, Dr. Naftali Ng'ondi and Dr. Straton Ruhinda, for their valuable guidance, support, and encouragement throughout the research process. Your insightful feedback and unwavering patience have been instrumental in shaping this work.

I am also profoundly thankful to the Regional Administrative Secretary (RAS) Mwanza and the District Administrative Secretary (DAS) Nyamagana for granting the necessary permissions to collect data. Additionally, my sincere thanks to the Mtaa Executive Officers and Street Chairpersons across the five wards where the research was conducted. Your cooperation and assistance in facilitating data collection were essential to the success of this study.

Lastly, I would like to acknowledge the unwavering support of my family, friends, and colleagues, who have been a source of strength and encouragement during this journey.

Thank you all for your contributions, without which this dissertation would not have been possible.

ABSTRACT

This study investigates the effects of intimate partner violence (IPV) on the mental health of married women in Nyamagana Municipality, Mwanza, Tanzania. Using a qualitative research design, specifically using a phenomenological design. Data was collected from 18 women through semi-structured interviews, capturing their lived experiences and the impact of IPV on their psychological well-being. The study reveals that emotional violence is the most prevalent form of IPV, followed by physical, economic, and sexual violence. These acts of violence contribute to a wide range of mental health issues, including stress, depression, sleeping difficulties, social withdrawal, anger, and suicidal thoughts. The majority of participants also demonstrated limited awareness of available mental health services in their community, indicating a significant gap in support mechanisms for IPV survivors. The research situates these findings within the framework of social ecological and radical feminism theory, showing how cultural norms and patriarchal structures perpetuate IPV and hinder women's mental health and access to support. This study concludes that addressing IPV requires a multifaceted approach, including increased awareness of mental health services, societal reform to challenge harmful norms, and stronger support networks for affected women. Recommendations include expanding mental health resources and advocating for policy interventions that empower women and protect them from violence.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	-	Acquired Immune deficiency Syndrome
AU	-	African Union
CEDAW	-	Convention on Elimination and Discrimination Against Women
CBT	-	Cognitive-Behavioural Therapy
CDC	-	Disease Control and Prevention
CHW	-	Community Health Workers
DAS	-	District Administrative Secretary
DHS	-	Demographic Health Survey
FGDs	-	Focus Group Discussion
GBV	-	Gender based violence
HIV	-	Human Immunodeficiency Virus
IPV	-	Intimate Partner Violence
KII	-	Key informant Interview
MDGs	-	Millennium Development Goals
NBS	-	National Bureau of Statistics
NGO's	-	Non-Governmental Organizations
OUT	-	Open University of Tanzania
PTSD	-	Post Traumatic Stress Disorder
RAS	-	Regional Administrative Secretary
TTM	-	Trans theoretical model
URT	-	United Republic of Tanzania
USA	-	United States of America
UN	-	United Nations
VAC	-	Violence Against Children
VAW	-	Violence Against Women
WHO	-	World Health Organization

CHAPTER ONE

BACKGROUND INFORMATION

This study investigates the effects of intimate partner violence (IPV) on the mental health of married women in Nyamagana, Mwanza, a rapidly growing city in north-western Tanzania. Despite regional social and economic development, women continue to face substantial challenges related to IPV, largely due to deeply entrenched sociocultural norms that contribute to their subordination and marginalization. These norms expose women to a range of physical and mental health issues. Women experiencing IPV are at a heightened risk of developing mental health conditions, including anxiety, depression, suicidal ideation, and post-traumatic stress disorder. Although the importance of addressing IPV and its mental health implications is widely recognized, limited research in this region has focused on IPV, with most studies cantering on its prevalence and physical health effects.

Recognizing a significant gap in understanding the mental health impacts of IPV on married women in Nyamagana, Mwanza, this study aims to address this knowledge deficit. By examining these effects, the research seeks to inform the development of targeted interventions and support strategies to aid IPV survivors more effectively.

1.2 Background to the Problem

Intimate partner violence is a major social issue and a critical public health and human rights concern worldwide. It affects women of all backgrounds, regardless of race, socioeconomic status, or education level, and has profound consequences on their mental health and overall social well-being. IPV encompasses behaviours

by a current or former partner that cause physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours (WHO, 2021).

Globally, intimate partner violence has long been rooted in cultural, social, and power dynamics, with nearly 1 in 3 women aged 15 or older experiencing IPV at some point in their lives (WHO, 2021). Sub-Saharan Africa has some of the highest global rates of IPV, with emotional, physical, and sexual violence against women estimated at 32.5%, and prevalence rates ranging from 7.6% in Comoros to 50.9% in Sierra Leone (Dickson, Boateng, Adzrago, Addo, Acquah, & Nyarko, 2023). In Tanzania, the SIGI country report (2022) indicates that half of all women have experienced IPV at some point, with one in four experiencing it within the past year. Rates are higher in Mainland Tanzania (56%) than in Zanzibar (38%) (OECD, 2022).

In Mwanza's Nyamagana District, a 2017 study revealed that 61% of female respondents had experienced physical and/or sexual violence in their relationships (Kapiga, Harvey, Muhammad, Stöckl, Mshana, Hashim, Hansen, Lees, & Watts, 2017). Social welfare data from Nyamagana showed 74 recorded IPV cases in 2022, which decreased to 39 by the third quarter of 2023 (URT, 2024). IPV cases, however, are often underreported due to social and cultural norms.

Several factors contribute to the prevalence of IPV in Tanzania, including traditional elements such as male dominance, alcoholism, poverty, and family dissatisfaction (Simmons, Halim, Servidone, Steven, Reich, Badi, Holmes, Kawemama, & Messersmith, 2020). A 2021 study across Meru, Karatu, and

Monduli district councils highlighted harmful traditional practices such as male dominance, early marriage, lack of inheritance rights, polygamy, restricted freedom of expression, and limited educational opportunities as significant drivers of IPV (Magombola & Shimba, 2021). Women in customary marriages are particularly vulnerable, often facing higher rates of abuse due to cultural norms that enforce obedience and submission to their husbands' authority (Mosha, Ezekiel, Onesmo, & Sabasaba, 2019).

The impact of IPV on married women in Tanzania is severe, leading to injuries, fatalities, and numerous mental health challenges. According to WHO (2013), women who experience IPV are more likely to develop mental health disorders such as anxiety, depression, phobias, suicidal ideation, post-traumatic stress disorder, and substance abuse.

1.3 Statement of the Problem

Intimate partner violence (IPV) is a global social issue increasingly acknowledged as both a human rights violation and a serious public health concern (WHO, 2013). In Tanzania, substantial efforts to address IPV within Sub-Saharan Africa have included laws, policies, and programs to combat it. Nonetheless, IPV remains a significant and persistent issue, especially affecting women.

In the Nyamagana-Mwanza region of Tanzania, IPV poses a critical challenge with implications for both human rights and public health. However, its mental health impacts have not received sufficient research attention. Socio-cultural, economic, and demographic factors in this area play a considerable role in the high prevalence and persistence of IPV (Aloyce, Stöckl, Malibwa, Peter, Mchome, Dwarumpudi,

Buller, Kapiga, & Mshana, 2023; Mafela, 2014). Research in northwestern Tanzania (Mwanza) indicates that 27% of women aged 19–70 experienced IPV within 12-months (Kapiga et al., 2017). In Nyamagana District specifically, social welfare data reported 74 IPV cases in 2022, dropping to 39 cases by the third quarter of 2023 (URT, 2024).

For many married women in Tanzania, IPV incidents often go unreported due to factors such as shame, stigma, and inadequate resources for reporting (Christopher, Drame, Leyna, Killewo, Bärnighausen, & Rohr, 2022). The effects of IPV extend beyond physical harm, leading to serious mental health challenges, including anxiety, depression, suicidal ideation, and post-traumatic stress disorder.

While the existing literature on IPV in Tanzania has largely addressed its prevalence and physical health consequences, there has been limited investigation into its psychological effects. This gap underscores the need to understand the mental health implications of IPV for married women, highlighting the importance of targeted intervention strategies and support programs to aid IPV survivors within the community.

1.4 Objectives of the Study

1.4.1 Main Objective

The Main objective of this study was to examine the effects of intimate partner violence on mental health among married women in Nyamagana, Mwanza.

1.4.2 Specific Objectives

The study was expected to address the following specific objectives;

i. To explore forms of intimate partner violence, be it physical, sexual, emotional, or economic, that are common among married women exposed to IPV
ii. To examine the impact of intimate partner violence on the mental health of married women.
iii. To determine whether married women who have experienced IPV are aware of the available mental health treatments in their community.

1.4.2 Research Questions:

The following research questions guided the study;

i. What are the common forms of intimate partner violence be physical, sexual, emotional, or economic, experienced by married women exposed to IPV?
ii. How does intimate partner violence impact the mental health of married women?
iii. Are married women who have experienced intimate partner violence aware of the available mental health treatments in their community?

1.5 Significance of the Study:

The study on the effects of intimate partner violence (IPV) on the mental health of married women made significant contributions in several areas. First, it informed the development of targeted intervention strategies to respond to and prevent IPV, specifically addressing the needs of married women within the community. Second, the findings increased awareness among community members regarding the prevalence and impact of IPV. By challenging harmful cultural norms, the study promoted healthier relationships and fostered a supportive environment. Additionally, the research enhanced the health and well-being of married women by examining the mental health consequences of IPV. This included investigating both short- and long-term effects on women's psychological and emotional well-being, which supported the provision of tailored mental health services and resources.

Finally, the study sought to support policy and legal reforms addressing IPV. By advocating for the implementation of laws and regulations to protect the rights of married women, the research contributed to efforts to create a safer and more equitable society.

1.6 Limitation of the Study

While limitations are inevitable in research, the researcher effectively addressed challenges to accomplish the study's objectives and mitigate the following constraints. The study involved a small sample of 18 married women, which may limit the generalizability of the findings. Additionally, as the results were based on self-reported data from participants, there is a potential for bias, as responses may include inaccuracies or omit certain personal experiences.

1.7 Delimitation of the Study

The study was focused specifically on married women experiencing intimate partner violence within a particular community, allowing for an in-depth exploration of the research problem. However, this focus on married women may overlook the experiences of women in other intimate or non-marital relationships, potentially limiting the study's insights into the broader impact of IPV on mental health across different relationship dynamics.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter reviewed existing literature on the impact of intimate partner violence (IPV) on women's mental health, directly relevant to this study. It presented the conceptual framework, incorporating both local and international empirical studies on the topic. The review included a range of sources, such as journals, articles, research papers, and public documents addressing IPV. Additionally, the chapter defined key concepts, conducted a theoretical analysis, synthesized empirical findings, examined relevant policies, identified research gaps, and established a conceptual framework. The chapter concluded with a summary of these findings, setting the foundation for the study's objectives and approach.

2.2 Operational Definitions of Key Terms

This study thoroughly examined two key concepts essential to the research process. A clear understanding of these concepts is crucial for a comprehensive grasp of the study's content. The following terms are defined within this study.

2.2.1 Intimate Partner Violence

There is no universally agreed-upon definition of intimate partner violence (IPV). Buntin (2015) defines IPV as behaviours within an intimate relationship that can result in physical, psychological, or sexual harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours toward a partner. In this study, IPV is considered any harmful act within an intimate relationship, whether physical, sexual, or emotional.

2.2.2 Mental Health

The World Health Organization (WHO, 2003) defines mental health as a state of well-being in which individuals recognize their abilities, cope with the normal stresses of life, work productively, and contribute to their communities. For this study, mental health is understood as an individual's capacity to perform daily tasks and maintain social well-being.

2.2.3 Married Woman

This refers to any woman living legally or customarily with a man as husband and wife, sharing common goals.

2.3 Critical Review of Supporting Theories or Theoretical Analysis

This section was essential to the study as it established the foundation for the researcher to develop their arguments through a review of existing theories. The primary objective of this study was to phenomenologically explore the lived experiences of women affected by intimate partner violence (IPV) and its impact on their mental health. To achieve this, the study was guided by two theoretical frameworks: ecological systems theory and radical feminism theory.

2.3.1 Ecological System Theory

The Ecological Systems Theory, developed by Urie Bronfenbrenner in 1979, suggests that human development is shaped by various environmental systems, divided into four subsystems: microsystem, mesosystem, exosystem, and macrosystem. This study focuses on two levels: the microsystem and the mesosystem. The microsystem includes individuals, programs, and organizations

that have the most direct influence on a person, such as family members, peers, and educators (Flynn & Mathias, 2023). The mesosystem encompasses interactions among these microsystems, including relationships within families, communities, schools, and local institutions (Azam & Mazid, 2022). According to this theory, intimate partner violence can stem from observing and experiencing violent behaviours in childhood and through life events within the family, community, and society. Research shows that adolescents exposed to parental conflict and abuse are more likely to engage in violent behaviours in their own intimate relationships (Sheng, 2020).

While Ecological Systems Theory highlights environmental influences on behaviour, it does not fully explain the role of cultural values and norms in contributing to IPV. To address this gap, feminist theory complements Ecological Systems Theory by examining the cultural values and norms that perpetuate intimate partner violence.

2.3.2 Radical Feminism Theory

Radical Feminism is the movement founded in the 1960s by women who had participated in the civil rights and anti-war campaigns in New York and Boston, which later spread to other parts of the USA and Europe. The prominent advocates of this theory are Kate Millet (1934-2017) and Germaine Greer (1939). The radical feminist theory views patriarchy as the fundamental cause of perpetuating discrimination and oppression of women. Furthermore, the theory emphasizes that violence and coercion against women, such as sexual harassment, domestic

violence, rape, abuse of women, and child sexual assault, are forms of exploitation and oppression of women resulting from the subordination of women.

Scholars such as Bell and Naugle argue that in patriarchal societies, gender inequality and sexism significantly contribute to intimate partner violence (IPV) (Bell & Naugle, 2008), asserting that IPV primarily arises from societal rules and beliefs that uphold male superiority and condone violence against women.

Similarly, researchers like McCloskey (2016) and Dasre (2017) emphasize the influence of traditional gender roles and family norms on IPV (Bell & Naugle, 2008; Dasre, Greulich, & Ceren, 2017; McCloskey et al., 2016). This perspective is relevant to this study as it clarifies how patriarchal structures perpetuate IPV and negatively impact women's mental health. In such societies, women often encounter social and economic inequalities, including abusive relationships, coercive control, limited freedoms, lack of social support, and restricted decision-making power within families.

The adverse effects of patriarchal systems profoundly affect women's mental health due to their subordinate status within societal structures (Varma & Sahai, 2021). Although feminist theory has been critiqued for its focus on women's issues and portrayal of men as perpetrators, these critiques do not diminish its relevance to this research. Studies consistently demonstrate that IPV disproportionately affects women, highlighting the ongoing importance of feminist perspectives in understanding and addressing IPV and its impact on women's well-being.

2.4. Empirical Literature Review

2.4.1 General Studies of Intimate Partner Violence

The topic of intimate partner violence (IPV) has been extensively studied in academic literature over several decades, gaining prominence during the 1970s and 1980s alongside the second wave of the feminist movement (Ferraro, 1996). Initially recognized by feminists as a human rights violation, IPV was officially acknowledged as a significant public health issue during the 1996 World Health Assembly (Heath, 2002). Today, IPV encompasses any act that causes physical, sexual, or emotional harm (Islam, Jahan, & Hossain, 2018) and has been thoroughly investigated to identify its causes across various global contexts. Research indicates that factors such as poverty, early childhood experiences, alcohol use, and low levels of education contribute to the occurrence of IPV (Capaldi, Knoble, Shortt, & Kim, 2012). While IPV impacts both men and women, it predominantly affects women; studies from the World Health Organization (WHO, 2013) indicate that 30% of women experience IPV at some point in their lives.

Furthermore, research consistently demonstrates that women who are victims of IPV often suffer severe mental health consequences due to prolonged exposure to violence in their households. These consequences include emotional distress, depressive disorders, suicidal thoughts, post-traumatic stress disorder (PTSD), anxiety, sleep disturbances, dissociative and somatoform disorders, substance abuse, eating disorders, and low self-esteem (Afifi, MacMillan, Cox, Asmundson, Stein, & Sareen, 2009; WHO, 2013).

2.4.2 Africa Studies Related to IPV

The cross-sectional study, which employed qualitative research methods to assess the prevalence of intimate partner violence (IPV) in Africa and collected data through a questionnaire, found that 37% of women who have ever had a partner experienced physical or sexual violence at least once in their lifetime (Mosha et al., 2019).

Additionally, studies indicate that women in the poorest countries are disproportionately affected by violence. For instance, research shows that 37% of women in the poorest regions, including Oceania, Southern Asia, and Sub-Saharan Africa, have experienced intimate partner violence, with the highest rates observed among women aged 15 to 49 (WHO, 2021).

Moreover, a report from seven countries—Kenya, Tanzania, Zimbabwe, Nigeria, Malawi, Haiti, and Zambia—gathering data from adolescents and young people aged 13 to 24, revealed a high prevalence of sexual abuse among girls under 18, with rates exceeding 20% in all countries (WHO, 2013).

2.4.3 Empirical Studies in Tanzania

Tanzania, located in East and Sub-Saharan Africa, is home to diverse cultural ethnicities, with many ethnic groups linked to a patriarchal system that is often associated with intimate partner violence (IPV). For example, a married woman who witnessed her mother being abused by her father during childhood may not report IPV, viewing it as a normalized practice (Simmons et al., 2020). Additionally, alcohol use is correlated with IPV, as it impairs cognitive and

physical functions, reducing an individual's decision-making abilities and self-control, thereby increasing the likelihood of IPV.

IPV is a significant social issue in Tanzania, affecting a substantial portion of the female population. According to the Tanzania Demographic and Health Survey (2022), approximately 27% of women aged 15 to 49 have experienced physical violence since the age of 15, and 12% have experienced sexual violence. A secondary data analysis of the 2015–2016 Tanzanian DHS found that one in four women in Tanzania had been victims of physical or sexual violence (Mahenge & Stöckl, 2021). Furthermore, a multidisciplinary study conducted in Tanzania by Kinyondo highlighted that the age and education level of respondents' partners are directly linked to IPV (Kinyondo, Ntegwa, & Miho, 2021).

2.4.4 Empirical Studies in Mwanza

The cross-sectional study conducted by Kapiga et al. (2017) in northwestern Tanzania (Mwanza), which employed a structured questionnaire with 1,021 female respondents, revealed a significant prevalence of intimate partner violence (IPV) in the region. The study found that 61% of women aged 19 to 70 reported experiencing physical and/or sexual IPV at some point, with 27% reporting incidents within the past 12 months. Additionally, the research identified a correlation between exposure to IPV and poor mental health among married women, particularly affecting those with younger partners and lower levels of education (Kapiga et al., 2017).

Conversely, a longitudinal study conducted in Mwanza, Tanzania, highlighted the predominance of the Sukuma tribe in the region, which is characterized by a

patriarchal system with distinct gender roles for men and women (Dwarumpudi, Mshana, Aloyce, Peter, Mchome, Malibwa, Kapiga, & Stöckl, 2022). This study reported instances where women aged 27 to 57 experienced sexual intimate partner violence, including cases of coerced sexual activity without consent (Dwarumpudi et al., 2022).

2.4.5 Forms of Intimate Partner Violence Experienced by the Victims

There are several types of intimate partner violence, and this study focused on the three most common forms: physical, emotional, and sexual violence.

2.4.5.1 Physical Violence

This type of violence involves physical harm to the body, often resulting in bruises, wounds, cuts, or fractures. It includes acts such as beating, choking, biting, shoving, or pushing. Statistics indicate that many partner-related deaths are linked to physical violence, which sometimes involves the use of sharp and dangerous tools, such as knives, machetes, sticks, hammers, or guns (Carlson, Worden, Van Ryn, & Bachman, 2000).

2.4.5.2 Emotional or Psychological Violence

The term emotional or psychological violence can be complex to understand. According to the Istanbul Convention, psychological violence involves deliberately undermining a person's psychological integrity through intimidation or threats (Srivastav, 2021). Examples of emotional violence include insults, belittlement, accusations, shaming, controlling behavior, and criticism, among others.

2.4.5.3 Sexual Violence

Sexual violence refers to coerced sexual acts, which can involve any sexual activity, attempted sexual acts, or sexual comments made without regard for the victim's consent or their relationship to the perpetrator (Mohammed & Hashish, 2015). Research has shown a significant association between experiences of sexual violence and mental health issues, such as depression (Campbell & Soeken, 1999).

2.4.6 Risk Factors Associated with IPV

2.4.6.1 Socio-Cultural

Studies have shown that the prevalence of intimate partner violence (IPV) varies significantly across different societies. In some societies, IPV is reported to be rare or even non-existent. In Tanzania, a patriarchal society, socio-cultural norms often undervalue and disrespect women, contributing to disparities in educational opportunities compared to men (Owusu Adjah & Agbemafle, 2016). Research indicates that traditional masculinity and behaviors, such as male dominance over women and having multiple sexual partners, are associated with intimate partner violence (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, Jansen, & Heise, 2011).

2.4.6.2 Poverty

Poverty is a significant factor contributing to intimate partner violence within households, particularly when men struggle to meet financial obligations. This struggle can lead to conflicts arising from financial instability or stress (Dasre et al., 2017). Another study emphasized that IPV is strongly linked to poverty, male

employment status, and the availability of social support networks (de Olarte & Llosa, 1999).

2.4.6.3 Alcohol and Drugs

The use of alcohol and drugs is also a significant cause of intimate partner violence. In households where men use drugs or alcohol, the likelihood of intimate partner violence occurring is higher. This increased risk is due to the fact that drugs and alcohol can impair cognitive abilities, increase aggression, reduce self-control, and diminish fear (Chilanga, Collin-Vezina, Khan, & Riley, 2020).

2.4.6.4 Low Level of Education

Education level is considered a significant factor associated with intimate partner violence (IPV). Research indicates that lower levels of education, particularly among female partners, are linked to higher rates of IPV (Oluwagbemiga, Johnson, & Olaniyi, 2023). Conversely, higher levels of education have been associated with lower rates of violence from intimate partners (Abramsky et al., 2011; Bhona, Gebara, Noto, Vieira, & Lourenço, 2019).

2.4.6.5 Legislation and Policy Framework

The Tanzanian government has been proactive in addressing and responding to the issue of intimate partner violence (IPV) through various measures. This research categorizes these efforts into two levels: international instruments and national legal and policy frameworks.

2.4.6.6 International Instruments in Addressing IPV

Various international instruments have been developed to address the issue of intimate partner violence. Some of these instruments include the United Nations

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 1979. Other treaties include the UN Declaration on the Elimination of Violence Against Women from 1993, the Beijing Declaration and Platform for Action from 1995, and the African Union (AU) Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly known as the Maputo Protocol of 2003. Tanzania has ratified and is a signatory to all these treaties to protect women's rights against all forms of violence.

2.4.6.7 National Legal and Policy Framework

The Tanzanian government has implemented various measures to comprehensively address the issue of intimate partner violence (IPV). It has formulated several policies and laws aimed at enhancing the protection of women against violence. For instance, the Constitution of the United Republic of Tanzania serves as the foundational law safeguarding the rights of all citizens. Additionally, the government enacted the Marriage Act in 1971.

Furthermore, the government passed the Sexual Offences Special Provisions Act of 1998, which criminalizes all forms of sexual offenses. Alongside these legislative measures, the government has implemented policies such as the National Guidelines for the Health Sector Prevention and Response to Gender-Based Violence (GBV) in 2011, underscoring its commitment to addressing gender-based violence. The overarching objective of the Tanzanian government is to promote gender equality and empower women across socio-economic, political, and cultural contexts, as articulated in the Tanzania Development Vision 2025 (Mallya, 2000).

2.4.6.8 Past and current Intervention to address IPV

Efforts to address intimate partner violence in Tanzania have a longstanding history. Since gaining independence in 1961, the government has consistently taken steps to combat IPV through the formulation of policies and laws. However, initiatives aimed at women's economic empowerment, community mobilization, and health sector reforms have proven inadequate in tackling violence against women. As a result, the government has adopted a holistic approach that involves multiple stakeholders and non-governmental organizations to address the underlying causes of IPV and its consequences. This approach emphasizes dual strategies for both preventing and responding to IPV.

2.5 Research Gap Identified

A research gap refers to a deficiency in empirical studies from specific theoretical or methodological perspectives. It can also be understood as an area where insufficient or missing information hinders reviewers from drawing conclusions about a particular issue (Robinson et al., 2013). Müller-Bloch and Kranz (2015) identify addressing research gaps as a primary objective of literature reviews.

From the empirical literature review, it is clear that despite efforts by the government and other stakeholders to prevent and respond to intimate partner violence (IPV) through various policy and legal frameworks, the issue persists, disproportionately affecting women in society. According to the Tanzania Gender-Based Violence Assessment report from 2022, 40% of women aged 15–49 have experienced physical violence, while 17% have experienced sexual violence; among women in the same age group, 44% have faced either physical or sexual

violence from an intimate partner (Oppong, Haq, & Todd, 2022). Data from the Nyamagana District social welfare department revealed that in 2022, there were 74 recorded cases of IPV among married women, with only 39 cases reported in the third quarter of 2023 (URT, 2024).

Moreover, existing studies on IPV have primarily focused on demographic factors as causes of the violence, often neglecting the mental health impacts on women. This gap has motivated the researcher to conduct a study examining the impact of IPV on the mental health of married women, thereby broadening the scope of research. According to the Tanzania Demographic and Health Survey (2022), approximately 27% of women aged 15-49 have experienced physical violence since the age of 15, and 12% have experienced sexual violence (TDHS, 2022).

2.6 Summary

This study on the impact of intimate partner violence (IPV) on women's mental health is guided by two key theories: ecological and feminist theory. These frameworks provide a comprehensive perspective on how IPV influences women's mental well-being. The empirical literature review offered a foundation for the study, and the identified gaps in existing research directed the researcher to uncover new insights and findings.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

This chapter presents the research methodology used in this study, detailing the systematic and scientific approach taken to address the research problem. It includes descriptions of the research design, target population, study area, sampling design and procedures, variables and measurement methods, data collection techniques, data processing and analysis, and the anticipated outcomes of the study.

3.2 Research Philosophy

Research philosophy is a basic belief describing how data about a phenomenon should be collected, analysed, and used (Roberts & Nerstad,2020). This study utilized qualitative methods and adopted interpretivism philosophy to study the effects of intimate partner violence on mental health among married women. The interpretivist paradigm views an individual within their social context or natural environment to understand the meanings and experiences of a particular phenomenon (Nickerson, 2022). This is contrary to its counterpart positivism theory which argues that reality can be proven by observation and measurement outcomes, and they generalized that reality is the same for each person (Ryan, 2018). Interpretivism is important and valuable in studying complex, ambiguous, and emotionally involved topics (Smith & Osborn, 2015). Intimate partner violence (IPV) composed of these characteristics. In this study, interpretivism theory was appropriate because it helped explore and interpret the lived experiences of married women affected by intimate partner violence rather than focusing and relying only

on objectives. This philosophical approach allowed the researcher to understand the different experiences and perceptions of study participants regarding intimate partner violence and its effects on mental health within their social and cultural context. This approach also aligned with the phenomenological design of the study, as both focused on capturing and interpreting individual experiences to generate insights into broader cultural and social realities.

3.3 Research Approach

This study employed a qualitative research methodology to investigate the impact of intimate partner violence on the mental health of married women. This approach was important because it helped researchers explore and understand meanings, experiences, perspectives, and contexts of individuals' or groups attributed to social or human problems (Creswell, 2009).

This approach was suited for this study as it allowed the researcher to collect detailed information from respondents by using a semi-structured interview. Hence, the researcher was able to obtain rich data from participants regarding their experience with intimate partner violence and its consequences on mental health. The data collected was analysed thematically, identifying patterns and themes related to the effects of intimate partner violence on mental health among married women (Nowell, Norris, White, & Moules, 2017).

Moreover, this approach was complemented by interpretivism philosophy and phenomenological design to study the effects of intimate partner violence based on the social context and lived experiences of study participants.

3.4 Research Design

This study, employed phenomenological design to study the effects of intimate partner violence on mental health among married women. According to Kothari (2004) a research design is the conceptual structure within which the research is conducted. Research design typically outlines the methods for data collection, specifies the instruments used, and details how these instruments are applied in both data collection and analysis (Kothari,2004). The researcher used phenomenological research design to examine the effects of intimate partner violence on mental health among married women. The phenomenological design is the strategy to study individual experience on a particular phenomenon (Creswell, 2009). The justification for using this research design was that it helped the researcher to understand how married women perceive and make sense of their lived experiences of intimate partner violence. Moreover, the study design assisted the researcher in capturing the physical, emotional, social, and economic dimensions of intimate partner violence, which offered a chance to engage married women in the study to obtain valid data for the study.

Semi-structured interviews were conducted with the study respondents to collect data by allowing them to share their lived experiences in their own words while the researcher led the discussion to capture key themes relevant to intimate partner violence and mental health. This design enabled the researcher to gather unique and collective information regarding intimate partner violence in their demographic.

3.5 Population of the study

A population is defined as a group of individuals of the same species located in a specific geographical area and timeframe, with the potential to interact (Waples & Gaggiotti, 2006). This study focused on women aged 18-49 currently in intimate relationships, as they are particularly vulnerable to experiencing intimate partner violence (IPV). Participants were identified through their respective community leaders, street chairpersons, and ward councils. Population of the study helped the researcher to collected data on intimate partner violence and it has revealed that regardless of age limit all women are at risk of experiencing intimate partner violence in the demographic area.

3.6 Area of the study

This study was conducted within a specific geographical and theoretical framework, utilizing a qualitative approach to investigate the impact of Intimate Partner Violence (IPV) on the mental health of married women aged 18 to 45 in Nyamagana District. The research specifically focused on five wards within the Nyamagana District Council: Igoma, Igogo, Mabatini, Isamilo, and Mkuyuni.

Nyamagana District, one of the seven districts in the Mwanza Region of Tanzania, has a population of approximately 489,782, comprising 48.9% male and 51.1% female, according to the 2002 National Census (NBS, 2002). The district was chosen due to the rising incidence of IPV in the area, which has raised significant concerns regarding its effects on women's mental health, as well as the lack of focused studies addressing the societal impacts of IPV within this context.

Furthermore, Nyamagana District features a diverse demographic landscape, characterized by strong cultural values and norms that profoundly influence the prevalence and perception of IPV. The cultural context is crucial, as it shapes the experiences of women who encounter IPV, affecting their mental health and access to support systems. By concentrating on this district, the study aims to provide insights that can inform local policy interventions and support services tailored to the needs of affected women.

3.7 Sampling Design and Procedures

Sampling is the process of selecting individuals or objects from a specific group. In this study, a purposive sampling technique was employed to identify respondents who had experienced intimate partner violence (IPV). This selection was based on several criteria, including age, marital status, socio-economic status, and ethnicity. According to Etikan, Musa, and Alkassim (2016), purposive sampling involves the intentional selection of participants based on particular characteristics they possess.

To facilitate the recruitment process, the researcher collaborated with community leaders and local organizations. These collaborations were crucial in identifying and engaging women who had experienced IPV, thereby ensuring a diverse and relevant sample for participation in the study. This approach not only enhanced the credibility of the research but also provided a platform for participants to share their experiences in a supportive environment.

3.8 Sample Size

The sample size for this study was determined based on the need for in-depth qualitative insights into the experiences of women who have encountered intimate

partner violence (IPV). A total of 18 participants were selected through purposive sampling. This sample size was deemed sufficient to capture a diverse range of perspectives and experiences, ensuring that various factors such as age, marital status, socio-economic status, and ethnicity were represented.

The choice of 18 participants aligns with qualitative research standards, which emphasize the depth and richness of data over sheer numbers (Guest, Bunce, & Johnson, 2006). This sample size allows for comprehensive analysis while facilitating meaningful discussions during the interviews. Furthermore, the researcher-maintained flexibility in recruitment, allowing for adjustments in the sample size if necessary, based on the saturation of themes during data collection (Mason, 2010). This approach ensures that the findings reflect the complexities of IPV and the unique contexts of the participants involved in the study.

3.9 Data Collection Methods and Tools

The study employed semi-structured interviews for data collection. According to Ruslin (2022), a semi-structured interview is guided by an interview script that primarily focuses on the main topic, offering a flexible framework (Ruslin, Mashuri, Rasak, Alhabsyi, & Syam, 2022). This method was deemed important for this research, as it allowed participants to openly share their experiences, emotions, and perspectives on the study topic.

For this study, data were primarily collected from married women, a qualitative method that facilitates in-depth exploration of intimate partner violence on mental health among married women. Key informant interview was conducted to married women who possess diverse perspectives and experience in intimate partner

violence. The process began with the identification of participants, who all were married women. This task was conducted by street chairpersons and cell leaders where the study was carried out. These individuals were selected based on their experience, relevance to the study's objectives, and willingness to share their experiences and insights.

Semi-structured interview was developed to ensure that all key issues related to intimate partner violence and mental health were covered to allow flexibility in the discussions. The guides included open-ended questions that encouraged participants to elaborate on their experiences, perceptions on intimate partner violence, and the availability of mental health services. Interviews were conducted in a safe and comfortable environment, either in street chairperson office or Mtaa executive office. Each interview lasted approximately 10 to 15 minutes, allowing for thorough and detailed responses. To ensure accuracy, all interviews were audio-recorded with the participants' consent and subsequently transcribed for analysis.

The data collected from the participants provided valuable insights into the exploration of the effects of intimate partner violence and mental health. Thematic analysis was used to identify key themes and patterns within the data, contributing to a deeper understanding of the effects of intimate partner violence on mental health among married women.

This method not only enriched the research findings but also allowed for the capture of personal lived stories and experiences on the study topic. Ultimately, the insights obtained from the participants informed the development of more effective

intervention strategies and policies for prevention of intimate partner violence and the designing of mental health services to IPV survivors.

3.10 Data Processing and Analysis

Data processing began in the field to ensure accuracy in collecting and recording information from study participants. The researcher used audio recordings and diaries to document the data. This study applied thematic analysis to identify themes within the collected data. Thematic analysis, as defined by Dawadi (2020), is a method that researchers use to systematically organize and analyse complex data (Dawadi, 2020).

In the study, data analysis was conducted using a thematic analysis approach. This method is particularly effective for identifying, analysing, and reporting patterns within qualitative data, allowing researchers to extract rich and detailed insights from participants. The analysis process involved several systematic steps that ensured a thorough examination of the data collected from Key Informant Interviews. The first step in the analysis was transcription. All audio-recorded interviews were transcribed verbatim, ensuring that the participants' responses were accurately captured. This meticulous transcription process facilitated an in-depth review of the data, enabling the researcher to understand the context of the participants' insights.

Following transcription, the researcher engaged in familiarization with the data. This initial reading of the transcripts allowed the researcher to immerse themselves in the content, noting preliminary ideas and impressions. This step was crucial, as it

laid the groundwork for a comprehensive understanding of the participants' perspectives on intimate partner violence and its effects on mental health.

The next phase of the analysis involved coding, which is essential for breaking down qualitative data into manageable units. A coding framework was developed based on the research questions and the emerging themes from the transcripts. Open coding was employed, where meaningful segments of data were identified and labelled with specific codes. This process allowed the researcher to categorize the data based on various content areas, such as forms of Intimate partner violence that is common among married women, effects of intimate partner violence on mental health among married women and awareness on the availability of mental health services.

Once the initial coding was completed, the researcher began the process of theme development. Similar codes were grouped together to form broader themes that captured significant aspects of the data. This involved reviewing the codes and identifying patterns that could be organized into coherent themes. For instance, themes such as "Forms of Intimate Partner Violence," "Mental Health Effects," and "Awareness of Mental Health Services" emerged from the analysis, reflecting critical dimensions of the data.

The identified themes underwent a rigorous review process to ensure their accuracy and coherence. The researcher cross-checked the themes against the original transcripts to verify their relevance and adjusted as necessary. This step was vital to enhance the clarity and specificity of the themes, ensuring they represented the participants' voices authentically. After the themes were refined, each was clearly

defined, outlining its significance in relation to the research objectives. Descriptive names were assigned to the themes to encapsulate their essence and facilitate easy reference throughout the analysis. This careful naming process helped maintain focus on the key insights derived from the data. The final stage of the analysis involved reporting the findings. The researcher wrote up the analysis, integrating direct quotes from the participants to illustrate and support the identified themes. This narrative approach provided a detailed account of the findings, emphasizing the voices of the informants and their perspectives on intimate partner violence and its effects on mental health.

Through this rigorous thematic analysis, the study was able to derive meaningful insights from the qualitative data, contributing to a deeper understanding of the effects of intimate partner violence on mental health among married women. The analysis illuminated the complexities of the issues at hand and offered valuable recommendations for developing strategies and intervention to address intimate partner violence and designing mental health programs to help survivors. Ultimately, the thematic analysis not only enriched the research findings but also underscored the importance of focusing on individuals' perceptions and experiences in addressing social problems in the community.

3.11 Ethical Considerations

Ethics pertains to the principles guiding interactions among individuals and with the environment (Banks, 2015). The researcher obtained ethical clearance from the Open University of Tanzania, the Mwanza Regional Administrative Secretary (RAS), the Nyamagana District Administrative Secretary (DAS), and relevant local

authorities in the study area. Additionally, participants completed an informed consent form before their involvement in the study. The researcher also maintained the confidentiality of all information collected throughout the research process.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 Chapter Overview

This chapter presents the results of the analysed data collected on the effects of intimate partner violence on the mental health of married women in the Nyamagana Municipal Council. The research findings were gathered through semi-structured interviews with study participants, and the detailed research methods used for data collection are discussed in chapter Three. The first section outlines the demographic characteristics of the respondents, while the second section discusses the research results obtained from the field.

4.2 Demographic Information of the Respondents

During the development stage of the study, the researcher collected participants' personal information, including age, education level, occupation, and duration of marriage, to describe the characteristics of the study participants.

4.2.1 Age of the Respondents

The findings, presented in Table 1, indicate age disparities among the study participants. The researcher conducted individual interviews with each respondent before grouping them into age intervals. The results revealed that six respondents were in the 19 to 29 age group. According to a study by Gunarathne, Bhowmik, Apputhurai, and Nedeljkovic (2023), women under 30 years old are at a greater risk of experiencing intimate partner violence (IPV). This claim contrasts with other studies suggesting that young married women face minimal risk of such violence. Further analysis showed that four respondents fell within the 30-39 age range,

while eight respondents were between 40 and 49 years old, indicating that the number of respondents over 30 exceeded those under 30. This finding suggests that women, regardless of age, are at risk of experiencing IPV due to socio-cultural factors or other reasons. The study highlights the complex interplay of demographic factors and societal pressures contributing to the prevalence of IPV among women across different age groups, underscoring the need for targeted interventions that address these underlying issues.

Table 4.1: Age of Respondents

Age Category	**Frequency**
19-29	6
30-39	4
40-49	8
Total	18

Source: Field Data, 2024

4.2.2 Level of Education

The results presented in Table 2 indicate that one respondent did not attend school, eleven respondents completed primary education, five respondents did not finish primary school for various reasons, and one respondent completed secondary school education. A study conducted by Dotto in 2024 revealed that women with secondary education and higher faced a greater likelihood of experiencing intimate partner violence compared to those who completed only primary school. These findings suggest that education plays a crucial role in helping women understand their rights, thereby empowering them to address actions that violate human rights, including intimate partner violence.

Table 4.2: Education Level of Respondents

Education level	Frequency
Not went to school	1
Completed primary school education	11
Not completed primary school education	5
Completed secondary school education	1
Total	18

Source: Field Data, 2024

4.2.3 Occupations of Respondents

Table 3 below indicates that four married women were housewives, meaning they were not engaged in any economic activities outside the home for various reasons. One participant noted that her husband prohibited her from pursuing business opportunities. One stated,

> *"For sure, I have been experiencing insults and restrictions from working. For example, he does not allow me even a little time to talk as husband and wife. There was a time when we had one child, but now we have three, and he still restricts me from doing any job."*
>
> ***KII/woman/Igoma B/ 13th September 2024***

However, despite the fact that the other 14 respondents were involved in small-scale businesses, they, too, have been experiencing intimate partner violence. One respondent stated:

> *"Yes, I think it is due to friends and people who do not wish us well in our marriage and their envy of our love. Additionally, I believe it may be related to his tribe, as they tend to abuse and beat women, possibly because of their culture. For example, I am*

running a small business, but when he sees me standing with customers, he often becomes jealous."

KII/woman/Isamilo A/10th September 2024

The study results revealed that, despite women expressing a desire to engage in income-generating activities, they face restrictions from their husbands. Those who have had the opportunity to participate in small businesses also encounter similar challenges from their spouses. These actions, on the other hand, are influenced by cultural norms that subordinate women within a patriarchal system.

Table 4.3: Occupations of Respondents

Occupations	**Frequency**
House wives	4
Small business	14
Total	18

Source: Field Data, 2024

4.2.4 Marital Duration

The results from Table 4 indicate the duration of marriage among the study respondents. The study found that four respondents had been married for 1 to 5 years, while six respondents reported being married for 6 to 10 years. A study conducted by Gubi, Nansubuga, and Wandera (2020) indicated that the likelihood of experiencing intimate partner violence was higher among women with 5 to 9 years of marital duration compared to other measured durations. Furthermore, two respondents had been married for 11 to 15 years, five respondents had been married for 16 to 20 years, and one respondent had been married for 28 years. These results suggest that all women are at risk of experiencing intimate partner violence,

regardless of how long they have been married; however, the findings also indicate that those who have been married for fewer years may be at a higher risk.

Table 4.4: Marital Duration of Respondents

Marital Duration	Frequency
One to Five years	4
Six to Ten years	6
Eleven to Fifteen years	2
Sixteen to Twenty years	5
Twenty and above	1
Total	18

Source: Field Data, 2024

4.3 Findings as Per Study Objectives

This course analyses the findings of the study in relation to the study objectives and research questions outlined in the first chapter. The objectives of the study were to examine the effects of intimate partner violence on the mental health of married women, focusing on the relationship between the independent variable "intimate partner violence" and the dependent variable "mental health effects among married women."4.3.1 Theme 1: To explore forms of intimate partner violence, be it physical, sexual, emotional, or economic, that are common among married women exposed to IPV.

4.3.1 Experience to Intimate Partner Violence

The respondents were asked whether they had experienced intimate partner violence in their marriages. The analysis indicated that nearly all 18 respondents

confirmed that they had experienced intimate partner violence at some point in their lives.

Furthermore, in response to the previous question, the respondents were asked to explain their experiences with intimate partner violence. One respondent stated:

> *"I have experienced various forms of violence. For example, there are times when I am on my menstrual period, but he forces me to have sexual intercourse through violence and has beaten me several times. Do you see this injury on my face? He hit me with a club called 'rungu,' which resulted in my hospitalization. I was discharged from the hospital just two days ago."*
>
> ***KII/woman/Mkuyuni B/17th September 2024.***

On the same, another respondent stated that"

> *"When I tell my husband that personal or family issues have been ignoring me, this issue causes me to experience inner pains, but I have not been beaten".*
>
> *KII/woman/Igogo E/02nd September 2024.*

Another respondent lamented;

> *"My husband often makes noise at home and occasionally becomes violent when I blame him for thinking I have multiple relationships, even over minor disagreements"*
>
> ***KII/woman/Isamilo B/10th September 2024.***

The findings from this study imply that the number of married women experiencing intimate partner violence in the study area is very high. These few women represent a larger majority of women who may have either reported or not reported cases of intimate partner violence.

4.3.1.1 Forms of Intimate Partner Violence that are Common in the Area

The analysis revealed that, although intimate partner violence manifested in various forms, respondents noted that physical and emotional violence are prevalent in the area, while sexual and economic violence were also identified. The results indicate that nearly all respondents have experienced emotional violence. Additionally, a significant number of respondents reported experiencing physical violence, while a smaller group experienced economic violence, and one respondent reported experiencing sexual violence. Figure 1 below illustrates the different forms of intimate partner violence that are prevalent in the area.

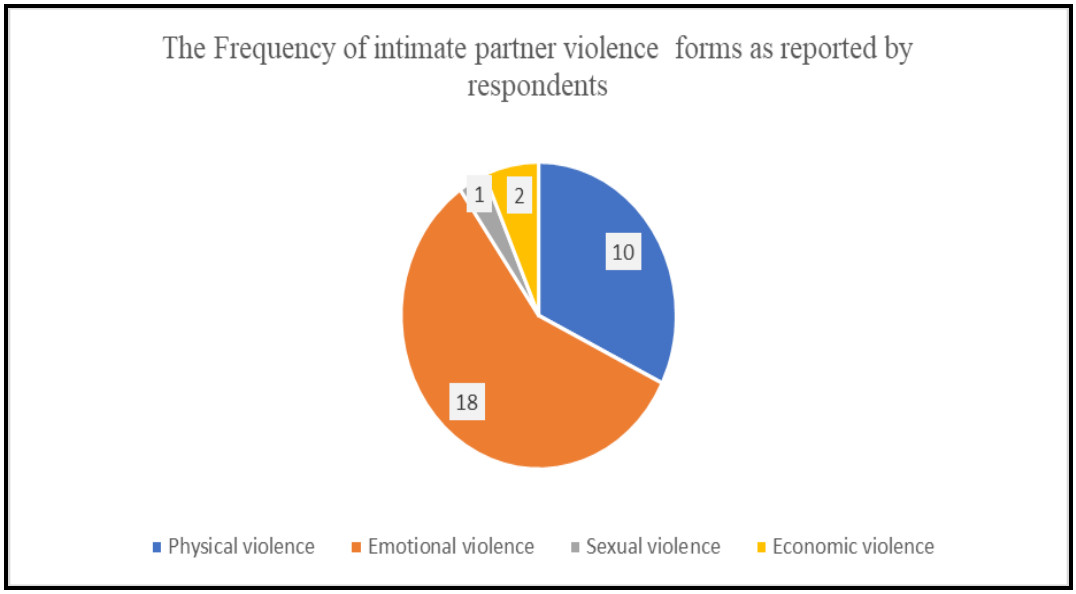

Figure 4.1: Common Forms of Intimate Partner Violence reported by Respondents in the Area

Source: Field Data, 2024

The analysis reveals that, despite married women experiencing various forms of intimate partner violence, emotional violence was mentioned by nearly all respondents, making it the most common form of intimate partner violence in the

study area. The emotional violence experienced by the respondents included insults, being ignored, denial of basic needs, exclusion from decision-making, and threats involving objects such as knives, sticks, and clubs. Additionally, they reported disturbances in the home and infidelity. One respondent lamented that:

> *"I saw my husband with another woman in a hotel room, and he began to insult me."* ***KII/woman/Igogo B/02nd September 2024***

Furthermore, the analysis reveals that physical violence is the second most common form of intimate partner violence in the study area. The study found that a significant number of respondents had experienced physical violence in their marriages. The respondents reported being beaten, kicked, and attacked with objects. One respondent from Igoma ward, named "Igoma A" stated:

> *"I have been beaten regularly, as you can see from my face. I have a wound. Last week, he took a spade and started to hit me." She paused, and tears began to flow.*
>
> ***KII/woman/Igoma A/13th September 2024***

The analysis revealed that sexual violence and economic violence were quite minimal in the study area, unlike physical and emotional violence. The study found that most respondents were likely to experience one or more forms of intimate partner violence in their marriages.

4.3.1.2 Reasons for Intimate Partner Violence in the Study Area

The analysis revealed that nearly all respondents had experienced intimate partner violence multiple times in their marriages. However, the respondents were asked to identify the reasons for the prevalence of intimate partner violence in their relationships, as illustrated in Figure 2 below.

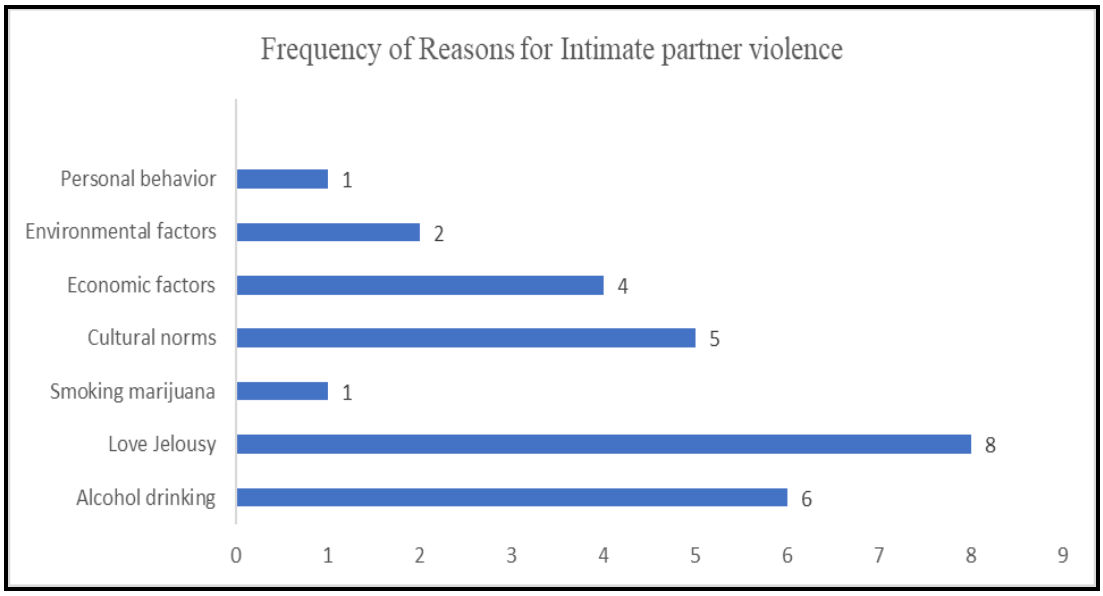

Figure 4.2: Frequency of Reasons for Intimate Partner Violence

Source: Field Data 2024

The research findings indicate that love jealousy is a primary cause of intimate partner violence in the study area, with several respondents identifying it as a reason for the violence in their marriages. One respondent stated:

> *"Yes, sometimes I can say it is due to jealousy; my husband does not trust me." Tears fell from her eyes as she wiped them with her hands.*
>
> ***KII/woman/Isamilo B/10th September 2024.***

However, the findings revealed that alcohol consumption is also a factor contributing to intimate partner violence. Several respondents reported experiencing violence after living with husbands who are heavy drinkers. One respondent stated:

> *"I don't know for sure; I'm not certain if he has mental issues because I haven't had him tested, but he drinks alcohol excessively. One day he told me, 'Today I'm going to watch football, and when I*

> *come back, I will hurt you, and I want our incident to be reported in the media.' However, on his way to watch the game, he got into an accident. I was informed and went to the accident scene. When he saw me, he started to cry! I helped him with his treatment until he recovered."*
>
> ***KII/woman/Isamilo C/10th September 2024.***

Furthermore, the study analysis reveals that cultural norms contribute to intimate partner violence in the area. The study found that several respondents had experienced intimate partner violence due to these cultural norms in their marriages. One respondent stated:

> *"My husband's parents did not accept me; they wanted their child to marry another woman of their choosing."*
>
> ***KII/woman/Mabatini E/06th September 2024***

Apart from the reasons mentioned above, the analysis reveals that economic factors were identified by several respondents as contributing to intimate partner violence. One woman stated:

> *"Yes, the problems began after he started to increase his income. I lived with my husband for one year without being employed, but I supported him during that time. However, once he began to earn money, he started to abuse me and formed relationships with other women outside of our marriage."*
>
> ***KII/woman/Mkuyuni A/17th September2024.***

The findings revealed that intimate partner violence is influenced by various factors. However, some respondents noted environmental factors, while one respondent cited her husband's personal behaviour, specifically his drug use, as a

reason for the violence. She stated that her experience of intimate partner violence was due to her husband's behaviour of smoking marijuana. She said:

> *"Yes, he has been smoking marijuana and drinking alcohol, which makes him aggressive and leads to him abusing me. Additionally, he listens to people from the street who tell him conflicting stories. When I return home from my activities, he starts questioning me and panicking without thinking, often based on what the neighbours have said about my absence. This is where the conflict arises."*
>
> ***KII/woman/Mkuyuni B/17th September 2024***

4.3.1.3 Theme 2: To Examine The Impact of Intimate Partner Violence on The Mental Health of Married Women

The respondents were asked to describe conditions or symptoms related to mental health that emerged after experiencing intimate partner violence in their marriages. The analysis reveals that 17 out of 18 respondents reported noticing changes in their mental health due to intimate partner violence, while one respondent did not observe any changes despite experiencing such violence. Figure 4.3 below presents the respondents' feedback on the effects of mental health.

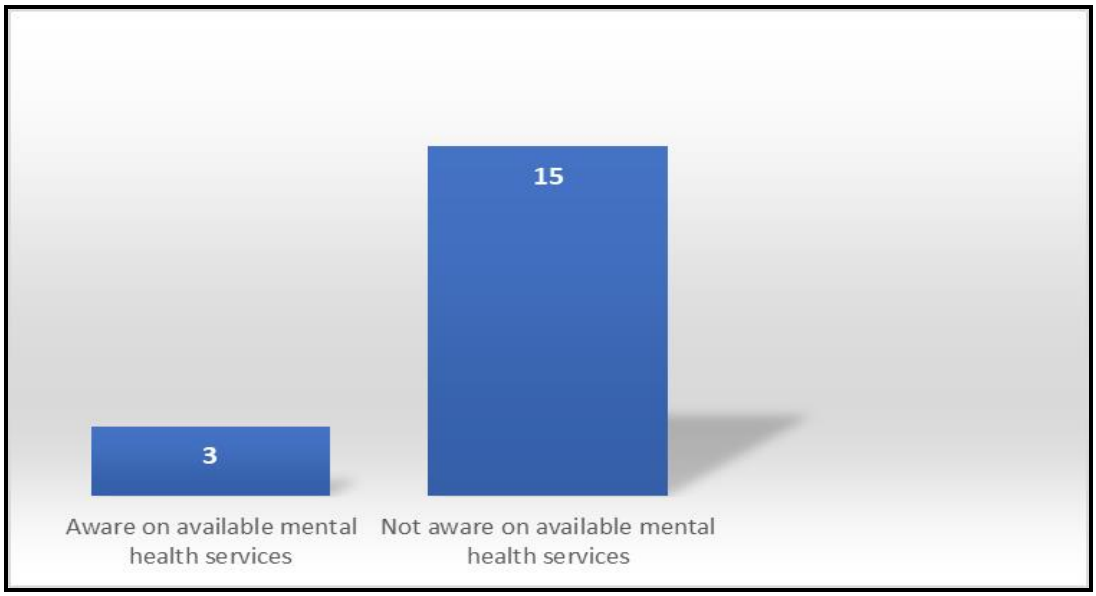

Figure 4.3: Response on the Impact of Intimate Partner Violence on The Mental Health of Married Women

Source: Field Data, 2024

Furthermore, the analysis reveals that respondents were able to mention the condition or symptoms that were unusual in their lives but were emerged after experiencing intimate partner violence in marriage. The study results consider the condition or symptoms as the effects of intimate partner violence due to lived experience of study respondents. The analysis indicated that 08 respondents were developed anger problem, 08 respondents were found with sleeping difficulties, 06 respondents developed fear especially during night hours, moreover 07 respondents were found with stress problem. The findings also revealed that 02 respondents were developed isolation behaviour and other 02 respondents declared to use alcohol for coping with marital problems. Furthermore, the analysis reveals that 02 respondents were developed sadness behaviour, while other 03 respondents declared to develop a hatred and mistrust against men. The study also found that 03

respondents had suicide thoughts, 01 respondent reported to lack sexual desire and 07 respondents lacked eating appetite.

Furthermore, the findings reveal that respondents were able to identify conditions or symptoms that were unusual in their lives but emerged after experiencing intimate partner violence in their marriages. The study considers these conditions or symptoms as effects of intimate partner violence based on the lived experiences of the respondents. The analysis indicated that eight respondents developed anger issues, while another eight experienced difficulties sleeping. Six respondents reported feeling fear, especially during night time, and seven respondents experienced stress. Additionally, two respondents exhibited isolating behaviours, and another two reported using alcohol to cope with marital problems. The analysis also found that two respondents developed feelings of sadness, while three others expressed feelings of hatred and mistrust toward men. Furthermore, the study revealed that three respondents had thoughts of suicide, one reported a lack of sexual desire, and seven experienced a loss of appetite. One respondent asserted that:

> *"One day, I bought rat poison with the intention of drinking it to end my life, but my children helped me by throwing it away."*
>
> ***KII/woman/Isamilo C/10th September 2024***

Another respondent stated,

> *"I have experienced some changes; for example, I feel very angry and have lost my sexual desire. I allowed him to have sexual intercourse because it's his marital right, and our religious teachings say that it is not allowed to deny him. I told him, 'Just do it; I don't want any disturbances."*
>
> ***KII/woman/Mkuyuni A/17th September 2024***

Nevertheless, the analysis reveals that despite the mental health effects, respondents were able to identify other health conditions they associate with their experiences of intimate partner violence. For instance, three respondents reported stomach pain, four reported chest pain, and one reported having uncontrollable menstruation.

Another respondent complained:

> *"I began to suffer from health issues; my blood pressure was very high, and doctors informed me that my heart had enlarged."*
>
> ***KII/woman/Mabatini E/06th September 2024***

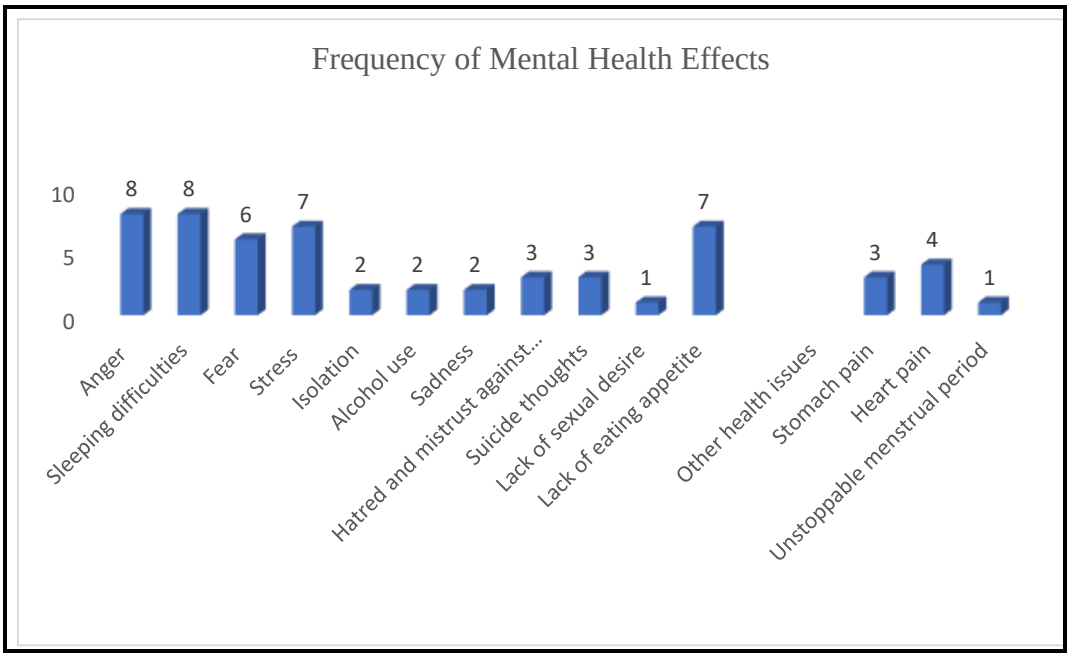

Figure 4.4: Mental Health Effects Reported by Respondents

Source: Field data, 2024

The findings above reveal the prevalence of mental health challenges among married women in the study area. The analysis underscores that the magnitude of the problem is significant, as nearly all respondents reported experiencing one or

more mental health conditions resulting from intimate partner violence. Among the effects mentioned, the findings indicate that anger, sleep disturbances, stress, lack of appetite, and fear were especially common, as shown in Figure 4.4 above.

4.3.1.4 Theme 3: Awareness of Respondents on Availability of Mental Health Services in the Community

The respondents were asked if they are aware on the existing mental health services for helping individuals who have experienced intimate partner violence. The analysis found that 03 respondents were aware on the existence of mental health services to individuals who have experienced intimate partner violence in study area while 15 respondents were not aware.

The findings reveal a concerning prevalence of mental health challenges among married women in the study area. The depth of the issue is evident, as nearly all participants reported experiencing one or more mental health conditions related to intimate partner violence. Notably, the analysis highlights anger, sleep disturbances, stress, loss of appetite, and fear as common effects, as illustrated in Figure 4.5. This underscores the significant impact that intimate partner violence has on mental health within this population.

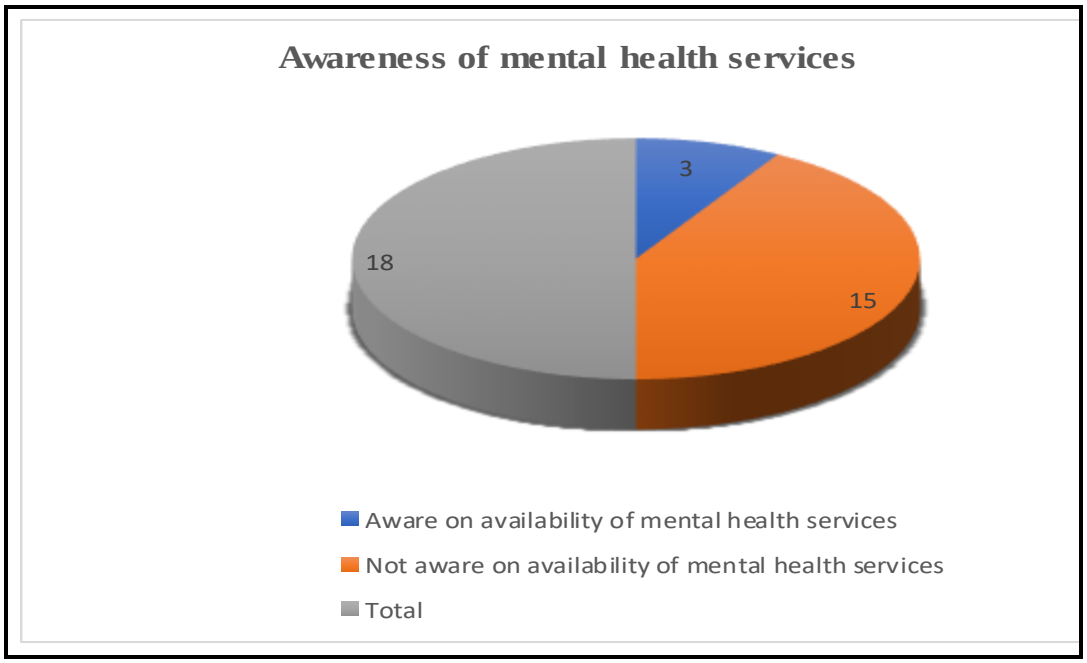

Figure 4.5: Awareness on Availability of Mental Health Services Among Respondents

Source: Field Data, 2024

Furthermore, the analysis reveals that a few respondents who were aware of available mental health services in the study area could identify where they sought help. The support sources mentioned included the police gender desk, street chairperson, social welfare office, community health workers, paralegal assistants, and hospitals. Additionally, some respondents reported turning to friends and using coping strategies such as listening to music or radio programs to manage mental health challenges.

CHAPTER FIVE

DISCUSSION OF RESEARCH FINDINGS

5.1 Chapter Overview

The main objective of this study was to examine the effects of intimate partner violence on mental health among married women in Nyamagana, Mwanza. The researcher had constructed three specific objectives that include exploring forms of intimate partner violence, be physical, sexual, emotional, or economic, that are common among married women exposed to IPV, examining the immediate and long-term effects of intimate partner violence on women's mental health among married women, and determining whether married women who have experienced IPV are aware of the available mental health treatments in their community.

This section presents a discussion of the research findings collected from study respondents. The researcher compares and contrasts findings that have been found in the field with those that have been documented from other empirical studies in relation to the study topic. The primary objective of this study was to examine the effects of intimate partner violence (IPV) on mental health among married women in Nyamagana, Mwanza. The researcher developed three specific objectives: to explore the forms of IPV whether physical, sexual, emotional, or economic—that are prevalent among married women exposed to IPV; to examine the immediate and long-term effects of IPV on these women's mental health; and to determine whether married women who have experienced IPV are aware of the available mental health services in their community.

This section presents a discussion of the research findings gathered from study participants. The researcher compares and contrasts these field findings with those documented in other empirical studies related to the study topic.

5.2 To Explore Forms of Intimate Partner Violence, be it Physical, Sexual, Emotional, or Economic, that are Common among Married Women Exposed to IPV

The research objective cantered on identifying the types of intimate partner violence (IPV) encountered by married women in the study area. Findings indicate that the vast majority of respondents reported experiencing some form of violence during their lifetime. Many participants identified specific types of IPV they commonly faced, with most revealing that they had endured multiple forms of violence within their marriages. The independent variable in this study was structured to examine the different forms of IPV, as detailed below.

The findings highlight emotional violence as a prevalent issue in the study area, with nearly all respondents indicating they had been subjected to it. As Srivastava (2021) defines, emotional violence includes psychological abuse manifested through intimidation or threats, encompassing behaviours like insults, belittling, accusations, shaming, control, and criticism. The researcher concurs with this definition, as participants reported a variety of emotionally abusive experiences, such as being insulted, ignored, denied basic needs, excluded from decision-making, threatened with objects like knives or sticks, subjected to loud disturbances within the home, and exposed to infidelity.

These results resonate with findings from prior studies. For instance, Kapiga et al. (2017) reported that a significant portion of women in north-western Tanzania had

experienced physical and/or sexual IPV. Another study by Mahenge and Stockl (2021) similarly identified that one in four Tanzanian women reported experiencing physical or sexual violence. This study's findings imply that previous research has focused heavily on physical and sexual violence due to their visible impact on survivors, while emotional violence—affecting the majority of women here—remains under-examined. The current findings suggest that with increasing awareness and legal responses to IPV, many perpetrators may shift from overt physical and sexual abuse, which is easier to document, to forms of emotional violence that are less tangible and more challenging to substantiate.

The study also found that physical violence is among the most frequent forms of IPV in the study area, with a significant portion of respondents sharing experiences of physical abuse within marriage. This finding aligns with the work of Kapiga et al. (2017), underscoring the persistence of physical violence across various age groups of women. Additionally, although sexual violence appeared less prevalent in the study area, a few respondents indicated experiences of forced sexual activity within marriage, consistent with the observations of Dwarumpudi et al. (2022). These results suggest that, while sexual violence is an issue affecting married women, the social stigma or fear of marital dissolution may prevent many from disclosing their experiences.

Furthermore, economic violence emerged as an additional form of IPV within the study area, with some respondents reporting instances of financial control and restriction. While economic violence was not covered extensively in the literature review, these findings point to its significant impact, as it constrains women's

economic independence and empowerment. This study aligns with Fawole (2008), who asserted that economic violence contributes to poverty among women and often leads to conflicts over household responsibilities. These findings highlight the multifaceted nature of IPV, suggesting that economic violence, like other forms of IPV, deserves serious consideration.

5.3 To Examine the Impact of Intimate Partner Violence on the Mental Health of Married Women

The researcher aimed to understand the effects of intimate partner violence (IPV), particularly on mental health among married women. The results indicate that out of eighteen respondents interviewed, seventeen reported experiencing one or more conditions associated with mental health challenges, while one respondent indicated mental stability. These findings highlight the impact of IPV on the psychological well-being of married women, suggesting that these effects may be widely experienced within this demographic. The results support the theoretical frameworks used in this study and demonstrate the relationship between IPV and mental health outcomes.

These findings are consistent with a significant body of literature indicating a strong link between IPV and negative mental health outcomes. Research has shown that married women exposed to IPV face a higher risk of mental health conditions. For example, studies by Afifi (2009) and Kapiga et al. (2017) found a correlation between IPV exposure and poor mental health among married women, revealing that women who have experienced IPV often suffer from emotional distress, depressive disorders, suicidal thoughts, post-traumatic stress disorder (PTSD), anxiety, sleep disturbances, dissociative and somatoform disorders, substance

abuse, eating disorders, and low self-esteem. The consistency of these findings across various studies underscores IPV as both a human rights and public health issue that urgently requires intervention.

5.4 To Determine Whether Married Women Who Have Experienced IPV are Aware of The Available Mental Health Treatments In their Community

The researcher aimed to understand respondents' awareness of available mental health treatments within the community. Analysis revealed that a few respondents were aware of mental health services for those who have experienced intimate partner violence in the study area, while the majority were unaware. Those who had awareness mentioned seeking assistance from community health workers, street chairpersons, relatives and friends, the police gender desk, paralegal assistants, hospitals, and social welfare officers. Additionally, one respondent mentioned listening to music and radio programs as a coping mechanism for mental health challenges.

These findings align with a study by Sere, Roman, and Ruiter (2021), which found that women who had experienced intimate partner violence sought help from both formal and informal networks, including family, friends, neighbours, church, police, and hospitals. The researcher highlights in the discussion the significant issue of low awareness levels regarding mental health services among respondents.

- **Inadequate information or gaps in information sharing on mental health services:** Lack of awareness may stem from a communication gap between service providers and community members. While mental health services might exist in the community, residents may not know their locations or how to access them, indicating a failure to effectively communicate this information to women. This gap could be attributed to the underutilization of mass communication channels, such as radio and

television, inadequate outreach strategies, or cultural and social barriers that hinder the sharing of such information. Therefore, mental health service providers should enhance outreach efforts by implementing educational programs, conducting awareness campaigns, and strengthening collaborations with local leaders, spiritual leaders, and existing women's associations or groups in the community. Additionally, information should be disseminated in a culturally sensitive manner and in a language that the local community can easily understand.

- **Cultural attitudes and social stigmatization surrounding mental health services:** This is another significant reason for the low awareness of mental health services. In many communities, individuals with mental health issues are not valued or respected due to cultural beliefs. Mental health challenges in these communities are often accompanied by social stigmatization, which discourages vulnerable groups, such as women, from seeking treatment. Women who have experienced intimate partner violence may avoid pursuing mental health care due to feelings of shame, judgment, and fear associated with prevailing cultural attitudes.
- **Gender Related Barriers:** Women often encounter social and economic obstacles that hinder their access to health services. For many years, entrenched cultural norms have limited women's access to health information, which can be attributed to lower literacy rates, a lack of decision-making power within families, economic dependence, and the demands of time-consuming household responsibilities. Consequently, in this community, the low level of awareness about mental health services is largely due to inadequate engagement and consideration of women in health-related issues.
- **Policies and Laws Pertaining to Mental Health Services:** The low level of awareness also reflects the inadequate implementation of mental health programs within the community. Although mental health policies and laws exist, these services are not effectively promoted or integrated into the broader healthcare system. This situation underscores the need for policymakers to take affirmative action to ensure that mental health services are integrated, prioritized, promoted, and made accessible to all marginalized groups, including women.
- **Accessibility of Mental Health Services:** Mental health services should be designed for easy access by beneficiaries. Factors such as the distance from homes to health facilities, the availability of qualified mental health practitioners, and the affordability of services are crucial. Ideally, these services should be free or reasonably priced to encourage women to seek the mental health support they need.

5.5 Theoretical Implications

The discussion illustrates that intimate partner violence is a complex social issue that profoundly impacts the mental health of married women. By integrating

theoretical frameworks, specifically social ecological theory and radical feminism theory, this study enhances our understanding of how various societal influences and gendered power dynamics contribute to the perpetuation of intimate partner violence and its mental health repercussions. Based on the research findings, several key issues have emerged.

- **Relationship between societal systems and Intimate partner violence:** The social ecological theory indicates that the mental health consequences faced by married women as a result of intimate partner violence are shaped by multiple interconnected systems. These systems extend from the family to the community level, where the normalization of power and control over women permeates all aspects of life. The research findings reveal that most women reported experiencing significant mental health effects, as these layers work together to foster environments where intimate partner violence is normalized and tolerated within society.
- **Gendered power and oppression:** The feminist theory emphasize that intimate partner violence is a consequence of prevailing patriarchal power dynamics in society, where societal norms sustain male dominance and female subordination. The findings support this perspective by demonstrating that the mental health effects reported by women—including stress, sleep difficulties, fear, sadness, feelings of isolation, suicidal thoughts, loss of appetite, alcohol use, and diminished sexual desire—stem from their experiences of sexual, emotional, and physical violence within unequal relationships.

- **Cultural norms and mental health:** Both theories concur that cultural norms, including traditional gender roles and societal stigmas, contribute to the normalization of intimate partner violence. These cultural norms not only perpetuate violence but also create an environment in which women are subjected to abuse and pressured to remain silent, ultimately leading to severe mental health effects.
- **Barriers to support and help seeking:** The research findings indicate that women encounter various obstacles when seeking help or accessing mental health services, which are thoroughly explained by social ecological and feminist frameworks. The social ecological theory highlights system failures, such as inadequate support from institutions and social networks, while the feminist theory attributes the challenges to social structures that fail to protect women. These barriers exacerbate mental health challenges for married women, leaving them without the necessary support or resources to escape violence or cope with their mental health issues.

This chapter has presented and discussed the study findings as outlined above. The study was guided by three objectives: first, to explore forms of intimate partner violence, be it physical, sexual, emotional, or economic, that are common among married women exposed to IPV; second, to examine the immediate and long-term effects of intimate partner violence on women's mental health among married women; and third, to determine whether married women who have experienced IPV are aware of the available mental health treatments in their community. The findings indicate that nearly all married women surveyed have experienced intimate partner violence at some point in their lives, with many having encountered one or

more forms of violence. The most prevalent forms identified within the demographic include emotional violence, physical violence, sexual violence, and economic violence. The study further found that a significant number of women developed mental health challenges as a result of violence within their marital relationships, experiencing issues such as stress, anger, sleep disturbances, fear, isolation, alcohol use, sadness, hatred and mistrust of men, suicidal thoughts, lack of sexual desire, and loss of appetite. Additionally, it was revealed that most married women who experienced intimate partner violence were unaware of the availability of mental health services. Furthermore, the findings illustrate the relationships between the studied variables and the theoretical perspectives employed in the research.

CHAPTER SIX

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusion of the study findings and offers recommendations based on the analysis from the previous chapter. It summarizes the research findings and outlines the recommendations and conclusions derived from the study.

6.2 Summary of the Main Findings

This study aimed to examine the effects of intimate partner violence on the mental health of married women. It was guided by two theories: social ecological theory and feminist theory, which helped frame the understanding of how societal structures and cultural norms perpetuate the prevalence of intimate partner violence and its mental health effects on married women.

The key findings of the study are as follows:

- **Forms of Intimate Partner Violence that are Common in the Demographic**: The findings reveal that the majority of women had experienced intimate partner violence at some point in their lives, with all respondents reporting one or more forms of violence. Emotional violence was found to be the most prevalent, followed by physical violence, sexual violence, and economic violence. According to the study, the reasons for the occurrence of intimate partner violence included jealousy, alcohol use, cultural norms, economic factors, environmental influences, and personal behaviours.
- **The effects of Intimate partner violence on the mental health of married women**: The findings reveal that the findings indicate that the majority of respondents reported experiencing mental health challenges. Specifically, 17 out of 18 respondents had encountered intimate partner violence, while only one respondent did not report any mental health issues. The study identified various mental health challenges among the respondents, including stress, anger, difficulty sleeping, fear, isolation, alcohol use, sadness, hatred and mistrust towards men, suicidal thoughts,

lack of sexual desire, and loss of appetite. In addition to these mental health effects, women also reported other physical health complications, such as stomach aches, chest pain, and prolonged menstrual periods. Overall, the findings underscore the detrimental impact of intimate partner violence on women's mental health.

- **Awareness of the available mental health treatments in the community:** The findings indicate that only 3 out of 18 respondents were aware of the availability of mental health services, while the remaining 15 respondents were not aware of such services. This low level of awareness among married women limits their understanding of how to access mental health treatments and support, ultimately exacerbating their mental health conditions over time.

6.3 Conclusions

The findings indicate that women experience various forms of violence in their marriages, including emotional, physical, sexual, and economic violence. Notably, the study demonstrates that women do not typically experience only one form of violence; rather, they are likely to encounter multiple forms simultaneously. These different types of violence have lasting effects on women's mental health, leading to issues such as stress, anger, difficulty sleeping, fear, isolation, alcohol use, sadness, hatred and mistrust towards men, suicidal thoughts, lack of sexual desire, and loss of appetite.

Additionally, the findings highlight that the majority of women in the community have limited awareness of mental health services, pointing to a significant gap in service provision and public health promotion. This lack of awareness leaves women without essential health information and resources needed to address their mental health needs. The study identifies cultural factors and health system shortcomings as obstacles that contribute to the ongoing marginalization of women experiencing intimate partner violence. The prevailing social stigma surrounding mental health deters women from seeking necessary treatments. Furthermore, there

is a lack of investment in public health education and promotion within the community. Inadequate outreach programs further limit women's access to mental health care and treatment.

Nonetheless, this study underscores the importance of adopting a holistic approach to ensure the integration and accessibility of mental health services. It is crucial to incorporate mental health services into all levels of health provision and other health systems to facilitate accessibility and protect survivors from the cycle of violence.

6.4 Recommendations

Based on the research findings, several recommendations are proposed to enhance the support and resources available for women experiencing intimate partner violence and mental health challenges.

Firstly, improving the accessibility of mental health services is crucial. This involves ensuring the smooth provision of mental health treatments across various levels of care, from health centres to regional hospitals. Additionally, mental health services must extend their reach to rural and peripheral areas, particularly those with high rates of intimate partner violence. Stakeholders in mental health can establish community counselling centres and mobile mental health clinics, as well as utilize digital health technology to provide services through teleconferences, telephone consultations, and online platforms. Moreover, mental health services should be integrated with other supportive components, such as legal aid, shelters, and psychosocial support. Establishing a reporting mechanism for intimate partner

violence that directly links to mental health services would enhance early intervention and help prevent the development of future mental health issues.

Secondly, promoting mental health education and community awareness is vital for improving understanding and knowledge of mental health issues, especially among women. Strengthening outreach programs and conducting mental health awareness campaigns can effectively educate women on the importance of mental health services and help eliminate social stigma. Engaging key stakeholders—such as social workers, lawyers, local leaders, police, and health practitioners—in these outreach programs is essential for their success. Disseminating information to all social groups in accessible language will ensure it reaches a broad audience. Local community meetings, radio programs, sporting events like bonanzas, and both print and social media can be leveraged to spread mental health messages widely within the community.

Addressing cultural barriers that hinder support for survivors of intimate partner violence is another critical recommendation. Women facing intimate partner violence often encounter significant social stigma and discrimination, which complicates their access to mental health treatments. Changing harmful cultural norms can foster a better community understanding of mental health issues. The involvement of community and spiritual leaders, as well as other influential figures, can facilitate positive changes in attitudes toward intimate partner violence, encouraging women to seek mental health treatment without feelings of shame or fear.

Furthermore, strengthening laws and policies aimed at eradicating intimate partner violence is essential. The government and various human rights and public health stakeholders should review and reform existing laws and policies that fail to adequately protect women against violence. Law enforcement agencies, such as the police and courts, must ensure that justice is served for women who have experienced intimate partner violence. Additionally, capacity building for social workers and health practitioners is necessary to improve their understanding of the signs of violence and enhance timely referral services.

6.5 Recommendations for Further Research

This study concentrated on the experiences of a relatively small sample of married women, providing valuable insights into the impact of intimate partner violence on their mental health. However, the limited scope of the sample suggests that findings may not fully represent the experiences of all women facing similar issues. For future research, it is essential to expand the sample size significantly to include a broader and more diverse population. This should encompass individuals from various socio-economic backgrounds, ensuring that the experiences of women from different economic statuses, educational levels, and cultural contexts are captured. Additionally, it would be beneficial to include women from non-marital relationships, such as cohabiting partners and single mothers, as they may also face unique challenges related to intimate partner violence and mental health.

Expanding the research scope will allow for a more comprehensive understanding of the nuances surrounding intimate partner violence and mental health issues. By including a wider demographic, researchers can analyse how factors such as age,

ethnicity, and geographical location influence experiences and access to resources. Furthermore, this broader approach can help identify specific needs and barriers faced by different groups of women, allowing for more tailored interventions and support services.

In addition to expanding the demographic focus, there is a pressing need for research that explores the impact of socio-cultural norms on women's awareness of and access to mental health services. Cultural beliefs and societal expectations can significantly influence how women perceive their mental health needs and the available support systems. Understanding these socio-cultural dynamics is crucial for developing effective outreach and education programs that resonate with women from various backgrounds. For instance, research could investigate how cultural attitudes towards mental health and intimate partner violence shape women's willingness to seek help or access services. It could also examine the role of community leaders and influencers in shaping perceptions of mental health and the stigma associated with seeking treatment. By identifying these socio-cultural barriers, future studies can inform the design of comprehensive intervention strategies that address not only the mental health needs of women but also the societal factors that hinder their access to care.

Overall, conducting research on a larger and more diverse population, along with an exploration of socio-cultural norms, will enrich the understanding of intimate partner violence and mental health. Such efforts will ultimately contribute to the development of comprehensive and effective intervention strategies that support

women in navigating their mental health challenges and promote healthier relationships.

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APPENDICES

Appendix I: Interview guide for semi-structured interview (English Version)

My name is Nyamoni Warioba, and I am a student enrolled at the Open University of Tanzania (OUT). Currently, I am conducting a research study titled "The Effects of Intimate Partner Violence on Mental Health Among Married Women" in Nyamagana District, Mwanza region. You have been purposively selected to participate in this study. Please feel assured that all information shared will be treated with strict confidentiality. No identifying details such as names or addresses will be recorded unless you explicitly permit it.

You have the right to withdraw from the interview at any time and may choose not to answer any questions that you find uncomfortable or cannot answer. The interview is expected to take a maximum of 40 minutes to complete. Your active participation in this study is highly valued and appreciated. Thank you for agreeing to take part.

Name of the interviewer ……

Date of the interview …….

Name of the ward ……...

Name of the village…….

Section 1: Demographic Information

i. Can you please share some basic demographic information, such as your age, education level, occupation, and marriage duration?

Section 2: Intimate Partner Violence:

i. Have you ever experienced any form of intimate partner violence in your marital relationship, including physical, emotional, sexual or economic violence?
    - If yes, please share your experiences.

ii. Which form of intimate partner violence is mostly occurs in your marriage?

iii. How often do you encounter violence in your marriage? Are there any specific reasons?

Section 3: Mental Health

i. How would you describe your overall mental health currently?

ii. Have you observed any changes in your mental well-being since the onset of intimate partner violence?

iii. Can you share specific condition or symptoms you associate with these changes? (e.g. anxiety, depression, fear).

Section 4: Interventions and Services

i. Are you aware of any existing mental health services for individuals facing intimate partner violence in your community?
    - If yes, mention.

Thank you for your participation!

RESEARCH CLEARANCE LETTER

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT//PG202087370 **16th August, 2024**

Regional Administrative
Secretary (RAS), Mwanza
Region,
P.O Box 119,
MWANZA.

Dear Regional Administrative Secretary

RE: RESEARCH CLEARANCE FOR MR NYAMONI WARIOBA REG NO: PG202087370

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007.In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Nyamoni Warioba, Reg.No: PG202087370),** pursuing **Masters of Arts in Gender Studies** (**MAGS).** We here by grant this clearance to conduct a research titled "Effects of Intimate Partner Violence On mental Health among Married Women: A Case Study of Nyamagana Municipality, Mwanza Tanzania". He will collect his data at Farijika NGO) Mabatini, Igogo, Igoma, Mkuyuni, and Isamilo from 19th August 2024 to 30th October 2024.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA

Prof.Gwahula Raphael Kimamala

For: VICE CHANCELLOR

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THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATIVE AND LOCAL GOVERNMENT AUTHORITIES

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Ref. No. MA.137/372/01A/

Date 19-08-2024

District Administrative Secretary,
P. O. Box.....,
.....NYAMAGANA.....

RE: PERMISSION TO UNDERTAKE DATA COLLECTION

Please refer to the captioned subject.

The Office received the letter Ref. No. OUT/PG202087370 ..... from Open University.

On the base of the particular letter, the office has been granted the permission to Mr/ ~~Ms~~ NYAMUNI WARIOBA ..... (student) to collect the academic research data concern his/her Research title "EFFECTS OF INTIMATE PARTNER VIOLENCE ON MENTAL HEALTH AMONG MARRIED WOMEN" .....
.....

A case study of .....NYAMAGANA..... District.

Please assist the mentioned researcher accordingly.

Zubeda A. Kimaro
For: REGIONAL ADMINISTRATIVE SECRETARY
MWANZA

Copy to: Mr/~~Ms~~ NYAMUNI WARIOBA .....
RESEARCHER.

Effects of Intimate Partner Violence on Mental Health Among Married Women: A Case Study of Nyamagana Municipality, Mwanza Tanzania

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Abstract

Intimate partner violence (IPV) remains a critical public health and human rights concern, with profound implications for the mental health of survivors. This study examines the impact of IPV on the mental health of married women in Nyamagana District, Mwanza Region, Tanzania. Using qualitative methods, including in-depth interviews (IDIs) and focus group discussions (FGDs), the study explores the psychological consequences of IPV, such as depression, suicidal ideation, post-traumatic stress disorder (PTSD), and social isolation. The findings indicate that IPV survivors experience severe emotional distress, often exacerbated by economic dependence, cultural norms, and stigma, which prevent them from seeking help. Many women reported feelings of hopelessness, fear, and recurring trauma, highlighting the urgent need for psychological support services. The study further reveals that social isolation and restricted access to support networks contribute to prolonged suffering among survivors. Despite these challenges, existing community and religious coping mechanisms offer limited relief, emphasizing the necessity for structured interventions. The study concludes that comprehensive support

strategies, including accessible mental health services, legal protections, and community-based awareness programs, are essential for mitigating the adverse effects of IPV. It calls for multi-sectoral interventions to address IPV holistically and provide survivors with sustainable pathways to recovery.

Keywords:

Intimate Partner Violence, Mental Health, Depression, Post-Traumatic Stress Disorder, Social Isolation

Introduction

Intimate partner violence (IPV) is a pervasive public health issue with profound consequences for the well-being of women worldwide. Defined as physical, sexual, psychological, or economic abuse perpetrated by a current or former intimate partner (World Health Organization [WHO], 2021), IPV disproportionately affects women, particularly those in marital relationships. Studies indicate that IPV is not only a violation of fundamental human rights but also a critical determinant of mental health outcomes among married women (Devries et al., 2013). The impact of IPV extends beyond physical injuries, contributing significantly to poor mental health, emotional distress, and diminished quality of life (Gibbs et al., 2020). The World Health Organization (2013) reports that globally, approximately 30% of women who have been in a relationship have experienced some form of IPV, highlighting its widespread prevalence and the urgency of addressing its psychological repercussions.

The mental health consequences of IPV are profound, with survivors frequently experiencing depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (Trevillion et al., 2012). Exposure to chronic violence can alter neurobiological responses, increasing vulnerability to mood and stress-related disorders (Howard et al., 2013). Additionally, IPV disrupts social and emotional functioning, leading to feelings of helplessness, low self-esteem, and difficulties in

interpersonal relationships (Dillon et al., 2013). Studies suggest that married women facing IPV often encounter significant barriers to seeking psychological help, including fear of retaliation, economic dependence, and cultural stigma (Murray et al., 2015). These barriers exacerbate mental health symptoms, as survivors may remain trapped in abusive environments with limited access to support systems.

Furthermore, the intersection of IPV with socio-economic factors and structural inequalities plays a crucial role in shaping mental health outcomes. Women from lower socio-economic backgrounds, those with limited education, and those in patriarchal societies often face heightened risks of IPV and its associated mental health burdens (Heise & Kotsadam, 2015). Additionally, the COVID-19 pandemic exacerbated IPV globally, as lockdowns and economic uncertainties trapped many women in abusive households, limiting their ability to seek support (Evans et al., 2020). The need for targeted interventions that address both the psychological and socio-economic dimensions of IPV is more pressing than ever. This paper seeks to explore the impact of IPV on the mental health of married women, shedding light on its psychological consequences, barriers to seeking help, and potential strategies for intervention and support.

Description of the study area

Nyamagana District, located in Mwanza Region, Tanzania, serves as a significant urban center with a rapidly growing population and dynamic socio-economic landscape. As the administrative hub of Mwanza City, which is Tanzania's second-largest urban area, Nyamagana plays a crucial role in the region's economic and social development. The district's strategic location along the southern shores of Lake Victoria has facilitated economic activities such as fishing, trade, and services. However, urbanization has also contributed to socio-economic disparities, which have implications for gender dynamics and intimate partner violence (IPV) prevalence. Studies indicate that IPV remains a pressing public health concern in Tanzania, with nearly half of ever-married women reporting some form of IPV in their lifetime (World Health Organization [WHO], 2021). Mwanza Region, in

particular, has been identified as having high IPV prevalence, with studies documenting strong associations between IPV and socio-economic factors such as food insecurity and male-dominant gender norms (Jewkes et al., 2017).

The socio-economic and cultural environment in Nyamagana District presents unique challenges and risk factors for IPV. The rapid urbanization of Mwanza has led to increased education and employment opportunities for women, which, while empowering, has also been linked to what researchers term a "violence backlash," where shifts in gender roles and economic power trigger increased IPV perpetration (Gibbs et al., 2020). Furthermore, deeply entrenched patriarchal norms continue to influence male-female power dynamics, limiting women's ability to seek help or report IPV incidents (Heise & Kotsadam,2015). Studies focusing on men's conceptualizations of emotional abuse in Mwanza reveal that masculinity, power, and economic constraints significantly shape the perpetuation and justification of IPV, further complicating intervention efforts (Conroy et al., 2021). Additionally, food insecurity has been identified as a key driver of IPV, as economic stressors exacerbate tensions within households, increasing the likelihood of violent conflict (Hatcher et al., 2019).

Access to healthcare and support services for IPV survivors in Nyamagana District remains limited, with socio-economic status and disability playing crucial roles in determining who can access help. Research suggests that women with disabilities face an elevated risk of IPV exposure due to increased vulnerability and dependency, yet they are among the least likely to receive adequate support services (Kapiga et al., 2022). The intersection between IPV and mental health is particularly significant in this district, where economic hardships, social stigma, and limited access to psychological care create barriers for survivors seeking assistance. While some non-governmental organizations and health institutions provide support services, their reach is often insufficient, leaving many survivors without necessary interventions (Murray et al., 2015). Given these factors, Nyamagana District presents a critical study area for examining the mental health impacts of IPV among married women. Its high prevalence of IPV, coupled with

socio-economic disparities and cultural constraints, highlights the urgent need for targeted interventions and policy responses to address this pervasive issue.

Literature review

Intimate partner violence (IPV) is a pervasive public health concern with severe consequences for the mental health of married women. Research across different contexts has demonstrated that IPV is strongly associated with adverse mental health outcomes, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (Devries et al., 2013; García-Moreno et al., 2015). The World Health Organization (WHO, 2021) estimates that approximately one in three women globally experience IPV at some point in their lives, with significant variations in prevalence based on socio-cultural and economic factors. In sub-Saharan Africa, where gender-based violence remains a critical issue, IPV prevalence rates are particularly high, with national demographic surveys indicating that up to 45% of women in Tanzania have experienced some form of IPV (National Bureau of Statistics Tanzania [NBS], 2022). This review examines existing literature on the impact of IPV on the mental health of married women, with a specific focus on the context of Nyamagana District in Mwanza Region, Tanzania.

Studies have consistently found a significant link between IPV and depression among married women. Devries et al. (2013) conducted a meta-analysis of studies from different countries and found that IPV exposure was associated with a two- to three-fold increase in the likelihood of experiencing major depressive episodes. Similarly, Ellsberg et al. (2008) found that women exposed to IPV had higher rates of depressive symptoms, with the severity of abuse correlating directly with the intensity of mental distress. In Tanzania, qualitative research conducted in Mwanza Region by Kapiga et al. (2022) revealed that many women experiencing IPV reported symptoms of depression, feelings of hopelessness, and an increased risk of self-harm. Given these findings, the present study seeks to examine the impact of IPV on the mental health of married women in Nyamagana District, where IPV prevalence is high, and access to mental health services remains limited.

Anxiety disorders are another significant mental health consequence of IPV. Women subjected to continuous exposure to physical, emotional, or sexual violence often develop chronic anxiety, hypervigilance, and symptoms consistent with generalized anxiety disorder (GAD) (Hatcher et al., 2019). A study by Tsai et al. (2017) found that women who reported IPV victimization were significantly more likely to experience severe anxiety compared to those who had not experienced violence. Additionally, post-traumatic stress disorder (PTSD) has been identified as a common mental health disorder among IPV survivors. Research by Coker et al. (2002) demonstrated that IPV victims are more likely to exhibit PTSD symptoms such as flashbacks, emotional numbness, and avoidance behaviors. In Mwanza, women who have been exposed to IPV have reported trauma-related symptoms, including sleep disturbances and heightened fear of their abusive partners, further highlighting the need for intervention (Conroy et al., 2021).

Suicidal ideation and self-harm are also critical concerns for IPV survivors. Numerous studies have established that IPV significantly increases the likelihood of suicidal thoughts and behaviors (Devries et al., 2011). For instance, research by Jewkes et al. (2017) found that women who experienced IPV were nearly five times more likely to report suicidal ideation compared to those who had not been exposed to violence. Similarly, a study conducted in East Africa by Kidman et al. (2020) highlighted that IPV was a major contributing factor to self-harm among women, particularly in low-resource settings where psychological support services are inadequate. These findings underscore the urgency of understanding and addressing the mental health impact of IPV on married women in Nyamagana District.

The socio-cultural and economic factors that exacerbate IPV and its mental health consequences cannot be overlooked. Patriarchal norms, economic dependency, and social stigma often prevent women from seeking help, leading to prolonged exposure to violence and deteriorating mental health (Heise & Kotsadam,2015). In Tanzania, many women remain in abusive marriages due to financial constraints and societal expectations that discourage divorce or separation (Murray et al., 2015). Research in Mwanza Region suggests that limited access to mental health care services further exacerbates the situation, leaving many women without

adequate psychological support (Gibbs et al., 2020). Addressing these structural barriers is essential for mitigating the impact of IPV on mental health.

In conclusion, existing literature strongly supports the assertion that IPV has profound and lasting effects on the mental health of married women. Depression, anxiety, PTSD, and suicidal ideation are among the most commonly reported psychological consequences of IPV. Given the high prevalence of IPV in Nyamagana District, this study is crucial in providing empirical evidence on its impact on the mental health of married women, thereby informing targeted interventions and policy responses. Future research and policy initiatives must focus on improving access to mental health services, addressing economic vulnerabilities, and challenging patriarchal norms that perpetuate IPV.

Methods

This study employed a qualitative research approach to examine the impact of intimate partner violence (IPV) on the mental health of married women in Nyamagana District, Mwanza Region, Tanzania. A qualitative methodology was chosen because it allows for an in-depth exploration of lived experiences, perceptions, and the socio-cultural dynamics surrounding IPV and mental health (Creswell & Poth, 2018). By using qualitative methods, this study sought to capture the complexities of IPV and its psychological consequences through direct engagement with affected women and key informants in the community. The research design incorporated purposive sampling, in-depth interviews (IDIs), and focus group discussions (FGDs) to collect comprehensive data on the subject matter.

A purposive sampling strategy was employed to ensure that participants were selected based on their direct experiences and relevance to the study's objectives (Patton, 2015). This non-probability sampling technique was appropriate for exploring the lived experiences of IPV survivors, as it allowed for the inclusion of respondents who could provide rich and meaningful insights (Etikan et al., 2016). The study targeted married women who had experienced IPV, as well as key

informants such as social workers, health professionals, and community leaders who had knowledge of IPV-related mental health issues.

The sample size was determined based on the principle of data saturation, which occurs when no new themes or information emerge from additional interviews or discussions (Guest et al., 2020). A total of 25 married women who had experienced IPV participated in the study through IDIs, while four FGDs were conducted with groups of six to eight participants per discussion. Additionally, ten key informants were interviewed, including social workers, healthcare providers, gender activists, and community leaders. This sample size was considered adequate to capture diverse perspectives and ensure a rich understanding of IPV's mental health consequences (Mason, 2010).

In depth interviews (IDIs) were conducted with married women who had experienced IPV to obtain personal narratives about their experiences and mental health consequences. This method was chosen because it allows participants to share their stories in a confidential and supportive environment, reducing the fear of stigma and retaliation (Hennink et al., 2020). A semi-structured interview guide was used to ensure consistency while allowing flexibility for participants to elaborate on key issues. The interviews focused on the types of IPV experienced (physical, emotional, sexual, or economic), coping mechanisms, psychological effects, and the availability of support services.

Interviews were conducted in Swahili, the dominant language in Nyamagana District, to ensure that respondents could express themselves freely and comfortably. Each interview lasted between 45 and 60 minutes and was conducted in a private setting to ensure confidentiality. With participants' consent, the interviews were audio-recorded for accuracy and later transcribed for analysis.

Focus group discussions (FGDs) were conducted to explore community perceptions of IPV and its effects on mental health. This method was selected because it allows for interactive discussions that reveal shared experiences, cultural norms, and societal attitudes toward IPV (Krueger & Casey, 2015). The discussions were facilitated by a trained moderator using a structured discussion guide, which

covered themes such as the prevalence of IPV, its psychological impact, barriers to seeking help, and available support systems.

Each FGD comprised six to eight participants, and discussions lasted between 60 and 90 minutes. Participants were grouped based on similarities in their socio-economic backgrounds to facilitate open discussions without power imbalances. The sessions were conducted in a safe and neutral location, and confidentiality was emphasized to encourage honest participation. Audio recordings were made with consent, and detailed field notes were taken to capture non-verbal cues and group dynamics.

Married women who had experienced IPV were identified through community-based organizations (CBOs) and local healthcare centers that provide support services to survivors. Key informants, such as social workers and healthcare professionals, assisted in identifying potential participants while ensuring ethical considerations were met (Liamputtong, 2019). Snowball sampling was also employed, where initial participants referred other women who had experienced IPV and were willing to share their experiences (Naderifar et al., 2017).

Key informants were selected based on their expertise and experience in dealing with IPV cases. Social workers and healthcare providers from local hospitals and clinics were included due to their firsthand interactions with IPV survivors. Additionally, community leaders and representatives from gender advocacy organizations were included to provide insights into societal attitudes and structural barriers affecting IPV interventions.

Given the sensitive nature of IPV, ethical considerations were a priority throughout the research process. Ethical approval was obtained from the appropriate governmental authorities, and informed consent was secured from all participants before data collection (Orb et al., 2001). Participants were informed about the study's objectives, potential risks, and their right to withdraw at any stage. Confidentiality was maintained by anonymizing responses and ensuring that data was securely stored. Psychological support referrals were made available for participants who required counseling or further assistance.

Results

The findings or results of this study reveal that intimate partner violence (IPV) has profound and far-reaching effects on the mental health of married women in Nyamagana District. The data from in-depth interviews (IDIs) and focus group discussions (FGDs) indicate that IPV manifests in multiple forms physical, emotional, sexual, and economic abuse—each contributing to severe psychological distress. The findings are categorized into key themes that emerged from the narratives of the participants.

Emotional and Psychological Distress

Most of the women who participated in the study reported experiencing emotional distress due to prolonged exposure to IPV. Anxiety, depression, and suicidal thoughts were recurrent themes in their narratives. Several women described living in constant fear and helplessness, which affected their daily lives and overall well-being.

> *"I feel like I am trapped in a situation that I cannot escape. My husband insults me every day, calls me worthless, and makes me feel like I do not deserve to live. Sometimes, I just want to disappear because I do not see a way out of this pain."* (IDI, Married Woman)

Participants also reported experiencing extreme sadness, persistent crying, and feelings of worthlessness due to their partners' behavior. In one of the FGDs, a woman shared how the emotional toll of IPV had affected her ability to care for her children and perform daily activities.

> *"There are days when I do not even have the strength to get out of bed. My husband humiliates me in front of our children, and I feel like I have failed as a mother. I keep thinking that maybe if I was a better wife, he would treat me differently."* (FGD, Married Woman)

These testimonies highlight the deep psychological scars left by IPV, leading many women to internalize the abuse and blame themselves for their suffering.

Depression and Suicidal Ideation

Many women in the study revealed that their experiences with IPV had pushed them into depression, with some even contemplating suicide. The emotional pain and social isolation resulting from IPV contributed to a sense of despair and hopelessness. The weight of prolonged abuse, combined with a lack of support, left many women feeling trapped in their situations, with no clear path to relief.

> *"There was a time when I thought the only way to stop the pain was to take my own life. I had no one to talk to, and I felt completely alone. Even when I tried to seek help from my family, they told me to be patient and endure it for the sake of my children."* (IDI, Married Woman)

This finding aligns with previous research that has established a strong link between IPV and increased suicide risk among women (Devries et al., 2011). The stigma surrounding IPV and mental health issues often prevents women from seeking professional help, further exacerbating their suffering.

Another participant shared how the prolonged psychological abuse from her husband eroded her self-esteem to the point where she questioned her own worth:

> *"He always tells me that I am useless, that no one would ever want me if I left him. After hearing this for years, I started to believe him. I felt like I had no value, no reason to keep living."* (IDI, Married Woman)

Similarly, in a focus group discussion, a participant recounted the despair she felt when she was unable to escape her abusive marriage. Despite her attempts to reach out to religious leaders and family members, she was advised to remain in the marriage and pray for change. This deepened her sense of hopelessness.

> *"I was so tired of crying every night. I went to my church leaders, hoping they would help me. But they only told me to pray and be patient, that a woman's duty is to keep her family together. I thought to*

> *myself, 'So this is my life forever?' That thought nearly killed me."* (FGD, Married Woman)

The lack of external support was a recurring theme among respondents, contributing to their psychological distress. One woman described how she struggled with constant thoughts of self-harm after enduring years of emotional and physical violence:

> *"I used to look at poison and think, 'Maybe if I drink this, the pain will stop.' But then I would think of my children and wonder what would happen to them if I was gone. That is the only thing that kept me alive."* (IDI, Married Woman)

These testimonies highlight the dangerous mental health implications of IPV. The absence of psychological support, combined with societal pressures that normalize abuse, creates an environment where many women see suicide as their only escape. The findings emphasize the urgent need for accessible mental health services, community support systems, and interventions that challenge harmful social norms surrounding IPV.

Post-Traumatic Stress Disorder (PTSD) and Fear

Many participants in the study, including married women, community leaders, and health professionals, reported that IPV survivors often exhibit symptoms of post-traumatic stress disorder (PTSD). These symptoms include persistent fear, flashbacks, nightmares, emotional numbness, and hypervigilance. The psychological toll of IPV left many women struggling to regain a sense of normalcy in their lives.

A survivor of IPV described how the fear of her husband's violent outbursts haunted her even when he was not present:

> *"Even when my husband is not around, I feel like he is watching me. If I hear a loud noise, I panic, thinking he is coming to hit me again. I do*

> *not sleep well at night because I keep reliving the beatings."* (IDI, Married Woman)

A healthcare provider who had worked with IPV survivors in Nyamagana District confirmed that many women who seek medical attention for injuries also display symptoms of PTSD. She highlighted that the mental health aspect is often overlooked in medical interventions:

> *"Many of the women who come here with physical injuries are also severely traumatized. Some break down in tears when we ask them what happened. Others avoid eye contact and seem withdrawn, like they are afraid to speak. You can see that their suffering goes beyond the physical wounds."* (IDI, Health Professional)

Community elders and religious leaders also acknowledged that fear plays a significant role in keeping women trapped in abusive relationships. A male elder explained how some women become conditioned to their abusive environment, fearing retaliation if they attempt to leave:

> *"We have seen women who refuse to report their husbands, not because they are okay, but because they fear what will happen if he finds out. Some men have threatened to kill their wives if they ever speak to the police. That fear is very real for them."* (IDI, Community Elder)

During a focus group discussion, a young woman who had grown up witnessing IPV in her household shared how her mother's prolonged abuse affected the entire family. She described how the trauma extended beyond the direct victim, influencing children's emotional and psychological well-being:

> *"I remember how my mother would start shaking whenever my father came home drunk. She would tell us to stay in our room and be quiet so we wouldn't make him angry. Even after he was gone, she never fully recovered. She was always nervous, always*

> *looking over her shoulder, as if he could come back anytime to hurt her."* (FGD, Daughter of IPV Survivor)

The effects of PTSD were also evident in how some women described their inability to function normally in everyday life due to the constant fear of their abusive partners. One participant explained how this fear affected her ability to make simple decisions:

> *"I cannot even speak freely when I am outside because I keep thinking, 'What if someone tells my husband what I said?' If he hears that I complained about him, I know he will punish me when I get home. So, I have learned to stay silent, even when I am hurting."* (IDI, Married Woman)

A police officer who handled IPV cases in the district highlighted the psychological toll that repeated abuse takes on survivors. He described cases where women refused to testify against their abusive partners, despite suffering extreme violence, due to deeply ingrained fear:

> *"I have seen women come to the station with serious injuries, but when we ask them to file a case, they refuse. Some even deny that their husbands hurt them. They tell us, 'If I speak, he will kill me.' This fear is what keeps many women in dangerous situations."* (IDI, Police Officer)

These accounts illustrate the pervasive impact of PTSD among IPV survivors. The fear and trauma experienced by women extend beyond the moments of physical violence, affecting their everyday lives, mental well-being, and even their ability to seek help. The findings underscore the urgent need for trauma-informed services, psychological support, and stronger community-based interventions to help survivors heal and regain a sense of safety.

Social Isolation and Lack of Support

A significant number of participants reported that IPV survivors often experience extreme social isolation due to the control exerted by their abusive partners. Many women shared how their husbands deliberately restricted their interactions with family, friends, and even community gatherings, leaving them without a support system. Others spoke of the stigma associated with speaking out about IPV, which further discouraged them from seeking help.

A middle-aged married woman explained how her husband's controlling behavior led her to lose contact with her family:

> *"My husband does not allow me to visit my relatives or even talk to my friends. He says that they influence me negatively. I feel like I have no one to turn to, and it is very lonely."* (IDI, Married Woman)

A young woman who participated in a focus group discussion narrated how her sister, a survivor of IPV, gradually withdrew from family interactions due to shame and fear of judgment:

> *"Before she got married, my sister was full of life, always visiting us and calling me. But after a few years, she stopped coming home. When we call, she says she is busy, but we know it is because of her husband. He does not let her go anywhere, and she is afraid of what people will say about her situation."* (FGD, Sister of IPV Survivor)

A male community leader admitted that societal norms often prevent women from seeking support, as the responsibility of maintaining a marriage is unfairly placed on them:

> *"In our community, when a woman speaks out about her husband's abuse, people ask her what she did to make him angry. They tell her to be patient and endure because that is what a good wife does. Instead of supporting her, society isolates her, making*

> *it harder for her to leave or even talk about her suffering."* (IDI, Community Leader)

Religious and cultural norms were also identified as contributing factors to the isolation of IPV survivors. A religious leader acknowledged that some faith-based teachings discourage women from leaving abusive marriages, pushing them further into social isolation:

> *"Many women come to the church seeking advice, and we tell them to pray for their husbands to change. But I now realize that for some, prayer alone is not enough—they need real help. We must do more to support these women instead of making them feel guilty for wanting to escape abuse."* (IDI, Religious Leader)

A healthcare professional working at a local clinic noted that many women suffer in silence because they lack someone to confide in:

> *"Some of the women who come to the clinic tell us that they have no one to talk to. They cannot speak to their neighbors, they cannot tell their parents, and they are too afraid to report to the police. So, they keep everything inside, and that isolation only worsens their mental health."* (IDI, Healthcare Professional)

This finding highlights the urgent need for community awareness programs that encourage open discussions about IPV and create safe spaces for survivors to seek support without fear of stigma or judgment.

Coping Mechanisms and Barriers to Seeking Help

Despite the severe mental health consequences of IPV, many women reported struggling to access mental health services. Several factors contributed to this, including financial dependency, stigma, and lack of awareness about available resources. Many survivors relied on informal coping mechanisms, such as prayer, avoidance, and seeking support from other women, to endure their situations.

A married woman shared how she turned to religion as a coping mechanism:

> *"Whenever I feel overwhelmed, I go to church and pray. It is the only place where I find some peace, even if it is temporary."* (IDI, Married Woman)

A young woman who had recently escaped an abusive relationship explained how she coped by staying silent and avoiding conflict:

> *"I have learned not to argue with him, even when I know he is wrong. I just stay silent and do whatever he wants to avoid problems."* (FGD, Young Woman)

Men in the community also acknowledged the lack of support services for IPV survivors. A male youth leader admitted that even when women attempt to seek help, they are often discouraged by those around them:

> *"I have seen cases where women try to speak out, but their own families tell them to keep quiet. They say things like, 'Every marriage has problems' or 'Just be patient, he will change.' This makes it very hard for women to seek real help."* (IDI, Male Youth Leader)

A police officer working in the gender-based violence unit explained how many IPV survivors who attempt to report abuse often withdraw their cases due to fear or social pressure:

> *"Many women come to the station to report their husbands, but before we can even start the process, they change their minds. Some say their families told them not to bring shame to their marriage, while others fear retaliation. This shows that legal measures alone are not enough we need to change societal attitudes."* (IDI, Police Officer)

A social worker emphasized that the lack of accessible mental health services in Nyamagana District makes it difficult for survivors to receive professional psychological support:

> *"Even if a woman gathers the courage to seek help, where does she go? There are very few mental health professionals here, and most women cannot afford private therapy. We need more government-supported mental health programs to help these survivors heal."* (IDI, Social Worker)

A teacher who had worked with children from abusive homes pointed out that IPV does not only affect the survivors but also their children, who often develop their own coping mechanisms:

> *"I have students who come to school looking sad and withdrawn because they see their mothers being beaten at home. Some of them stop talking in class, while others become aggressive. These children are also victims, and we need to think about how to support them too."* (IDI, Teacher)

These findings demonstrate that while IPV survivors develop various coping mechanisms, many of these strategies do not address their underlying trauma. Barriers to seeking help—including social stigma, lack of financial independence, and limited mental health services—continue to hinder survivors from accessing the support they need. Addressing these barriers requires a multi-sectoral approach involving legal, healthcare, and community-based interventions.

The findings of this study underscore the profound impact of IPV on the mental health of married women in Nyamagana District. Emotional distress, depression, PTSD, social isolation, and suicidal ideation were common among survivors, exacerbated by a lack of support and cultural norms that discourage women from speaking out. Despite these challenges, many women developed coping mechanisms to endure their situations, though most lacked access to formal psychological support. These findings emphasize the urgent need for targeted interventions to address the mental health needs of IPV survivors, increase awareness, and improve access to support services in Nyamagana District.

Discussion

The findings of this study align with existing literature on the psychological and social consequences of intimate partner violence (IPV) among married women. IPV remains a significant public health concern globally and in Tanzania, with severe implications for women's mental health, social well-being, and overall quality of life. The discussion integrates the introduction, literature review, and findings, highlighting key themes such as depression and suicidal ideation, post-traumatic stress disorder (PTSD) and fear, social isolation, and barriers to seeking help.

The study reveals that IPV survivors in Nyamagana District, Mwanza, experience profound psychological distress, including depression and suicidal thoughts. The testimonies of survivors, healthcare professionals, and community members confirm that prolonged exposure to IPV leads to emotional numbness, hopelessness, and, in extreme cases, suicidal ideation. These findings resonate with prior research by Devries et al. (2013) and García-Moreno et al. (2013), who established a strong correlation between IPV and increased risks of depression and self-harm. Survivors often feel trapped in abusive relationships due to cultural expectations and economic dependence, which exacerbates their psychological distress.

The study further highlights the prevalence of PTSD symptoms among IPV survivors, characterized by flashbacks, nightmares, and hypervigilance. Many women reported an overwhelming fear of their abusive partners, which persisted even in their absence. This aligns with findings from Ellsberg et al. (2008), who argue that IPV survivors frequently develop PTSD due to chronic exposure to violence. The fear of retaliation prevents many women from seeking help, as evidenced by accounts from police officers and community leaders. Social conditioning that discourages women from speaking out about their experiences exacerbates the trauma, making it difficult for them to escape the cycle of abuse.

Social isolation emerged as another key consequence of IPV, as abusers often control their victims' interactions, limiting their support networks. The testimonies of survivors indicate that women are frequently cut off from family and friends, leaving them with little external support. Community leaders and religious figures

also acknowledged the societal tendency to blame women for marital issues, which discourages them from seeking help. This supports Golding's (1999) meta-analysis, which found that IPV survivors are often stigmatized and abandoned by their communities, further deepening their psychological distress.

Despite the severe mental health consequences, IPV survivors in Nyamagana District face multiple barriers to seeking help. Economic dependence on their abusers, lack of mental health services, and societal stigma contribute to the continued suffering of many women. Healthcare providers and social workers in the study emphasized the urgent need for accessible mental health services and community-based interventions. Okuda et al. (2011) also found that inadequate mental health resources prevent IPV survivors from receiving necessary psychological support. The testimonies from this study reaffirm the need for integrated interventions that address both the psychological and economic barriers faced by survivors.

The study's findings indicate that while some survivors adopt informal coping mechanisms such as prayer and avoidance, these strategies do not effectively address the trauma they experience. Religious leaders admitted that while faith can provide emotional relief, it is not a substitute for professional mental health interventions. This aligns with research by Lagdon et al. (2014), who argue that survivors require structured psychological support and legal protection to recover from IPV.

The integration of literature and empirical findings highlights the urgent need for multi-sectoral interventions to address IPV and its mental health consequences. The study underscores the importance of accessible mental health services, legal protections, and community-based support systems to help survivors heal and rebuild their lives. Addressing IPV requires a shift in societal attitudes, increased awareness, and stronger enforcement of laws that protect women from domestic violence. Future research should focus on evaluating the effectiveness of intervention programs and exploring culturally sensitive approaches to mental health support for IPV survivors in Tanzania.

Conclusion

This study examined the impact of intimate partner violence (IPV) on the mental health of married women in Nyamagana District, Mwanza Region. The findings indicate that IPV survivors experience severe psychological distress, including depression, suicidal ideation, post-traumatic stress disorder (PTSD), and chronic fear. Furthermore, IPV leads to social isolation, preventing survivors from accessing necessary support systems. Economic dependence, stigma, and limited access to mental health services act as barriers to seeking help, leaving many women trapped in abusive relationships.

The discussion integrates empirical findings with existing literature, demonstrating that IPV is a significant public health concern with long-term consequences. Prior studies confirm that IPV increases the risk of depression, PTSD, and social withdrawal, reinforcing the need for comprehensive interventions. Addressing IPV requires a multi-faceted approach, including improved access to mental health services, legal protections, and community awareness programs that challenge harmful societal norms.

This study highlights the urgent need for increased support systems for IPV survivors, including psychological counseling, economic empowerment programs, and legal assistance. Religious and community leaders must play an active role in changing narratives that silence victims and normalize abuse. Future research should focus on evaluating intervention programs and developing culturally appropriate mental health services tailored to the needs of IPV survivors in Tanzania. By addressing these gaps, policymakers and stakeholders can work toward a society where women feel safe, supported, and empowered to seek help when faced with IPV.

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