

**ASSESSING THE IMPACT ASSESSMENT OF GENDER-BASED
VIOLENCE ON WOMEN'S HEALTH IN TANZANIA: A CASE OF MOSHI
MUNICIPAL COUNCIL**

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

The undersigned certify that they have read and hereby recommend for acceptance by the Open University of Tanzania a dissertation entitled: “**Assessing the Impact Assessment of Gender-Based Violence on Women’s Health in Tanzania: A Case of Moshi Municipal Council**”. In partial fulfilment of the requirements for the award of the Degree of Master of Arts in Gender Studies of the Open University of Tanzania.

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.....

Signature

.....

Date

DEDICATION

I dedicate this work to my late father, Mbarouk Bozzely, whose support shaped my journey, and to my mother, Maimuna Mbarouk Bozzely, whose love continues to inspire me. This accomplishment is a tribute to their enduring legacy.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to Almighty God for His unwavering guidance and support throughout my journey. I am deeply thankful to my husband, Frank Ernest Munis, and our beloved children, Rahim, Eladius, Anisa, and Jasmin, for their love and encouragement. My sincere appreciation also goes to my wonderful friends—Salma, Aziza, Annab, Masika, Zuhura, Selina, and Mwayumbe—whose companionship has been invaluable. Lastly, I extend special thanks to my supervisors, Dr. Johnas Buhori and Dr. Jackline Bundala, for their expert guidance and mentorship, which have been instrumental in the completion of this work.

ABSTRACT

This study aimed at assessing the impact of gender-based violence on women's health in Moshi Municipal Council. Specifically, the study investigated the impact of physical violence, sexual violence and emotional violence on women's health. Radical feminist theory was employed in this study. The methodology for this study employed a pragmatic research philosophy and a mixed approach, utilizing a descriptive research design. The area of focus was Moshi Municipal Council, targeting a population of 184,292 individuals, with a sample size of 400 respondents selected through simple random sampling techniques. Data collection involved both primary methods, including questionnaires and interviews, and secondary methods through documentary reviews. For data analysis, quantitative data was processed using SPSS, employing descriptive statistics and inferential statistics, while qualitative data was analyzed through content analysis. The study unveiled that a significant number of women experienced physical violence, with many reporting bruises, cuts, or scars as a consequence. Findings revealed that a substantial number of women reported experiencing unwanted sexual touching, with many subjected to forced sexual intercourse against their will. The study found that many women experienced verbal insults as a form of emotional violence, leading to feelings of belittlement and diminished self-worth. The study recommends collaboration between health authorities and community organizations to implement education programs on the physical consequences of violence and early intervention. It also calls for improved reporting mechanisms and support services for survivors of sexual violence, alongside integrating mental health services into healthcare. Future research should explore men's perspectives on violence against women and its health effects.

Keywords: *Gender-based violence, women's health, Moshi Municipal Council.*

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LIST OF ABBREVIATIONS

FGM	Female Genital Mutilation
GBV	Gender-based Violence
IPV	Intimate Partner Violence
KMO	Kaiser-Meyer-Olkin
MoFP	Ministry of Finance and Planning
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly, and Children
PGV	Physical Gender Violence
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections
TBS	Tanzania Bureau of Statistics
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
URT	United Republic of Tanzania
WBG	World Bank Group

CHAPTER ONE

INTRODUCTION

1.1 Chapter Overview

Gender-based violence (GBV) gained global recognition in recent decades, as heightened awareness, advocacy, and a growing understanding revealed its pervasive nature. The shift occurred as societies began acknowledging (Morgan et al., 2017). GBV is not merely an isolated incident but a deeply rooted, widespread issue across cultures. International contributions to this awareness include the United Nations Declaration on the Elimination of Violence against Women in 1993 and the Fourth World Conference on Women in Beijing in 1995, marking crucial turning points. These events prompted a global discourse on the prevalence and impact of GBV, fostering concerted efforts to combat this pervasive violation of human rights (Ogura et al., 2017). These events catalyzed a global conversation surrounding the prevalence and consequences of GBV, which directly informs our investigation into the health outcomes experienced by women subjected to various forms of violence in Moshi District.

GBV continues to be a widespread and problem that has significant effects on women's health on many different continents. According to De-Carvalho, (2019), there is a direct link between intimate partner violence and poor health outcomes in the Americas, where nations like the United States and Canada struggle with the effects of physical. This covers long-term effects including chronic pain, mental health

conditions, and problems with reproductive health in addition to urgent physical damage.

Mendieta-Izquierdo, Ramí'ez-Rodr'guez, and Fuerte (2020) noted that in Europe, countries such as Sweden and the UK demonstrate the complex interactions between physical violence, sexual violence, and emotional violence, highlighting the need for comprehensive strategies to address the complex aspects of women's health. The elaborate web of factors influencing health outcomes, including societal attitudes and systemic support, demands nuanced research and comprehensive strategies (Ogura et al., 2017).

In Asia, countries such as India and Japan confront diverse challenges, with statistics revealing alarming rates of gender-based violence (Morgan et al., 2017). For instance, in India, a National Family Health Survey found that approximately 30% of women aged 15-49 have experienced physical or sexual violence from an intimate partner in their lifetime. Similarly, in Japan, a survey conducted by the Cabinet Office revealed that nearly 20% of women have experienced sexual assault or harassment (Cepeda, Lacalle-Calderon & Torralba, 2022). These statistics underscore the pervasive nature of gender-based violence in the region, with consequences extending beyond the physical realm to encompass psychological trauma and reproductive health complications. The need for comprehensive research is evident in understanding the multifaceted impact on women's well-being, considering the cultural nuances and socio-economic factors that shape these experiences (Disman & Barliana, 2017). Despite global awareness campaigns and legal frameworks, the persistence of gender-

based violence poses a significant challenge to achieving equitable health outcomes for women on a global scale.

The African context vividly showcases the multifaceted nature of gender-based violence, with each country grappling with unique challenges. According to Saredine (2018), there is a pressing need for thorough research in Egypt to guide targeted interventions about the health implications of sexual violence. Recent statistics reveal that 63% of Egyptian women have experienced some form of sexual harassment (UN Women, 2023), emphasizing the urgency of addressing this issue. Additionally, the widespread problem of female genital mutilation adds to the complexity of the situation, with 87% of girls and women aged 15-49 having undergone the practice in Egypt (UNICEF, 2021), calling for investigation into the complex relationships it has with women's health outcomes (Abrahams et al., 2021).

In Ghana, research is focused on the effects of emotional violence, with 45% of women reporting having experienced emotional or psychological violence from an intimate partner (Ghana Statistical Service, 2022), illuminating the significant yet frequently disregarded influence on women's mental and emotional health. Meanwhile, South Africa offers a complicated situation for women who are victims of physical and sexual violence, with 41% of women experiencing some form of partner violence in their lifetime (Statistics South Africa, 2023). This is exacerbated by the country's history of violence and current issues, with elevated incidence of violence against intimate partners intersecting with more general problems of trauma in society, impacting the health of women who are impacted (Falschung, 2018).

According to Chol et al., (2019), Rwanda in its post-conflict era, serves as a poignant example of the lingering effects of emotional violence on women's health. The aftermath of the genocide necessitates research that delves into the intersectionality of trauma, emotional violence, and the unique health challenges faced by Rwandan women. This underscores the imperative for tailored interventions that consider the historical context and its lasting impact on the well-being of survivors. The urgency across the African continent lies in the persistence of gender-based violence and its severe consequences for women's health (Yaya et al., 2019).

Despite persistent efforts, progress is impeded by challenges including entrenched cultural norms, ineffective legal enforcement, and inadequate access to support services. Effectively addressing the health consequences of physical, sexual, and emotional violence necessitates not only recognizing regional diversity but also crafting tailored interventions that account for the nuanced dynamics involved. This study seeks to contextualize global research within the African context, aiming to shed light on the impact of gender-based violence on women's health specifically within Tanzania, with a focus on Moshi District.

Tanzania, committed to addressing gender-based violence through legal frameworks, faces challenges on the impact of physical violence is not confined to immediate injuries; it extends to long-term consequences, significantly affecting the overall well-being of women. These problems are made worse by sexual assault, which increases the chance of STDs, unintended pregnancies, and long-lasting psychological damage (Rugimbana, 2019). The recent Tanzania Gender Assessment Report (2022) shows

that 40% of all women aged 15–49 have experienced physical violence. Spousal violence appears to be more prevalent in rural areas, accounting for 52%, while it averages 45% in urban areas.

Furthermore, the health disparities faced by women in the nation are compounded by the disturbingly prevalent acceptance of emotional violence. Tanzania's overarching national policies, indicative of the country's dedication to gender equality, align with the objectives of this study, aiming to inform targeted initiatives (Garrison et al., 2019). Despite these commendable efforts, challenges persist in effectively implementing these policies at the grassroots level. In response to this ongoing issue, the government has taken measures to address the problem, yet barriers persist in achieving seamless execution at the local level. This study aims to clarify these issues and offer practical suggestions for better approaches and systems of assistance that are especially suited to the particular requirements of women in Moshi District. Focusing on Moshi District, the central point of this study, localized research is deemed imperative to uncover the specific manifestations and health implications of physical violence, sexual violence, and emotional violence within the region's unique socio-cultural context. The distinct dynamics of Moshi District, characterized by cultural diversity and socio-economic factors, necessitate a nuanced examination of how these forms of gender-based violence intersect and impact women's health.

1.2 Statement of the Problem

The constitution of Tanzania ensures equality before the law and mandates that no person shall be subjected to torture or degrading treatment (URT, 1971). Tanzania envisions that

women live free from violence and has a mission to prevent and respond to all forms of violence against women through comprehensive multi-sectoral collaboration (MoHCDGEC, 2016). Despite national commitments and interventions, 40% of women aged 15-49 have experienced physical violence, and 17% have experienced sexual violence. Additionally, 44% of women have faced either physical or sexual violence by an intimate partner. Spousal violence is more prevalent in rural areas (52%) compared to urban areas (45%). About 30% of girls experience sexual violence before 18, and 10% of women aged 15-49 have undergone Female Genital Mutilation (FGM). Moreover, 58% of women and 40% of men believe that a husband is justified in beating his wife under certain circumstances. Among never-married women, 16% have experienced physical violence and 9% have experienced sexual violence (MoHCDGEC et al., 2016; WBG, 2022). GBV survivors face short-term impacts such as physical injuries, fatigue, unintended pregnancies, urinary tract infections, and abortions, as well as long-term impacts like disabilities, infertility, sexually transmitted diseases, depression, anxiety, substance misuse, PTSD, and suicide attempts (Simba & Magondola, 2021). While national data exists, local-level data is lacking. This study aimed to assess the impact of GBV on women's health in Moshi Municipal Council to fill this gap.

1.3 Research Objectives

1.3.1 General Objective

This study aimed at assessing the impact of gender-based violence on women's health.

1.3.2 Specific Objectives

The specific objectives of this study were:

- i) To investigate the impact of physical violence on women's health in Moshi Municipal Council.
- ii) To examine the impact of sexual violence on women's health in Moshi Municipal Council.
- iii) To assess the impact of emotional violence on women's health in Moshi Municipal Council.

1.4 Research Questions

The research questions of this study were:

- i) What is the impact of physical violence on women's health in Moshi Municipal Council?
- ii) What is the influence of sexual violence on women's health in Moshi Municipal Council?
- iii) What is the impact of emotional violence on women's health in Moshi Municipal Council?

1.5 Significance of the Study

This study is crucial for the Tanzanian government as it underscores the significant impact of gender-based violence (GBV) on women's health within the Moshi Municipal Council. By systematically evaluating the effects of physical, sexual, and emotional violence, the research provides essential insights that can inform evidence-based policymaking. Understanding the multifaceted consequences of GBV helps government officials and health authorities to develop targeted interventions that

address specific health needs, allocate resources more effectively, and reinforce legal frameworks designed to combat GBV. The findings from this study empower policymakers to craft comprehensive strategies aimed at reducing instances of violence and mitigating their impact on women's health, thereby contributing to the overall well-being of communities.

Furthermore, the study serves as a vital resource for policymakers seeking to grasp the intricate challenges faced by women in Moshi and the broader Kilimanjaro region. By illuminating these issues, the research facilitates the formulation of policies that not only protect women's health but also promote their rights and well-being. It provides a foundation for creating robust support systems and services that can assist survivors of GBV. The evidence presented can also help refine existing policies, ensuring they are responsive to the realities faced by women. This is particularly important in a socio-cultural context where GBV remains a pervasive issue, and effective policy responses are essential for driving societal change and improving public health outcomes.

For the women of Kilimanjaro and Tanzania, this study amplifies their voices, raising awareness of GBV and fostering community dialogue around this critical issue. By bringing attention to the adverse effects of violence on women's health, the research promotes a greater understanding of gender equality and the need for societal change. The findings can mobilize communities to engage in discussions about GBV, challenge harmful norms, and support initiatives that empower women. Additionally, researchers and academicians can draw from the insights gained in this study to inform

future research in gender studies, public health, and sociology. This may inspire further academic discourse aimed at preventing GBV and enhancing women's health and rights, ultimately contributing to a more equitable society.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Definitions

2.1.1 Gender-Based Violence (GBV)

Rugimbana (2019) asserted that Gender-Based Violence (GBV) is a pervasive and deeply rooted social issue that encompasses a range of harmful behaviors perpetrated against individuals based on their gender. It involves the use of force, coercion, or manipulation to inflict physical, sexual, or emotional harm on someone, often targeting them due to societal expectations and norms associated with their gender. GBV is a violation of human rights and can occur in various settings, including the home, workplace, or public spaces. Women are disproportionately affected by GBV, though men can also be victims. It encompasses acts such as domestic violence, sexual assault, harassment, and harmful traditional practices that perpetuate gender inequalities (Abrahams et al., 2021). In this study, Gender-Based Violence refers to the pervasive and harmful behaviors perpetrated against individuals based on their gender, encompassing physical, sexual, or emotional harm inflicted due to societal norms and expectations associated with gender roles.

2.1.2 Women's Health

According to García-Montes et al., (2023), women's health refers to the holistic well-being of females, encompassing physical, mental, and social dimensions across the lifespan. It recognizes the unique health needs and challenges that women may face, including reproductive health, maternal health, mental health, and the prevention and

management of diseases that disproportionately affect women. Ensuring women's health involves addressing issues such as access to healthcare services, reproductive rights, gender-specific health research, and the elimination of barriers that limit women's opportunities for optimal health and well-being (Mhina et al., 2023). In this study, women's health refers to the holistic well-being of females, encompassing physical, mental, and social dimensions, and addressing unique health needs and challenges across the lifespan.

2.1.3 Physical Violence

Nuwabaine et al. (2023) indicated that physical violence involves the intentional use of force to cause harm or injury to another person's body. In the context of interpersonal relationships and gender-based violence, physical violence includes actions such as hitting, slapping, punching, kicking, or any form of physical aggression that can result in bodily harm. This form of violence can have immediate and long-term consequences, affecting both the physical and psychological well-being of the victim. Physical violence is a clear violation of personal autonomy and safety, and it often requires comprehensive interventions to address its root causes and mitigate its impact (Kawuki et al., 2021). In this study, Physical Violence refers to the intentional use of force to cause harm or injury to another person's body, encompassing actions such as hitting, slapping, punching, kicking, or any form of physical aggression.

2.1.4 Sexual Violence

Liyew, Alem & Ayalew (2022) asserted that sexual violence refers to any non-consensual sexual activity or behavior imposed on an individual. This includes acts

such as rape, sexual assault, molestation, harassment, and coercion. Sexual violence is characterized by a violation of personal boundaries and can cause severe physical and psychological trauma for the victim. It is an infringement on an individual's right to autonomy over their own body and sexuality. Addressing sexual violence involves not only supporting survivors but also implementing preventive measures, challenging societal norms that perpetuate such abuse, and holding perpetrators accountable (Watiti, 2021). In this study, sexual violence refers to any non-consensual sexual activity or behavior imposed on an individual, including rape, sexual assault, molestation, harassment, and coercion.

2.1.5 Emotional Violence

According to Shen et al. (2022), emotional violence is a pattern of behavior aimed at undermining an individual's self-worth and well-being through manipulation, intimidation, and control tactics. Examples include verbal attacks, threats, and constant criticism. Unlike physical abuse, emotional violence may not leave visible scars but can cause profound psychological harm, leading to low self-esteem, anxiety, and depression. It can occur in various settings and has long-lasting effects on mental health and interpersonal relationships (Watiti, 2021). In this study, emotional violence refers to the use of non-physical means to control, manipulate, or harm an individual emotionally, including constant criticism, humiliation, intimidation, gaslighting, and threats.

2.2 Theoretical Review

2.2.1 Radical Feminist Theory

Radical feminist theory originates from seminal works like Simone de Beauvoir's *The Second Sex* (1949), Betty Friedan's *The Feminine Mystique* (1963), and Bell Hooks' *Ain't I a Woman?* (1981). This theory, described by Lacombe-Duncan & Olawale (2022), critically examines and challenges patriarchal systems of oppression and gender inequality. It argues that GBV is a product of institutionalized patriarchy designed to maintain male dominance. Radical feminist theory underscores the need for transformative societal changes to address and eradicate GBV, aiming for genuine gender equality. Radical feminist theory effectively critiques the entrenched cultural practices that perpetuate gender inequality, offering a robust framework for understanding the systemic roots of GBV. However, it faces criticism for its occasional diversity of viewpoints and challenges in applying universally across different cultural contexts (Abrahams et al., 2021). These critiques highlight the need for careful adaptation of the theory to specific cultural settings.

This theory assisted the researcher in examining how traditional gender roles and power imbalances contribute to GBV in Moshi Municipal Council. Its focus on dismantling patriarchal structures aligns with the study's aim to understand and address the root causes of GBV. The study's use of radical feminist theory provided a thorough knowledge that helps local efforts to combat gender-based violence (GBV) by shedding light on the relationship between physical, sexual, and emotional violence against women and their health.

2.2.1.1 Relevancy of Radical Feminist Theory to This Study

The investigation into the impact of physical violence on women's health in Tanzania, particularly within the Moshi Municipal Council, closely aligns with the foundational principles of radical feminist theory. This theoretical framework emphasizes the importance of analyzing and challenging ingrained power disparities in gender relations. This study sheds light on the complex nature of gender-based violence and makes a significant contribution to ongoing feminist efforts to undermine the patriarchal structures that uphold these disparities by exploring how physical violence reinforces and perpetuates these power disparities.

The exploration of the influence of sexual violence on women's health in Tanzania, with a specific focus on the experiences of women in Moshi Municipal Council, resonates profoundly with the critical tenets of feminist theory. A critical analysis of cultural standards that enable and sustain sexual assault is at the heart of radical feminist theory. This research complies with feminist goals of promoting consent and physical autonomy by illuminating the relationship between patriarchal ideas of dominance and control and sexual assault. Using this perspective, the study highlights the critical need for societal change to protect everyone's fundamental rights and dignity, in addition to shedding light on the harmful effects of sexual assault on women's health. The endeavor to establish the impact of emotional violence on women's health in Tanzania, contextualized within the framework of Moshi Municipal Council, reflects a fundamental aspect of radical feminist theory. Feminist theory's primary goal is to question and undermine gender norms and expectations that uphold damaging power and control dynamics. This study is crucial to feminist efforts to

address the widespread effects of patriarchal power systems on women's health outcomes because it examines how emotional violence harms women's mental and emotional health. The study emphasizes the necessity of drastic change to create a more just and equal society and elevate the voices of marginalized women by carrying out this critical investigation.

2.3 Empirical Literature Review

2.3.1 Impact of Physical Violence on Women's Health

Rugimbana's (2019) study in Arumeru, Arusha, provided critical insights into the factors contributing to physical gender violence (PGV) among married women. Utilizing a non-probability purposive sampling technique, the research focused on key informants, stakeholders, and PGV service clients to assess the efficacy of preventative services and identify barriers to their implementation. One of the most concerning findings was that 90% of women reported feeling pressured by their families into marriage, which set the stage for vulnerability to physical violence. This pressure, combined with cultural expectations, highlighted the deeply ingrained societal norms that perpetuate violence against women in the region.

Alcohol abuse was identified as another significant trigger for physical aggression, with 71% of respondents acknowledging its role in escalating violent incidents. The study pointed to the harmful effects of alcohol consumption in households, where men often resort to violence under the influence, leaving women more exposed to abuse. Economic pressures also compounded the situation, as many families struggled financially, leading to stress that often manifested as violence. Rugimbana's findings

revealed how a combination of sociocultural and economic factors created an environment where PGV was normalized, further limiting the effectiveness of intervention programs.

Cultural norms and social conditioning were also identified as major barriers to addressing PGV. Women in Arumeru often felt silenced by societal expectations, which discouraged them from reporting violence or seeking justice. The stigma attached to speaking out against violence, coupled with the fear of social exclusion, kept many women trapped in abusive relationships. The study highlighted the need for cultural change to create an environment where women feel empowered to seek help without fear of repercussion.

In contrast, Lacombe-Duncan and Olawale (2022) focused on gender-based violence (GBV) among women living with HIV, examining the impacts of violence across their life course. Through in-depth interviews, the researchers explored the forms and effects of GBV, revealing the severe mental health implications for survivors. Their findings demonstrated the importance of trauma-informed care in addressing the unique challenges faced by these women, particularly in managing the dual burden of violence and HIV. The study underscored the need for tailored interventions that not only address physical safety but also offer psychological support and long-term care. Leddy et al. (2019) further contributed to the discourse by exploring the intersection of GBV and HIV prevention, care, and treatment. Their research highlighted the complexities faced by survivors of violence in accessing healthcare services, particularly in maintaining medication adherence for HIV treatment. Some survivors

showed resilience and actively pursued HIV services despite the violence, while others struggled with non-compliance due to the ongoing trauma. The study underscored the need for a comprehensive healthcare approach that accounts for the physical and psychological scars left by violence.

Abrahams et al. (2021) investigated the association between GBV and increased HIV incidence among women exposed to rape. Epidemiological data indicated a concerning rise in HIV incidence within this demographic. Findings indicated that the consequences of such violence can include chronic pain, disability, and a heightened risk of developing mental health disorders. The study emphasizes the need for focused interventions addressing both long-term HIV prevention and immediate post-rape care. Integration of HIV care programs with GBV prevention initiatives is recommended to address the intersecting issues faced by survivors.

Htun & Jensenius (2020) investigated the fight against violence against women in Norway, focusing on the intersection of laws, norms, and challenges. Employing a qualitative approach, data were collected through interviews and document analysis to explore the efficacy of existing legal frameworks and societal norms in addressing gender-based violence. Findings reveal a significant gap between legal provisions and societal attitudes, with persistent challenges in implementation and enforcement. The study noted that timely medical intervention can play a crucial role in alleviating the immediate physical harm caused by violence. Recommendations include strengthening legal enforcement mechanisms, promoting gender equality education, and fostering cultural shifts towards zero tolerance for violence against women.

Mala & Jensenius (2020) examined efforts to combat violence against women in Algeria, focusing on the interplay between laws, norms, and future challenges. Utilizing a mixed-methods approach, including surveys and interviews, data were collected to assess the effectiveness of existing legal frameworks and societal attitudes towards gender-based violence. Findings highlighted those effective interventions, such as support networks and mental health services, can mitigate these long-term effects and enhance recovery. The study recommends comprehensive legal reforms, including stronger enforcement mechanisms and increased support for survivors. Additionally, initiatives to challenge entrenched patriarchal norms and promote gender equality education are essential for addressing the root causes of violence against women in Algeria.

Saha & Saha (2017) investigated the causes, consequences, and prevention strategies related to the abuse of women among college-going youth in India. Employing a quantitative survey methodology, data were collected from a sample of college students to assess their attitudes, perceptions, and experiences related to gender-based violence. Findings reveal alarming levels of gender-based violence perpetuated by college students, with factors such as patriarchal attitudes, alcohol abuse, and lack of awareness contributing to the problem. Recommendations indicated that with proper medical intervention and support, many women can recover from physical trauma and regain their functional capacity.

2.3.2 Influence of Sexual Violence on Women's Health

Shimba and Magombola's (2021) study on gender-based violence (GBV) against

women in Arumeru district provides a comprehensive look into the multifaceted forms of abuse that women endure. Through the triangulation of quantitative and qualitative methods, the researchers gathered data from 400 respondents, combining surveys with focus groups and in-depth interviews. Their findings indicated that GBV manifests in various forms, including physical, sexual, psychological, and financial aggression, each with devastating consequences. The study emphasized that these acts of violence have far-reaching impacts, affecting not only the physical health of survivors but also their mental well-being, relationships, and economic stability. Importantly, the report underscored the societal stigma surrounding GBV, which often silences victims, preventing them from reporting incidents and seeking help, thereby perpetuating a cycle of violence and trauma.

The societal stigma identified by Shimba and Magombola plays a crucial role in keeping victims trapped in abusive situations. Women in the study reported being reluctant to speak out due to fear of shame and ostracism by their communities. This silence allows abusers to continue their actions with impunity, reinforcing the normalization of violence. The study highlighted the need for societal change, where communities not only acknowledge the existence of GBV but actively work to create safe spaces for survivors to seek justice and support. Additionally, the findings call for the removal of barriers that discourage victims from accessing legal and medical services, which are essential for their recovery.

Mtaita et al. (2023) took a different approach by focusing on the role of healthcare workers in managing GBV cases. Through a mixed-methods study that included in-

depth interviews and surveys with Tanzanian healthcare professionals, they examined the knowledge and implementation of GBV management guidelines. While the study revealed that many healthcare workers understood the guidelines, significant gaps in implementation were evident. These deficiencies were primarily due to a lack of resources and inadequate training, which hindered healthcare workers' ability to effectively support GBV survivors. The study stressed that while awareness of GBV management protocols is important, it must be accompanied by proper training and resources to ensure effective intervention and support.

The findings from Mtaita et al. (2023) offer hope in the sense that many healthcare workers are aware of the necessary protocols for managing GBV cases, but they also underscore the urgent need for improvements. Addressing the gaps in implementation requires a concerted effort to provide healthcare workers with the tools and training necessary to offer comprehensive care to survivors. The study also highlights the importance of incorporating mental health services into GBV care, recognizing that survivors require emotional and psychological support in addition to medical treatment. By enhancing the capacity of healthcare professionals to respond to GBV, the healthcare system can play a critical role in breaking the cycle of violence and supporting survivors on their path to recovery.

Mhina et al. (2023) explored the specific impacts of sexual violence on girls and women in Meru District Council. Through focus groups and interviews with survivors, service providers, and community members, the study uncovered the profound social, psychological, and reproductive health consequences that survivors face. One of the

most troubling findings was the deep social stigma attached to sexual violence, which often leads to survivors being shamed or ostracized by their communities. This stigma exacerbates the psychological trauma of the violence itself, leaving survivors with long-term mental health challenges such as anxiety and depression. Furthermore, the study revealed that survivors often experience compromised reproductive health, highlighting the importance of integrating sexual health services into GBV response programs.

In addition to the negative impacts, Mhina et al. (2023) identified resilience and coping mechanisms that some survivors developed in the face of sexual violence. Community support systems, where available, provided crucial emotional and practical assistance, helping survivors rebuild their lives. However, these support systems were often inconsistent, and many survivors lacked access to the comprehensive care they needed. The study advocated for a holistic approach to addressing sexual violence, combining medical, psychological, and social support to address the full spectrum of its effects. Ensuring that survivors have access to long-term care and support is essential for helping them regain their sense of agency and navigate future relationships without fear or anxiety.

The research conducted by Mhina et al. (2023) sheds light on the factors contributing to the impact of sexual violence on the well-being of girls and women in the Meru District Council. The study noted that the intersection of emotional and physical suffering often leads to a cycle of despair, complicating recovery efforts. The study promotes a comprehensive strategy to treating the aftermath of sexual abuse by

highlighting the significance of community awareness and all-encompassing therapy therapies designed to fulfill the psychological needs of survivors. Furthermore, the call to deconstruct social norms that perpetuate and condone sexual violence underscores the necessity for systemic change to create safer and more supportive environments for survivors, ultimately fostering healing and resilience within affected communities. García-Montes et al. (2022) undertook a qualitative investigation to examine the profound impact of violence on women's health, drawing attention to the enduring echoes of the past in the present. Employing narrative analysis and conducting in-depth interviews, the study explored the experiences of women who had endured abuse. The findings illuminated the relationship between historical trauma and its enduring effects on both physical and mental well-being. While stories of resilience and self-determination emerged, facilitated by robust social networks, the study also uncovered the pervasive negative health consequences stemming from persistent stress and reproductive health challenges experienced by survivors of violence. The study emphasized that access to mental health resources plays a crucial role in recovery, enabling women to process their experiences and regain a sense of agency.

Nuwabaine et al. (2023) conducted a nationwide cross-sectional survey in Rwanda to explore sexual violence and its associated factors among women of reproductive age. Structured interviews were used in the study's quantitative technique to acquire data. Results showed encouraging developments as well as unsettling patterns. Significant differences remained, with vulnerable populations reporting greater incidence of sexual violence despite a discernible decline in comparison to prior years. The study also pointed out that the stigma surrounding sexual violence often prevents women

from seeking help, resulting in unaddressed trauma that can perpetuate feelings of isolation and hopelessness. To address the identified variables contributing to sexual violence and ultimately promote the well-being of women in Rwanda, recommendations include maintaining awareness campaigns, improving community-based interventions, and fortifying legal frameworks.

Cepeda Lacalle-Calderon & Torralba (2022) presented a global index for measuring violence against women, aiming to provide a comprehensive assessment of the prevalence and impact of gender-based violence worldwide. Through a mixed-methods approach, including quantitative surveys and qualitative interviews, data were collected from diverse populations to develop the index. Findings highlight the pervasive nature of violence against women across various regions and cultures, with alarming rates of physical, sexual, and emotional violence documented. The recommends that raising awareness and promoting educational programs can empower women to recognize their rights and seek assistance.

2.3.3 Impact of Emotional Violence on Women's Health

Kawuki et al. (2021) conducted a detailed exploration of the prevalence and determinants of sexual violence among women aged 15–49 years in rural Uganda. Utilizing data from the 2016 Uganda Demographic and Health Survey, the study adopted a quantitative research approach, focusing on statistical techniques to identify key factors driving sexual violence. The study revealed a disturbingly high prevalence of sexual violence, with certain demographics being particularly vulnerable. Age, marital status, and socioeconomic conditions emerged as significant determinants.

Younger women, unmarried women, and those from lower economic backgrounds were found to be at higher risk of experiencing sexual violence. This finding highlights the complex interplay of societal and economic conditions that exacerbate vulnerability in rural communities, calling for urgent attention to these root causes.

The psychological consequences of sexual violence were a key focus in Kawuki et al.'s study, with verbal insults often leading to long-term mental health issues such as anxiety and depression. These emotional scars can have wide-reaching effects on a woman's overall health, diminishing her capacity to participate fully in both personal and professional spheres. By connecting verbal abuse with broader psychological impacts, the study emphasized the need for more comprehensive mental health support for survivors. These findings suggest that addressing sexual violence in rural Uganda requires not only legal and medical interventions but also robust mental health programs to help survivors overcome the enduring trauma.

Liyew, Alem, and Ayalew (2022) extended the conversation on violence against women by investigating the prevalence of intimate partner violence (IPV) against pregnant women in Ethiopia. Utilizing data from the 2016 Ethiopian Demographic and Health Survey, their multilevel analysis highlighted both individual and community-level factors contributing to IPV. The study found a high prevalence of IPV, particularly among pregnant women, with the violence exacerbating both physical and emotional health challenges. Individual factors such as low education levels and economic dependence were significant, but community norms that tolerate or even encourage IPV also played a substantial role. The research emphasized the need for multifaceted interventions that address both personal and societal drivers of violence.

One of the most critical insights from Liyew et al. (2022) was the impact of emotional violence on pregnant women. The study revealed that emotional abuse, often dismissed as less harmful than physical violence, can have devastating effects on mental health, social relationships, and community well-being. Women experiencing emotional violence during pregnancy often struggle with feelings of isolation, low self-worth, and a breakdown in their social networks. These outcomes not only affect the women themselves but also have ripple effects on their families and communities, further deepening the cycle of violence. This finding highlights the urgent need for emotional support services for pregnant women experiencing IPV.

Shen et al. (2022) took a global approach to the issue of sexual violence against pregnant women, conducting a systematic review and meta-analysis of existing studies to assess its prevalence worldwide. The study synthesized data from various sources, revealing that sexual violence against pregnant women is a pervasive issue across different regions and cultures. Like previous studies, Shen et al. emphasized that emotional abuse can significantly undermine an individual's sense of self-worth, leading to long-term psychological damage. The global nature of the study underscored the need for standardized screening protocols in healthcare settings, as well as better training for healthcare providers to identify and address sexual violence. Shen et al. (2022) also stressed the importance of policy initiatives aimed at preventing sexual violence against pregnant women. The study called for the implementation of standardized screening protocols within healthcare systems worldwide to ensure early detection and intervention. By training healthcare providers to recognize signs of both physical and emotional abuse, policymakers can create safer environments for

pregnant women. This approach, coupled with legal reforms and public health campaigns, would significantly reduce the prevalence of sexual violence against pregnant women and improve overall maternal health outcomes globally.

Watiti (2021) focused on exploring the effects of emotional violence in the context of intimate partner violence (IPV) against women. Through an in-depth qualitative research design, the study draws on personal narratives and experiences, providing an understanding of the emotional toll of IPV. The results provide insight into the significant emotional and psychological effects of emotional violence in close relationships. The study emphasized the need for addressing psychological aspects of women's health as a distinct category.

In the Luanda sub-county of Vihiga County, Kenya, Awino & Ngutu (2022) investigated the impact of emotional violence on women's socioeconomic development. Ex-post-Facto research design was used in the study, along with quantitative and qualitative methodologies. In the study, a sample of 384 women, four chiefs, and seven women's organizations were employed. Purposive sampling was utilized to choose four chiefs and seven women's groups, while simple random selection was utilized to choose 384 women from families. Using the SPSS program, quantitative data was tabulated to create descriptive statistics that were displayed as pie charts, bar graphs, percentages, and frequency tables. Qualitative data from questionnaires and interview schedules were analyzed using content analysis, which was then documented. The noted that women facing emotional violence struggle to rebuild their self-worth, affecting their quality of life. Inadequate legislative measures

are in place to prevent gender-based violence against members of households within the research region.

Wanjiru (2021) examined the causes and effects of gender-based violence (GBV), shedding light on its pervasive nature and far-reaching impacts. Drawing on a wide range of scholarly sources, the review synthesizes existing research to identify key factors contributing to GBV, including patriarchal attitudes, power imbalances, and socio-economic inequalities. It also explores the diverse effects of GBV on survivors, including physical, psychological, and socio-economic consequences. The study emphasized that ongoing mental health issues can lead to increased healthcare costs and reduced productivity.

Samakao & Manda (2023) sought to investigate the effects of gender-based violence (GBV) on students' well-being at Mufulira College, highlighting the urgent need for intervention. Through a mixed-methods approach, including surveys and interviews, data were collected to assess the prevalence and impact of GBV on students' physical and psychological well-being. Findings reveal widespread experiences of GBV among students, with significant negative effects on their mental health, academic performance, and overall quality of life. The study highlighted that the interconnectedness of mental and physical well-being, suggesting that neglecting emotional trauma can exacerbate existing health issues and hinder effective healthcare access.

2.4 Research Gap

Despite progress in understanding GBV globally, a research gap persists in Tanzania,

particularly in Moshi Municipal Council. Existing studies, such as those by Lacombe-Duncan & Olawale (2022), highlight GBV's prevalence and health outcomes but lack in-depth exploration of cultural and contextual factors influencing violence against women. There is insufficient understanding of how socio-cultural dynamics, intersectionality (e.g., age, socio-economic status), and culturally specific practices affect women's experiences and health outcomes. This research aims to address these gaps by investigating the impact of physical, sexual, and emotional violence on women's health in Moshi Municipal Council through surveys, interviews, and medical record analysis, aiming to provide a comprehensive, culturally understanding and inform targeted interventions.

2.5 Conceptual Framework

Figure 2.1 below illustrates the conceptual framework, capturing the impact of gender-based violence on women's health in Tanzania.

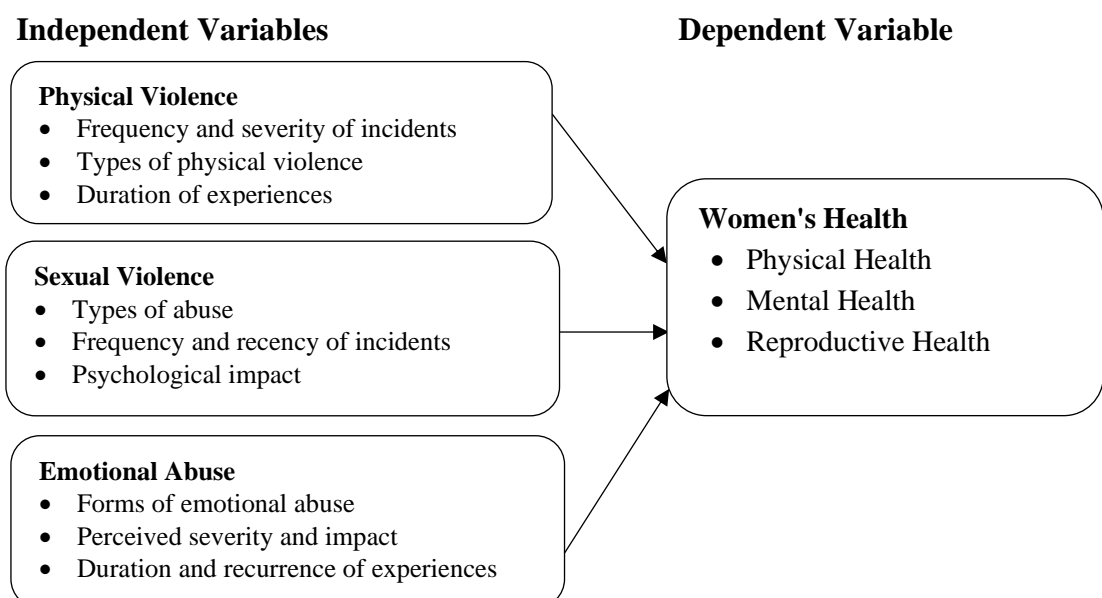


Figure 2.1: Conceptual framework

Source: Extracted from the Literature (2024).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

This chapter includes a list of the methods applied to the research analysis. This chapter discusses the study's methodology with an emphasis on sampling, population, data gathering, and data analysis techniques as well as ethical considerations.

3.2 Research Philosophy

In conducting this study, the pragmatic philosophy served as the guiding framework. Pragmatism emphasizes the use of practical and flexible research methods to address real-world problems, focusing on outcomes and solutions (Creswell, 2014). This study used a practical approach in an effort to find useful information about how gender-based violence affects Tanzanian women's health. Pragmatism aligned with the study's objective of systematically examining the relationship between gender-based violence and women's health outcomes, allowing for the integration of both qualitative and quantitative data to provide a comprehensive understanding and inform practical interventions.

3.3 Research Design and Strategy

To achieve the research objectives, this study adopted a descriptive research design and survey strategy. Descriptive research focused on describing characteristics or phenomena without manipulating variables, making it well-suited for investigating the impact of gender-based violence on women's health (Daniel, 2016). The survey

strategy involved collecting data from a representative sample of women in the Moshi District using structured questionnaires. This method allowed for the systematic collection of information on the prevalence and effects of different forms of gender-based violence, providing insights into the lived experiences of women in the community (Disman & Barliana, 2017). Additionally, observations were utilized to complement survey data, particularly in understanding contextual factors and behaviors related to gender-based violence (Fry et al., 2017).

3.4 Research Approach

This study employed a mixed research approach. Mixed methods research combined both quantitative and qualitative approaches to provide a comprehensive understanding of the research problem (Creswell & Plano Clark, 2018). The study sought to measure the level of physical, sexual, and emotional abuse that women in the Moshi District endured by employing quantitative techniques including surveys and statistical analysis. Complementarily, qualitative methods, such as interviews and focus groups, were used to gain in-depth insights into the personal experiences and health impacts of gender-based violence. This mixed approach allowed for the generation of precise and statistically significant findings while also capturing the rich, contextual details necessary for an understanding of the relationship between gender-based violence and women's health.

3.4.1 Area of the Study

This study was conducted in the Moshi District, Kilimanjaro, Tanzania, chosen for its high prevalence of gender-based violence (GBV) as indicated by previous research,

which found that 52.4% of undergraduate students in the region experienced GBV, with emotional violence being the most common (Kibakaya, 2023). Moshi District's diverse urban, peri-urban, and rural communities provided a comprehensive view of GBV across different socio-economic backgrounds and age groups. As a significant economic and cultural hub, Moshi offered strategic insights that could inform broader interventions and policies. Additionally, the presence of local organizations and healthcare facilities supporting GBV survivors facilitated access to relevant data and enhanced the study's practical relevance. This research aimed to provide a detailed and localized understanding of GBV's incidence, nature, and effects on women's health, contributing valuable insights to the broader discourse on GBV in Tanzania.

3.4.2 Population of the Study

The study's population consisted of women residing in Moshi District, Tanzania, with the National Census of 2022 indicating a population of 273,853 women in the district. These women, spanning various age groups and demographic backgrounds, served as the focal point for examining the impact of gender-based violence on women's health within the unique context of Moshi District. The study sought to provide important insights into the varied experiences and health effects of women impacted by gender-based violence in this particular area by taking into account variables like age and other demographic characteristics.

3.4.3 Sample Size and Sampling Techniques

For this study, a sample size of 400 women was selected for participation. The sample size was determined to ensure adequate representation of the target population while

balancing practical constraints such as time and resources (Choy, 2014). Simple random sampling was employed as the sampling technique, allowing every woman in the population an equal chance of being selected for inclusion in the study (Daniel, 2016). This approach enhanced the generalizability of the findings and minimized bias in participant selection, thereby increasing the reliability and validity of the research outcomes (Disman & Barliana, 2017). The study aimed to produce robust and credible evidence to inform policies and interventions aimed at addressing gender-based violence and promoting women's health in Moshi District. The estimate of sample size was done using the formula below as shown by Yamane (1967);

$$n = \frac{N}{1 + N \cdot e^2}$$

$$n = \frac{273,853}{1 + 273,853 \cdot e^2} = 400$$

Where n = number of samples, N = total population; e = standard error of sampling (5%) is tolerated.

3.5 Data Collection and Instruments

Both primary and secondary data were collected in this study. Primary data was gathered through the administration of a structured questionnaire. The questionnaire comprised closed-ended questions, with participants asked to indicate their level of agreement or disagreement with a list of statements using a five-point Likert scale. This method allowed for the efficient collection of quantitative data on participants' perceptions and experiences regarding gender-based violence and its impact on women's health in Moshi District. According to Patton (2015), structured questionnaires were particularly useful for obtaining standardized responses and

facilitating statistical analysis, making them well-suited for studies aiming to quantify phenomena such as the health effects of gender-based violence. Additionally, interviews were conducted with 30 women to gain deeper insights into their experiences with GBV and its effects on their health.

Secondary data was also collected through document review. This involved the examination of existing literature, reports, and other relevant documents on gender-based violence and women's health in Tanzania. Secondary data sources provided valuable context and background information to complement the findings from primary data collection. Choy (2014) noted that document review was an essential aspect of research methodology, allowing researchers to gain insights from previous studies and build upon existing knowledge.

3.5.1 Variable Measurement

Table 3.1 below presents the variables with their measurement. The independent variables are physical violence, sexual violence, and emotional violence. The dependent variable is women's health.

Table 3.1: Variable Measurement

Variable	Measurement	Source
Physical Violence	Frequency and severity of incidents Types of physical violence Duration of experiences	Rugimbana (2019) Muyanga, Isunju, and Ssekamatte (2023), Evens et al. (2023)
Sexual Violence	Types of abuse Frequency and recency of incidents Psychological impact	Shimba & Magombola (2021) Mtaita et al. (2023) Mhina et al. (2023)
Emotional Violence	Forms of emotional abuse Perceived severity and impact Duration and recurrence of experiences	Kawuki et al. (2021) Liyew, Alem, and Ayalew (2022) Shen et al. (2022)
Women's Health.	Physical Health Mental Health Reproductive Health	Mala & Jensenius (2020) García-Montes et al. (2022)

Source: Researcher, (2024).

3.6 Data Analysis

The data collected through the questionnaires was analyzed using descriptive and inferential statistics with the assistance of SPSS version 26. Descriptive statistics were used to summarize and present the characteristics of the study participants, as well as their responses to the Likert scale items. Inferential statistics, including correlation analysis and linear regression, were employed to examine relationships between variables and identify factors associated with women's health outcomes. Correlation analysis, utilizing the Pearson correlation coefficient, assessed the strength and direction of relationships between different forms of gender-based violence and women's health indicators.

Furthermore, a linear regression model was specified to explore the predictive value of various factors on women's health outcomes. The regression equation was as follows:

$$Y=\beta_0+\beta_1X_1+\beta_2X_2+\beta_3X_3+\epsilon$$

Where:

- Y represents the women's health outcome variable.
- X_1 , X_2 , and X_3 represent the predictor variables related to different forms of gender-based violence.
- β_0 is the intercept term.
- β_1 , β_2 , and β_3 are the regression coefficients representing the impact of each predictor variable on the women's health outcome.
- ϵ represents the error term.

3.7 Data Cleaning and Processing

Data cleaning and processing were critical steps in ensuring the accuracy and reliability of the study's findings. Upon completion of data collection, the collected data underwent a thorough cleaning process to identify and rectify any errors, inconsistencies, or missing values. This process involved meticulously reviewing the questionnaire responses to detect outliers, discrepancies, and invalid entries. Any discrepancies were cross-checked with the original questionnaires to ensure data integrity. Once cleaned, the data was processed and organized for analysis using statistical software such as SPSS. This involved coding variables, creating datasets, and structuring the data in a format conducive to statistical analysis.

3.8 Validity of the Instrument

Verifying the authenticity of data was crucial in determining the precision and significance of research outcomes. The Kaiser Meyer Olkin (KMO) and Bartlett tests

were used to validate the data that was gathered. The Bartlett test determined whether the correlations between the variables were statistically distinct from zero, whereas the KMO measure checked the sample adequacy for factor analysis. These statistical tests were commonly used to evaluate the validity of research data, as mentioned by Choy (2014). This study systematically assessed the suitability and accuracy of the data collected by running the KMO and Bartlett tests, which improved the overall validity and trustworthiness of the research conclusions.

Table 3.2: KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.798
Bartlett's Test of Sphericity	Approx. Chi-Square	809.535
	Df	6
	Sig.	.000

Source: Field Data (2024).

Table 3.2 displays the results of the Kaiser-Meyer-Olkin (KMO) and Bartlett's Test, which assess the adequacy of the sample for factor analysis. The KMO measure yielded a value of .798, indicating a good level of sampling adequacy for the data. Bartlett's Test of Sphericity produced an approximate chi-square value of 809.535 with 6 degrees of freedom and a significance level of .000. This significance level suggests that the correlations among the variables are statistically significant, further supporting the appropriateness of proceeding with factor analysis on the dataset.

3.9 Reliability of the Instrument

In research, data reliability was crucial since it affected the truthfulness and trustworthiness of study findings. Cronbach's alpha, a popular internal consistency

metric, was used to do this. The reliability coefficient provided by this statistical instrument ranged from 0 to 1, with higher values denoting more dependability in the data. A Cronbach's alpha score of 0.70 or greater was regarded as excellent for minimum reliability, indicating significant internal consistency across the study variables, as advised by Patton (2015). Through the application of Cronbach's alpha, this study methodically evaluated the dependability of the data that was gathered, enhancing the validity and resilience of the research findings.

Table 3.3: Reliability Statistics

Variable	Cronbach's Alpha	N of Items
Physical Violence	.780	10
Sexual Violence	.745	10
Emotional Violence	.716	10
Women's Health	.721	10

Source: Field Data (2024).

Table 3.3 presents the reliability statistics for various variables examined in the study, with Cronbach's Alpha values indicating the internal consistency of each variable. Physical violence demonstrated a strong reliability coefficient of .780, suggesting high consistency in responses. Sexual violence showed a respectable reliability of .745, while emotional violence had a slightly lower yet acceptable value of .716. Women's health, with a Cronbach's Alpha of .721, also indicated good reliability. These values affirm the robustness of the measurement instruments used in assessing the impact of violence on women's health outcomes.

3.10 Ethical Consideration

Ethical considerations were fundamental in research to protect the rights and well-being of study participants and uphold the integrity of the research process. This study

complied with strict ethical standards at every stage, as required by the Open University of Tanzania's ethical guidelines. Specifically, ethical considerations encompassed the issuance of a letter of introduction to participants, ensuring confidentiality and anonymity of collected data, and employing proper referencing and citation practices to avoid plagiarism. Furthermore, the ethical implications of data collection methods, such as observation, were carefully considered to minimize any potential harm to participants.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

This study aimed to assess the impact of gender-based violence on women's health focusing in Moshi Municipal Council. This chapter provides a detailed presentation, analysis, and discussion of the research findings. The data was analyzed using both descriptive and inferential statistical methods, with the support of SPSS version 26. The results are clearly illustrated through tables and figures for enhanced clarity and interpretation.

4.2 Response Rate

In this study, surveys were distributed to 400 individuals within the Moshi Municipal Council. Notably, 300 participants engaged in the research by completing and returning the questionnaires, resulting in a commendable response rate of 75%. This high level of participation underscores the relevance of the study and the willingness of the community to contribute valuable insights.

4.3 Demographic Information

This section provides an overview of the demographic characteristics of women participating in the study on gender-based violence and its impact on health in Moshi Municipal Council. The demographic profile encompassed age, education level, marital status, employment status, and history of violence, providing context for the findings and illustrating the varied experiences of women in the region.

4.3.1 Age Distribution

Figure 4.1 shows that the majority of respondents fall within the age range of 26 to 30 years, accounting for 32.7% (98) of the sample. This is closely followed by the 18 to 25 age group, which represents 30.0% (90) of participants. The 31 to 40 age group contributes 26.3% (79), while women aged 41 and above constitute 11.0% (33). This distribution suggests that a significant proportion of women affected by gender-based violence in Moshi Municipal Council are young and potentially at a critical stage in their lives, impacting their mental and physical health. The prevalence of violence in this demographic hinders their educational and career prospects, leading to long-term implications for their overall well-being.

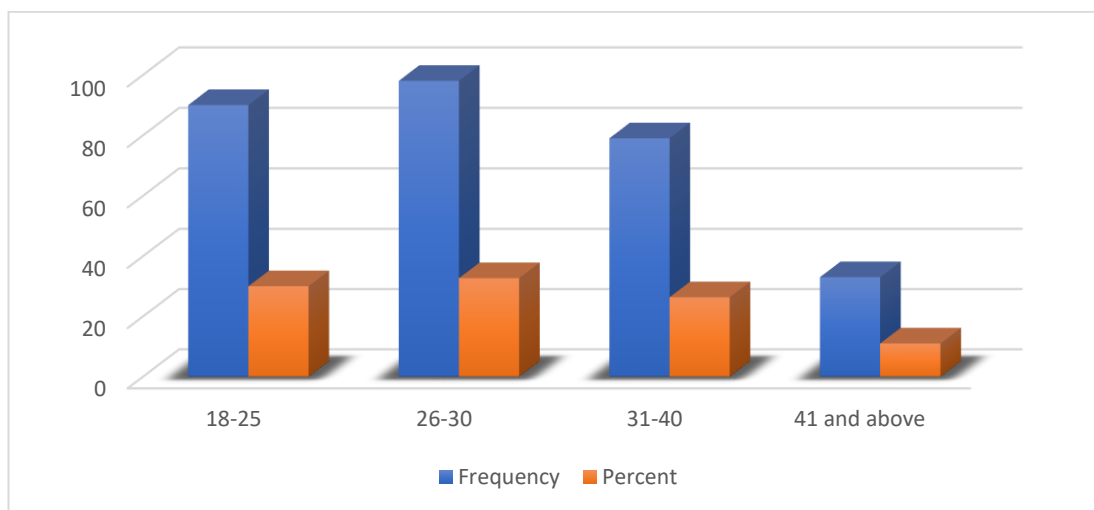


Figure 4.1: Age Distribution

Source: Field Data, (2024).

4.3.2 Education Level

Figure 4.2 indicates that educational attainment among respondents varies, with 44.0% (132) having completed secondary education. Primary education holders account for 22.0% (66), while 14.7% (44) possess college education, and 19.3% (58) have

achieved tertiary education. The data implies that many women in Moshi have a moderate level of education, which influence their awareness and access to resources related to health and support services. Higher education levels correlate with greater resilience against gender-based violence, highlighting the need for targeted educational programs to empower women and promote health literacy.

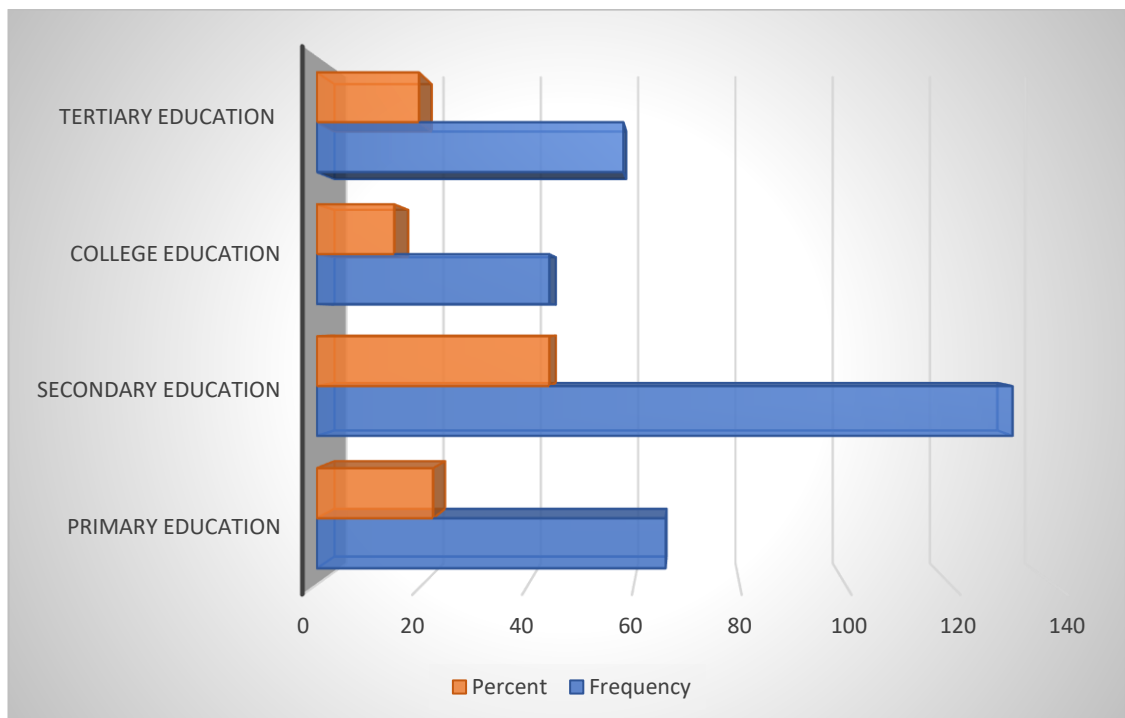


Figure 4.2: Education level

Source: Field Data, (2024)

4.3.3 Marital Status

Figure 4.3 reveals that marital status among respondents is diverse, with married women making up 23.3% (70) of the sample. Single women represent 22.7% (68), while those cohabiting account for 20.7% (62). Divorced and widowed women comprise 18.3% (55) and 15.0% (45), respectively. This distribution suggests a significant number of women are either single or cohabiting, indicating varying

support systems which can directly affect their health outcomes. The instability often associated with cohabiting or divorced statuses contribute to higher rates of stress and mental health issues, thereby influencing women's overall health in the region.

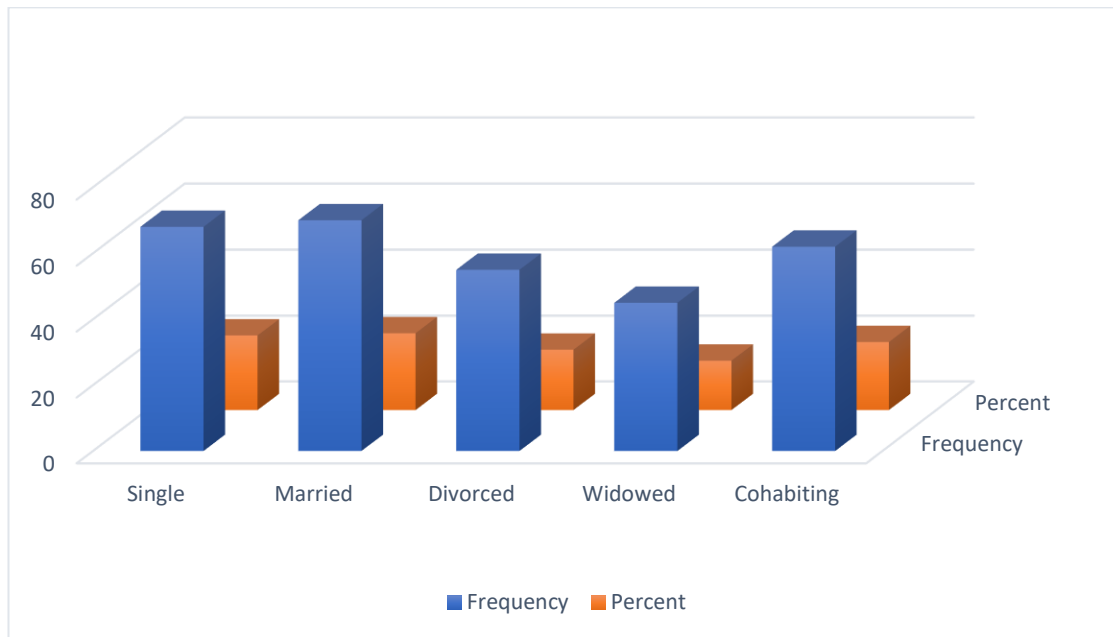


Figure 4.3: Marital status

Source: Field Data, (2024)

4.3.4 Employment Status

Figure 4.4 shows the employment status of respondents, with 32.7% (98) being self-employed and 22.7% (68) employed full-time. Unemployed participants make up 13.3% (40), while students account for 11.3% (34), and homemakers constitute 20.0% (60). The high percentage of self-employed women reflect a drive for independence, yet it also indicates economic necessity. This employment status impact women's vulnerability to violence; financial insecurity limits their ability to seek help, leading to worsened health outcomes as they may endure abusive situations for fear of losing their livelihoods.

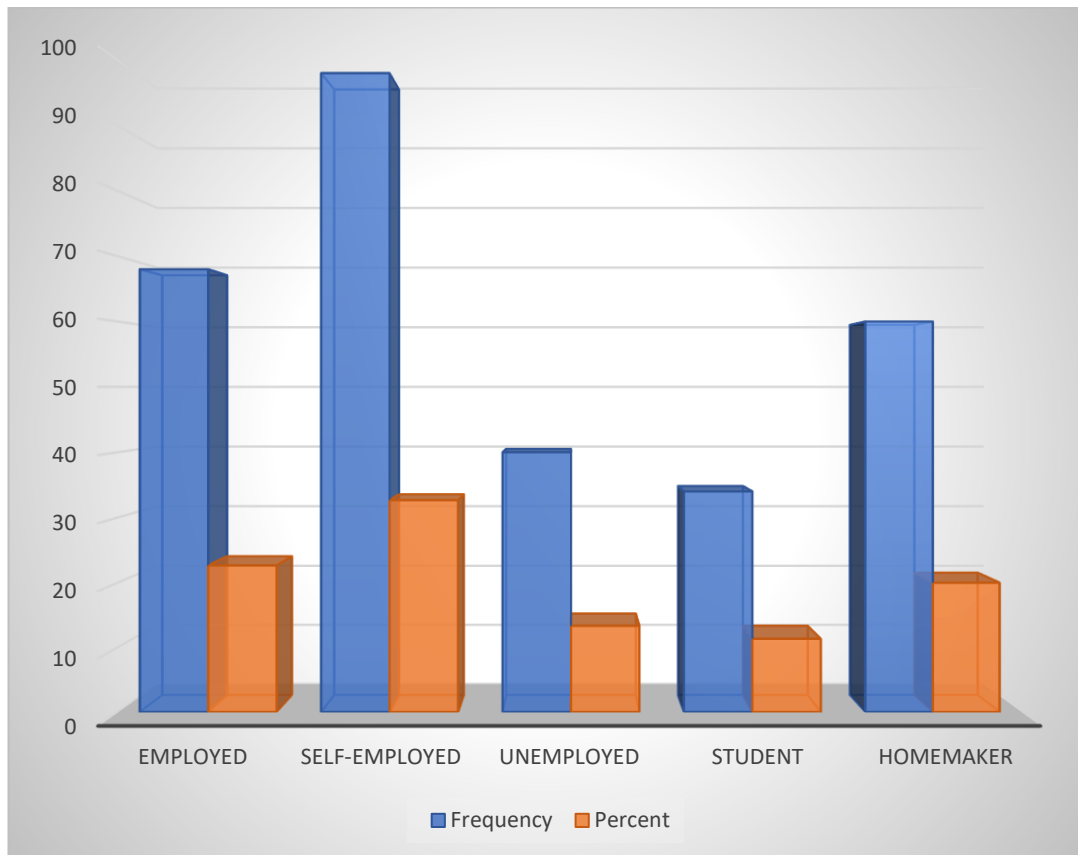


Figure 4.4: Employment status

Source: Field Data, (2024)

4.3.5 History of Violence

Figure 4.5 highlights a concerning trend, as 62.7% (188) of respondents reported a history of violence. In contrast, 17.3% (52) indicated no history of violence, while 20.0% (60) preferred not to disclose. The alarming prevalence of reported violence emphasizes a significant public health concern. This high frequency suggests that many women are living with the repercussions of trauma, which manifest in various health issues, including chronic pain, anxiety, and depression. Addressing gender-based violence in Moshi Municipal Council is essential for improving women's health and overall quality of life.

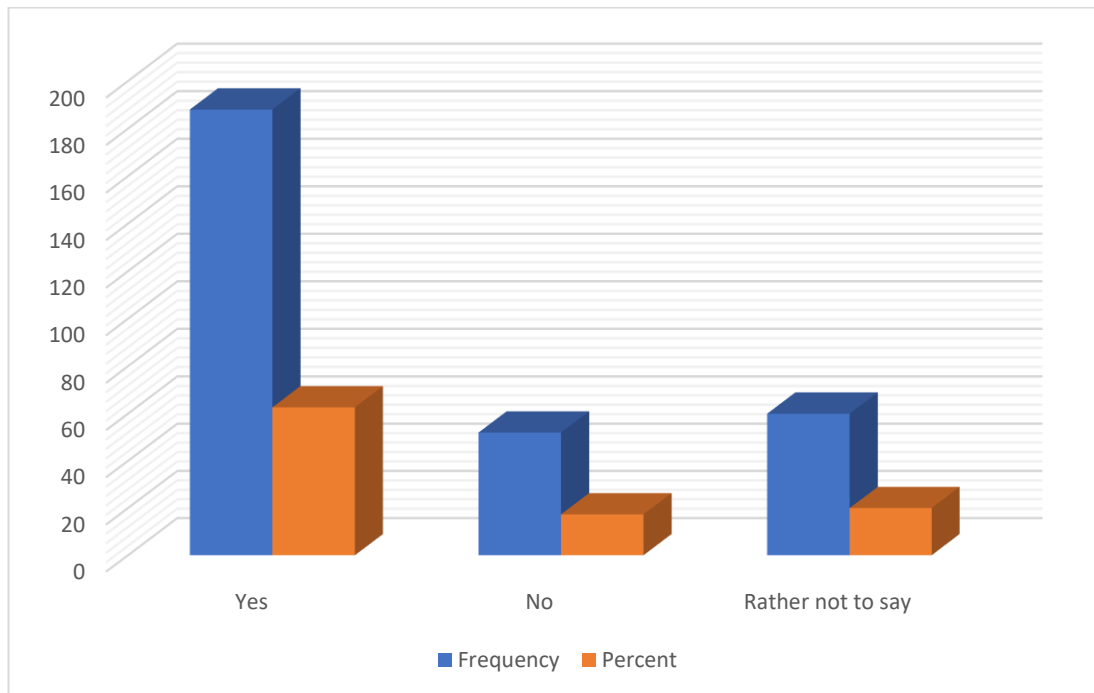


Figure 4.5: History of violence

Source: Field Data, (2024)

4.4 Impact of Physical Violence on Women's Health

The first objective of this study aimed to investigate the impact of physical violence on women's health in Moshi Municipal Council. Findings regarding the impact of physical violence on women's health are presented in Table 4.1 below.

Table 4.1: Impact of physical violence on women's health

Effect of Physical Violence on women's health		SD	D	N	A	SA
I have experienced bruises, cuts, or scars due to physical violence.	F	0	30	36	168	66
	%	0	10	12	56	22
I have been punched or beaten as a result of physical violence	F	16	46	14	164	60
	%	5.3	15.3	4.7	54.7	20.0
Physical trauma resulting from violence has affected my overall health	F	0	0	50	108	142
	%	0.0	0.0	16.7	36.0	47.3
I have experienced physical violence resulting in injuries requiring medical attention	F	0	44	100	148	8
	%	0.0	14.7	33.3	49.3	2.7
Physical violence has caused me significant pain and discomfort	F	0	0	60	68	172
	%	0.0	0.0	20.0	22.7	57.3
Physical violence has affected my ability to perform daily activities or work responsibilities	F	0	46	0	146	108
	%	0.0	15.3	0.0	48.7	36.0
I have experienced physical violence resulting in serious physical harm	F	48	36	52	56	108
	%	16	12	17.3	18.7	36
Physical violence has led to long-term health issues for me	F	50	4	46	154	46
	%	16.7	1.3	15.3	51.3	15.3
I have sought medical treatment or assistance for injuries sustained from physical violence	F	24	48	52	128	48
	%	8.0	16.0	17.3	42.7	16.0
Physical violence has impacted my emotional well-being	F	40	18	48	158	36
	%	13.3	6.0	16.0	52.7	12.0

Source: Field Data, (2024)

The study found that a substantial 56% (168) of respondents agreed that they had experienced bruises, cuts, or scars due to physical violence, with 22% (66) strongly agreeing. Conversely, 10% (30) disagreed, and 12% (36) remained neutral. This finding illustrates the prevalence of physical violence and its immediate physical consequences, highlighting a critical area of concern for women's health. Findings revealed that 54.7% (164) of women reported being punched or beaten as a result of physical violence, with 20% (60) strongly agreeing. In contrast, 15.3% (46) disagreed, and 5.3% (16) strongly disagreed. During the interview, interviewees asserted that:

“I’ve had to cover bruises with makeup for work because I didn’t want anyone to ask what happened. It’s humiliating, but I felt like I had no choice.”

[Woman, 28 years, Interviewed 2nd October 2024]

“Being punched is something I never thought would happen to me. The physical pain fades, but the shame and fear stay with me.”

[Woman, 34 years, Interviewed 2nd October 2024].

“I used to think that physical violence was something that happened to other people. But after experiencing it, I realized it can happen to anyone, and it leaves scars that are much deeper than the ones you see.”

[Woman, 40 years, Interviewed 2nd October 2024].

The testimonies reveal the profound and lasting impact of physical violence on women's lives, emphasizing not only the physical injuries but also the emotional and psychological scars that accompany such experiences. The high prevalence of physical violence, as highlighted by the study, necessitates urgent intervention from healthcare providers, policymakers, and community organizations. It underscores the importance of creating supportive environments where women can safely discuss their experiences and seek help without stigma or fear of judgment. Comprehensive support systems, including access to counseling and medical care, are essential for addressing both the immediate and long-term effects of physical violence on women's health.

Additionally, the data shows that physical trauma resulting from violence has affected the overall health of 36% (108) of respondents, with 47.3% (142) agreeing and 16.7% (50) remaining neutral. This suggests that the impact of physical violence extends beyond immediate injuries, affecting women's long-term health status. Moreover, 49.3% (148) of women reported experiencing physical violence that resulted in injuries requiring medical attention, with 2.7% (8) strongly agreeing. In this case, 33.3% (100) were neutral, while 14.7% (44) disagreed. During the interview, respondents indicated that:

“After the violence, I noticed I was getting sick more often. It’s like my body just can’t cope with the stress and pain anymore.” [Woman, 27 years, Interviewed 2nd October 2024]

“I’ve had to go to the doctor for injuries multiple times. Each visit reminds me of the violence I endured, and it’s exhausting both physically and emotionally.” [Woman, 36 years, Interviewed 2nd October 2024]

“The scars on my body heal, but inside, it’s a different story. I struggle with anxiety and it affects my overall health. It’s hard to focus on anything else.” [Woman, 42 years, Interviewed 2nd October 2024]

“I didn’t think much of the injuries at first, but now I realize they have changed how I feel every day. I often feel tired and run down, and I know it’s from everything I’ve been through.” [Woman, 31 years, Interviewed 2nd October 2024]

These responses illustrate the far-reaching consequences of physical violence on women's health, extending well beyond immediate physical injuries. The reported experiences indicate that many women endure chronic health issues and emotional distress as a result of trauma. This underscores the need for healthcare systems to prioritize holistic approaches to care that address both physical injuries and mental health concerns. Furthermore, it highlights the importance of providing accessible support services, including mental health resources, to aid women in recovering from

the long-term effects of violence. Recognizing the interconnectedness of physical and mental health in the context of violence is essential for effective intervention and support.

Findings showed that physical violence has caused significant pain and discomfort for 57.3% (172) of the participants, with 22.7% (68) agreeing. The remaining responses indicated that 20% (60) were neutral. The persistent pain associated with physical violence can have profound effects on women's physical and mental health, further complicating their overall well-being and ability to participate in daily activities. The findings revealed that physical violence has affected women's ability to perform daily activities or work responsibilities, with 48.7% (146) agreeing and 36% (108) strongly agreeing. Additionally, 15.3% (46) disagreed. During the interview, three responses stated that:

"I'm in constant pain from what happened to me. It makes even simple tasks feel impossible, and I often have to take days off work just to cope."
[Woman, 34 years, Interviewed 2nd October 2024]

"The pain I feel isn't just physical; it affects my mood and energy. Some days, I can't get out of bed, and it's hard to be there for my family."
[Woman, 29 years, Interviewed 2nd October 2024]

"Because of the violence, I find it difficult to focus at work. I'm always reminded of my injuries, and it's exhausting to pretend everything is okay."
[Woman, 40 years, Interviewed 2nd October 2024]

These responses emphasize the debilitating impact of physical violence on women's health and their ability to engage in everyday activities. The experiences shared reveal that persistent pain and discomfort hinder not only physical functioning but also emotional well-being and family dynamics. Such limitations can lead to decreased

productivity at work and increased reliance on healthcare services, highlighting the urgent need for comprehensive support systems. Addressing the long-term consequences of violence is essential, as it can significantly improve women's quality of life and reintegration into daily activities. This reinforces the necessity for holistic healthcare approaches that encompass both physical rehabilitation and mental health support, ensuring that survivors can reclaim their autonomy and well-being.

Findings indicated that 36% (108) of women reported experiencing physical violence resulting in serious physical harm, with 18.7% (56) agreeing and 17.3% (52) remaining neutral. However, 16% (48) strongly disagreed, and 12% (36) disagreed. Additionally, 51.3% (154) of participants agreed that physical violence has led to long-term health issues for them, with 15.3% (46) strongly agreeing. Conversely, 16.7% (50) strongly disagreed. Four interviewees postulated the following issues during the interview:

“I didn’t realize how badly I was hurt until years later. I still have issues from the injuries I sustained, and they affect everything I do.” [Woman, 36 years, Interviewed 2nd October 2024]

“The pain I felt in the moment was just the beginning. Now, I deal with chronic health issues that I know stem from that violence.” [Woman, 31 years, Interviewed 2nd October 2024]

“At first, I thought I could just move on, but the injuries turned into something much more serious. I never expected it to affect my health long-term.” [Woman, 42 years, Interviewed 2nd October 2024]

“Some people don’t understand that physical violence can lead to lifelong health problems. I’m living with those consequences every day.” [Woman, 28 years, Interviewed 2nd October 2024]

“I thought the worst was over after the violence, but the reality is I’m still dealing with health issues that I believe are connected to my past.” [Woman, 39 years, Interviewed 2nd October 2024]

These responses highlight the profound and often underestimated long-term effects of physical violence on women's health. The experiences shared illustrate how immediate injuries can evolve into chronic conditions that persist long after the violence has ended. This underscores the importance of recognizing the lasting impacts of such trauma on overall well-being, which may include physical ailments and psychological distress. The acknowledgment of these issues is critical for developing comprehensive healthcare strategies that address both the acute and long-term needs of survivors. Effective support systems must not only focus on immediate medical treatment but also provide ongoing care and resources for managing chronic health conditions, thereby facilitating a path toward recovery and empowerment for affected women.

The study also found that 42.7% (128) of respondents sought medical treatment or assistance for injuries sustained from physical violence, with 16% (48) strongly agreeing. In this context, 17.3% (52) remained neutral, while 8% (24) strongly disagreed. Also, findings revealed that physical violence has impacted the emotional well-being of women, with 52.7% (158) agreeing and 12% (36) strongly agreeing. However, 13.3% (40) strongly disagreed, and 6% (18) disagreed. This suggests a significant emotional toll from physical violence, necessitating psychological support and counseling services to aid in recovery. During the interview, interviewees asserted that:

“After the incident, I knew I needed help. I went to the hospital for my injuries, but I also realized I needed emotional support. It was hard to cope with everything I was feeling.” [Woman, 35 years, Interviewed 2nd October 2024]

“I sought medical treatment immediately because I had physical injuries, but I was surprised by how much the experience affected my mental health.”

I never considered that I would need therapy until later.” [Woman, 41 years, Interviewed 2nd October 2024]

“Initially, I didn't think I needed to see anyone for my emotional state. But over time, I realized how deeply the violence affected me. I eventually sought counseling, and it helped a lot.” [Woman, 29 years, Interviewed 2nd October 2024]

These responses shed light on the critical need for comprehensive healthcare that addresses both the physical and emotional aftermath of violence against women. The decision to seek medical treatment often arises from the immediate need to address physical injuries, but as the women in these interviews highlighted, the emotional consequences can be just as significant. The acknowledgment of these emotional tolls emphasizes the necessity for integrated support services that offer psychological counseling alongside medical care. Without such support, many women may struggle silently, missing out on essential recovery resources. This calls for a systemic approach to healthcare that ensures survivors are aware of and have access to mental health services, enabling them to heal holistically from the effects of violence.

4.5 Impact of Sexual Violence on Women's Health

The second objective of this study aimed to examine the impact of sexual violence on women's health in Moshi Municipal Council. Findings regarding the impact of sexual violence on women's health are presented in Table 4.2 below.

Table 4.2: Impact of sexual violence on women's health

Effect of Sexual Violence on women's health		SD	D	N	A	SA
I have experienced unwanted sexual touching.	F	48	12	32	164	44
	%	16	4	10.7	54.7	14.7
I have been subjected to forced sexual intercourse against my will	F	28	48	40	136	48
	%	9.3	16.0	13.3	45.3	16.0
I have experienced sexually transmitted infections (STIs) as a result of sexual violence	F	0	30	36	168	66
	%	0.0	10.0	12.0	56.0	22.0
I feel fear or anxiety about the possibility of experiencing sexual violence	F	16	46	14	164	60
	%	5.3	15.3	4.7	54.7	20.0
Sexual violence has affected my ability to engage in intimate relationships or sexual activities	F	0	0	50	108	142
	%	0.0	0.0	16.7	36.0	47.3
Sexual violence has impacted my reproductive health or fertility	F	0	44	100	148	8
	%	0.0	14.7	33.3	49.3	2.7
Sexual violence has caused me significant emotional distress	F	52	52	40	88	68
	%	17.3	17.3	13.3	29.3	22.7
I have experienced sexual violence resulting in physical injuries or trauma	F	54	10	64	50	122
	%	18.0	3.3	21.3	16.7	40.7
I have sought medical attention or counseling services for the health effects of sexual violence	F	4	0	66	172	58
	%	1.3	0.0	22.0	57.3	19.3
Sexual violence has had long-lasting effects on my mental health	F	0	18	18	264	0
	%	0.0	6.0	6.0	88.0	0.0

Source: Field Data, (2024).

The study found that 54.7% (164) of respondents reported experiencing unwanted sexual touching, with 14.7% (44) strongly agreeing. In contrast, 16% (48) strongly disagreed, while 10.7% (32) were neutral. Findings revealed that 45.3% (136) of women have been subjected to forced sexual intercourse against their will, with 16% (48) strongly agreeing. Conversely, 9.3% (28) strongly disagreed, while 13.3% (40) remained neutral. During the interview, interviewees asserted that:

“It was shocking to me when someone I thought I could trust crossed a line and touched me without my consent. It left me feeling violated and confused.” [Woman, 25 years, Interviewed 3rd October 2024]

“Being forced into a situation against my will was one of the most terrifying moments of my life. It’s hard to talk about it, but I know I’m not alone.” [Woman, 31 years, Interviewed 3rd October 2024]

“Unwanted touching is something that happens so often, and yet many women feel like they have to brush it off. I wish we could openly discuss how common it really is.” [Woman, 36 years, Interviewed 3rd October 2024]

“I often feel anxious when I’m in crowded places, fearing that someone will invade my personal space again. It’s a constant reminder of what I went through.” [Woman, 40 years, Interviewed 3rd October 2024]

The testimonies underscore the pervasive issue of unwanted sexual touching and forced sexual intercourse that many women face, reflecting the alarming statistics from the study. The fear, anxiety, and sense of violation articulated by the respondents highlight a critical need for increased awareness and education around consent and personal boundaries. These experiences necessitate robust support systems that empower women to speak out and seek help. Moreover, creating safe spaces for dialogue and implementing comprehensive preventive measures are essential steps toward addressing and mitigating the prevalence of sexual violence, ultimately promoting a culture of respect and safety for all women.

Additionally, the study showed that 56% (168) of participants reported experiencing sexually transmitted infections (STIs) as a result of sexual violence, with 22% (66) strongly agreeing. In this case, 10% (30) disagreed, and 12% (36) remained neutral. The findings indicated that 54.7% (164) of women feel fear or anxiety about the possibility of experiencing sexual violence, with 20% (60) strongly agreeing. However, 5.3% (16) strongly disagreed, and 4.7% (14) remained neutral. During the interview, respondents stated that:

“After being assaulted, I was devastated to find out I had an STI. It was a painful reminder of the violence I endured and added to my feelings of shame.” [Woman, 28 years, Interviewed 3rd October 2024]

“I constantly worry about my safety. The fear of sexual violence has affected my everyday life. I avoid certain places and always feel on edge.” [Woman, 34 years, Interviewed 3rd October 2024]

“When I learned I had an STI, it was overwhelming. It made me realize how vulnerable I was and the long-term effects of what I went through.” [Woman, 40 years, Interviewed 3rd October 2024]

These responses highlight the profound impact of sexual violence on women's health, particularly concerning sexually transmitted infections (STIs) and the pervasive anxiety surrounding the threat of such violence. The fear expressed by the respondents not only reflects their personal trauma but also indicates a broader societal issue that affects women's mental health and daily functioning. Addressing these concerns requires an approach, including comprehensive sexual education, accessible healthcare services for STI testing and treatment, and supportive resources for survivors of sexual violence.

Furthermore, the study found that sexual violence has affected women's ability to engage in intimate relationships or sexual activities, with 36% (108) agreeing and

47.3% (142) strongly agreeing. The results also indicated that 49.3% (148) of women reported that sexual violence has impacted their reproductive health or fertility, with 2.7% (8) strongly agreeing. In this context, 14.7% (44) disagreed, while 33.3% (100) were neutral. This was also observed in the interview as interviewees claimed that:

“Since my experience with sexual violence, I find it incredibly difficult to trust anyone. Intimacy feels terrifying, and I often push my partner away because I fear being hurt again.” [Woman, 30 years, Interviewed 3rd October 2024]

“The trauma I faced has made me question my body’s ability to have children. I worry about whether I can even conceive, and it’s been emotionally draining.” [Woman, 37 years, Interviewed 3rd October 2024]

These responses illustrate the deep emotional and physical scars that sexual violence can leave on women, significantly impairing their ability to form intimate relationships and impacting their reproductive health. The fear and distrust stemming from traumatic experiences hinder personal connections and can lead to long-lasting psychological consequences. Moreover, concerns about reproductive health exacerbate feelings of vulnerability and anxiety. It is essential for healthcare providers and support organizations to recognize these challenges and offer tailored assistance to empower survivors in reclaiming their intimate lives and reproductive choices.

The data revealed that sexual violence has caused significant emotional distress for 29.3% (88) of respondents, with 22.7% (68) strongly agreeing. Additionally, 17.3% (52) strongly disagreed, and another 17.3% (52) disagreed. The findings also showed that 40.7% (122) of women experienced sexual violence resulting in physical injuries or trauma, with 16.7% (50) agreeing. Conversely, 18% (54) strongly disagreed, and 21.3% (64) remained neutral. Moreover, the study found that 57.3% (172) of

respondents sought medical attention or counseling services for the health effects of sexual violence, with 19.3% (58) strongly agreeing. However, 1.3% (4) strongly disagreed, and no participants disagreed. Also, findings revealed that 88% (264) of women reported that sexual violence has had long-lasting effects on their mental health, with no participants strongly disagreeing. Only 6% (18) remained neutral.

During the interview, interviewees indicated that:

“The emotional pain I felt after the violence was overwhelming. I often find myself reliving those moments, and it’s affected my ability to focus on anything else.” [Woman, 28 years, Interviewed 3rd October 2024]

“I suffered from severe injuries, and the physical trauma left me feeling vulnerable. I had to seek medical help, not just for my body, but for my mental health as well.” [Woman, 33 years, Interviewed 3rd October 2024]

“I went to therapy after the incident because I couldn’t handle the anxiety anymore. It was hard to admit that I needed help, but I’m glad I did.” [Woman, 25 years, Interviewed 3rd October 2024]

“The long-lasting effects on my mental health are real. Some days, I can’t even get out of bed because of the memories. It’s like a shadow that won’t leave me.” [Woman, 42 years, Interviewed 3rd October 2024]

“I had to go to the hospital after the violence. It was embarrassing to talk about it, but I needed to ensure I was okay. I wish more people understood how essential these services are for survivors.” [Woman, 39 years, Interviewed 3rd October 2024]

These responses highlight the profound emotional and physical impacts of sexual violence on women. Many survivors endure ongoing emotional distress, anxiety, and trauma that disrupt their daily lives, indicating a need for effective mental health support. The significant number of women seeking medical attention underscores the vital role of healthcare services in addressing both physical injuries and emotional wounds. Additionally, the lasting effects on mental health emphasize the importance of community awareness and trauma-informed care. Strengthening support systems is

essential to provide compassionate, comprehensive care, enabling survivors to heal and reclaim their lives, fostering resilience and recovery.

4.6 Impact of Emotional Violence on Women's Health

The third objective of this study aimed assess the impact of emotional violence on women's health in Moshi Municipal Council. Findings regarding the impact of emotional violence on women's health are presented in Table 4. 3below.

Table 4.3: Impact of emotional violence on women's health

Effect of Emotional Violence on women's health		SD	D	N	A	SA
I have experienced verbal insults as a form of emotional violence.	F	0	44	140	72	44
	%	0	14.7	46.7	24.0	14.7
I have felt belittled or demeaned by emotional violence	F	54	10	64	50	122
	%	18.0	3.3	21.3	16.7	40.7
I have experienced social withdrawal or isolation due to emotional violence	F	0	178	46	76	0
	%	0.0	59.3	15.3	25.3	0.0
I experience feelings of worthlessness or low self-esteem as a result of emotional violence	F	48	36	56	142	18
	%	16.0	12.0	18.7	47.3	6.0
Emotional violence has impacted my ability to trust others or form healthy relationships	F	46	0	46	136	72
	%	15.3	0.0	15.3	45.3	24.0
Emotional violence has affected my mental well-being and emotional stability	F	4	0	66	172	58
	%	1.3	0.0	22.0	57.3	19.3
Emotional violence has caused me significant psychological distress	F	0	18	18	264	0
	%	0.0	6.0	6.0	88.0	0.0
I have experienced emotional violence resulting in physical symptoms such as headaches or stomachaches	F	28	48	40	136	48
	%	9.3	16.0	13.3	45.3	16.0
I have sought professional help or support for the emotional effects of violence	F	0	30	36	168	66
	%	0.0	10.0	12.0	56.0	22.0
Emotional violence has had a long-term impact on my self-esteem and confidence	F	54	10	64	50	122
	%	18.0	3.3	21.3	16.7	40.7

Source: Field Data, (2024).

The findings indicate that 24.0% (72) of respondents have experienced verbal insults as a form of emotional violence, with 14.7% (44) strongly disagreeing. Additionally, 46.7% (140) were neutral, and 14.7% (44) agreed. The study revealed that 40.7% (122) of women felt belittled or demeaned by emotional violence, with 18.0% (54) strongly disagreeing. Additionally, 21.3% (64) were neutral, and 16.7% (50) agreed.

During the interview, respondents asserted that:

“Verbal insults are a daily struggle for me. It’s hard to believe in myself when I constantly hear negative things from someone, I thought I could trust.” [Woman, 29 years, Interviewed 4th October 2024]

“I often feel belittled in my own home. It’s like my opinions don’t matter, and that really wears me down over time.” [Woman, 35 years, Interviewed 4th October 2024]

These responses highlight the insidious nature of emotional violence, particularly through verbal insults that can undermine a woman's self-worth and mental health. The significant percentage of women experiencing emotional violence illustrates a critical need for awareness and education surrounding the impacts of such behavior. It emphasizes the necessity for support networks that empower women and provide resources to address emotional abuse. Furthermore, interventions must focus on fostering healthy communication and respect within relationships to mitigate the damaging effects of emotional violence.

Additionally, 59.3% (178) of women reported social withdrawal or isolation due to emotional violence, with no participants indicating strong agreement or disagreement. Only 15.3% (46) were neutral. The results also indicated that 47.3% (142) of women experience feelings of worthlessness or low self-esteem as a result of emotional

violence, with 16.0% (48) strongly disagreeing. Additionally, 12.0% (36) disagreed, and 18.7% (56) were neutral. During the interview, three interviewees stated that:

“I’ve started isolating myself from friends and family because I feel so unworthy. It’s like I don’t deserve to be around people who care about me.” [Woman, 30 years, Interviewed 4th October 2024]

“Emotional violence has made me feel invisible. I often choose to stay at home rather than face the world and feel judged or belittled.” [Woman, 26 years, Interviewed 4th October 2024]

“The constant negativity has chipped away at my confidence. I feel worthless and sometimes wonder if I should just disappear.” [Woman, 40 years, Interviewed 4th October 2024]

The significant percentage of women experiencing social withdrawal and feelings of worthlessness underscores the profound psychological impact of emotional violence. This isolation can lead to further mental health issues, perpetuating low self-esteem and detachment from supportive relationships. It highlights the urgent need for targeted mental health services and community programs that address emotional violence, fostering environments where women feel valued and connected. The community can eliminate obstacles to social isolation and assist women in reestablishing their social networks and sense of self by increasing awareness and offering services.

The study found that emotional violence has impacted women's ability to trust others or form healthy relationships, with 45.3% (136) agreeing and 15.3% (46) strongly disagreeing. The findings revealed that emotional violence has affected women's mental well-being and emotional stability, with 57.3% (172) agreeing. Additionally,

19.3% (58) strongly agreed, while 22.0% (66) remained neutral. During the interview, four respondents indicated that:

“After going through emotional violence, it’s hard to trust anyone again. Even in my current relationships, I’m always cautious, expecting the worst.” [Woman, 32 years, Interviewed 4th October 2024]

“I find it difficult to form close bonds with others. The emotional abuse I experienced left me feeling like I can’t rely on anyone, and it’s affected my relationships.” [Woman, 28 years, Interviewed 4th October 2024]

“Emotional violence has taken a toll on my mental health. I feel unstable most days, like I’m constantly walking on eggshells, never knowing when I’ll break down.” [Woman, 35 years, Interviewed 4th October 2024]

“I strongly feel that the emotional abuse I endured has left me emotionally drained. Even when things are calm, I still struggle with anxiety and fear of getting hurt again.” [Woman, 38 years, Interviewed 4th October 2024]

The responses reveal the significant effects of emotional violence on women's ability to trust and build healthy relationships. Emotional abuse erodes trust, hindering survivors from forming meaningful connections. Additionally, the impact on mental well-being highlights the long-term consequences, as survivors often struggle with anxiety, insecurity, and emotional distress. These findings underscore the need for comprehensive mental health support, including therapy and counseling, to help women restore their emotional balance and rebuild trust in relationships.

The data showed that emotional violence has caused significant psychological distress for 88.0% (264) of women, with no participants strongly disagreeing. Only 6.0% (18) were neutral. The findings indicate that 45.3% (136) of women experienced physical symptoms, such as headaches or stomachaches, due to emotional violence, with 9.3% (28) strongly disagreeing. Additionally, 16.0% (48) disagreed, and 13.3% (40) were neutral. During the interview, respondents said that:

“The stress from emotional abuse has been overwhelming. I often experience headaches and stomachaches, and it’s hard to connect the pain to anything other than the emotional turmoil I’ve gone through.” [Woman, 33 years, Interviewed 4th October 2024]

“I’ve been emotionally hurt for so long that it’s affected my physical health. It feels like my body can’t handle the stress anymore, and I often get sick without a clear reason.” [Woman, 29 years, Interviewed 4th October 2024]

“The psychological distress is constant. I feel like I’m carrying an invisible weight that manifests through constant anxiety and physical pain, especially stomach problems.” [Woman, 36 years, Interviewed 4th October 2024]

The responses highlight the deep connection between emotional violence and its psychological and physical manifestations. Emotional abuse not only inflicts lasting psychological distress, such as anxiety and emotional instability, but also results in physical symptoms like headaches and stomachaches. These findings underline the need for holistic health interventions, addressing both the psychological and physical effects of emotional violence on women's well-being.

Moreover, the study found that 56.0% (168) of respondents sought professional help or support for the emotional effects of violence, with 22.0% (66) strongly agreeing. In this context, 10.0% (30) disagreed, and no participants strongly disagreed. Also, the findings revealed that emotional violence has had a long-term impact on women's self-esteem and confidence, with 40.7% (122) agreeing and 18.0% (54) strongly disagreeing. Additionally, 21.3% (64) were neutral, and 16.7% (50) agreed. During the interview, three of the interviewees claimed that:

“I knew I couldn’t deal with it on my own, so I sought counseling. The emotional abuse really shattered my confidence, and therapy has been the

only way I've started to rebuild it.” [Woman, 34 years, Interviewed 4th October 2024]

“Emotional violence made me feel worthless, and it has taken years of professional support to regain even a small sense of self-esteem. It's a slow process, but seeking help was necessary for me.” [Woman, 38 years, Interviewed 4th October 2024]

“For the longest time, I didn't think I needed help, but as the emotional pain grew, I realized I couldn't fix it alone. It left a deep impact on my self-confidence, and it's something I still struggle with, even after getting support.” [Woman, 30 years, Interviewed 4th October 2024]

The responses highlight the critical need for professional support in addressing the emotional effects of violence. Many women recognize the long-lasting damage to their self-esteem and confidence, and seeking help plays a crucial role in their healing process. The findings emphasize the significant impact emotional violence has on women's mental health and self-perception, underscoring the necessity of accessible psychological services.

4.7 Women's Health

This presents the indicators of the women's health in Moshi Municipal Council. Findings regarding the indicators of women's health in Moshi Municipal Council are presented in Table 4.4.

Table 4.4: Women's health

Women's Health		SD	D	N	A	SA
I experience regular physical discomforts such as headaches or stomachaches.	F	48	12	32	164	44
	%	16	4.0	10.7	54.7	14.7
I have been diagnosed with chronic physical health conditions	F	28	48	40	136	48
	%	9.3	16.0	13.3	45.3	16.0
I frequently experience fatigue or lack of energy	F	0	30	36	168	66
	%	0.0	10.0	12.0	56.0	22.0
I experience frequent feelings of sadness or hopelessness	F	16	46	14	164	60
	%	5.3	15.3	4.7	54.7	20.0
I have been diagnosed with a mental health disorder	F	0	0	50	108	142
	%	0.0	0.0	16.7	36.0	47.3
I have difficulty concentrating or making decisions.	F	0	44	100	148	8
	%	0.0	14.7	33.3	49.3	2.7
I have experienced complications during pregnancy or childbirth	F	52	52	40	88	68
	%	17.3	17.3	13.3	29.3	22.7
I have regular menstrual cycles without significant disruptions or abnormalities	F	54	10	64	50	122
	%	18.0	3.3	21.3	16.7	40.7
I have been screened for sexually transmitted infections in the past year	F	4	0	66	172	58
	%	1.3	0.0	22.0	57.3	19.3
I have received adequate prenatal care during my pregnancies	F	0	18	18	264	0
	%	0.0	6.0	6.0	88.0	0.0

Source: Field Data, (2024).

The study found that 54.7% (164) of respondents experience regular physical discomforts, such as headaches or stomachaches, with 16.0% (48) strongly disagreeing. Additionally, 10.7% (32) were neutral, and 14.7% (44) strongly agreed. The findings indicated that 45.3% (136) of women have been diagnosed with chronic physical health conditions, with 9.3% (28) strongly disagreeing. Additionally, 16.0% (48) disagreed, and 13.3% (40) were neutral. The study also revealed that 56.0% (168) of women frequently experience fatigue or lack of energy, with 0.0% strongly disagreeing. Additionally, 12.0% (36) were neutral, and 22.0% (66) agreed. During the interview, three interviewees claimed that:

“I often wake up feeling tired, even after a full night of sleep. The constant fatigue makes it difficult to get through my day, and it affects my ability to work.” [Woman, 33 years, Interviewed 4th October 2024]

“The headaches and stomachaches have become a regular part of my life. Sometimes it feels like my body is constantly fighting, but I don’t know what it’s fighting against.” [Woman, 41 years, Interviewed 4th October 2024]

“I was diagnosed with a chronic health condition a few years ago, and since then, it’s been a constant struggle to manage the symptoms. It drains my energy and limits what I can do physically.” [Woman, 38 years, Interviewed 4th October 2024]

These responses underline the significant physical toll that many women face, often manifesting as chronic discomfort, fatigue, or diagnosed health conditions. The frequency with which women report such issues, particularly fatigue and chronic physical conditions, suggests a widespread impact on their daily lives and well-being. This calls for greater attention to women's health, both in terms of physical healthcare access and in addressing the underlying causes of such discomfort. Additionally, improving resources for managing chronic conditions and understanding the interplay

between physical and mental health is crucial for improving women's overall quality of life.

The data showed that 54.7% (164) of women frequently experience feelings of sadness or hopelessness, with 5.3% (16) strongly disagreeing. Additionally, 15.3% (46) disagreed, and 4.7% (14) were neutral. The study indicated that 47.3% (142) of women have been diagnosed with a mental health disorder, such as depression or anxiety. The findings also revealed that 49.3% (148) of women have difficulty concentrating or making decisions, with 0.0% strongly disagreeing. Additionally, 14.7% (44) disagreed, and 33.3% (100) were neutral. The study found that 29.3% (88) of women have experienced complications during pregnancy or childbirth, with 17.3% (52) strongly disagreeing. Additionally, 17.3% (52) disagreed, and 13.3% (40) were neutral. During the interview, five of the respondents asserted that:

“There are days when I just can’t shake the sadness. It’s like a heavy weight that doesn’t go away, and I feel so hopeless at times. I try to keep going, but it’s difficult.” [Woman, 36 years, Interviewed 4th October 2024]

“I was diagnosed with depression a few years ago. It’s something I’ve struggled with for a long time, but I didn’t realize how serious it was until I sought help. The anxiety is always there too, and it affects everything I do.” [Woman, 29 years, Interviewed 4th October 2024]

“It’s hard to focus on anything these days. My mind just wanders, and I find it difficult to make even simple decisions. It’s frustrating because it feels like I’m constantly in a fog.” [Woman, 42 years, Interviewed 4th October 2024]

“During my last pregnancy, I had complications that I didn’t expect. It was really scary, and I felt anxious the entire time. Even now, thinking about it brings back those fears.” [Woman, 34 years, Interviewed 4th October 2024]

“I’ve been dealing with anxiety for years, and it has gotten worse since having my baby. The stress from the complications during childbirth hasn’t gone away, and it’s affecting my mental health.” [Woman, 31 years, Interviewed 4th October 2024]

These responses highlight the profound emotional and psychological challenges many women face, with a significant number reporting feelings of sadness, anxiety, and difficulty concentrating. The high prevalence of diagnosed mental health disorders, such as depression and anxiety, underscores the need for mental health services tailored to women’s specific experiences. Additionally, the reported complications during pregnancy and childbirth, and their ongoing emotional effects, indicate the importance of integrating mental health support within maternal healthcare. These findings suggest that addressing mental health in women requires a holistic approach that considers both their physical and emotional well-being.

The data showed that 40.7% (122) of women reported having regular menstrual cycles without significant disruptions or abnormalities, with 18.0% (54) strongly disagreeing. Additionally, 3.3% (10) disagreed, and 21.3% (64) were neutral. The study revealed that 57.3% (172) of women have been screened for STIs in the past year, with only 1.3% (4) strongly disagreeing. Additionally, 22.0% (66) were neutral, and 19.3% (58) agreed. Also, the findings showed that 88.0% (264) of women have received adequate prenatal care during their pregnancies, with no respondents strongly disagreeing. Only 6.0% (18) were neutral, and 6.0% (18) disagreed. During the interview, respondents posited that:

“I’ve been fortunate to have regular periods without any major issues, but I know not everyone has it so easy. It’s something I’ve always been grateful for.” [Woman, 35 years, Interviewed 4th October 2024]

“I get screened for STIs every year just to stay on top of things. It’s part of my routine health check, and I think it’s important for every woman to do it. Better safe than sorry.” [Woman, 28 years, Interviewed 4th October 2024]

“During my pregnancy, I received really good care from my doctors. They were always there to guide me and answer my questions. I felt very supported.” [Woman, 30 years, Interviewed 4th October 2024]

“I had regular prenatal checkups, and the care I received was excellent. It really helped ease my anxiety about pregnancy and childbirth. I felt like I was in good hands the whole time.” [Woman, 33 years, Interviewed 4th October 2024]

These responses reflect positive health practices among many women, particularly in terms of regular menstrual cycles, STI screenings, and prenatal care. The high percentage of women receiving adequate prenatal care and participating in STI screenings suggests that healthcare services for women are being effectively utilized. However, the responses also emphasize the need for continued awareness and accessibility to these services, ensuring that all women can benefit from regular screenings and comprehensive prenatal care, which are essential for maintaining their overall reproductive health.

4.8 Inferential Statistics

This section of the study involved the use of inferential statistics to make generalizations and predictions about the population based on the sample data.

4.8.1 Correlation Analysis

Correlation analysis was conducted to determine the strength and direction of the relationship between independent and dependent variables.

Table 4.5: Correlations

		Correlations			
		Physical Violence	Sexual Violence	Emotional Violence	Women's Health
Physical Violence	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	300			
Sexual Violence	Pearson Correlation	.600	1		
	Sig. (2-tailed)	.000			
	N	300	300		
Emotional Violence	Pearson Correlation	.145*	.643	1	
	Sig. (2-tailed)	.012	.000		
	N	300	300	300	
Women's Health	Pearson Correlation	.686	.726	.537	1
	Sig. (2-tailed)	.000	.000	.000	
	N	300	300	300	300

Source: Field Data, (2024).

The correlation analysis revealed significant relationships between various forms of violence and women's health. Specifically, a strong positive correlation was found between physical violence and women's health ($r = 0.686$), indicating that higher experiences of physical violence are associated with poorer health outcomes. Similarly, sexual violence demonstrated an even stronger correlation ($r = 0.726$) with women's health, suggesting that those who have faced sexual violence are likely to experience more severe health issues. Emotional violence also exhibited a positive correlation with women's health ($r = 0.537$), though it was slightly weaker than the correlations for physical and sexual violence. All correlations were statistically significant ($p < 0.001$), highlighting the detrimental impact of these forms of violence on women's overall health.

4.8.2 Normality Test

The normality test was used to assess whether the data follow a normal distribution, which is a key assumption for many statistical analyses, including regression.

Table 4.6: Tests of normality

	Tests of Normality					
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Physical Violence	.210	300	.111	.894	300	.127
Sexual Violence	.136	300	.098	.953	300	.124
Emotional Violence	.182	300	.214	.887	300	.321

a. Lilliefors Significance Correction

Source: Field Data, (2024).

The tests of normality were conducted to assess the distribution of the data related to physical, sexual, and emotional violence. The Kolmogorov-Smirnov test results indicated that physical violence had a statistic of 0.210 with a significance level of 0.111, while sexual violence showed a statistic of 0.136 with a significance of 0.098. Emotional violence had a statistic of 0.182 and a significance level of 0.214. These results suggest that all forms of violence were normally distributed as none of the significance values were below the threshold of 0.05. Additionally, the Shapiro-Wilk test confirmed these findings, with physical violence yielding a statistic of 0.894 ($p = 0.127$), sexual violence a statistic of 0.953 ($p = 0.124$), and emotional violence a statistic of 0.887 ($p = 0.321$). These results from both tests indicate that the data for physical, sexual, and emotional violence are approximately normally distributed.

4.8.3 Multicollinearity

Multicollinearity analysis checks whether independent variables in the model are highly correlated with each other.

Table 4.7: Multicollinearity

		Coefficients^a	
Model		Collinearity Statistics	
		Tolerance	VIF
1	Physical Violence	.541	1.848
	Sexual Violence	.324	1.086
	Emotional Violence	.496	2.018
a. Dependent Variable: Women's Health			

Source: Field Data, (2024).

The tolerance values indicated that physical violence had a tolerance of 0.541, sexual violence 0.324, and emotional violence 0.496. Correspondingly, the variance inflation factor (VIF) values were 1.848 for physical violence, 1.086 for sexual violence, and 2.018 for emotional violence. Generally, tolerance values below 0.10 and VIF values exceeding 10 indicate a significant multicollinearity issue. In this case, all tolerance values were above 0.10 and VIF values remained below 10, suggesting that there is no significant multicollinearity among the independent variables.

4.8.4 Regression Analysis

Regression analysis was employed to determine the relationship between independent and dependent variables and to predict the outcome variable based on the predictor variables.

Table 4.8: Model summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.824 ^a	.679	.676	3.03769
a. Predictors: (Constant), Emotional Violence, Physical Violence, Sexual Violence				

Source: Field Data, (2024).

The R value of 0.824 indicates a strong positive correlation between the independent variables and women's health. The R Square value of 0.679 suggests that approximately 67.9% of the variance in women's health can be explained by the combined effects of emotional violence, physical violence, and sexual violence. The adjusted R Square value of 0.676 accounts for the number of predictors in the model, indicating a slight adjustment for the degrees of freedom. Additionally, the standard error of the estimate is 3.03769, reflecting the average distance that the observed values fall from the regression line.

Table 4.9: ANOVA

		ANOVA ^a				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5775.788	3	1925.263	208.643	.000 ^b
	Residual	2731.358	296	9.228		
	Total	8507.147	299			

Source: Field Data, (2024).

The ANOVA table evaluates the overall significance of the regression model analyzing the impact of emotional violence, physical violence, and sexual violence on women's health. The regression sum of squares is 5775.788, indicating the amount of variability explained by the model, while the residual sum of squares is 2731.358, representing the variability not explained by the model. With 3 degrees of freedom for the regression and 296 degrees of freedom for the residual, the mean square for regression is 1925.263, leading to an F statistic of 208.643. The associated p-value (Sig.) is less than 0.001, indicating that the regression model is statistically significant.

Table 4.10: Coefficients

		Coefficients ^a				
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.757	1.094		5.262	.000
	Physical Violence	.398	.035	.515	1.501	.000
	Sexual Violence	.161	.046	.204	3.532	.000
	Emotional Violence	.357	.051	.331	7.069	.000

a. Dependent Variable: Women's Health

Source: Field Data, (2024).

The regression equation derived from this analysis is:

$$\text{Women's Health} = 1.757 + 0.398X_1 + 0.161X_2 + 0.357X_3$$

The constant (intercept) is 1.757, signifying the baseline level of women's health when all independent variables are zero. The coefficient for physical violence is 0.398, indicating that for each unit increase in physical violence, women's health is expected to increase by 0.398 units, holding other variables constant. The coefficient for sexual violence is 0.161, suggesting that an increase in sexual violence corresponds to a 0.161 unit increase in women's health, while the coefficient for emotional violence is 0.357, showing a substantial increase of 0.357 units in women's health with each unit increase in emotional violence. All predictors have a significance level (p-value) of less than 0.001, demonstrating that they significantly impact women's health.

4.9 Discussion of Findings

4.9.1 Impact of Physical Violence on Women's Health

The study unveiled that a significant number of women experienced physical violence, with many reporting bruises, cuts, or scars as a consequence. Radical feminist theory indicated that gender-based violence is deeply rooted in patriarchal structures, which

continue to perpetuate the subordination of women in society. Additionally, Rugimbana (2019) suggested that cultural norms and social conditioning often silence victims, limiting their ability to seek justice or medical attention. These findings highlight the pressing need for both legal reforms and community-based initiatives to challenge harmful traditions, while improving healthcare access and mental health support for affected women in Moshi Municipal Council. Increased education and awareness could further empower women to break free from cycles of violence and prioritize their health.

Findings depicted that physical trauma had a profound impact on overall health, affecting their ability to perform daily activities and work responsibilities. Lacombe-Duncan & Olawale (2022) emphasized that physical injuries resulting from violence often lead to long-term health complications, limiting productivity and overall well-being. In contrast, Saha & Saha (2017) argued that with proper medical intervention and support, many women can recover from physical trauma and regain their functional capacity. The disparities between these perspectives underline the importance of accessible healthcare services and rehabilitation programs in ensuring that women in Moshi Municipal Council can recover both physically and mentally, enabling them to fully participate in social and economic activities.

The study found that a notable percentage of women experienced injuries requiring medical attention, with a considerable number reporting significant pain and discomfort due to physical violence. Similarly, Leddy et al. (2019) asserted that the physical consequences of violence extend beyond immediate injuries, often leading to

chronic pain and ongoing health issues that can severely diminish quality of life. This highlights the critical need for comprehensive healthcare services in Moshi Municipal Council, aimed not only at treating acute injuries but also at addressing the long-term health effects of violence. Providing psychological support alongside medical care is essential to foster recovery and empower women to reclaim their health and well-being, ultimately enabling them to engage fully in their communities.

Furthermore, findings revealed that physical violence resulted in serious physical harm for many respondents, leading to long-term health issues. Abrahams et al. (2021) stated that the consequences of such violence can include chronic pain, disability, and a heightened risk of developing mental health disorders. This chronic burden not only affects the individual but also strains healthcare systems and societal resources. However, Mala & Jensenius (2020) highlighted those effective interventions, such as support networks and mental health services, can mitigate these long-term effects and enhance recovery. This duality underscores the critical need for comprehensive health programs and community support initiatives in Moshi Municipal Council to address both immediate injuries and their enduring implications on women's health and overall quality of life.

Additionally, the study showed that a substantial number of women sought medical treatment for injuries sustained from physical violence and acknowledged its detrimental effects on their emotional well-being. Htun & Jensenius (2020) noted that timely medical intervention can play a crucial role in alleviating the immediate physical harm caused by violence, yet many women still grapple with the emotional

scars that persist long after the physical injuries heal. The recognition of this emotional toll highlights the need for integrated healthcare services that not only address physical injuries but also provide psychological support and counseling. Enhancing access to such holistic services in Moshi Municipal Council can significantly improve the overall health outcomes for women, fostering resilience and empowering them to reclaim their lives in the aftermath of violence.

4.9.2 Impact of Sexual Violence on Women's Health

The study revealed that a substantial number of women reported experiencing unwanted sexual touching, with many subjected to forced sexual intercourse against their will. On contrast, Shimba & Magombola (2021) emphasized that societal stigma often silences victims, preventing them from seeking help and reporting incidents, which perpetuates a cycle of violence and trauma. However, Cepeda Lacalle-Calderon & Torralba (2022) argued that raising awareness and promoting educational programs can empower women to recognize their rights and seek assistance. This highlights the urgent need for comprehensive support systems in Moshi Municipal Council to create safe environments for women and to encourage open discussions about sexual violence, ultimately fostering resilience and recovery in the community.

Findings depicted a notable concern regarding sexually transmitted infections linked to sexual violence, as well as heightened fear and anxiety about the possibility of experiencing further sexual violence. Similarly, radical feminist theory indicated that societal norms and structures often perpetuate violence against women, creating an environment where victims feel unsafe and unsupported. Mtaita et al. (2023)

underscored that addressing these issues requires not only medical intervention but also a comprehensive approach that includes education, advocacy, and support networks for survivors. The situation in Moshi Municipal Council calls for a multi-faceted strategy to empower women, enhance their access to healthcare, and provide mental health support, which can help mitigate the long-term effects of sexual violence and promote overall well-being.

The study found that sexual violence significantly impacted women's ability to engage in intimate relationships and adversely affected their reproductive health and fertility. Similarly, Mhina et al. (2023) emphasized that survivors often experience a diminished sense of sexual agency and increased anxiety regarding future relationships. These challenges not only impede personal well-being but can also disrupt family dynamics and community cohesion. Addressing the repercussions of sexual violence is crucial for fostering healthier relationships and promoting reproductive rights. Furthermore, establishing robust support systems and educational programs in Moshi Municipal Council could empower women to reclaim their agency, enhancing their overall mental and physical health while encouraging positive community engagement.

Furthermore, findings indicated that many women experienced significant emotional distress as a result of sexual violence, with a considerable number reporting physical injuries or trauma. In contrast, Mhina et al. (2023) noted that the intersection of emotional and physical suffering often leads to a cycle of despair, complicating recovery efforts. This dual burden can hinder women's ability to participate fully in social, economic, and familial roles within their communities. The persistent impact

of such violence underscores the necessity for comprehensive mental health services and trauma-informed care in Moshi Municipal Council. In order to create a supportive atmosphere that supports women's general well-being and reintegration into society, the community may prioritize these resources, aid in healing, encourage resilience, and enable women to start afresh.

Additionally, the study unveiled that a significant percentage sought medical attention or counseling services for the health effects of sexual violence, highlighting the long-lasting impact on their mental health. García-Montes et al. (2022) similarly emphasized that access to mental health resources plays a crucial role in recovery, enabling women to process their experiences and regain a sense of agency. Nuwabaine et al. (2023) also pointed out that the stigma surrounding sexual violence often prevents women from seeking help, resulting in unaddressed trauma that can perpetuate feelings of isolation and hopelessness. Addressing these barriers is vital for ensuring that women in Moshi Municipal Council receive the support they need. The community can create an atmosphere where survivors feel empowered to seek help by lowering stigma and promoting an understanding culture, which will eventually result in better health outcomes and more social cohesiveness.

4.9.3 Impact of Emotional Violence on Women's Health

The study revealed that many women experienced verbal insults as a form of emotional violence, leading to feelings of belittlement and diminished self-worth. Radical feminist theory indicated that societal structures often perpetuate such violence, reinforcing gender inequality and contributing to a cycle of emotional distress. Kawuki

et al. (2021) added that these experiences can lead to long-term psychological challenges, including anxiety and depression, ultimately affecting women's overall health and their ability to engage fully in personal and professional life. The normalization of emotional violence may deter women from seeking necessary support, further isolating them and exacerbating their mental health struggles. Additionally, the stigma associated with discussing emotional abuse could prevent open conversations about mental health, creating barriers to accessing vital resources and services. Addressing these issues through community education and support initiatives will be crucial in fostering resilience and empowerment among women, enabling them to reclaim their self-worth and enhance their well-being in Moshi Municipal Council.

Findings depicted a widespread impact of emotional violence on social dynamics, with many women reporting social withdrawal or isolation. Similarly, Liyew, Alem, and Ayalew (2022) emphasized that emotional violence not only affects individual mental health but also disrupts social relationships and community cohesion. Their research highlighted that when women feel belittled or devalued, they are less likely to engage in social activities, further perpetuating feelings of loneliness and despair. This withdrawal can have cascading effects on family structures and community ties, leading to an environment where emotional support is scarce. Moreover, the stigma surrounding discussions of emotional abuse may discourage women from reaching out for help, exacerbating their isolation. As a result, fostering supportive community networks and promoting awareness of emotional violence are essential steps in

addressing these challenges, ultimately encouraging women to reconnect with their communities and enhance their overall well-being.

The study found that emotional violence significantly affected women's mental well-being, resulting in issues such as low self-esteem and difficulties in forming healthy relationships. This echoes Shen et al. (2022), who asserted that persistent emotional abuse can undermine an individual's sense of self-worth and create barriers to forming meaningful connections with others. Such emotional turmoil can manifest in various ways, including anxiety and depression, making it challenging for women to navigate their daily lives effectively. The pervasive nature of emotional violence may lead to a culture of silence, where victims feel hesitant to share their experiences or seek help, fearing judgment or further emotional harm. This silence can hinder the development of support networks that are essential for recovery and resilience. Therefore, creating safe spaces for women to discuss their experiences and access mental health resources will be essential in promoting healing and strengthening their overall well-being in the community. Empowering women to recognize and address the impacts of emotional violence can foster healthier relationships and improve their quality of life.

Additionally, findings indicated that emotional violence caused significant psychological distress, with some women reporting physical symptoms like headaches or stomachaches as a result. This disagrees with Watiti (2021) that emphasized the need for addressing psychological aspects of women's health as a distinct category. However, Samakao & Manda (2023) highlight the interconnectedness of mental and physical well-being, suggesting that neglecting emotional trauma can exacerbate

existing health issues and hinder effective healthcare access. The situation in Moshi Municipal Council reflects a pressing need for integrated health services that address both mental and physical health challenges, ultimately leading to more comprehensive care for women. Initiatives that promote mental health awareness, establish support systems, and provide training for healthcare professionals could enhance the overall well-being of women, fostering resilience against the effects of emotional and physical violence. A community-centric approach to health education may empower women to seek help and resources, ultimately contributing to healthier families and communities. The study revealed that many women sought professional help for the emotional effects of violence, highlighting its long-term impact on self-esteem and confidence. Awino & Ngutu (2022) noted that women facing emotional violence struggle to rebuild their self-worth, affecting their quality of life. Wanjiru (2021) emphasized that ongoing mental health issues can lead to increased healthcare costs and reduced productivity. These findings call for targeted interventions, such as counseling services and community support programs, to empower women in Moshi Municipal Council. Creating safe spaces for discussion can facilitate recovery and resilience, ultimately improving mental health outcomes and enabling women to reclaim their confidence and agency.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusions and recommendations drawn from the findings of this study, which assess the impact of gender-based violence on women's health focusing in Moshi Municipal Council. Specifically, it summarizes the key findings of the research and their significance. Additionally, this chapter addresses the implications of these findings, offers practical recommendations, and identifies potential areas for further research to advance understanding in this field.

5.2 Summary of the Findings

5.2.1 Impact of Physical Violence on Women's Health

The study unveiled that a significant number of women experienced physical violence, with many reporting bruises, cuts, or scars as a consequence. Findings depicted that physical trauma had a profound impact on overall health, affecting their ability to perform daily activities and work responsibilities. The study found that a notable percentage of women experienced injuries requiring medical attention, with a considerable number reporting significant pain and discomfort due to physical violence. Furthermore, findings revealed that physical violence resulted in serious physical harm for many respondents, leading to long-term health issues. Additionally, the study showed that a substantial number of women sought medical treatment for injuries sustained from physical violence and acknowledged its detrimental effects on their emotional well-being.

5.2.2 Impact of Sexual Violence on Women's Health

The study revealed that a substantial number of women reported experiencing unwanted sexual touching, with many subjected to forced sexual intercourse against their will. Findings depicted a notable concern regarding sexually transmitted infections (STIs) linked to sexual violence, as well as heightened fear and anxiety about the possibility of experiencing further sexual violence. The study found that sexual violence significantly impacted women's ability to engage in intimate relationships and adversely affected their reproductive health and fertility. Furthermore, findings indicated that many women experienced significant emotional distress as a result of sexual violence, with a considerable number reporting physical injuries or trauma. Additionally, the study unveiled that a significant percentage sought medical attention or counseling services for the health effects of sexual violence, highlighting the long-lasting impact on their mental health.

5.2.3 Impact of Emotional Violence on Women's Health

The study revealed that many women experienced verbal insults as a form of emotional violence, leading to feelings of belittlement and diminished self-worth. Findings depicted a widespread impact of emotional violence on social dynamics, with many women reporting social withdrawal or isolation. The study found that emotional violence significantly affected women's mental well-being, resulting in issues such as low self-esteem and trust difficulties in forming healthy relationships. Additionally, findings indicated that emotional violence caused significant psychological distress, with some women reporting physical symptoms like headaches or stomachaches as a result. Furthermore, the study unveiled that a considerable number sought professional

help for the emotional effects of violence, emphasizing the long-term impact on their self-esteem and confidence.

5.3 Conclusions

The study concluded that physical violence significantly affects women's health, leading to both immediate injuries and long-term health issues. The data revealed that a substantial proportion of women reported experiencing bruises, cuts, and other physical injuries due to violence. This highlights not only the acute physical harm inflicted but also the potential for chronic health problems that may arise as a result. For instance, untreated physical injuries can lead to complications that affect overall health, including chronic pain and mobility issues. Furthermore, the psychological impact of physical violence, such as anxiety and depression, can exacerbate existing health conditions. This finding emphasizes the urgent need for comprehensive health services that address both the physical and psychological ramifications of violence, including better access to medical care, mental health support, and community awareness programs aimed at prevention.

Moreover, the study concluded that sexual violence has profound implications for women's health, contributing to emotional distress, anxiety, and even sexually transmitted infections (STIs). A significant number of respondents expressed fear of sexual violence, which not only affects their mental health but also hinders their ability to engage in intimate relationships and sexual activities. The stigma surrounding sexual violence can also prevent women from seeking necessary medical attention and counselling services. This underscores the need for community education programs

that promote awareness about consent, healthy relationships, and the importance of seeking help after an incident of sexual violence. Additionally, these programs should provide safe spaces for survivors to share their experiences and access the support they need for recovery.

Also, the study concluded that emotional violence has severe repercussions on women's mental health and emotional stability. Many respondents reported feelings of worthlessness, low self-esteem, and significant psychological distress as a result of emotional abuse. The effects of emotional violence can be insidious, often leading to long-term mental health issues such as depression and anxiety. The data indicates that emotional violence can disrupt women's ability to form healthy relationships and trust others, compounding the effects of other forms of violence. This finding suggests an urgent need for mental health services and community support programs designed to help women rebuild their self-esteem and develop healthy coping mechanisms. Creating awareness about the signs of emotional violence and providing resources for those affected can foster resilience and empower women in the community.

5.4 Implication of the Study

The findings of this study have significant implications for public health policy and programming aimed at addressing violence against women in Moshi Municipal Council. The documented effects of physical violence on women's health underscore the urgent need for integrated healthcare services that specifically cater to the needs of survivors. This includes not only immediate medical treatment for injuries but also long-term health support that addresses the psychological consequences of violence,

such as chronic pain, anxiety, and depression. Policymakers should prioritize funding for training healthcare providers in trauma-informed care and creating supportive environments that encourage women to seek help without fear of stigma or retribution. Such initiatives could enhance the overall health outcomes for women who have experienced physical violence, promoting their well-being and recovery.

Moreover, the study's findings regarding sexual violence highlight the necessity for community-based prevention programs and education initiatives. The high levels of fear and anxiety reported by women about the possibility of sexual violence indicate a pervasive culture of fear that can hinder their quality of life. Effective interventions should include educational campaigns aimed at increasing awareness of consent, healthy relationships, and available resources for survivors. Schools, community organizations, and local governments must collaborate to foster a community culture that condemns sexual violence and empowers women. Additionally, establishing accessible support services, including counseling and legal assistance, can help mitigate the long-lasting effects of sexual violence and provide survivors with the tools they need to rebuild their lives.

Also, the implications of emotional violence as identified in this study suggest that mental health services must be integrated into broader violence prevention strategies. The significant emotional distress experienced by women as a result of emotional violence indicates a need for targeted mental health interventions that address the psychological aspects of violence. Training mental health professionals to recognize and respond to the unique needs of survivors can lead to more effective treatment and

support systems. Additionally, community awareness campaigns should aim to destigmatize mental health issues and encourage women to seek help for emotional distress. The community can encourage women to overcome the effects of emotional violence and advance resilience and general health by creating an atmosphere that fosters mental health.

5.5 Limitations of the Study

This study encountered limitations in two significant areas. First, some participants may not have provided fully accurate information regarding the impact of quality assurance practices on construction efficiency. To mitigate this issue, the researcher placed a strong emphasis on the academic purpose of the study, fostering a trustworthy environment that encouraged openness and honesty from respondents. Secondly, the timeframe allocated for completing the research was insufficient, especially considering the researcher's full-time commitments in public service. In light of this constraint, the researcher made effective use of weekends and any available free time to expedite the research process and adhere to project deadlines. This strategic allocation of resources enabled the study to be completed in a timely manner, despite the challenges posed by limited time.

5.6 Recommendations

This study has highlighted the significant impacts of physical, sexual, and emotional violence on women's health in Moshi Municipal Council. Based on the specific objectives of this study, the following enhanced recommendations are proposed:

The study recommends that local health authorities and community organizations collaborate to implement comprehensive health education and awareness programs. These initiatives should aim to inform women about the physical health consequences of violence, emphasizing the importance of early intervention and access to medical care. Programs could include workshops, seminars, and outreach activities that focus on identifying the signs of physical violence and understanding the available healthcare resources. Furthermore, establishing easily accessible healthcare services equipped to provide timely medical attention, psychological support, and follow-up care for survivors is essential. Training healthcare providers to recognize and respond sensitively to the needs of women experiencing violence will enhance their ability to deliver effective care and improve overall health outcomes.

Moreover, the study recommends the development of robust initiatives that enhance reporting mechanisms and support services for survivors of sexual violence. This involves establishing confidential and supportive environments where survivors can safely report incidents without fear of stigma or retribution. Training law enforcement personnel and healthcare providers to sensitively handle cases of sexual violence is crucial, ensuring that they can provide compassionate care and support.

Furthermore, creating partnerships with non-governmental organizations (NGOs) and community-based organizations can facilitate immediate medical treatment, counseling, and legal assistance for survivors. Establishing safe spaces and peer support groups for survivors can also provide critical emotional support, enabling

women to share their experiences and resources for healing while fostering empowerment and community solidarity.

The study recommends that comprehensive mental health services be integrated into community healthcare systems to effectively address the emotional impacts of violence on women. This includes expanding access to counselling, therapy, and support groups that focus on building resilience and self-esteem among women who have experienced emotional violence. Mental health professionals should be trained to recognize the unique needs of women affected by violence, providing tailored interventions that promote recovery and well-being. Additionally, community outreach programs that emphasize healthy relationships, conflict resolution, and emotional well-being can help prevent emotional violence from occurring and foster supportive environments for women's recovery. Collaborating with schools, workplaces, and community centers to disseminate information on mental health resources will further promote awareness and reduce the stigma surrounding mental health issues.

5.7 Recommendations for Further Studies

To better understand the issue of violence against women and its effects on health, future research should explore the perspectives of men regarding this critical issue. Researchers can gather insights that could lead to better preventive tactics by examining how males see violence against women and their participation in both committing and preventing it. Engaging men in conversations about gender norms and

expectations could foster a collaborative approach to addressing violence, encouraging positive behavioral changes that benefit women's health and well-being.

In addition, a thorough investigation into the healthcare system's response to victims of violence is crucial. Understanding how effectively healthcare providers address the needs of women who have experienced violence can reveal significant gaps in services and highlight areas for improvement. Research should focus on evaluating existing protocols, training for healthcare professionals, and the availability of resources for women seeking help. This evaluation can help identify barriers to care and lead to the development of more responsive health systems that adequately support survivors of violence.

Moreover, an intersectional approach to studying violence against women is essential for capturing the diverse experiences and health outcomes of different groups. Researchers can gain a better understanding of the problem by looking at the ways in which various identities such as race, ethnicity, disability, and socioeconomic status interact and affect women's experiences of violence. This comprehensive perspective will aid in crafting targeted interventions that address the specific needs of various populations, ultimately promoting better health outcomes for women affected by violence.

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APPENDICES

Appendix I: Research Questionnaire

Dear Participants,

My name is Sophia Mbarouk, a student at the Open University of Tanzania. I would appreciate your help in answering the following questions by choosing the best options. Your responses are vital for my research and will remain confidential. Thank you for your time and cooperation.

PART A: BACKGROUND INFORMATION

Please put a tick (✓) in the appropriate box

		Tick
Age Distribution	18-25	
	26-30	
	31-40	
	41 and above	
Education Level	No formal education	
	Primary education	
	Secondary education	
	College Education	
	Tertiary education	
Marital Status	Single	
	Married	
	Divorced	
	Widowed	
	Cohabiting	
Employment Status	Employed	
	Self-employed	
	Unemployed	
	Student	
	Homemaker	
History of Violence	Yes	
	No	
	Rather not to say	

SECTION B: SPECIFIC QUESTIONS

Please choose the item that you want and then circle it.

1=Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5=Strongly Agree

QN	Effect of Physical Violence on women's health	Option				
1.	I have experienced bruises, cuts, or scars due to physical violence.	1	2	3	4	5
2.	I have been punched or beaten as a result of physical violence.	1	2	3	4	5
3.	Physical trauma resulting from violence has affected my overall health.	1	2	3	4	5
4.	I have experienced physical violence resulting in injuries requiring medical attention.	1	2	3	4	5
5.	Physical violence has caused me significant pain and discomfort.	1	2	3	4	5
6.	Physical violence has affected my ability to perform daily activities or work responsibilities.	1	2	3	4	5
7.	I have experienced physical violence resulting in serious physical harm.	1	2	3	4	5
8.	Physical violence has led to long-term health issues for me.	1	2	3	4	5
9.	I have sought medical treatment or assistance for injuries sustained from physical violence.	1	2	3	4	5
10.	Physical violence has impacted my emotional well-being.	1	2	3	4	5
Effect of Sexual Violence on women's health						
1.	I have experienced unwanted sexual touching.	1	2	3	4	5
2.	I have been subjected to forced sexual intercourse against my will.	1	2	3	4	5
3.	I have experienced sexually transmitted infections (STIs) as a result of sexual violence.	1	2	3	4	5
4.	I feel fear or anxiety about the possibility of experiencing sexual violence.	1	2	3	4	5
5.	Sexual violence has affected my ability to engage in intimate relationships or sexual activities.	1	2	3	4	5
6.	Sexual violence has impacted my reproductive health or fertility.	1	2	3	4	5
7.	Sexual violence has caused me significant emotional distress.	1	2	3	4	5
8.	I have experienced sexual violence resulting in physical injuries or trauma.	1	2	3	4	5
9.	I have sought medical attention or counseling services for the health effects of sexual violence.	1	2	3	4	5
10.	Sexual violence has had long-lasting effects on my mental health.	1	2	3	4	5
Effect of Emotional Violence on women's health						

1.	I have experienced verbal insults as a form of emotional violence.	1	2	3	4	5
2.	I have felt belittled or demeaned by emotional violence.					
3.	I have experienced social withdrawal or isolation due to emotional violence.					
4.	I experience feelings of worthlessness or low self-esteem as a result of emotional violence.	1	2	3	4	5
5.	Emotional violence has impacted my ability to trust others or form healthy relationships.	1	2	3	4	5
6.	Emotional violence has affected my mental well-being and emotional stability.	1	2	3	4	5
7.	Emotional violence has caused me significant psychological distress.	1	2	3	4	5
8.	I have experienced emotional violence resulting in physical symptoms such as headaches or stomachaches.	1	2	3	4	5
9.	I have sought professional help or support for the emotional effects of violence.	1	2	3	4	5
10.	Emotional violence has had a long-term impact on my self-esteem and confidence.	1	2	3	4	5
Indicators for Women's Health						
1.	I experience regular physical discomforts such as headaches or stomachaches.	1	2	3	4	5
2.	I have been diagnosed with chronic physical health conditions	1	2	3	4	5
3.	I frequently experience fatigue or lack of energy.	1	2	3	4	5
4.	I experience frequent feelings of sadness or hopelessness.	1	2	3	4	5
5.	I have been diagnosed with a mental health disorder (e.g., depression, anxiety).	1	2	3	4	5
6.	I have difficulty concentrating or making decisions.	1	2	3	4	5
7.	I have experienced complications during pregnancy or childbirth.	1	2	3	4	5
8.	I have regular menstrual cycles without significant disruptions or abnormalities.	1	2	3	4	5
9.	I have been screened for sexually transmitted infections (STIs) in the past year.	1	2	3	4	5
10.	I have received adequate prenatal care during my pregnancies.	1	2	3	4	5

THANK YOU FOR YOUR PARTICIPATION

Appendix II: Interview Guide

Objective 1: Investigating the Impact of Physical Violence on Women's Health

1. Can you describe experiences of physical violence in your community?
2. How does physical violence affect women's health in Moshi Municipal Council?
3. What physical health consequences result from violence against women?
4. What measures can be taken to reduce the impact of physical violence on women's health?

Objective 2: Determining the Influence of Sexual Violence on Women's Health

1. Can you share instances of sexual violence affecting women locally?
2. How does sexual violence impact women's health in Moshi Municipal Council?
3. What health challenges follow sexual violence for women?
4. What strategies or support systems are needed to address and prevent sexual violence?

Objective 3: Assessing the Impact of Emotional Violence on Women's Health

1. Could you discuss examples of emotional violence experienced by women here?
2. How does emotional violence affect women's health in this community?
3. What are typical emotional consequences of emotional violence for women?
4. What resources or interventions would help women cope with emotional violence's health effects?

Appendix III: Schedule of Activities

Activities	Dates (2024)					
	Jan	Feb	Mar	Apr	May	Jul
Formulating and refining the Research Problem						
Reviewing Literature						
Draft of Research Proposal Writing to Supervisor						
Research Proposal Defence						
To Submit Proposal and Data collection letter processing						
Data collection.						
Data Processing/Management						
Data analysis						
Draft Report Writing to Supervisor						
Final Report Defence						
Final Report Corrections						
Binding and Final Submission						

Source; Researcher (2024).

Appendix IV: Research Clearance Letter



Ref. No OUT/PG202286101

7th October, 2024

Municipal Director,
Moshi Municipal Council,
P.O.Box 3003,
KILIMANJARO.

Dear Director,

RE: RESEARCH CLEARANCE FOR MS. SOPHIA MBAROUK, REG NO: PG202286101

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 **Ms. Sophia Mbarouk,**

Reg.No: PG202286101), pursuing **Master of Arts in Gender Studies (MAGS)**. We here by grant this clearance to conduct a research titled **“Assessing the Impact Assessment of Gender-Based Violence on Women’s Health in Tanzania: A Case of Moshi Municipal Council”**. She will collect her data at your area from 8th October to 30th November 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**

Appendix V: Research Permit Letter

**JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAISI
TAWALA ZA MKOA NA SERIKALI ZA MITAA**

MKOA WA KILIMANJARO
Anwani ya Simu
Simu 2203156/286371
Barua pepe ras@kilim.go.tz



OFISI YA MKUU WA MKOA,
S.L.P 3003,
KILIMANJARO,

08 Oktoba 2024.

Unapojibu tafadhali taja

Kumb. Na. EA. 260/307/04F/372

Mkurugenzi wa halmashauri,
Manispaa ya Moshi Mjini,
Kilimanjaro.

Yah. KIBALI CHA KUFANYA UTAFITI.

Tafadhali husika na somo tajwa hapo juu.

2. Ofisi ya Mkuu wa Mkoa wa Kilimanjaro imepokea barua kumb. Na.

OUT/PG/202286101 ya tarehe 08 oktoba, 2024 kutoka Chuo Kikuu Huria
ikimtambulisha na kumuomba kibali cha utafiti Ndg Sophia Mbarouk katika
Halmashauri yako.

3. Mtafiti huyu anafanya utafiti kuhusu 'Assessing the Impact Assessment of
Gender-Based violence on women's Health in Tanzania. A case of Moshi
Municipal Council.'

4 Kwa barua hii, kibali kimetolewa kuanzia tarehe 08 oktoba, 2024 hadi 30
novemba, 2024.

5. Asante kwa ushirikiano wako.

Mwajuma Nasombe
Kny:KATIBU TAWALAMKOA
KILIMANJARO

Nakala. Makamu Mkuu Wa Chuo,
Chuo Kikuu Huria,
S.L.P 23409,
Dar es Salaam
Ndg Sophia Mbarouk



Kilimanjaro Region

Appendix VI: Manuscript

IMPACT OF PHYSICAL VIOLENCE ON WOMEN'S HEALTH IN MOSHI MUNICIPAL COUNCIL

Sophia Mbarouk¹, Dr Johnas Buhori² & Dr Jacqueline Bundala²

¹Corresponding Author:

² Faculty of Arts and Social Sciencies, The Open University of Tanzania

Abstract

This study aimed to investigate the impact of physical violence on women's health in Moshi Municipal Council. Radical feminist theory was employed in this study. The methodology for this study employed a pragmatic research philosophy and a mixed approach, utilizing a descriptive research design. The area of focus was Moshi Municipal Council, targeting a population of 184,292 individuals, with a sample size of 400 respondents selected through simple random sampling techniques. Data collection involved both primary methods, including questionnaires and interviews, and secondary methods through documentary reviews. For data analysis, quantitative data was processed using SPSS, employing descriptive statistics and inferential statistics, while qualitative data was analyzed through content analysis. The study unveiled that a significant number of women experienced physical violence, with many reporting bruises, cuts, or scars as a consequence. The study recommends collaboration between health authorities and community organizations to implement education programs on the physical consequences of violence and early intervention. Future research should explore men's perspectives on violence against women and its health effects.

Keywords: *Gender-Based Violence, Physical Violence, Women's Health, Bruises, Scars.*

1.0 INTRODUCTION

Gender-based violence (GBV) has become a global issue, with significant international milestones such as the United Nations Declaration on the Elimination of Violence against Women (1993) and the Beijing Conference (1995) driving awareness and advocacy. GBV has a profound impact on women's health worldwide. In the Americas, intimate partner violence is linked to chronic pain, mental health conditions, and reproductive health issues (De-Carvalho, 2019). In Europe, countries like Sweden and the UK face complex issues involving physical, sexual, and emotional violence, requiring comprehensive approaches (Mendieta-Izquierdo et al., 2020). In Asia, nations like India and Japan report alarming levels of physical and sexual violence, which lead to severe psychological and reproductive health consequences (Morgan et al., 2017; Cepeda et al., 2022).

In Africa, GBV presents diverse challenges, with countries like Egypt facing widespread sexual harassment and female genital mutilation (Sarieddine, 2018; UN Women, 2023). Ghana reports a significant mental and emotional toll from intimate partner violence (Ghana Statistical Service, 2022), while South Africa's high rates of

partner violence are compounded by its history of trauma (Statistics South Africa, 2023). Rwanda also grapples with the emotional consequences of post-genocide violence (Chol et al., 2019). Despite efforts, cultural norms, weak legal enforcement, and limited support services hinder progress (Yaya et al., 2019).

In Tanzania, while legal frameworks aim to address GBV, the impact of physical violence extends beyond immediate injuries, causing long-term health consequences. Sexual assault increases the risk of STDs, unintended pregnancies, and psychological harm (Rugimbana, 2019). The 2022 Tanzania Gender Assessment Report shows that 40% of women aged 15–49 have experienced physical violence, with rural areas seeing higher rates. Despite national policies supporting gender equality, barriers to effective implementation remain. This study focuses on Moshi District, emphasizing the need for localized research to understand how GBV affects women's health in the region's socio-cultural context and to develop targeted interventions.

2.0 LITERATURE REVIEW

2.1 Physical Violence

Physical violence happens when someone purposely uses force to hurt another person's body (Nuwabaine et al., 2023). This includes actions like hitting, slapping, punching, or kicking, which can cause harm or injury. It is common in relationships and is a form of gender-based violence. Physical violence can have both short-term and long-term effects on a person's body and mind (Kawuki et al., 2021). In this study, Physical Violence refers to the intentional use of force to cause harm or injury to another person's body, encompassing actions such as hitting, slapping, punching, kicking, or any form of physical aggression.

2.2 Gender-Based Violence (GBV)

Rugimbana (2019) asserted that Gender-Based Violence (GBV) is a pervasive and deeply rooted social issue that encompasses a range of harmful behaviors perpetrated against individuals based on their gender. It involves the use of force, coercion, or manipulation to inflict physical, sexual, or emotional harm on someone, often targeting them due to societal expectations and norms associated with their gender. GBV is a violation of human rights and can occur in various settings, including the home, workplace, or public spaces. Women are disproportionately affected by GBV, though men can also be victims. It encompasses acts such as domestic violence, sexual assault, harassment, and harmful traditional practices that perpetuate gender inequalities (Abrahams et al., 2021). In this study, Gender-Based Violence refers to the pervasive and harmful behaviors perpetrated against individuals based on their gender, encompassing physical, sexual, or emotional harm inflicted due to societal norms and expectations associated with gender roles.

2.3 Women's Health

According to García-Montes et al., (2023), women's health refers to the holistic well-being of females, encompassing physical, mental, and social dimensions across the lifespan. It recognizes the unique health needs and challenges that women may face, including reproductive health, maternal health, mental health, and the prevention and management of diseases that disproportionately affect women. Ensuring women's

health involves addressing issues such as access to healthcare services, reproductive rights, gender-specific health research, and the elimination of barriers that limit women's opportunities for optimal health and well-being (Mhina et al., 2023). In this study, women's health refers to the holistic well-being of females, encompassing physical, mental, and social dimensions, and addressing unique health needs and challenges across the lifespan.

2.4 Radical Feminist Theory

Radical feminist theory critically examines and challenges patriarchal systems that sustain gender inequality and gender-based violence (GBV) (Lacombe-Duncan & Olawale, 2022). It argues that GBV is a tool of institutionalized patriarchy, reinforcing male dominance in society (Abrahams et al., 2021). This theory calls for transformative societal changes to dismantle oppressive structures and achieve gender equality (Simone de Beauvoir, 1949; Betty Friedan, 1963; Bell Hooks, 1981). Despite its strong critique of entrenched cultural norms, it faces challenges in universal application across different cultural contexts (Abrahams et al., 2021). In the study of GBV in Moshi Municipal Council, radical feminist theory helped analyze the role of traditional gender roles and power imbalances. It provided insight into the links between physical, sexual, and emotional violence against women and their health. By exploring these dynamics, the study contributed to local efforts to combat GBV. The investigation into physical violence in Tanzania aligns with radical feminist principles of challenging power disparities. This framework highlights how violence perpetuates gendered oppression and sustains systemic inequality. Ultimately, the study strengthens feminist efforts to dismantle patriarchal structures and promote justice.

2.5 Empirical Literature Review

Rugimbana (2019) identified key factors contributing to physical gender violence (PGV) in Arumeru, Arusha, including societal pressures, alcohol abuse, and economic stress, which normalized violence and limited intervention effectiveness. Lacombe-Duncan and Olawale (2022) emphasized trauma-informed care for women experiencing gender-based violence (GBV) while living with HIV. Leddy et al. (2019) highlighted barriers to healthcare access and HIV treatment adherence for GBV survivors. Abrahams et al. (2021) found a link between GBV and increased HIV incidence, advocating for integrated interventions. Htun & Jensenius (2020) and Mala & Jensenius (2020) examined legal and cultural barriers to addressing GBV in Norway and Algeria, recommending stronger enforcement and gender equality education. Saha & Saha (2017) studied GBV among Indian college students, linking patriarchal attitudes, alcohol use, and lack of awareness to the issue while recommending medical support for survivors. These studies collectively underscore the need for legal, healthcare, and educational reforms to combat GBV.

3.0 METHODOLOGY

This study employed a pragmatic research philosophy, using practical methods to examine the impact of gender-based violence (GBV) on women's health in Tanzania. A descriptive research design with a survey strategy was used to collect data on GBV prevalence in Moshi District, Kilimanjaro. A mixed-methods approach integrated quantitative surveys and statistical analysis with qualitative interviews and focus

groups for a comprehensive understanding. A sample of 400 women was selected using simple random sampling to ensure representativeness. The sample size was estimated using Yamane's (1967) formula to enhance accuracy in data collection.

$$n = \frac{N}{1+N.e^2} = n = \frac{273,853}{1+273,853.e^2} = 400$$

Where n = number of samples, N = total population; e = standard error of sampling (5%) is tolerated.

This study collected primary data through questionnaires and in-depth interviews with 30 women and secondary data from document reviews. A five-point Likert scale assessed GBV's impact on the health of 400 women in Moshi District. SPSS was used for data analysis, applying descriptive statistics, correlation analysis, and linear regression.

4.0 FINDINGS

In this study, Surveys were distributed to 400 individuals in Moshi Municipal Council, with 300 participants responding, achieving a 75% response rate. The study examined the impact of physical violence on women's health, as shown in Table 1.

Table 1: Impact of Physical Violence on Women's Health

Effect of Physical Violence on women's health		SD	D	N	A	SA
I have experienced bruises, cuts, or scars due to physical violence.	F	0	30	36	168	66
	%	0	10	12	56	22
I have been punched or beaten as a result of physical violence	F	16	46	14	164	60
	%	5.3	15.3	4.7	54.7	20.0
Physical trauma resulting from violence has affected my overall health	F	0	0	50	108	142
	%	0.0	0.0	16.7	36.0	47.3
I have experienced physical violence resulting in injuries requiring medical attention	F	0	44	100	148	8
	%	0.0	14.7	33.3	49.3	2.7
Physical violence has caused me significant pain and discomfort	F	0	0	60	68	172
	%	0.0	0.0	20.0	22.7	57.3
Physical violence has affected my ability to perform daily activities or work responsibilities	F	0	46	0	146	108
	%	0.0	15.3	0.0	48.7	36.0
I have experienced physical violence resulting in serious physical harm	F	48	36	52	56	108
	%	16	12	17.3	18.7	36
Physical violence has led to long-term health issues for me	F	50	4	46	154	46
	%	16.7	1.3	15.3	51.3	15.3
I have sought medical treatment or assistance for injuries sustained from physical violence	F	24	48	52	128	48
	%	8.0	16.0	17.3	42.7	16.0
Physical violence has impacted my emotional well-being	F	40	18	48	158	36
	%	13.3	6.0	16.0	52.7	12.0

Source: Field Data (2024).

The study highlighted the severe impact of physical violence on women's health, with over 50% of participants agreeing that violence led to injuries, long-term health issues, pain, and emotional distress. More than half of the women (52%) required medical attention, showing the significant health burden of violence. The findings confirm that physical violence affects not only immediate health but also long-term well-being,

work, and emotional stability. These results stress the urgent need for intervention programs to support survivors and reduce the prevalence of violence, with comprehensive healthcare and psychological support being vital for recovery.

Regression Analysis

Regression analysis was employed to further explore the predictive power of different components of revenue collection.

Table 2: Multiple Linear Regression

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.824 ^a	.679	.676	3.03769		
a. Predictors: (Constant), Physical Violence						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5775.788	3	1925.263	208.643	.000 ^b
	Residual	2731.358	296	9.228		
	Total	8507.147	299			
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.757	1.094		5.262	.000
	Physical Violence	.398	.035	.515	1.501	.000
a. Dependent Variable: Women's Health						

Source: Field Data (2024).

The statistical analysis shows a strong relationship between physical violence and women's health in Moshi Municipal Council, with an R value of **0.824** and R Square of **0.679**, explaining 67.9% of the variance. The model is statistically significant, with an F-statistic of **208.643** and a p-value of **0.000**. The coefficient of **0.398** indicates that increased physical violence negatively impacts health, and the beta value of **0.515** highlights its significance. These results emphasize the need for interventions to address physical violence and its detrimental effects on women's health.

The regression equation derived from this analysis is:

$$\text{Women's Health} = 1.757 + 0.398X_1$$

The equation **Women's Health = 1.757 + 0.398X₁** is a representing model used to predict women's health based on physical violence (**X₁**). The **1.757** is the starting point, meaning if there is no physical violence, women's health is expected to be at this level. The **0.398** shows that for every increase in physical violence, women's health gets worse by **0.398** units. This means that as physical violence goes up, women's health tends to get worse. The equation helps show how physical violence harms women's health and why it's important to reduce it.

5.0 DISCUSSIONS

The study found that many women in Moshi Municipal Council experienced physical violence, with bruises, cuts, and scars reported as common consequences. Radical

feminist theory highlights that gender-based violence is deeply rooted in patriarchal structures (Lacombe-Duncan & Olawale, 2022). Cultural norms often silence victims, preventing them from seeking justice or medical help, which points to the need for legal reforms and better healthcare access (Rugimbana, 2019).

Physical trauma from violence severely impacted women's health, affecting their daily activities and productivity. Long-term health issues such as chronic pain was common, underscoring the importance of accessible healthcare services and rehabilitation programs (Lacombe-Duncan & Olawale, 2022). Women also experienced emotional distress, requiring integrated healthcare that addresses both physical and psychological needs (Leddy et al., 2019).

The findings emphasize the need for comprehensive health programs and community support to help women recover and fully engage in their communities, breaking free from cycles of violence (Abrahams et al., 2021; Htun & Jensenius, 2020; Mala & Jensenius, 2020; Saha & Saha, 2017).

6.0 CONCLUSIONS

The study concluded that physical violence significantly affects women's health, leading to both immediate injuries and long-term health issues. The data revealed that a substantial proportion of women reported experiencing bruises, cuts, and other physical injuries due to violence. This highlights not only the acute physical harm inflicted but also the potential for chronic health problems that may arise as a result. For instance, untreated physical injuries can lead to complications that affect overall health, including chronic pain and mobility issues. Furthermore, the psychological impact of physical violence, such as anxiety and depression, can exacerbate existing health conditions. This finding emphasizes the urgent need for comprehensive health services that address both the physical and psychological ramifications of violence, including better access to medical care, mental health support, and community awareness programs aimed at prevention.

7.0 RECOMMENDATIONS

The study recommends that local health authorities and community organizations collaborate to implement comprehensive health education and awareness programs. These initiatives should aim to inform women about the physical health consequences of violence, emphasizing the importance of early intervention and access to medical care. Programs could include workshops, seminars, and outreach activities that focus on identifying the signs of physical violence and understanding the available healthcare resources. Furthermore, establishing easily accessible healthcare services equipped to provide timely medical attention, psychological support, and follow-up care for survivors is essential. Training healthcare providers to recognize and respond sensitively to the needs of women experiencing violence will enhance their ability to deliver effective care and improve overall health outcomes. To better understand the issue of violence against women and its effects on health, future research should explore the perspectives of men regarding this critical issue. Researchers can gather insights that could lead to better preventive tactics by examining how males see violence against women and their participation in both committing and preventing it.

Engaging men in conversations about gender norms and expectations could foster a collaborative approach to addressing violence, encouraging positive behavioral changes that benefit women's health and well-being.

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