

**EFFECTIVENESS OF INTIMATE PARTNER PHYSICAL VIOLENCE
PREVENTION MECHANISMS AMONG WOMEN VICTIMS IN
TANZANIA; A CASE STUDY OF HADENI DISTRICT**

ABDALLAH SAIDI ALLY

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN GENDER
STUDIES (MAGS)**

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

2025

CERTIFICATION

The undersigned certifies that I have read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled; **“Effectiveness of intimate partner physical violence prevention mechanisms among women victims in Tanzania; A case study of Handeni District”**, in partial fulfillment of the requirements for the Degree of Master of Arts in Gender Studies of the Open University of Tanzania.

.....
Dr. Johnas Buhori (PhD)
(Supervisor)

.....
Date

.....
Dr. Mariana J. Makuu (PhD)
(Supervisor)

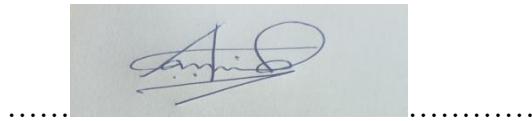
.....
Date

COPYRIGHT

No part of this dissertation may be reproduced, stored in any retrieval system, or transmitted in any form by any means, electronic, mechanical, photocopying, or otherwise without prior written permission of the author or The Open University of Tanzania on that behalf.

DECLARATION

I, **Abdallah Saidi Ally**, declare that the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare that this is my original work that was conducted at Handeni District. It is hereby presented in partial fulfillment of the requirements for the award of Master's Degree of Arts in Gender Studies of the Open University of Tanzania.

A handwritten signature in black ink, appearing to read "Abdallah Saidi Ally", is centered within a rectangular box. The box has a thin black border and is positioned in the middle of the page.

Signature

.....
Date

DEDICATION

This dissertation is dedicated to my beloved parents, my mother Mariam Mohamedi Abdallah, and my wife Nasungia Chewadi Alli in heartfelt appreciation for their unwavering support throughout this journey.

ACKNOWLEDGEMENT

I express my deepest gratitude to the Almighty God for His endless grace and strength throughout this journey. Special thanks go to my dedicated supervisors, Dr. Johnas Buhori (PhD) and Dr. Mariana Makuu (PhD), for their valuable insights, inspiration, and constructive criticism, which have led to the writing and completion of this dissertation. I am deeply indebted to my beloved family, whose love and prayers have been my foundation. I am equally grateful to my colleagues and the staff of the Open University of Tanzania (OUT) for their prayers, encouragement, and moral support throughout this journey. I also extend my heartfelt thanks to the community members of the Handeni district, who accepted and participated in this dissertation support throughout the entire data collection period.

ABSTRACT

This study assessed the effectiveness of intimate partner physical violence (IPPV) prevention mechanisms among women victims in Tanzania, specifically in the Handeni district. The study was guided by three specific objectives, which are to assess the way staying quiet prevention mechanisms contribute to the prevention of IPPV among women in Handeni district, to examine the way reduction in alcohol use prevention mechanisms helps in the decrease of IPPV among women in Handeni district; and to state the way trust prevention mechanism helps in the prevention of IPPV in among women in Handeni district. The Social Learning Theory guides this study. Moreover, the study employed a case study design and a qualitative approach, with a sample of 30 participants. The interview method and Focus Group Discussion were used for data collection. Data were collected and analyzed by using thematic analysis. The study found that staying quiet and even walking away stand as a predominant IPPV prevention mechanism for them to increase their safety in the Handeni district. Also, reduction in alcohol use significantly contributes to reducing conflict and violence among partners. Moreover, the study signifies that trust plays a significant role in preventing intimate partner physical violence (IPPV). The study concluded that IPPV prevention mechanisms such as staying quiet, reducing alcohol use as well and trust among partners significantly contribute to the reduction of intimate partner physical violence among women in the Handeni district. Therefore, the study recommends that the district should implement community-based education programs focused on healthy relationships, consent, gender equality, and recognizing the signs of IPPV women.

Keywords: Intimate partner, Physical violence, Prevention mechanism, Women Victims.

TABLE OF CONTENTS

CERTIFICATION	ii
COPYRIGHT	iii
DECLARATION.....	iv
DEDICATION.....	v
ACKNOWLEDGEMENT.....	vi
ABSTRACT	vii
TABLE OF CONTENTS	viii
LIST OF TABLE	xii
LIST OF ABBREVIATIONS	xiii
CHAPTER ONE	1
INTRODUCTION AND BACKGROUND OF THE STUDY	1
1.1 Chapter Overview	1
1.3 Statement of the Problem.....	7
1.4 Research Objectives.....	9
1.4.1 General Objective of the Study	9
1.4.2 Specific Objectives	9
1.5 Research Questions.....	9
1.6 Significance of the Study	10
1.7 Scope of the Study	11
CHAPTER TWO	12
LITERATURE REVIEW	12
2.1 Chapter Overview	12
2.2 Conceptualization of Key Terms	12

2.3	Theoretical Review	13
2.3.1	The Social Learning Theory	14
2.3.2	The Ecological Framework Theory	15
2.4	Empirical Literature Review	16
2.4.1	The Way the "Reduction in Alcohol use" Prevention Mechanism helps in the Reduction of IPPV among Women	16
2.4.2	The way "staying Quiet" Prevention Mechanisms contribute to the Prevention of IPPV among Women.....	21
2.4.3	The way the "Trust" Prevention Mechanism helps in the Prevention of IPPV among Women	25
CHAPTER THREE	32	
RESEARCH METHODOLOGY	32	
3.1	Chapter Overview	32
3.2	Research Philosophy	32
3.3	Research Design.....	32
3.4	Research Approach	33
3.5	Description of the Study Area.....	34
3.6	Study Population	34
3.7	Sampling Procedures	35
3.7.1	Purposive Probability Sampling	35
3.7.2	Sampling Size	35
3.8	Inclusion and Exclusion Criteria.....	36
3.9	Source and Type of Data.....	37
3.9.1	Secondary Data Source	37

3.9.2 Primary Data Source	37
3.10 Data Collection Method	37
3.10.1 Interview Guide.....	37
3.10.2 Focus Group Discussion	38
3.11 Qualitative Data Rigor	38
3.11.1 Dependability	39
3.11.2 Trustworthiness.....	39
3.11.3 Credibility	40
3.11.4 Confirmability	40
3.11.5 Transferability.....	40
3.12 Data Analysis and Presentation.....	41
3.12.1 Data Analysis	41
3.12.2 Data Presentation	42
3.13 Ethical Consideration.....	42
3.13.1 University Clearance.....	42
3.13.2 Confidentiality and Anonymity	42
3.13.3 Consent.....	43
3.13.4 Voluntary Participation	43
3.13.4 Do not Harm Principle	43
CHAPTER FOUR.....	45
FINDINGS, PRESENTATION, ANALYSIS AND DISCUSSION	45
4.1 Chapter Overview	45
4.3 Demographic Characteristics of Participant	46

4.4	The Way Staying Quiet Prevention Mechanisms contribute to the Prevention of IPPV among Women in Handeni District	50
4.5	The way Reduction in Alcohol use Prevention Mechanism helps in the Decrease of IPPV among Women in the Handeni District.....	54
4.6	The Way Trust Prevention Mechanism helps in the Prevention of IPPV among Women in the Handeni District.....	57
	CHAPTER FIVE	59
	SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS.....	59
5.1	Chapter Overview	59
5.2	Summary of the Findings	59
5.3	Conclusion	61
5.4	Recommendation	62
	REFERENCES.....	64
	APPENDICES	72

LIST OF TABLE

Table 4.1: Participant Characteristics	50
--	----

LIST OF ABBREVIATIONS

FGD	Focus Group Discussion
GBV	Gender Based Violence
IPPV	Intimate Partner Physical Violence
IPV	Intimate Partner Violence
KNBS	Kenya National Bureau of Statistics
PTSD	Post-Traumatic Stress Disorder
SADC	Southern Africa Development Community
TPGCD	Tanzania Police Gender and Children Desk
UN	United Nations
WBG	World Bank Group
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Chapter Overview

The purpose of this study is to assess the effectiveness of Intimate Partner Physical Violence prevention mechanisms among women victims in Tanzania. The desire to conduct the study was motivated by the fact that IPPV is one of the Gender-Based Violence (GBV) which has significant impacts on human welfare in Tanzania and beyond. In Tanzania, in particular, IPPV is one of the serious social and health challenges affecting intimate partners, especially women in Tanzania. Therefore, the chapter provides a detailed overview of the study's background, the statement of the problem, the research objectives, the research questions, and the significance of the study.

1.2 Background to the Study

Over the past decades, women's rights have been one of the big agendas across the globe; this came out after governments and international agencies realized that in different parts of the world, most women are facing various kinds of violence, such as Intimate partner violence (IPV) (Tudor (2023). All over the world, women appear to be more vulnerable to the IPPV than men (Tudor (2023). According to the UN (2023), about 33% of all women engaged in intimate partner relationships in the world for five consecutive years have experienced intimate partner violence (IPV), particularly intimate partner physical violence (IPPV); intimate partner physical violence is common in both developed and developing countries. After realizing the incidence of violence against women, the United Nations (UN), with its Universal

Declaration of Human Rights of 1948, articulated that no human being should be subjected to torture or cruel, inhuman, or degrading treatment or punishment. Moreover, in 1973, the UN came up with the United Nations Convention on the Elimination of all Forms of Discrimination against Women, which insisted on the importance of upholding women's rights by maintaining gender equality and equity in all spheres of life; it maintains that women have the right to be protected from all form of violence (Magesa, 2023).

However, with all those articles, at the global level, governments and international agencies have developed what is known as a Violence Prevention Mechanism to reduce and eradicate Intimate Partner Violence (IPV). The described Violence Prevention Mechanisms of change include the use of safety strategies not only to avoid or prevent conflict but also to control anger; reductions in alcohol use that directly and indirectly reduce conflict; and positive changes in trust and understanding of oneself and one's partner (Muluneh et al., 2020). Despite the UN's emphasis on women's rights and protection against violence, as well as the existence of Violence Prevention Mechanisms still, Intimate Partner Physical Violence (IPPV) remains one of the serious health, social, and economic concerns that affect human welfare physically, socially, economically and psychologically, indisputably, both men and women are victims of IPPV (Magesa, 2023).

According to Martin, et al., (2023), in the United States of America (USA), IPPV affects more than ten million people every year, and nearly about 35% of women in the USA have experienced Intimate Partner Violence (IPV). With the increase of violence against women in the USA, the government has introduced two policies

thus: the national strategy on gender equality and equity and the US national plan to end gender-based violence Martin, et al., (2023). The policies seek to develop programs that engage men and boys in the prevention of gender-based violence.

In Europe, most countries have established legal and institutional frameworks to prevent GBV, as well as prevention mechanisms for IPPV (UN, 2023). Although the UK and other European nations have strong legal frameworks toward GBV, they have not entirely succeeded in mitigating IPPV against women. For instance, the UN (2023) reveals that about 245 million women had experienced GBV from the age of fifteen, and among them, 22% were victims of IPPV. Moreover, Tudor (2023) put forward that 9% of women in the UK reported incidences related to IPV, including physical violence by their partners. The report indicates further that 80% of the victims of IPV are women.

The prevalence of IPV together with IPPV in Asia is about 35% (Maruyama et al., 2023), while the extent differs across countries; women in marriage and other intimate relationships are more vulnerable to IPPV than men; experience from Japan shows that 25% of women aged above 20 years who have had a spouse had experienced IPPV (Maruyama et al., 2023). Due to the increase in IPV incidents in Japan, prevention and total elimination of GBV against women has been a priority issue and is considered a national responsibility (Maruyama et al., 2023). Even with the legal actions taken by the Japanese government and the prevention mechanisms implemented, GBV and IPPV persist, suggesting that the existing legal measures and mechanisms are insufficient to eliminate GBV and IPPV on a large scale.

In China, physical violence, especially against women, is common; 34% of women were victims of IPPV, such as hitting, punching, kicking, and slapping (Parish et al., 2021). The prevalence of IPPV and other forms of IPV against women in China were, among others, attributable to sexual jealousy, patriarchal beliefs, and inadequate women's contribution to household income and alcohol consumption. The Chinese government has conducted a vigorous campaign to raise awareness about gender equality and women's empowerment as strategies for preventing the escalation of all forms of gender-based violence (GBV) (Gu, Li, & Peng, 2022). However, despite all efforts to reduce GBV, IPPV events are on the rise.

In Africa, specifically in Sub-Saharan Africa, the rate of IPPV and other categories of violence against women is 37%; this rate is higher than the global average of 33% (Christopher et al., 2023). Muluneh (2020) argues that the highest prevalence rate of IPV is (25.87%) whereas others are emotional (29.40%) and sexual (18.75%) violence. In the Southern Africa Development Community (SADC) region, gender-based violence, including IPPV, is widespread. According to the UN (2023), the SADC region has an average of 33% of women who have experienced various forms of violence, including IPPV.

In this region, IPPV is perpetuated by harmful socio-cultural norms, gender inequality, poverty, conflicts, and other structural factors that negatively affect individual women's lives but also threaten the national economy and mental and physical health welfare. Thus, in Africa, a higher rate of violence against women has been recorded as compared to other areas in the world; married women and those in intimate relationships suffer much from their partner violence (Muluneh et al.,

2020). A report by the Kenya National Bureau of Statistics of 2022 shows that 37% of married women have experienced physical violence from their husbands or partners. Women in Kenya endure IPPV and other types of violence not only because of their economic disempowerment but also because of prevailing negative and deep-rooted societal attitudes, cultural beliefs, and practices that make women and girls subordinate and submissive to men and spouses (KNBS, 2022).

Tanzania is one of the African countries where there is a high rate of violence against women, particularly on the side of intimate partner violence (IPV). Due to that, Tanzania has been a signatory of various international agreements on GBV. Additionally, it has developed national policies, England frameworks, and institutional frameworks to eliminate GBV. For instance, in 1985, the government signed the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1985) and the Beijing Platform for Action. In 2015, it signed Sustainable Development Goal Number 5, which emphasizes achieving gender equality and equity, addressing gender-based violence (GBV), and empowering women (Maruyama et al., 2023).

Likewise, Tanzania is a signatory of the African Charter on Human and Peoples Rights. The Charter emphasizes the importance of compliance with human rights. At the national level, the elimination of GBV and the promotion of gender equity and equality have been key components of key national development priorities. For instance, the Tanzania Development Vision 2025, the National Strategy for Growth and Development (2011-2025), the Gender and Development Policy of 2000, the National Strategy for Gender and Development (2002); the National Plan of Action

for the Prevention and Eradication of Violence against Women and Children 2001-2015 insists elimination of GBV and inequality between men and women in Tanzania. Moreover, enacting the law of the Child Act (2009) and The Penal Code (Cap 16) – which criminalize acts of domestic violence and abuse; The National Plan of Action to End Violence Against Women and Children (NPA-VAWC 2017 – 2022) – which outlines a multi-sectoral approach to preventing and responding to violence including IPV; The Sexual Offences Special Provision Act (SOSPA, 1998) – which provides legal remedies for gender based violence including physical abuse by intimate partners.

Despite the commitments and mechanisms adopted by the government in Tanzania to prevent GBV, findings show that women in Tanzania are not safe from IPPV. Indeed, they experience various forms of IPPV from their spouses (Magombola & Shimba, 2021). It is estimated that about 40% of women aged 15-49 years in Tanzania have experienced IPPV, while 17% have experienced sexual violence (Magombola & Shimba, 2021). Findings disclose further that about 44% of married women have been victims of IPPV from their partners. In rural areas, the rate of IPPV is 52%, while in urban areas, it is 45%.

Explicitly, it means that women in rural areas suffer more from IPPV than those in urban areas. This is likely because of traditional gender-biased beliefs which are more deeply rooted in rural areas than in urban ones (Magombola & Shimba, 2021). The IPPV has been the source of homicide, injuries, severe pain, partial or permanent disability, exacerbation of chronic illness, organ damage, divorce, family separation, increase of street children, poverty, and psychological disorders (Reeves,

2019). Therefore, there is a need to assess the effectiveness of IPPV prevention mechanisms, as they appear to be failing to meet the intended target at both the global and national levels. In doing so, the study will assess the effectiveness of IPPV prevention mechanisms and provide recommendations for areas that require improvement, thereby enabling the prevention mechanism to function effectively. Specifically, the study was conducted in the Handeni District, the Tanga Region.

1.3 Statement of the Problem

A world without gender-based violence, without intimate partner violence, possesses a peaceful life among women and, in turn, leads to economic participation and decision-making for both men and women, as well as the state of valuing different behaviors, aspirations, and needs equality (Tudor, 2023). Currently, violence against women has become a worldwide problem, especially in African countries where the rate of violence against women is higher than that of the world (Wendy, 2021). Women, like any other human being, deserve respect and should be accorded care, kindness, and consideration; these are absolute truths (World Bank Group, 2022).

If there were no violence against women in various parts of the world, including Tanzania, there would be no need to have agencies fighting against women's rights and no legal institutions for protecting women against any abuse or violence (Miller, 2019). Violence against women is a worldwide phenomenon and derives its roots from the time society started differentiating roles between women and men. Based on the nature of the roles, society began to perceive men's roles as being superior to those of women (Sampat et al., 2019). World Health Organization (WHO) estimates that one in three of all women are subject to intimate partner violence at some point

in their life (WHO, 2021). In Africa, the rate of Intimate Partner Violence and other categories of violence against women is 37% (Christopher et al., 2023).

Women in Tanzania experience violence throughout the life cycle from childhood to old age. According to the World Bank Group (2022) out of 54 African countries, Tanzania ranks in the top 12 highest prevalence countries and its regions that have high prevalence of intimate partner violence are Shinyanga 78%, Tabora 71%, Geita 67; Kigoma 61%, Kagera 63; Tanga 46%, Njombe 53%, Mwanza 60%, Mara 78%, Arusha 45%, and Manyara 46% (WBG, 2022). Tanzania Demographic and Health Survey (DHS 2020-2021) reveals that 40% of all women aged 15-49 years have experienced physical violence, while 17% have experienced sexual violence. Of women aged 15-49, 44% have experienced either physical or sexual violence by an intimate partner. Only 54% of women in Tanzania who experienced physical or sexual violence seek help (URT, 2022).

The consequence of intimate partner violence hurts both women and the government in general; on the side of women, the negative impact includes death, mental health, physical injuries, chronic pain, gastrointestinal and gynecological problems, depression, post-traumatic stress disorder (Campbell, 2016), while on the side of government, the negative impact is its people especial women remain economically poor, insecurity, denying women equal right, loss of women as the future generation. All this implies that violence against women continues to be a country epidemic. However, several attempts have been made to solve the problem, including implementing different international and national policies to prevent and eliminate gender-based violence, including IPPV, in the country, but the persistence of

violence against women in Tanzania is still high. In contrast, in the Tanga region, the rate is at 46%. Therefore, based on this, the study assessed the effectiveness of Intimate Partner Physical Violence prevention mechanisms among women in Tanzania, specifically in the Handeni District.

1.4 Research Objectives

1.4.1 General Objective of the Study

The general objective of the study is to assess the effectiveness of intimate partner physical violence prevention mechanisms (Staying quiet; Reduction in alcoholic use; and Trust) among women victims in Tanzania specifically at Handeni district.

1.4.2 Specific Objectives

- i. To assess the way staying quiet prevention mechanisms contribute to the prevention of IPPV in among women in Handeni district.
- ii. To examine the way reduction in alcohol use prevention mechanism helps in the reduction of IPPV in among women in Handeni district.
- iii. To state the way trust prevention mechanism helps in the prevention of IPPV in among women in Handeni district.

1.5 Research Questions

- i. What is the role of staying quiet as a prevention mechanism in addressing intimate partner physical violence in among women in Handeni district?
- ii. How does reduction in alcohol use prevention mechanism help in the reduction of intimate partner physical violence in among women in Handeni district?

- iii. What is the role of trust prevention mechanism in the prevention of intimate partner physical violence in among women in Handeni district?

1.6 Significance of the Study

Gender policymakers and planners will utilize the study's findings to develop effective gender policy strategies and mechanisms for preventing IPPV and mitigating its associated impacts. Although GBV policies exist in Tanzania, the persistence of IPPV indicates that the existing policies are ineffective in addressing GBV. Therefore, this study presents an opportunity for gender policymakers to develop viable policies addressing GBV, as well as legal and institutional frameworks to enhance gender equality and equity.

The study will add knowledge to the limited literature about the weaknesses of IPPV prevention mechanisms among women victims in Tanzania. Particularly on how women victims prevent IPPV and the challenges they face in preventing IPPV appear to be scarce and limited. Findings from this study will provide in-depth knowledge and contribute significantly to the current literature on strategies that women can adopt to prevent IPPV.

The findings of the study will serve as reference material and a guide for future researchers who wish to conduct the same research or any study related to intimate partner physical violence in different parts of the country where gender-based violence is exceptionally high. This means that other researchers will use the findings of this study to generate their studies. Furthermore, the conclusions of this study will guide other authors in their research in various areas beyond the Handeni

district.

1.7 Scope of the Study

This study was conducted in the Handeni district of the Tanga region. The study is limited to assessing the effectiveness of intimate partner physical violence prevention mechanisms (Staying quiet, Reduction in alcoholic use, and Trust) among female victims. Methodologically, the study is informed by interpretivism research philosophy. The study also employed a case study research design and a qualitative research approach. The study involved a sample size of approximately 30 participants who were involved in the entire data collection process.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter presents a review of literature related to the effectiveness of intimate partner physical violence prevention mechanisms among women victims in Tanzania. The review encompasses the definitions of key concepts pertinent to the study, including intimate partners, physical violence, and prevention mechanisms. Additionally, the chapter presents theoretical reviews of the study, a review of empirical studies, and the knowledge gap that justifies the need for the study.

2.2 Conceptualization of Key Terms

This section presents the definitions of key concepts used in this study. These definitions of concepts are derived from established literature that aligns with the primary focus of the study.

2.2.1 Intimate Partner

An intimate partner refers to a person with whom one has a close personal relationship characterized by emotional connection, regular contact, ongoing physical contact and/or sexual behavior, identification as a couple, and familiarity and knowledge about each other's lives (Todd, 2019). In this study, intimate partners refer to people, specifically male and female, who have very close social, physical, and emotional connections to the extent that they have sexual relations, such as spouses, boyfriends, and girlfriends.

2.2.2 Physical Violence

This consists of tangible force, which is usually applied by the perpetrator to control, intimidate, and dominate a partner (Krantz & Garcia-Moreno, 2005). This study defines physical violence as any physical behavior or action that is applied by the perpetrator to hurt, damage, or kill someone, such as beating, hitting, pushing, pulling hair, throwing objects, slapping, shooting with a gun, killing, cutting, or chopping someone with a knife.

2.2.3 Prevention Mechanism

Prevention mechanism refers to the actions taken to avoid or minimize the adverse effects of attacks before they occur; it includes measures like challenge-response, hidden issues, and restrictive access to protect against potential attacks (Byrd & Baldwin, (2020). Prevention mechanisms are a stream of actions that need to be stopped or taken according to standards. Previous standards and mechanisms can include security mechanisms, tools, or practices that deter or mitigate undesired actions or events. This study defines prevention mechanisms as a means used to minimize adverse effects on women facing intimate partner physical violence in Handeni District.

2.3 Theoretical Review

This section presents a theoretical review, which comprises the theory adopted in this study, specifically, social learning theory. The theory stemmed from the corresponding viewpoint, which provides a broad framework for understanding the effectiveness of intimate partner physical violence prevention mechanisms among women victims in Tanzania, specifically in the Handeni district.

2.3.1 The Social Learning Theory

This study adopts Albert Bandura's (1977) social learning theory. The theory suggests that social behaviors, such as IPPV prevention mechanisms, can be learned or acquired through observation, modeling, and imitation. According to Bandura (1977), social learning theory has four mediational processes that help to determine whether a new behavior is acquired. The first is attention, which refers to the degree to which we notice the behavior, which should initially capture our attention before it can be imitated.

The second process is retention, which refers to how a person can remember the behavior. Bandura (1997) posits that a person cannot perform any behavior if they do not remember it. The third process is reproduction. It refers to an ability to perform a specific behavior after observing it. It influences a person's decision about whether to attempt the behavior, which is sometimes limited by physical abilities. The last process is the motivation. This refers to reinforcement, which involves learning through observing the consequences of actions in others rather than through direct experience.

2.3.1.1 Relevance of the Social learning Theory to the Study

The present theory, as put forward by Bandura, shows clearly that women can learn mechanisms of preventing IPPV from their spouses, such as trust and reduction in alcoholic use. Women can learn various strategies adopted by other women to prevent IPPV through observation and imitation, thereby gaining trust in them. After learning, they can effectively apply to prevent violence from their male partners

(Cherry, 2023). Second, the theory is applicable in this study because, through observation and imitation, women can learn about the weaknesses of various IPPV prevention mechanisms, such as staying quiet, trust, and alcohol use reduction from adults or other women. If they observe that a specific IPPV prevention strategy does not work effectively elsewhere, they can transfer the weaknesses to their relationships, believing they cannot apply that mechanism (Kendra, 2023). As a result, they fail to prevent IPPV from their partners.

Finally, the theory is relevant to the challenges faced by women in preventing IPPV in the sense that, through observation and imitation, women may learn from other women who have encountered various challenges in preventing IPPV. Women may learn from their mothers and other adults who failed to compete with men due to various social, cultural, and economic factors. Therefore, with this theory, women may learn that IPPV is inevitable and unpreventable (Wendy, 2021).

2.3.2 The Ecological Framework Theory

Ecological Systems Theory (EST), also known as human ecology, is an ecological/system framework developed in 1979 by Urie Bronfenbrenner (Harkonen, 2007). The Ecological Framework Theory is a conceptual model that emphasizes the complex and dynamic interactions between individuals and their environments. It recognizes that human development and behavior are influenced by multiple interconnected systems, ranging from immediate surroundings to broader societal contexts. It proposes five nested environmental systems such as microsystem, mesosystem, exosystem, macrosystem, and chronosystem demonstrating that development is a complex interplay between a person and their immediate and

broader environments. *Microsystem*: The immediate environment where individuals have direct interactions, such as family, school, peer groups, and neighborhood.

Mesosystem:

The interconnections between microsystems, like the relationship between family and school or peer groups and community organizations. *Exosystem*: External environments that indirectly influence individuals, such as parents' workplaces, local government policies, or media. *Macrosystem*: Broader cultural, societal, and economic factors, including cultural values, laws, and societal norms. *Chronosystem*: The dimension of time, reflecting changes and transitions over the lifespan and historical context. This theory, underscores the importance of considering multiple levels of influence when studying human behavior and development, particularly in fields like psychology, education, and social work. It advocates for holistic approaches that address environmental factors to promote positive outcomes.

2.4 Empirical Literature Review

This section presents an empirical literature review, examining various studies and research related to this study and identifying gaps that this study aims to address.

2.4.1 The Way the "Reduction in Alcohol use" Prevention Mechanism helps in the Reduction of IPPV among Women

Cohen (2020) examined the root cause of IPPV and how to address it among women. A quantitative approach and survey research design were employed. The study found that addressing the root causes of IPPV, such as alcohol use, cultural norms, and referral to legal services, are some of the measures for preventing IPPV. Other

measures include prevention, which includes activities that prevent and minimize the impact on victims. It focuses on the short and long-term response to prevent further negative consequences of the violence to the victims. For this reason, it involves the victim's relief and rehabilitation activities, such as medical treatment, mental health services, social and moral support, counseling, and legal advocacy. Cohen, in his study, examined the root cause of intimate partner physical violence and how to address it; however, the current study will assess the effectiveness of intimate partner physical violence prevention mechanisms among women victims in Tanzania, specifically in the Handeni district. Additionally, the study by Cohen employed a quantitative approach, whereas the current study will adopt a qualitative approach and a case study design.

Jewkes (2020) conducted a study in South Africa on the causes and prevention of intimate partner violence. A quantitative approach and survey research design were used. The study revealed that IPPV towards women was caused by finances, jealousy of love for their partners, alcoholism, and male superiority complex. The study disclosed that violence against women in intimate relationships can be prevented through the empowerment of women economically, educationally, and socially. Findings suggested further that IPPV can be controlled by reducing norms of violence, poverty, and alcoholism, creating a climate of non-tolerance to IPPV, and reducing the use of violence as a strategy for resolving conflicts among partners. Jewkes focused on the causes and prevention of intimate partner violence in South Africa. However, the current study will focus on the effectiveness of IPPV prevention mechanisms in Tanzania.

Additionally, Jewkes adopted a quantitative approach and survey research design; however, the current study will employ a qualitative approach and a case study design. Kirk et al. (2019) from Australia researched the effectiveness of secondary and tertiary prevention for violence against women in low and low-middle-income countries. The study involved a review of peer-reviewed journal articles from March to June 2016, accessed through various databases, including Embase, CINAHL, WHO Global Index Medicus, Web of Science, Cochrane Library, and Applied Social Sciences Index. It also involved consulting experts in the field.

Only primary research was eligible for inclusion, and studies had to focus on secondary or tertiary prevention for survivors of violence against women in low or middle-income countries. Findings showed that there is some evidence that interventions targeting alcohol use, both among perpetrators and survivors, may be effective at reducing GBV through secondary prevention and that psychotherapy might be effective for survivors of non-partner sexual violence through tertiary prevention. It was concluded that although some interventions for survivors of GBV showed evidence of strengths, others did not. Therefore, further research is needed, especially high-quality studies with quantitative outcome data.

Shobe and Dienemann (2018) assessed Intimate Partner Violence prevention in the United States of America through an ecological approach. Findings revealed that despite IPPV being prevented by using effective parenting mechanisms, reducing alcohol use, good treatment of children in their early childhood, enhancing positive communication between partners, and eliminating social and cultural norms that support violence against women, all these mechanisms have failed to meet the

expected target of eliminating IPPV.

Diko (2023) examined self-defense and battered woman syndrome in South Africa. The study adopted a qualitative approach, and data were collected through documentary reviews. Findings indicated that victims of violence, including IPPV, tend to develop self-defense mechanisms to protect themselves from the perpetrators of the violence, especially their spouses. Self-defense involves strengthening an individual's ability and skills to prevent injuries and escape from violent situations.

Chebogut and Ngeno (2020) conducted a study on domestic violence in families in Kenya, and they observed that violence among partners in Kenya is a serious challenge and has a significant impact on individuals' stress, panic and depression, sleeping disorders, eating disorders, drug abuse, alcoholism, and low self-esteem. In addition to that, they observed that efforts to address domestic violence are hampered by cultural, social, economic, and ineffectively implemented legal and policy frameworks.

Hatcher (2019) investigated the courses of intimate partner violence (IPV) and the solutions to address it in Ghana, employing a quantitative approach. The study adopted a cross-sectional research design with a sample size of 134 respondents. The study found that the significant cause of IPV is the use of alcohol. Therefore, the study proposed a mechanism as a solution to the problem, such as emphasizing the need to reduce alcohol use among partners. Moreover referral to legal services should be considered to address the incidence of IPV in Ghana.

Starmann (2020) examined the effects of intimate partner violence in Taiwan and its related solutions using a qualitative approach, and a sample of 89 respondents was used. The study found that IPPV is prevented by using effective parenting mechanisms such as reducing the use of alcohol, handling children at their premature age, eliminating social and cultural norms that support violence against women, and improving positive communication among partners.

Velonis (2019) conducted a study in West Africa to assess the prevention of intimate partner violence in Mali, employing a mixed-methods approach with a sample of 167 respondents. The study found that intimate partner violence is caused by jealousy of love for their partners, alcoholism, and male superiority. The study suggested that violence against women in intimate relationships can be prevented through the empowerment of women socially, educationally, and economically, and IPPV can be controlled by reducing norms of violence, poverty, and alcoholism. Oludey (2019) assessed Intimate Partner Violence (IPV) prevention in Ghana using a qualitative approach. In his study, he considered the multiple levels of influence that contribute to both the occurrence of IPV and the effectiveness of prevention strategies. By using the ecological model, he provides a comprehensive framework that recognizes the interplay between individual, relational, community, and societal factors.

The findings suggest that while effective parenting mechanisms, reduced alcohol consumption, improved early childhood treatment, enhanced positive communication between partners, and the elimination of social and cultural norms supporting violence against women have been implemented, they have not succeeded in entirely eradicating Intimate Partner Physical Violence (IPPV). This

indicates that despite these efforts, there are likely deeper systemic issues and barriers that remain unaddressed.

2.4.2 The way "staying Quiet" Prevention Mechanisms contribute to the Prevention of IPPV among Women

Niolon et al. (2019) examine strategies for preventing IPV in the USA. A qualitative approach and document review method were employed to collect data. The findings of the study revealed several strategies for preventing IPV, such as staying quiet, educating victims on the importance of safe and healthy relationship skills, and engaging influential adults and peers in the campaign against IPV. Other findings included disrupting the developmental pathways toward partner violence, creating protective environments for victims, strengthening economic support for families, and supporting survivors to increase safety and lessen impacts.

Nkya (2020) examined the challenges of addressing gender-based violence (GBV) in the Arusha District, Tanzania. The study employed both a quantitative approach and a descriptive research design. Data was obtained through questionnaire methods from 100 respondents. Findings revealed that traditional beliefs and practices, low levels of education, poverty, marriage breakdown, and fear of revenge were the determinants of GBV among partners. Regarding the strategies for addressing GBV, the findings indicated that education should be provided to society members to raise voices against violence in families, communities, and nations; continue keeping quiet, Moreover, building capacity for different actors involved in addressing GBV; formulating effective legal frameworks and ensuring effective compliance; and empowering women to participate in politics a platform where they raise their voice

against gender-based violence. Kodise et al. (2022) examined the role of the community in preventing gender-based violence and femicide in the Northern Cape province of South Africa.

The study adopted qualitative research methods. Data were obtained through a focused group discussion with seventeen participants. Findings indicated that the role of the community in preventing GBV was minimal due to deep-rooted social, cultural, and economic practices that undermine women in society. The study recommends massive and active community sensitization about GBV. It also recommends that during conflicts, people should remain quiet. Additionally, the need for economic empowerment among women is recognized as one of the determinants of IPPV, given the economic dependency of women.

Koris et al. (2022) conducted a study in Nigeria on the opportunities and challenges in preventing violence against adolescent girls through gender transformative, whole-family support programming in Northeast Nigeria. Based on the qualitative approach, the study obtained data through in-depth interviews and focus group discussions. The purposive sampling procedures were used to select 98 participants. Findings showed a decreased tolerance for and perpetration of violence against girls at the household level and endorsed their right to protection from violence at the community level. However, alongside these self-reported changes in attitude and behavior, aspects of normative, patriarchal norms governing the treatment of adolescent girls were still maintained. This implies that some of the strategies adopted to prevent GBV had some weaknesses.

Quiroga, Rodríguez, and Terrón-Caro (2023) analyzed the risk factors of GBV and the resilience strategies employed by women in Lamu, Kenya. Data was collected through in-depth interviews and analyzed thematically. The findings indicated there is a close relationship between the lack of female participation and the barriers that still exist in GBV administration that silence and re-victimize Indigenous women. The study emphasized the importance of rejecting the passive image of women and incorporating the resilience strategies they have developed in education and work plans.

Ellsberg (2019) studied setbacks and opportunities in preventing violence against women in Guinea aided by a Quantitative approach. Purposive sampling procedures were used to select 136 participants. Findings show a decrease in tolerance for and perpetration of violence against women and permitted their right to defense from violence at the community level. Besides these self-reported changes in attitude and behavior, aspects of traditional masculine norms continue to influence the conduct of women.

Samati (2021) in Malawi on GBV, including IPPV in schools, revealed several causes of violence. The most dominant causes of violence were the lack of parental guidance among the perpetrators of the violence, peer pressure, desire for revenge, poverty, and mode of dressing among women. Prevention: The study indicated that GBV can be prevented through sensitizing women about GBV, mobilizing communities to eradicate GBV, orienting victims to report cases and events of GBV, as well as training victims on how to manage gender-based violence.

Gibbs (2020) studied the role of women NGOs in preventing intimate partner violence in South Africa. A qualitative approach was adopted in the study, and a sample of 92 respondents was involved. The study finding shows that the role of women in preventing IPV was trifling due to deeply entrenched social, cultural, and economic practices that undermine women in society. However, women in the respective society were encouraged to stay quiet once there was an element of violence against their partners. Moreover, to avoid continuous IPV, women should be empowered and let them be busy with work and avoid remaining with nothing to do; doing so will let their partner respect them, and it will reduce the rate of violence against women.

Spear (2019) assessed teachers' perceptions of staying quiet among partners and their responses to GBV, including IPPV, in schools in Burkina Faso. The study adopted an exploratory research design to guide the researchers in data collection and analysis. Data was collected from 129 participants through questionnaires and were subjected to descriptive statistical analysis. The findings indicated that teachers perceived themselves as change agents of GBV in schools. However, they faced several tests, such as a lack of knowledge about gender-related issues due to limited training, reporting gender violence events was unsafe to them due to deep-rooted societal and cultural practices, and the dominance of the male patriarchal system.

In Tanzania, Rugimbana (2019) examined the factors contributing to physical gender-based violence (GBV) among married women and potential solutions in the Arumeru District, Arusha Region, Tanzania. The study adopted a mixed research approach. Both questionnaires and interviews were employed to generate data from

participants. Simple random and purposive sampling techniques were used to select 2,484 participants for the study. The data was analyzed descriptively and thematically. The study found that 71% of the participants responded that alcohol consumption affected men and led to physical violence; he further found that staying quiet among partners during any conflict is the best solution to solve violence among partners.

2.4.3 The way the "Trust" Prevention Mechanism helps in the Prevention of IPPV among Women

Davies & Rock (2023) conducted a study in Australia, indicating and suggesting various ways to prevent IPPV. The study employed a quantitative approach, utilizing a survey research design. They found that IPPV and GBV prevention, in general, involves three levels. The first level is the primary prevention. This level focuses on taking action to prevent IPPV before it occurs. It involves activities that change attitudes towards violence, such as anti-violence campaigns and women's empowerment, and increase trust among each other.

The second level is the secondary prevention. It refers to post-violence activities that aim to prevent the re-occurrence of IPPV. Thus, it is based on the recognition that violence has occurred. Therefore, it is necessary to put adequate mechanisms to prevent it from recurring. Davies & Rock conducted the study in Australia, but the current study will be conducted in Tanzania. Moreover, the study adopted a quantitative approach and survey research design; however, the current study employed a qualitative approach and case study design.

Freeman, Glass, and Doocy (2019) evaluated intervention programs and strategies for GBV prevention in refugee populations across various developed and developing countries. The programs evaluated were those introduced between 2006 and 2015. The study involved a review of the literature on the effectiveness of strategies for the primary prevention of GBV among refugee populations. The study involved narrative content analysis methods to extract findings related to prevention activities/programs recommended by the global humanitarian community, such as socio-cultural norms change, rebuilding family trust and community support structures, improving accountability systems, designing effective services and facilities, working with formal and traditional legal systems, monitoring and documenting GBV, and/or engaging men and boys in GBV prevention and response.

Findings indicate that a range of gender-based prevention activities recommended by the global humanitarian community was being applied in various settings. However, there was limited evidence on the effectiveness of those prevention programs, interventions, and strategies, especially among refugee populations. Arango et al. (2021) conducted a systematic review of interventions aimed at preventing and reducing violence against women in both developed and developing countries. The findings showed that most intervention programs, such as psychological fostering, had promising results in developed countries rather than developing countries. The reviewed interventions demonstrated that preventing GBV, including IPPV, is possible and can achieve a significant impact.

The interventions with the most positive results used multiple, well-integrated approaches and engaged with multiple stakeholders over time. This means that

approaches that did not involve multiple stakeholders had weak or negative results. The study by Arango conducted a systematic review of interventions to reduce violence against women; however, the current study will assess the effectiveness of intimate partner physical violence prevention mechanisms among women victims in Tanzania, specifically in the Handeni district. Kazeri, Mbunda, and Mhango (2024) examined the contribution of the Tanzania Police Gender and Children Desk (TPGCD) to the reduction of GBV in Meru District, Tanzania. The study employed a quantitative approach and a cross-sectional survey design. Data was collected from 120 participants through questionnaires and interviews.

Results showed that the majority (65%) of the participants believed that the TPGCD was a highly effective approach to reducing and preventing GBV, including IPPV. The study disclosed further that places that had the TPGCD experienced a reduction in gender-based violence because of the trust created for them. The study recommended that the government establish the TPGCD in every ward to extend the service closer to the community. The study by Kazeri, Mbunda, and Mhango adopted a cross-sectional survey design, and data were collected using questionnaires and interviews. The current study adopted a qualitative approach and case study design.

Zhao, et al., (2022) from China conducted a systematic review of the risk factors associated with Intimate Partner Violence against Chinese Women. Findings disclosed several risky factors such as the partner's low education and income, unhealthy habits (gambling) among partners, poor health, and the partner's childhood abuse, multiple children, and husband dominance. The study recommended

strategies for preventing IPPV, such as women's empowerment educationally, economically, and health-wise, as well as strengthening social and legal support to the victims of IPPV.

Walker (2020) examined different ways of preventing intimate partner physical violence. The study adopted a quantitative approach, utilizing a survey design and a sample of 113 respondents. The study found that intimate partner physical violence prevention needs various categories, including primary prevention, increasing trust among each other, taking actions of prevention before its occurrence, and changing attitudes towards violence. Therefore, it is essential to implement sufficient mechanisms to prevent it from recurring. The study by Walker examined different ways of preventing intimate partner physical violence. However, the current study will assess the effectiveness of intimate partner physical violence prevention mechanisms among women victims in Tanzania, specifically in the Handeni District. Moreover, the study by Walker adopted a quantitative approach and a survey research design, but the current study adopted a qualitative approach and a case study design.

Nyoni, et al., (2022) conducted a systematic review of the use and effectiveness of the whole-school approach in school-based interventions aimed at preventing GBV in Sub-Saharan Africa. A cross-sectional research design was adopted. The study findings indicated that whole school-based interventions were not effective enough to address GBV, particularly violence against women. Conversely, there were significant differences in effectiveness between studies rated high and those rated low. Results indicated that school-based GBV interventions cannot be an effective

and sustainable strategy for addressing GBV in and around schools.

Janssen and Kokkeler (2023) conducted a systematic review of ethical approaches and opportunities for addressing domestic violence, including IPPV, in the Netherlands. The results indicated that the best way to address IPPV is through maintaining trust. Trust stands as a fundamental component of intimate relationships, serving as the foundation for emotional safety, connection, and mutual respect. Also, there is a need for improvement in societal values, power relations, social norms, unemployment, lower educational levels among victims and perpetrators of violence, family dynamics and history, drug and alcohol abuse, and ease of acquiring arms/weapons. These factors halt communities' efforts toward addressing domestic violence among partners in the Netherlands.

Velonis (2019) explores the measures to reduce and prevent violence against women in Angola using a qualitative approach. He found that prevention programs, including psychological support and fostering trust, yielded promising results in the study area. He further adds that prevention of intimate partner physical violence is possible and can have a significant impact on the community. This implies that tactics that did not include numerous engagement strategies had weak results.

Mahajan (2019) conducted a review of intercessions to reduce violence against women in Nigeria. The findings suggest that intervention programs, such as psychological support, fostering trust among individuals, and establishing robust legal and policy frameworks, tend to yield more favorable outcomes in Nigeria than in other countries. This disparity stems from various factors, including differences in

resource allocation, existing infrastructure, cultural contexts, and the level of societal engagement in the country. Mahajan conducted a review on the way to reduce violence against women; however, the current study is going to assess the effectiveness of intimate partner physical violence prevention mechanisms among women victims in the Handeni District.

2.5 Research Gap

The study has reviewed various literature related to the study topic. From the literature reviewed and related studies, it is evident that different authors speak on the issue of violence against women. For instance, studies put forward by Jewkes (2020) disclosed that in South Africa, violence against women in intimate relationships can be prevented through the empowerment of women economically, educationally, and socially. Nilon et al. (2019) the study revealed several strategies for preventing IPV in the USA, such as educating victims on the importance of safe and healthy relationship skills and engaging influential adults and peers in the campaign against IPV.

Samati (2021) argues that the most dominant causes of violence are the lack of parental guidance among the perpetrators of the violence, peer pressure, desire for revenge, poverty, and the mode of dressing among women. Kirk et al. (2019) showed that there is some evidence that interventions targeting alcohol use, both among perpetrators and survivors, may be effective at reducing IPV. Therefore, if you concentrate on the reviewed literature, you will realize that nothing has been done on the side of the effectiveness of intimate partner physical violence (IPPV) prevention mechanisms among women victims.

Moreover, taking into account the number of empirical investigations conducted in Tanzania about violence against women, it is evident that there are very few studies on intimate partner physical violence (IPPV); most scholars in the field have been relatively silent on this subject specifically in Tanga region (Handeni District), hence limit the overall understanding on intimate partner physical violence on women. So, if this is the case, this study will be a modest attempt to fill this knowledge gap by conducting a research study aiming to assess the effectiveness of intimate partner physical violence (IPPV) prevention mechanisms among women victims in Tanzania, specifically in the Handeni District.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

This chapter presents the methodological procedures which were employed in the study. The chapter covers the research philosophy, research design, approach, geographical study area, research population, sampling procedures, sample size, and selection criteria, as well as the sources of secondary and primary data. In addition, the chapter presents the trustworthiness of the data, data analysis, and presentation procedures, as well as ethical considerations.

3.2 Research Philosophy

Philosophically, the study is informed by interpretivism philosophy. The interpretive research philosophy enabled the researcher to obtain answers to the research questions "What" and "How," which dominated the study (Yin, 2018). Ontologically, the researcher viewed reality regarding the effectiveness of IPPV prevention mechanisms as a product of social constructions and interpretations. Furthermore, the researcher assumed that there are multiple realities regarding the effectiveness of the IPPV prevention mechanism. As the interpretive research philosophy generates context-based data, which may limit conclusions, the researcher employed multiple sources of data collection to develop a thick description of the effectiveness of IPPV prevention mechanisms, thereby strengthening the findings and conclusions.

3.3 Research Design

The study adopted a case study research design. With this design, a researcher

employed various sources of data to collect different perspectives on the mechanisms adopted by women victims to prevent intimate partner violence (IPV) (Creswell & Creswell, 2018). The researcher collected data based on the questions "what" and "how" (Yin, 2018). Using a descriptive case study, the researcher generated descriptive data that led to the development of an in-depth description of the effectiveness of IPPV prevention mechanisms among women. Additionally, through this process, a researcher was able to obtain a clear picture of the participants' views, experiences, thoughts, and feelings, resulting in an in-depth understanding of the effectiveness of IPPV prevention mechanisms among women.

3.4 Research Approach

This study employed a qualitative research approach. Through a qualitative approach, the researcher employed interactive methods to collect in-depth qualitative data on the effectiveness of IPPV prevention mechanisms among women in Tanzania (Creswell & Creswell, 2018). Qualitative data collected from various sources enabled the researcher to provide a comprehensive description of the effectiveness of IPPV prevention mechanisms among women in Tanzania. Through the qualitative approach, the researcher interacted socially with participants in their natural settings to get their answers to questions related to the effectiveness of the IPPV prevention mechanisms among women.

The researcher generated sufficient data, which will result in an in-depth understanding of the effectiveness of the IPPV prevention mechanism among women in Tanzania (Neuman, 2014). Moreover, the use of the qualitative approach enabled the researcher to employ thematic data analysis procedures to develop an in-

depth narrative of the effectiveness of IPPV prevention mechanisms among women (Creswell & Creswell, 2018).

3.5 Description of the Study Area

This study was conducted in the Handeni district of the Tanga region. Handeni district is one of the eight (8) districts of the Tanga region. Other districts include Tanga, Mkinga, Korogwe, Lushoto, Pangani, Kilindi, and Muheza. Handeni district has an area of 7,080 square kilometers and is located within latitudes 40 and 60 South and longitudes 37 and 38 East (the United Republic of Tanzania '(URT), 2022). The reason behind the selection of this study area is that, for about five consecutive years up to 2022, the incidence of gender-based violence, particularly intimate partner violence, has been increasing yearly in Handeni District, as currently, the rate of GBV against women is about (38%) in the regions (URT, 2022). Therefore, it is the most suitable area for obtaining important information about the effectiveness of IPPV prevention mechanisms among women. This is because it has an adequate number of IPPV women victims who can provide data for the study.

3.6 Study Population

Handeni District has a total population of approximately 108,968 people, comprising 55,882 females (51.3%) and 53,086 males (48.7%) (URT, 2022). Handeni district, for five years consecutively, has reported a total number of 3879 women who have experienced gender-based violence (URT, 2023). However, the study cannot involve all people in the districts. Therefore, the study targeted adult women aged between 18 years and above, specifically those who have been victims of IPPV. This category

of population is most suitable for the study, as it contains data related to the effectiveness of IPPV prevention mechanisms among women.

3.7 Sampling Procedures

These are the procedures involved in the entire process of selecting a representative sample size used in a study, which serves as a representative sample. It is the basis of the data where the sample space is enormous. On the other hand, the sampling procedure is the process of studying the population by gathering information and analyzing that data.

3.7.1 Purposive Probability Sampling

The study adopted this technique so as to solicit data from the respondents. It was used to select participants from the study area. With this method, each respondent in a selected study area has an equal chance of being included in the sample; consequently, each possible sample also has an equal chance of being selected. Therefore, with this sampling technique, the researcher selected women who have experienced IPPV in their lives. Those women are believed to possess in-depth knowledge and understanding of the mechanisms for preventing IPPV, the effectiveness of these mechanisms, and the challenges they face in preventing IPPV (Cohen, Manion, & Morrison, 2018).

3.7.2 Sampling Size

Sample size determination is the process of selecting the number of participants to include in a statistical sample. Obtaining a sample size is crucial because it is a key feature of any study aimed at making inferences about a population from a given

sample (Rijnsoever, 2017). According to Kindsiko & Poltimäe (2019), Lichtman (2010), Malterud et al. (2015), and Rijnsoever (2017), there are no general numerical directions in qualitative research, nor are there clear rules or methods guiding researchers on how to obtain an appropriately sized sample. However, most researchers use the concept of "saturation," a concept borrowed from grounded theory, to assess whether the sample size is proper or not (Malterud et al., 2015).

According to this principle, a sample is of proper size if it is large enough to answer the research's questions and achieve the study's purpose. Saturation is achieved when any further data collection would not result in the identification of a new theoretical category that would be useful for understanding and explaining the analyzed occurrence. According to Clarke and Braun (2013), Fugard and Potts (2017), and Guest, Bunce, and Johnson (2012), qualitative studies require a sample size of at least 12 and no more than 30 to achieve data saturation. Therefore, based on this, the study used a sample size of approximately 30 respondents.

3.8 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria determine which participants from the target population are eligible to participate in a research study (Kassian, 2022). Collectively, they are known as eligibility criteria, and establishing them is critical when seeking study participants or respondents (Kassian, 2022). This allows a researcher to study the needs of a relatively homogeneous group like women facing intimate partner physical violence (IPPV); thus, instead of focusing on all kinds of women in the Handeni district, the study focused only on women facing IPPV in the Handeni district and the remaining women who have not yet face IPPV were

excluded in this study. Women under 18 years of age were excluded from the study regardless of whether they had faced GBV or not.

3.9 Source and Type of Data

3.9.1 Secondary Data Source

Secondary data are information that already exists. It is other people or organizations that collect it for different purposes. It is usually readily available, although special permission may sometimes be needed to access it.

3.9.2 Primary Data Source

Face-to-face interviews were conducted; in this case, the researcher prepared open-ended questions to which participants were asked and required to respond (Cohen et al., 2018). Questions were preferred because they enabled a researcher to ask all participants similar questions about the IPPV prevention mechanisms among women.

3.10 Data Collection Method

This is a methodological process of gathering information about a specific subject or a given study area. It is crucial to ensure that your data is complete during the collection phase and that it is collected in a manner that is both legal and ethical.

3.10.1 Interview Guide

An interview guide typically consists of a set of prepared questions and topics to be covered during a conversation. It involves presenting oral-verbal stimuli and replies responding in terms of oral-verbal responses. This method can be used through personal interviews and, if possible, through telephone interviews (Kothari, 2004).

Regarding this study, personal interviews were conducted, during which the researcher expected to collect data. The personal method involved a review method where one conversation was conducted to gather information among women in the district. In a district-wide interview, it takes about 30 to 60 minutes to interview one participant. Also, fourteen (14) key informants were involved in the process of data collection; this included the District Community Development Officer, four (4) Ward Executive Officers, Six (6) Village Executive Officers, Police Gender and Children Desk Officer, and two (2) Religious Leaders. The aim of using interviews is that they offer ample time for in-depth probing of the information needed for the study.

3.10.2 Focus Group Discussion

A focus group discussion (FDG) is a qualitative research method used to gather feedback, insights, and opinions from a group of participants on specific topics or issues. In this study, a focus group discussion was conducted to explore the perceptions, ideas, and attitudes of women in the Handeni district regarding IPPV to gain insights into their preferences for IPPV. During the focus group discussion (FGD) in the study area, a group of six women participated, sharing a common understanding of the research topic. As the primary facilitator of the group, with a set of predetermined questions and topics to guide the discussion, it took about 60 minutes to lead the discussion, keep the conversation focused, and ensure everyone had the opportunity to share their thoughts.

3.11 Qualitative Data Rigor

These are a concept that reflects the quality of the process used in capturing,

managing, and analyzing data. Rigor helps to establish standards through which qualitative research is critiqued and judged, both by the scientific community and by the practitioner community.

3.11.1 Dependability

To ensure consistency in the research instruments generating research data, the researcher uses triangulated research methods and instruments for data generation, such as interviews, FGD, and documentary review guides (Denscombe, 2018). Triangulation of the research instruments will enable the researcher to generate information that can be compared and contrasted. Similarly, it increases the consistency of the research instruments and ensures that data collected from the research field are relevant to the research questions. Second, the interviews, FGDs, and documentary review guides were presented to peers and the research supervisor for review on multiple occasions. Their constructive inputs helped the researcher improve the research instruments and ensure consistent collection of research data.

3.11.2 Trustworthiness

Ensuring trustworthiness is crucial in establishing the credibility and reliability of qualitative findings. These are the key criteria that the study used to ensure the quality of qualitative research; this includes credibility, which was achieved through extended involvement, persistent observation, and triangulation; transferability, which was also achieved through comprehensive and detailed explanations; dependability was achieved through rigorous documentation and the creation of an audit trail; and confirmability, that was achieved through peer debriefing, member checking, and reflexive journaling (Sirwan, 2023). Establishing reliability in

qualitative research is crucial for influencing future research paths and advancing cumulative knowledge. Trustworthy qualitative research findings are also crucial for informing policy decisions and enhancing the delivery of services across various fields.

3.11.3 Credibility

Credibility: To ensure the credibility of the data and findings, the researcher employs triangulation of data collection methods, including interviews, focus group discussions (focus group discussions (FGDs)), and documentary reviews. This helped the researcher to collect sufficient information from diverse research methods and instruments for each research question. Triangulation enabled the researcher to compare and contrast the accuracy of the data obtained. This helped to eliminate the bias of the findings (Creswell & Creswell, 2018). Second, the research instruments, especially the interview guides and FGD guides, were translated into simple Swahili language for easy comprehension and response by the participants.

3.11.4 Confirmability

The confirmability of qualitative data was ensured by checking and rechecking the data throughout the data collection and analysis process to ensure that the results would be likely to be repeatable by others. This can be documented by an explicit coding schema that identifies codes and patterns identified in analyses. Moreover, data audits prior to analysis can also ensure dependability.

3.11.5 Transferability

The transferability of findings to similar settings and contexts was enhanced by

developing a thorough description of the research methodologies, providing the reader with sufficient information on how the findings were obtained and how quality was assured during data generation, presentation, and analysis (Myers, 2000). Additionally, during the report-writing stage, the researcher developed an in-depth description of the findings based on the information obtained from the field (Yin, 2018). Moreover, the researcher presented the participants' voices in narrative format, incorporating direct quotations for every central theme and its sub-themes to enable readers to understand the IPPV prevention mechanisms among women in Tanzania (Yin, 2018).

3.12 Data Analysis and Presentation

Data analysis is the process of inspecting, cleansing, transforming, and modeling data to extract useful information, inform conclusions, and support decision-making.

3.12.1 Data Analysis

This study employed a thematic data analysis approach to analyze qualitative data obtained through interviews. Based on the thematic analysis model, qualitative data analysis for this study involved the following stages. First, the researcher familiarization with the data by listening to the audio records, transcribing, reading, and re-reading the data while noting down initial ideas; second, data will coded so as to determine emerging themes; third, searching for themes; forth, reviewing the themes emerging from the data; fifth, defining and naming the themes. However, since the collected data have been coded, the application of a software known as the Statistical Package for the Social Sciences (SPSS) was used.

3.12.2 Data Presentation

Finally, the data were presented in the form of figures and tables. Moreover, the presentation of findings was based on the themes and sub-themes. The presentation was delivered narratively, utilizing vivid evidence from direct quotations to support its points.

3.13 Ethical Consideration

Ethical considerations in research are a set of principles that guide research designs and practices. These principles include voluntary participation, informed consent, anonymity, confidentiality, potential for harm, and communication of results.

3.13.1 University Clearance

The researcher obtained permission to conduct the study at Handeni district. Additionally, the researcher received a letter from the Open University of Tanzania to the Handeni district, which identifies the researcher by name and specifies the period during which the study will be undertaken. The letter was aimed at seeking permission from the respective area where the study was conducted, namely Handeni District.

3.13.2 Confidentiality and Anonymity

Anonymity refers to a situation where a researcher is not unaware of the identities of the participants. At the same time, confidentiality involves a researcher knowing the identities of the participants but removing identifying information from the research report. Anonymity and confidentiality are primarily applied to case study research and are closely linked while maintaining distinct differences (Holf, 2021). In this

study, the practices of anonymity and confidentiality were employed to protect the privacy of human subjects participating in the study, from the collection and analysis of data associated with the participants to the reporting of results. Retaining accuracy and integrity is crucial in collecting data for research purposes.

3.13.3 Consent

Consent occurs when one person voluntarily agrees to the proposal or desires of another. It is a term of everyday speech, with specific definitions used in fields such as law, research, and sexual consent (Barnett, 2021). By obtaining consent and appreciation for conducting the research, the researcher ensured adherence to research ethics, including confidentiality and anonymity. The researcher obtained informed consent from the participants in both oral and written forms before they participated in the study.

3.13.4 Voluntary Participation

Ethical considerations in research are a set of principles that guide your research designs and practices (Pritha, 2021). During data collection, the researchers were meticulous in their interactions with all respondents, using a careful choice of words when addressing issues related to them. The researcher does this to ensure the study adheres to human rights, national policies, and morals common in the study area. There was no physical or psychological harm to participants simply because the study was non-experimental.

3.13.4 Do not Harm Principle

The do-no-harm approach entails understanding the impact of aid on existing conflicts and their interactions within a specific context to minimize or prevent

unintended negative consequences (Bhandari, 2023). Therefore, to ensure that our actions during data collection do not inadvertently exacerbate conflict, a thorough analysis and understanding of the context in which we work were carefully considered, following the 'do no harm' principle.

CHAPTER FOUR

FINDINGS, PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Chapter Overview

This chapter presents findings and discussion. The study intended to assess the effectiveness of intimate partner physical violence prevention mechanisms (Staying quiet, Reduction in alcoholic use, and Trust) among women victims in Tanzania, specifically in the Handeni district. The study employs a case study design, and data were collected through qualitative methods, enabling a comprehensive understanding of the phenomenon in question.

Moreover, the study was guided by three specific objectives, which are to determine the way staying quiet prevention mechanisms contribute to the prevention of IPPV among women in Handeni district, to examine the way reduction in alcohol use prevention mechanisms helps in the decrease of IPPV in among women in Handeni district; and to explore the way trust prevention mechanism helps in the prevention of IPPV in among women in Handeni district.

4.2 Respondents Rate

Response rate allows researchers to understand how effective they were at reaching their intended sample from the pool of eligible candidates (Ehrmann, 2014). The detailed description and explanation of the sampling strategy that resulted in this response rate provide a more critical assessment of the study's validity than the response rate alone. However, the study targeted 30 respondents in the study area. During data collection through the interview method, the researcher was very keen on asking questions to the selected respondents, and all the targeted respondents

were met. Hence, there was a 100% respondent rate. According to Richardson (2015), response rates of 60% or above are generally considered acceptable in social research. This threshold reflects a balance between achieving sufficient representation of the target population while minimizing the risk of non-response bias. A higher response rate increases the reliability and validity of the findings, as it ensures a more representative sample, which in turn leads to more generalizable conclusions. In contrast, low response rates can introduce non-response bias if the characteristics of those who do not respond differ significantly from those who do. Thus, this study relies on the appropriate and reasonable response rate.

4.3 Demographic Characteristics of Participant

Participant characteristics play a crucial role in social science research as they can significantly influence the findings and interpretations of the study. In this research, key factors include age, marital status, and educational background. These variables can shape perceptions, attitudes, and behaviors, providing essential context to the responses given. The sample size of 30 participants provides a substantial basis for analysis, enabling a more robust understanding of the phenomenon under investigation. This number strikes a balance, providing sufficient diversity and representation to draw meaningful conclusions while remaining manageable for analysis.

According to Taherdoost (2021), the inclusion of diverse respondent characteristics allows researchers to explore potential differences in responses based on demographic and situational factors, thereby enhancing the richness of the data

collected. Thus, understanding how these characteristics relate to the research problem can lead to deeper insights, enabling more effective addressing of the research questions. Overall, by considering these respondent characteristics, the study aims to provide a comprehensive picture of the issue at hand, facilitating nuanced interpretations of the collected data and contributing to the broader field of knowledge within social science research.

Data gathered from the study area, as presented in Table 4.1, shows that out of 30 participants, 14(46.7%) were married, 6(20%) were single, 2(6.7%) were widows, and 8(26.7%) were divorced/separated. As from the study area, this group of women's marital status was reported to experience IPV, often due to relationship dynamics, power imbalances or economic dependence, societal pressures, and stigma about divorce that can keep them in abusive relationships. These findings are in line with that of Amato (2020); survivors of IPV experience stigmatization, which can affect their social relationships and support networks. Isolation can further entrench their situation, making it harder to leave an abusive relationship and affecting their ability to rebuild or establish new relationships, hence remain single, and some of them divorce or become separated. Separation or Divorce: Victims of IPV often find that persistent abuse leads to separation or divorce.

The fear and trauma associated with IPV make continuing the relationship untenable, prompting victims to seek safety and support outside the marriage. Therefore, the high percentage of separated respondents underscores the need for community and policy interventions to address the particular needs of these families, as they are likely more vulnerable to the social, economic, and psychological impacts resulting

from IPPV.

The study also gathered participant age groups; this is a significant demographic factor in studies related to intimate partner violence (IPV) because age can influence the prevalence, nature, and context of IPV experiences. As presented in Table 4.1, participants aged 18 to 30 years accounted for approximately 7 (23.3%). This age group is more vulnerable to IPV due to a variety of factors, including inexperience in relationships, socio-economic challenges, and peer pressure. This aligns with Nilon's (2019) findings. The young adult age group commonly develops unhealthy relationships and normalizes violence, impacting their future partnerships; this age group often experiences heightened levels of depression, anxiety, and post-traumatic stress disorder (PTSD) as a result of IPV.

Moreover, those ranging between 31 – 40 years were 12(40%); this age group experiences IPV because of factors related to long-term relationships or marriage, children, economic dependence, or fear of instability that may complicate their situations and choices. The group ranging from 41 to 50 years is 8 (26.7%), whereas those 51 years and above are 3 (10%). This age group faces IPV because of factors such as emotional or financial abuse, often within long-term relationships, isolation, health issues, and dependence on a partner, which can exacerbate the situation for older victims.

IPV affects individuals of any age; younger adults tend to be at greater risk, and understanding these age dynamics is essential for designing effective prevention and intervention programs. Accurate and sensitive data collection regarding age and IPV

is crucial for addressing the needs of different age groups within the context of violence. According to Crosnoe and Cavanagh (2020), the effects of IPV are complex and can have lasting consequences on individuals and their families, regardless of age. Understanding the specific impact of IPV on different age groups informs prevention efforts and provides targeted support to those affected. Therefore, addressing IPV requires a multidisciplinary approach involving education, advocacy, and accessible resources to help individuals across all age groups heal and recover from their experiences.

In this study, the educational aspect is considered a crucial characteristic that influences participants' attitudes and understanding of a particular fact. The level of education significantly influences the dynamics and prevalence of intimate partner violence (IPV) in the respective community or society. According to Fincham (2019), understanding the level of education is a critical factor in understanding the landscape of intimate partner violence; it is essential to consider it alongside other social, economic, and cultural dimensions to develop effective prevention and intervention strategies. Educating individuals about healthy relationships, resources, and rights is crucial in addressing IPV across different educational backgrounds.

Therefore, concerning this, the study aims to understand the educational background of participants interviewed in the study area. As presented in Table 4.1, findings on the academic aspect show that the majority of respondents, 14(46.7%), had a secondary school level of education, 7(23.3%) had a primary level of education, 5(16.7%) are holding Diploma level of education, 3(10%) have Degree level of education and 1(3.3%) holding Certificate level of education.

Table 4.1: Participant Characteristics

Variables		Frequency (N = 30)	Percent (%)
Marital Status	Married	14	46.7
	Single	6	20.0
	Widow	2	6.7
	Divorced or Separated	8	26.7
Participant Age	18 – 30 years	7	23.3
	31 – 40 years	12	40.0
	41 – 50 years	8	26.7
	51 years and above	3	10.0
Education Level	Primary School	7	23.3
	Secondary School	14	46.7
	Certificate	1	3.3
	Diploma	5	16.7
	Degree	3	10.0

Source: Field Data, 2024

4.4 The Way Staying Quiet Prevention Mechanisms contribute to the Prevention of IPPV among Women in Handeni District

In the Handeni district, staying quiet as a prevention mechanism for women highlights the importance of tailored support for women who have experienced or are at risk of intimate partner physical violence. By working with a social worker and public officers in the district, women managed to explore their unique situations and identify specific triggers or antecedents that lead to violent episodes. The study realizes that by continually adapting this mechanism and encouraging women to take ownership of their strategies, public officers help women build resilience and confidence in managing their circumstances. It was quoted from one woman that.

"In order for them to increase safety with their partners and avoid facing intimate partner physical violence they use to stay quiet and even walk away, this stand as a predominant mechanism for them to increase their safety." [Interview/Handeni/2025]

Some women described that,

We used to stay quiet because by doing so, her partner would realize that he was talking to her, as there was no one to respond to him. Another woman described the effect of "staying quiet" as giving "time to another person to evaluate what is going on, and they might just end up finding out that they are the ones who were wrong; this signifies that the "staying quiet" mechanism allowed women at Handeni district to disengage from conflict. [FGD/Handeni/2025]

These findings are in line with that of Starmann et al. (2019) put forward that walking away and staying quiet is described as having broader utility in managing anger by women and men in society; moreover, Velonis (2020) staying quiet among partners, stand as a best IPV prevention mechanism for them to remain without violence. Thus, "staying quiet" among women in the Handeni district is described not only as a preventive mechanism but, when used skillfully, as a means of controlling anger and other emotions to interrupt inter-couple dynamics that heighten conflict. One of the women who participated in this study said,

"The mechanism of "staying quiet" is seen as a survival strategy employed by individuals, often women, in an attempt to mitigate potential conflict or violent outbursts from their partners. When I choose to remain silent in the face of possible aggression, it creates a sense of temporary control over the situation, believing that their silence can help prevent an escalation of anger. [Interview/Handeni/2025]

This behavior stems from a learned response where, in past experiences, remaining quiet led to fewer confrontations or less violence. According to Modise and Raga (2022), women often described first trying "staying quiet" to avoid violence, though this would not always work, especially if a man was drinking, women would sometimes choose to "walk away" to keep safe: The study found that living away from arguments can lead to being quiet, while being loud is used in simple disagreements. It was as calm as "walking away" as going to a friend's or neighbor's

house. Similar to "staying quiet," participants discussed "walking away" as a strategy for staying safe as well as for controlling one's reactions. Women in the study area said that.

When I walk away, he remains alone, and he won't keep talking. And I know that by the time I come back home, his temper won't be the same; he must have cooled down. I find that helpful because it prevents us from fighting[FGD/Handeni/2025]

This finding implies that they believe he cannot talk again because he will notice that I have left the house for some time, meaning they don't want to fight or answer him or cause bad things to happen, and will realize that I was ignoring his bad words. This aligns with social learning theory, as the findings indicate that women learned to stay quiet and adopted this as a mechanism for preventing IPPV. Women in the Handeni district have learned through observation and imitation of trust in them. After learning, women will effectively apply to avoid violence from their male partners (Cherry, 2023).

Participants in the study area also put forward that,

"Staying quiet" and "walking away" would create the space for reflection, leading to a more productive and safe future discussion. "Staying quiet and walking away" would not always result in de-escalation, like a man chasing a woman to continue verbal or physical assault because a partner was still drunk and angry upon return home. [FGD/Handeni/2025]

Another woman described that;

"Staying quiet" and "walking away" prevention mechanism and their impact on controlling anger as increasing "respectful" behavior. She said that this prevention mechanism helped me reduce my beer consumption and have more respect for my husband. There were times when I would answer my husband rudely, even in the presence of his friends or children. That's disrespectful, and I don't do that

anymore because, in the past, I would say whatever came into my mind without realizing that it's my husband I am talking to and a man whom I am supposed to respect as the head of the house and father to the children. Source **Interview/Handeni/2025**

The study realized that staying quiet or employing silence as a prevention mechanism in the context of Intimate Partner Violence (IPV), particularly among women, can be understood in various ways. While silence often carries negative connotations in discussions of intimate partner violence (IPV), it can also serve as a protective strategy in specific contexts. Moreover, in examining the way staying quiet prevention mechanisms contribute to the prevention of IPPV among women in Handeni District, the study found a few ways in which silence or staying quiet contributes to the prevention of IPPV among women in Handeni District.

To avoid Escalation: Multiple participants noted that, in some situations, a woman may choose to remain quiet to avoid escalating a conflict with her partner. This is especially important in volatile situations where any form of disagreement or confrontation might lead to increased aggression.

Assessing Situations: Participants argued that silence or staying quiet provides women with the opportunity to evaluate their surroundings and their partner's mood. By remaining silent, they may gather critical information about when it is safe to speak or act, particularly in potentially dangerous environments.

Coping Mechanism: For some women, silence remains a coping mechanism that allows them to detach emotionally from an abusive situation. This psychological distance is the best way to maintain mental health and well-being while they consider their options.

Relying on Cultural Norms: The majority of participants in the study area said that, in their cultures and cultural beliefs, there is a strong expectation for women to be submissive or to avoid confrontation. In these instances, silence is viewed as a protective mechanism that aligns with cultural norms and expectations, potentially providing a measure of safety.

Therefore, it is essential to note that while silence can serve as a short-term strategy for some women, it is not a long-term solution to IPPV, nor should it be seen as a universal approach. Each woman's situation is unique, and what works for one may not work for another. Ultimately, effective prevention of IPPV involves a broader societal approach, including education, community support, legal protections, and resources that empower women to speak out and seek help safely.

4.5 The way Reduction in Alcohol use Prevention Mechanism helps in the Decrease of IPPV among Women in the Handeni District

This is to say, alcohol consumption impairs judgment and lowers inhibitions, leading individuals to act in ways they might usually avoid, including engaging in aggressive or violent behavior. Thus, reducing alcohol use decreases the likelihood of aggressive responses in conflict situations, and it helps partners maintain better control over their actions. One woman in the study argues that,

Alcohol is capable of exacerbating negative emotions such as anger and frustration. However, reduction in alcohol use significantly contributes to reducing conflict and violence among partners. (Source Interview/Handeni/2025).

Thus, reducing alcohol intake in the Handeni District enhances emotional regulation, allowing individuals to manage conflicts more constructively. This finding is in line

with that of Jewkes (2020), who said that IPPV can be controlled by reducing norms of violence and alcoholism, creating a climate of non-tolerance of IPPV, and reducing the use of alcohol violence as a strategy for resolving conflicts among partners. Kazeri and Mhango's (2024) results showed the majority of the participants believed that reduction in alcoholic use is a highly effective approach to reducing and preventing IPPV.

Men and women partners who consume less alcohol have better communication skills and are capable of resolving conflicts and partner violence through dialogue rather than confrontation. Alcohol is often used as a coping mechanism for stress. By finding healthier ways to manage stress, individuals reduce reliance on alcohol, which may contribute to a more stable and positive relationship environment. Moreover, as partners reduce their alcohol consumption, they may support each other in healthier lifestyle choices, leading to a more positive relationship dynamic.

Women in the study area argue that,

"Alcohol use contributes to violence by creating or exacerbating sources of conflict. For instance they noted that adultery, a key source of violence and conflict in among partners, occurred more often when drunk. Conflict and violence in the home is one of many effects of alcohol use".(Source **FGD/Handeni/2025**)

Directly, alcohol was said to "bring confusion" and cause "careless" speech or verbal abuse. It's alcohol that brings fighting, so when one stops drinking alcohol, they will no longer fight. Other people have explained that alcohol made accusations of adultery more likely, either because of drinking-related behaviors that would be observed or changes in mood or inhibitions. Most commonly, women discussed alcohol use affecting one's ability to meet their expected roles in the family and how

failure to meet these roles was a significant source of conflict. This study's findings align well with the social learning theory as women clearly described both how reductions in alcohol use led to reductions in violence and the utility of employing safety strategies when their partner was drinking to avoid violence. Nevertheless, participants' descriptions in the Handeni district also emphasized multifaceted, unintended consequences in which reductions in alcohol use removed sources of conflict in the relationship, predominantly through impacts on household economics.

Just as alcohol misuse was directly and indirectly linked to violence, participants' narratives highlighted the direct and indirect effects of alcohol use reductions on conflict and violence. Women in the Handeni district discussed cuts in "noise" within their households. Few of them directly linked alcohol use reduction with less anger and less "react quickly."

When you are very drunk, you find yourself making a big deal out of every minor issue. You see that small things become significant issues; for example, you come from drinking, and you find your friend (spouse) is not at home; if you are very drunk, you tend to magnify such a scenario until you fight and take each other to the police. So on that one, we reduced, or let me just say that, we stopped because we don't get physical violence anymore. (Source Interview/ Handeni/2025)

A more commonly mentioned alcoholic reduction strategy by women in the Handeni district was avoiding places where people drink and giving excuses to avoid friends who drink. Staying busy was another frequently discussed strategy; participants found numerous activities to do instead of drinking, such as attending church, reading, watching football, or doing household chores. Commonly, participants engaged in entrepreneurial activities, such as selling goods at the market, to stay

occupied.

4.6 The Way Trust Prevention Mechanism helps in the Prevention of IPPV among Women in the Handeni District

Data and information gathered from the study area signify that trust plays a significant role in preventing intimate partner physical violence (IPPV). Participants in the Handeni district put forward that trust as a mechanism for the prevention of intimate partner physical violence fosters open dialogue or communication between partners. When individuals feel they can express their feelings and concerns without fear of retaliation, they are more likely to address issues before they escalate into violence.

Women in Handeni District argue that strong communication between partners can help partners navigate conflicts and find resolutions collaboratively. Additionally, they note that a trusting relationship fosters a sense of emotional safety.(Source Interview/Handeni/2025)

In other words, when partners trust each other, they are less likely to feel threatened or compelled to control the other person's behavior. This emotional safety tends to reduce the likelihood of abusive dynamics developing. Women participants used to say that,

"Trust equips us partners with the tools to resolve conflicts constructively. In trusting relationships, men and women are more likely to seek compromise and solutions rather than resorting to aggressive or violent behaviors when disagreements occur."(Source FGD/Handeni/2025)

Trust fosters empathy, allowing partners to understand each other's experiences and emotions more effectively. This understanding can lead to greater compassion and support, reducing frustrations and misunderstandings that might lead to conflict.

These findings from the study area are in line with that of Walker (2020), who found that intimate partner physical violence prevention needs various categories, including primary prevention, increased trust among each other, taking actions of prevention before its occurrence, and changing attitudes towards violence. Ellsberg et al. (2018) participants suggested that IPPV can be stopped or prevented by improving communication and trust among partners, particularly regarding financial matters. Starmann et al. (2019) reported that women participating in the study described similar concrete changes in communication and trust as part of the process of change, including communicating about finances and joint planning for the family, which reduced violence among partners. Thus, communication and trust within couples can lead to changes in IPV.

Trust can encourage partners to seek help together once they face challenges, such as stress or external pressures. This collaborative approach to problem-solving tends to mitigate factors that contribute to IPPV, thereby strengthening the relationship rather than allowing issues to fester. Therefore, fostering trust within intimate relationships creates a supportive environment that actively diminishes the likelihood of partner violence. Building trust requires consistent effort, open communication, and mutual respect—essential elements in all relationships.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Chapter Overview

The present chapter presents a summary of the findings, conclusions, and recommendations.

5.2 Summary of the Findings

Intimate Partner Physical Violence (IPPV) is one of the prevalent types of violence against women worldwide. It is a "behavior by an intimate partner or ex-partner that causes physical, psychological harm, including physical aggression, psychological abuse, and controlling behaviors. This study under concern managed to assess the effectiveness of intimate partner physical violence prevention mechanisms (Staying quiet, Reduction in alcoholic use, and Trust) among women victims in Tanzania, specifically in the Handeni district, and found that for them to increase safety with their partners and avoid facing intimate partner physical violence, they usually use to stay quiet.

Sometimes, they walk away from their partners; this is found to be a predominant mechanism for them to increase their safety. Women in the study area used to stay quiet because, by doing so, their partners tended to realize that they were talking about themselves. After all, there is no one to respond to them. Moreover, staying quiet creates a space for reflection, leading to more productive and safe future discussions. Accordingly, "staying quiet" among women in the Handeni district has been described not only as a prevention mechanism but, when used skillfully, as a means of controlling anger and other emotions to interrupt inter-couple dynamics

that heighten conflict.

The study also found that reduction in alcohol use is one of the significant prevention mechanisms in reducing Intimate Partner Physical Violence (IPPV) among women in the Handeni district by promoting healthier relationships, improving coping mechanisms, and providing support systems that empower women to take control of their situations. Moreover, the study found that a reduction in alcohol use as a prevention mechanism significantly has lowered the incidence of Intimate Partner Physical Violence (IPPV) among women in the Handeni district and reduced conflict and violence among partners. This is to say, alcohol consumption impairs judgment and lowers inhibitions, leading individuals to act in ways they might usually avoid, including engaging in aggressive or violent behavior. Thus, reducing alcohol use decreases the likelihood of aggressive responses in conflict situations, and it helps partners to maintain better control over their actions. A commonly mentioned alcoholic reduction strategy by women in the Handeni district was avoiding attending places where people drink and giving excuses to avoid friends who drink.

Staying busy was another frequently discussed strategy; participants found numerous activities to do instead of drinking, such as attending church, reading, watching football, or doing household chores. Trust among partners as a mechanism for the prevention of intimate partner physical violence has been found to foster open dialogue or communication between partners, hence reducing Intimate Partner Physical Violence (IPPV). In so doing, individuals feel they can express their feelings and concerns without fear of retaliation; they are more likely to address

issues before they escalate into violence. Strong communication between partners was found to help them navigate conflicts and find collaborative resolutions. This emotional safety tends to reduce the likelihood of abusive dynamics developing.

5.3 Conclusion

Intimate partner physical violence (IPPV) represents a significant public health issue that has considerable societal costs. Supporting the development of healthy, respectful, and non-violent relationships has the potential to reduce the occurrence of IPPV and prevent its harmful and long-lasting effects on individuals, families, and the communities where they live. However, there are numerous benefits in reduced IPPV, improved conflict management, improved mental and physical health, improved economic status, and reduced exposure of partners to violence.

Ultimately, the study demonstrates that IPPV prevention mechanisms such as staying quiet, reducing alcohol use as well and trust among partners significantly have been reported to contribute to the reduction of intimate partner physical violence among women in the Handeni district. Partners in the study area were found participating in a trans-diagnostic intervention that addresses multiple mental and behavioral problems. They understood the therapy to reduce intimate partner violence by teaching IPPV prevention mechanisms such as reducing alcohol use, staying quiet, and trusting. Participants from the study area and their explanations were incorporated into the existing study on mechanisms of IPPV reduction, highlighting how IPPV prevention mechanisms function in the respective region. In particular, women as participants were often used to understand the ways the reflected norms, the complex interrelationship between changes in economic status and changes in

alcohol use, staying quiet, and the importance of partner dynamics, including positive developments in trust and communication, have significant effect in IPPV reduction in Handeni district.

5.4 Recommendation

In line with the effectiveness of the prevention mechanism found in the study area, it is recommended that to completely reduce and eradicate the incidence of intimate partner physical violence on women in the Handeni district, the following are recommended; Education and Awareness creation about the consequence and impact of IPPV on women: The District should implement community-based education programs focused on healthy relationships, consent, gender equality, and recognizing the signs of IPPV women. Also, to use social media and traditional media campaigns to raise awareness and challenge societal norms that condemn or normalize violence.

Additionally, through school programs, implement educational initiatives that cover healthy relationships, consent, and conflict resolution from a young age. Engage men and boys in conversations about masculinity, respect, and consent to change harmful norms and prevent violence. The need for Community Engagement: Foster community coalitions to address IPPV, bringing together various stakeholders such as local businesses, non-profits, schools, and law enforcement to collaborate on prevention strategies. Create safe spaces where survivors can share their experiences and access resources. Establish and promote networks that support survivors of IPPV, including peer support groups and local helplines, to provide them with essential resources and support. Offer training for community leaders, law enforcement, and healthcare providers on recognizing and responding to IPPV.

The need for Enforcing strong Policies and legislation, as well as strengthening laws, is crucial. This involves advocating for stronger laws and regulations that protect women against IPPV, including restraining orders and appropriate penalties for perpetrators. Support policies that address the root causes of IPPV, including economic disparity, substance abuse, and mental health issues. Increase government funding for shelters, hotlines, and support services for survivors of IPPV. Develop a coordinated response system that integrates law enforcement, healthcare, and social services to support survivors effectively.

REFERENCES

Aga, A. S. (2017). Addressing GBV in Northern Ghana: The Role of Communication; Unpublished Ph.D thesis, University of Reading, Reading United Kingdom

Arango, D. J., Gennari, F., Klepsund, S., Morton, M. & Ellsberg, M. (2014). Interventions to prevent or reduce violence against women and girls: A systematic review of reviews on violence_against_women_and_girls_a_systematic_review_of_reviews

Bryman, A. (2001). Social research methods. New York, NY: Oxford University Press.

Chebogut, J. K., & Ngeno, G. K. (2010). The effects of domestic violence in the family in Kenya: Kenya association of professional counselors' conference safari park 7th September 2010.

Christopher, E., Drame, N.D., Leyna, G. H., Kilewo, J., Barnighausen, T., and Rohr, J. K. (2022). Disclosure of Intimate Partner Violence by Men and Women in Dar es Salaam, Tanzania Front. Public Health.

Cohen, L. Davues, R. & Graffunder, C. (2020). Before it occurs: Primary intervention of intimate partner violence and abuse.

Cohen, L. Davues, R. & Graffunder, C. (2020). Before it occurs: Primary intervention of intimate partner violence and abuse.

Cohen, L., Manion, L., & Morrison, K. (2018). Research methods in education (8th ed.). London, England: Routledge.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, Quantitative and Mixed Methods Approaches*, 5th Ed.. Los Angeles, CA:

SAGE Publication

D'Invern, A.S., Smith, S.G., Zhang, X., Chen, J. (2019). The Impact of Intimate Partner Violence: A 2015 NISVS Research-in- Brief. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Davies, R. L., Rice, K., & Rock, A. J. (2023). A systematic review of informal supporters of intimate partner violence: The intimate partner violence model of informal supporters readiness.

Denscombe, M. (2017). Research guide for small-scale social research projects, (6th ed.). New York, NY: McGraw-Hill Education.

Diko, M. (2023). Self-defense and battered women syndrome in a selected IsiXhosa short story. *Journal of Literary Studies*. Vol. 39, No. 14933,20

European Institute of Gender Equality. (2016). Analysis of national definitions of intimate partner violence. Brussels: European Publication Centre.

Gu, X., Li, H., & Peng, L. (2022). The anti-domestic violence law and women welfare :Evidences from natural experiment in China. *Journal of Economic Behaviour and organisations*. Vol. 2 pp 1-16

Hatch, J. A. (2002). Doing qualitative research in education settings. New York: New York State University Press.

House of the Lord. (2023). Tackling violence against women and girls. London: House of the Lord

Jacquin, K. M. (2024). Violence behaviour. London: Sage Publishers.

Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet* No 359, pp 1423-1429

Kazeri, N. J., Mbunda, A, K., & Mhango S. (2024). Contribution of the Tanzania police gender and children desk on reduction of GBV in Meru District, Tanzania. *Asian Research Journal of Arts & Social Sciences* Volume 22, Issue 2, Page 71-80.

Kenya National Bureau of Statistics. (2022). Kenya Demographic and Health Survey 2022: Key Indicators Report. Nairobi: USAID.

Koris, A., Steven, S., Akika, V., Puls, C., Okoro, C., Bitrus, D., Seff, I., Deitch, J., & Seff, I. (2022) Opportunities and challenges in preventing violence against adolescent girls through gender transformative, whole-family support programming in Northeast Nigeria. *Conflicts and Health*. Vol 26 pp-1-15.

Krantz, G., & Garcia-Moren, C. (2005). Violence against women. In *J Epidemiol Community Health*.

Magesa, R. (2023). Prevalence of Intimate Partner Violence Among Women in Arumeru District. *International Journal of Multidisciplinary Research and Analysis* Vol.6 (1) pp 362-370.

Magombola, D.A., & Shimba, C. (2021). Factors influencing intimate partner violence among women in Meru, Karatu and Monduli district councils, Tanzania. *European Journal of Research and Reflection in Arts and Humanities* Vol.9(1), 2021, pp1-7

Maruyama, N., Horiuchi, N., Yaeko Kataoka, Y. (2023). Prevalence and associated factors of intimate partner violence against pregnant women in urban areas of Japan: a cross-sectional study. *BMC Public Health*, 23:1168.

McCloskey, L.A., Boonzaier, F., Steinbrenner, S.Y., & Hunter, T. (2016) Determinants of intimate partner violence in Sub-Saharan Africa: A review

of prevention and intervention programs. In *Partner Abuse*, 7(3).

Mertens, M. D. (1998). Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches. Thousand Oaks, CA: SAGE Publication.

Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis (2nd ed.). Thousand Oaks, CA: SAGE Publications.

Miller E, McCaw B (2019). Ropper AH (ed.). "Intimate Partner Violence". *New England Journal of Medicine*; 380 (9), 850–857.

Modise, M. J., Raga, K., & Taylor, D. (2022). The Role of the Community in Preventing Gender-Based Violence and Femicide: A Case Study of Northern Cape Province, South Africa. *International Journal of Innovative Science and Research Technology*, 7 (6), 1800-1807

Neuman, W. L. (2014). Social research methods: Qualitative and quantitative approaches (7th Ed.). Edinburg Gate, Scotland: Pearson Education Limited.

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Nkya, G. (2020). Challenges of addressing gender-based violence: A case of arusha district, Tanzania. Published Master of Social Work Dissertation, Open University of Tanzania, Dar es Salaam, Tanzania.

Novitzky, P., Janssen, J. & Kokkeler (2023). A systematic review of ethical challenges and opportunities of addressing domestic violence with AI

technologies. *Helyon* 9, pp1-15.

Nyoni, T., Steiner, J.J., Okumu, M., Orwenyo, E., Tonui, B. C., Lipsey, K., & Mengo, C. (The Use and Effectiveness of the Whole School Approach in School-Based Interventions Addressing Gender-Based Violence in Sub-Saharan Africa: A Systematic Review. In *Trauma, Violence and Abuse*. Vol. 0(0), pp 1-14.

Parish, W.L., Wang, T., Laumann, E.O., Pan, S., & Luo, Y. (2021). Intimate Partner Violence in China: National Prevalence, Risk Factors and Associated Health Problems. *International Family Planning Perspectives*.

Pedada, S. (2023). Confusion to clarity: Definition of key terms in research paper. New Delhi: Pergamon Publishers.

Peirone, A. (2019). Intimate Partner Violence in sub-Saharan Africa: Characteristics, Patterns, and Multi-Level Influences (2019). *Electronic Theses and Dissertations*.

Quirong, A. F., Rodriguez R. C., & Terron-Caro, T. (2022) Analysis of the risk factors of GBV and resilience strategies of women in Lamu, Kenya. In *Iqual. Revista de Género e Igualdad*, 6, 93-117.

Republic of Kenya (2014). National Policy for Prevention and response to gender based violence: Nairobi: Ministry of Devolution and Planning.

Revees, C. A., & O'Leary-Kelly, A.M. (2009). Study of the effects of intimate partner violence on workplace.

Rugimbana, A.M. (2019). Factors contributing to physical GBV among married women in Arumeru district, Arusha region. Unpublished Master of Arts in Monitoring and Evaluation Dissters, Open University Dar es Salaam

Tanzania.

Samati, M. (2021). GBV in primary schools in Malawi. Echidna Global Scholar Alumni Brief Series. Brookings: Centre for Universal Education.

Shobe, M., & Dienemann, J. (2008). Intimate Partner Violence in the United States: An Ecological Approach to Prevention and Treatment. *Social Policy and Society*.

Spear, A. M. (2019). Teachers as change agents: Assessing teacher's perceptions of and response to sexual GBV in schools in Burkina Faso. *FIRE: Forum for International Research in Education*, 5(2), 195-213.

Symth, R. (2004). Exploring the usefulness of conceptual framework as a research tool: A researcher's reflection. *Issues in Educational Research*, 14(2), 167-180.

Tappis, H., Freeman J., Glass, N., Doocy, S. (2016). Effectiveness of interventions, programs and strategies for GBV prevention in refugee populations:

Todd, C. L. Byrd, J. E., & Baldwin, L. (2020). What is intimate partner? In Intimate partner cyber abuse viewed through the lens of criminology.

Tudor, S. (2023). Tackling Violence against Women and Girls in UK. UK: UK Parliament.

United Nations. (1948). The Universal declaration on human rights: New York: United Nations.

United Nations. (1979). Declaration of discriminations against women. New York: United Nations.

United Nations. (1993). United Nations declaration on the elimination of violence against women. New York: United Nations.

United Nations Children Education Fund. (2023). *Violence against girls, boys and women in the southern Africa: statistical profile*: New York: Division of Data Analysis, Planning and Monitoring

United Nations Women, (2020). Current issues of violence against women and girls in Japan: Situation, legal frameworks, governance measures and civil society activities on the issue. Tokyo-Japan. United Nations.

United Nations Women, (2023). Challenges of addressing Intimate partner violence among women. California: Sage Publishers.

United Republic of Tanzania, (2022). Tanzania population and Housing Census. Dodoma: Ministry Finance and Planning

USAID, (2008). GBV in Tanzania. An assessment of policies, services and promising interventions. Dar es Salaam: USAID

US Task Force. (2020). "Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: US Preventive Services Task Force Final Recommendation Statement". *JAMA*. 320 (16), 1678–1687.

WHO, (2021). "Violence against women"; World Health Organization.

White House, (2022). *Release of national plan to end GBV: Strategies for action*. Washington: White House.

World Bank. (March 2022). Tanzania GBV assessment report: Dare Salaam: World Bank

World Health Organisation, (2022). Intimate partner violence: Key facts. Paris: World Health Organisation.

Yin, R. K. (2011). Designing case studies: Identifying your case(s) and establishing the logic of your case study. In: Frenz, M., Nielsen, K., & Walter, G. (Eds.).

Research methods in management (2nd ed.), 24-65. London, England: SAGE Publications.

Yin, R. K. (2018). Case study research and applications: Design and methods (6th ed.). Los Angeles, CA: SAGE Publication.

Zhao, Q., Huang, Y., Sun, M., Li, Y., & Lommel, L.L. (2022) Risk Factors Associated with Intimate Partner Violence against Chinese Women: A Systematic Review. *International Journal of Environmental Research and Public Health*, 19(23), 1-10.

APPENDICES

APPENDIX I: RESPONDENT QUESTIONNAIRE

PART A: INSTRUCTIONS

My name is **Abdallah Saidi Ally**, a student at the Open University of Tanzania. I am conducting a study titled: “Effectiveness of Intimate Partner Physical Violence Prevention Mechanisms among Women Victims in Tanzania: A Case Study of Handeni District.”

You are kindly requested to respond to the following questions by providing accurate and honest information. Your responses will be treated with strict confidentiality and used solely for academic purposes. The findings from this study will contribute to a better understanding of the current prevention mechanisms, inform policy decisions, and help improve the support systems for women affected by intimate partner physical violence in Handeni District.

PART B: RESPONDENT CHARACTERISTICS

- i. Marital status
- ii. Married ()
- iii. Single ()
- iv. Widow ()
- v. Divorced or Separated ()

1. Respondent Age

- i. 18- 30 yrs ()
- ii. 31- 40 yrs ()
- iii. 41- 50 yrs ()

iv. 51 and Above ()

2. Level of education (Highest qualification)

- i. Primary school ()
- ii. Ordinary Level ()
- iii. High schools ()
- iv. Certificates ()
- v. Diploma ()
- vi. Undergraduate degree()
- vii. Master's Degree and above ()

**PART C: THE WAY “STAYING QUIET” PREVENTION MECHANISMS
CONTRIBUTE IN THE PREVENTION OF IPPV IN AMONG WOMEN IN
HANDENI DISTRICT**

3. Have you ever experienced intimate partner physical violence?

- i. Yes ()
- ii. No ()

4. Does knowing how to stay quite improve your safety in your relationship?

- i. Yes ()
- ii. No ()

If Yes, How?

.....

5. When do you think is necessary to remain silent/quiet?

- i.
- ii.

iii.

6. How do you practice the staying quiet prevention mechanism?

- i. By building an intentional practice of self-awareness ()
- ii. By practice asking myself why to speak up and why not to speak ()
- iii. By taking pauses incorporate moments of silence ()

7. How do you manage to solve and prevent intimate partner violence on its occurrence?

- i. Staying quiet ()
- ii. Walking away ()
- iii. Both of them ()

8. Staying quiet is the best mechanism for me in preventing intimate partner violence

- i. Agree ()
- ii. Strongly agree ()
- iii. Neutral ()
- iv. Disagree ()
- v. Strongly disagree ()

9. Under what condition does staying quiet prevention mechanism is applicable in your daily life.

- i.
- ii.
- iii.

**PART D: THE WAY “REDUCTION IN ALCOHOL USE” PREVENTION
MECHANISM HELP IN THE REDUCTION OF IPPV IN AMONG WOMEN
IN HANDENI DISTRICT**

10. Have you ever involved yourself on drinking and drug use behavior?

- i. Yes ()
- ii. No ()

11. Does your partner involve in alcoholic and drug use behavior?

- i. Yes ()
- ii. No ()

12. Stopping the use of alcohol became the best prevention mechanism on intimate partner physical violence to me

- i. Agree ()
- ii. Strongly agree ()
- iii. Neutral ()
- iv. Disagree ()
- v. Strongly disagree ()

13. Does reduction in alcoholic and drug use helped in the prevention of intimate partner physical violence?

- i. Yes ()
- ii. No ()

14. To what extent does stopping the use of alcohol helped you to maintain piece with your partner?

- i. High extent ()
- ii. Medium extent ()

- iii. Low extent ()
- iv. Moderate ()

PART E: THE WAY “TRUST” PREVENTION MECHANISM HELP IN THE PREVENTION OF IPPV IN AMONG WOMEN IN HANDENI DISTRICT

15. Do you trust your partner?

- i. Yes ()
- ii. No ()

If No, why?

16. Do you believe that trusting your partner is the best prevention mechanism of intimate partner physical violence?

- i. Yes ()
- ii. No ()

17. To what extent does trust prevention mechanism is applicable to you especially when solving intimate partner violence

- i. High extent ()
- ii. Medium extent ()
- iii. Low extent ()
- iv. Moderate ()

18. Trust in among Partners is the best prevention mechanism on intimate partner physical violence

- i. Agree ()
- ii. Strongly agree ()
- iii. Neutral ()

iv. Disagree ()

v. Strongly disagree ()

APPENDIX II: RESPONDENT QUESTIONNAIRE (DODOSO)

Sehemu ya Kwanza: Maelekezo

Jina langu ni **Abdallah Saidi Ally**, mwanafunzi wa Chuo Kikuu Huria cha Tanzania. Ninafanya utafiti wenye kichwa cha habari: "Ufanisi wa Mbinu za Kuzuia Ukatili wa Kimwili wa Wapenzi wa Kinyumbani Miiongoni mwa Wanawake waathirika Nchini Tanzania.

Unaombwa kwa heshima ujaze dodoso hili kwa kutoa majibu sahihi na ya kweli. Majibu yako yatahifadhiwa kwa usiri mkubwa na hayatatumiwa kwa madhumuni mengine zaidi ya utafiti huu wa kielimu. Matokeo ya utafiti huu yatachangia kuboresha mipango, sera na uboreshaji wa mifumo ya utoaji huduma kwa waathirika wa ukatili wa kimwili wa wapenzi katika Wilaya ya Handeni.

SEHEMU YA PILI: SIFA ZA MSHIRIKIHALI YA NDOA

- i. Nimeoa/Nimeolewa ()
- ii. Sijaoa/olewa ()
- iii. Mjane/Mgane ()
- iv. Tumetengana ()
- v. Umri wako
- vi. 18- 30 yrs ()
- vii. 31- 40 yrs ()
- viii. 41- 50 yrs ()
- ix.** 51 na zaidi ()
- 1. Kiwango chako cha elimu
 - i. Msingi ()

- ii. Sekondari ()
- iii. Cheti ()
- iv. Diploma ()
- v. Degree ()

2. Umewahi fanyiwa ukatili wa kijinsia na kimahusiano na mwenza wako?

- i. Ndio ()
- ii. Hapana ()

3. Kukaa kimya kunasaidia kuimarisha usalama wako ndani ya Mahusiano?

- i. Ndio ()
- ii. Hapana ()

Kama Ndio, Kiaje?

.....

.....

4. Ni wakati gani unadhani unafaa kukaa kimya?

- i.
- ii.
- iii.

5. Ni namna gani unamudu kukaa kimya ikiwa ni mbini ya kujikinga na ugomvi na mwenza wako?

- i. Kuwa makini kabla ya kunena jambo lolote ()
- ii. Kujitafakari kwa makini kabla ya kusema ()

6. Ni namna gani unaweza kutatua matatizo yanayoweza leta ugomvi baina yenu?

- i. Kukaa kimya ()
- ii. Kuondoka eneo la tukio ()

iii. Mambo yote ()

7. Kukaa kimya ni njia sahihi ya kuondokana magomvi ya kimahusiano

- i. Nakubali ()
- ii. Nakubali sana ()
- iii. Sifahamu ()
- iv. Sifahamu ()
- v. Sikubali Kabisa ()

8. Ni katika mazinga gani unadhani kukaa kimya ni njia sahihi ya kuondoa magonvi katika mahusiano.

- i.
- ii.
- iii.

9. Umewahi jihuisha unywaji wa pombe?

- i. Ndio ()
- ii. Hapana ()

10. Mwenza wako anatumia vilevi?

- i. Ndio ()
- ii. Hapana ()

11. Kutokunywa pombe kunasaidia kuondoa na kupunguza machafuko ndani ya mahusiano

- i. Nakubali ()
- ii. Nakubali sana ()
- iii. Sifahamu ()
- iv. Sifahamu ()

v. Sikubali Kabisa ()

12. Je kupunguza ama kuacha kunywa pombe kunasaidia kuondokana na magomvi yanayoweza athiri binadamu?

- Ndio ()
- Hapana ()

13. Ni kwa kiasi gani ulipo amua kuacha matumizi ya vilevi ilikusaidia kuimarisha amani ndani ya mahusiano yako?

- Kwa kiasi kikubwa ()
- Kiasi cha kati ()
- Kiasi kidogo ()
- Kawaida ()

14. Je unamwamini mwenza wako?

- Ndio ()
- Hapana ()

Kama ni hapana, Kwanini?

.....

15. Je, unaamini kuwa kumwamini mwenzawako ni njia nzuri ya kusaidia kuondokana na ugomvi ndani ya mahusiano yenu?

- Ndio ()
- Hapana ()

16. Ni kwa kiasi gani uaminifu umeutumia kama njia ya kuepuka na kuondokana na ugomvi na mwenza wako

- Kwa kiasi kikubwa ()
- Kiasi cha kati ()

iii. Kiasi kidogo ()

iv. Kawaida ()

17. Uaminifu baina ya wapendanao ni njia sahihi kuondokana na mafarakano ndani ya nyumba?

i. Nakubali ()

ii. Nakubali sana ()

iii. Sifahamu ()

iv. Sifahamu ()

v. Sikubali Kabisa ()

- MWISHO -

APPENDIX III: RESEARCH SCHEDULE OF ACTIVITY

Schedule for 2024 Research Activities

APPENDIX IV: RESEARCH BUDGET 2024

NO.	ACTIVITY	
1	Proposal Preparation	
	Secretarial Services	Tshs. 200,000/=
	Questionnaire development and printing	Tsh 150,000/=
	SUB TOTAL	Tshs. 350,000/ =
2	Data Collection	
	Transport cost	Tshs. 200,000/=
	Lunch and beverage	Tsh 150,000/=
	SUB TOTAL	Tshs. 350,000/=
3	Dissertation Preparation	
	Secretarial Services	Tshs. 200,000/=
	Printing and Binding	Tsh 150,000/=
	SUB TOTAL	Tshs 250,000/=
	GRAND TOTAL	Tshs 950,000/=

APPENDIX V: RESEARCH CLEARANCE LETTER

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
THE OPEN UNIVERSITY OF TANZANIA



Ref. No OUT/PG202285911

24th February, 2025

District Executive Director (DED),
Handeni District Council,
P.O. Box 355,
TANGA.

Dear Director,

**RE: RESEARCH CLEARANCE FOR MR. ABDALLAH SAIDI ALLY, REG NO:
PG202285911**

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

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Abdallah Saidi Ally, Reg.No: PG202285911**, pursuing **Master of Arts in Gender Studies (MAGS)**. We hereby grant this clearance to conduct a research titled **“Effectiveness of Intimate Partner Physical Violence Prevention Mechanisms among Women Victims in Tanzania; A Case Study of Handeni District”**. He will collect his data at your area from 25th February to 30th March 2025.

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**



JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOZA NA SERIKALI ZA MITAA
HALMASHAURI YA WILAYA YA HANDENI



Unapojuji tafadhali taja;

Kumb. Na.HW/T.40/19/171/10

Tarehe: 13/03/2025

Makamu Mkuu wa Chuo,
Chuo Kikuu Huria,
S.L.P 23409
DAR ES SALAAM.

YAH: KIBALI CHA KUFANYA UTAFITI

Tafadhali husika na mada tajwa hapo juu.

2. Halmashauri ya Wilaya ya Handeni imepokea barua kutoka kwa Makamu Mkuu wa Chuo Kikuu Uria yenye Kumb. Na. OUT/PG202285911 ya tarehe 24/02/2025. Yenye somo tajwa hapo juu.

3. kwa barua hii kibali kimetolewa kwa Mr. Abdallah Saidi Ally kufanya utafiti kuhusu 'Effectiveness of Intimate Partner Physical Violence Prevention Mechanisms Among Women Victims in Tanzania. A Case Study of Handeni District – Tanga Region kuanzia tarehe 25 February 2025, hadi 30 machi 2025.

4. Wakati wa utekelezaji zoezi hili unatakiwa kutoa taarifa katika Ofisi ya Mkurugenzi Mtendaji wa Halmashauri ya Wilaya ya Handeni. Aidha unatakiwa kufanya kazi kwa kuzingatia lengo tajwa kwenye kibali hiki kwa kuzingatia Sheria, Kanuni na Taratibu za nchi katika muda wote wa kufanya utafiti.

5. Nakutakia utekelezaji mwemba,

Gladness M. Mwano
Kny MKURUGENZI MTENDAJI(H/W)
HANDENI

NAKALA:

Mkurugenzi Mtendaji (H/W)
HANDENI

Aione kwenye jalada