

Prevalence and Predictors of Intimate Partner Violence Among Women Living in Informal Settlements in Iringa Tanzania: A Cross Sectional Study

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Abstract

Intimate partner violence (IPV) is an urgent public problem that is neglected in women's health, especially in urban slums in Tanzania and worldwide. This study seeks to investigate factors associated with IPV in a sample of women aged 15-49 years living in urban informal settlements of Iringa municipality, Tanzania. This was a cross-sectional study that used a survey to collect data from 300 women living in informal settlements of Iringa. The study findings showed that there is a prevalence of IPV among women living in informal settlements, and the most abused women were young women. Moreover, married women were found to be more abused compared to others. Additionally, incomplete primary school education, being a businessperson, customary marriage: these were associated with IPV incidences in many times compared to other groups of participants. 'Threatened to be divorced' was the most experienced sexual abuse among women. 'Being a civil servant' was associated with being abused emotionally among women. From the study findings, there should be a program promoting awareness of IPV and steps to be taken when faced with the situation. Health policy-makers should also plan for possible interventions on the prevention of IPV, including the provision of education on impacts of IPV and measures to be taken in cases of IPV incidences.

Background

Intimate partner violence (IPV) is known as a significant public health problem, development issue, and a human rights concern globally. Population-based surveys have found that between 10–70% of women have reported being physically assaulted by an intimate male partner at some point in their lives (Heise et al., 1999). Worldwide, it is estimated that about 30% of women will experience physical and/or sexual violence from an intimate partner during their lifetime (Devries et al., 2013). Additionally, one in three homicides among women is by an intimate partner (Stöckl et al., 2013). Lifetime rates of physical and/or sexual IPV are highest in South-East Asia, the Mediterranean region, and Sub-Saharan Africa (Devries et al., 2013). In Tanzania, almost two out of five women aged 15 to 49 years have experienced physical violence at some point in their lives; 44% of ever-

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married women have experienced physical and/or sexual violence by their current or most recent husband or partner; and 37% of ever-married women experienced that kind of spousal violence in the precedent 12 months (TDHS, 2010).

According to the WHO (2013), the global prevalence of physical and/or sexual intimate partner violence among all ever-partnered women was 30.0%. The prevalence was highest in the African, Eastern Mediterranean and South-East Asia regions, where about 37% of ever-partnered women reported having experienced physical and/or sexual intimate partner violence at some point in their lives. Respondents in the American region reported the next highest incidence, with roughly 30% of women reporting lifetime exposure to violence. Prevalence was lower in the high-income region (23%), and in the European and the Western Pacific regions where 25% of ever-partnered women reported to have experience lifetime intimate partner violence. Worldwide, 35.6% of women have ever experienced either non-partner sexual violence, or physical/sexual violence by an intimate partner, or both (ibid.). In a multi-country study, Stöckl et al. (2014) established that lifetime prevalence of IPV among adolescents and young women (15–24 years) ranged from 19% in Serbia and Montenegro, to 66% in Peru and Ethiopia.

The most common forms of violence against women are physical, sexual, and emotional abuse by husbands or intimate partners. A survey by Heise et al. (1999) indicated that 10–58% of women have experienced physical abuse by an intimate partner in their lifetimes. Experiencing IPV is not only a human rights violation, but also has profound health and social consequences among women (WHO, 2013). Women who experience IPV are more likely to be depressed (Devries, et al., 2013), and have greater physical injuries (WHO, 2013; Ellsberget al., 2008). IPV has also been related to mental health problems; including depression, anxiety, phobias, post-traumatic stress disorder, suicide, and alcohol and drug abuse (Ellsberg et al., 2008; WHO, 2013; Mahenge et al., 2013; Dillon et al., 2013; Foran & O’Leary, 2008). Additionally, in southern and eastern Africa, women who experience IPV are more likely to acquire HIV (Jewkes, et al., 2010). Furthermore, recent evidence suggests that controlling behaviour by a partner has same impact on women’s well-being (Krantz & Nguyen, 2009).

Evidence suggests that women at high risk of IPV are those with poor economic status, housing instability, and live in urban slums (Aekplakorn & Kongsakon, 2007). For instance, IPV prevalence among women living in urban slum ranges from 27% in Thailand (Aekplakorn & Kongsakon, 2007), to 62% in India (Sabri & Campbell, 2015). According to Decker et al. (2014), poor economic status reinforces the underlying gender-based power disparities and inequalities. The association between poor economic status and IPV is mediated through stress and economically disadvantaged men who also lack resources to cope with stress life (Jewkes, 2002).

Furthermore, early marriage puts girls and women at risk of psychological violence, including emotional pressure from husbands and in-laws (Decker et al., 2014).

Young women between ages 15–24 years are more vulnerable to psychosocial challenges compared to other women in the reproductive age group due to several partly overlapping reasons. These include developmental immaturity, low self-esteem, poor negotiation skills, and limited financial resources (Ickovics et al., 2011).

Intimate partner violence is considered as the most persistent form of violence against women in the world. Violence against women is usually targeted at women and girls due to their unequal treatment in society. It is perpetrated by persons with power; and can take place at home, on the streets, in schools, in workplaces, in farm areas, or at refugee camps (UNHCR, 2010; Ganeshpanchan, 2010). Violence against women is not only a manifestation of sexual inequality, but also serves to maintain this unequal balance of power and subordination. In some cases, perpetrators consciously use violence as a mechanism for subordination. For example, violence by intimate partners is often used to demonstrate and enforce a man's position as the head of a household or relationship.

Studies from various informal settlements have shown the prevalence of intimate partner violence to be high. For instance, the prevalence of physical intimate partner violence in informal settlements of Bangladesh was reported to be 35%; which is low compared to the prevalence reported in formal settlements, which was 20% (Sambisa et al., 2011). The rate of IPV in the informal settlements of Bangkok, Thailand, was reported to be 27.2% (Aekplakorn et al., 2007). In Calcutta, India, more than 17% of women have experienced physical violence from their husbands or intimate partners (Pandey et al., 2009). In Eastern India, the overall prevalence of physical, psychological, and sexual violence has been reported to be 16%, 52% and 25%, respectively. Moreover, 39.4% of women living in informal settlements of Chandigarh have reported physical intimate partner violence (Agarwal et al., 2009).

IPV in Tanzania

In Tanzania, the reported lifetime prevalence of IPV is high: it ranges between 15–60% (Stöckl et al., 2012; McCloskey et al., 2005). More than one-third (37%) of ever-married women in Tanzania reported having experienced some form of physical or sexual violence by their husband/partner in the past year (TDHS, 2010). A multi-country study conducted in 2005 by Garcia-Moreno et al. (2006) reveals the prevalence of lifetime physical and sexual violence by an intimate partner among ever-partnered women of 33% and 23%, respectively. Furthermore, the Demographic and Health Survey estimates of 2010 shows that 39% and 20% of women aged 15–49 reported having experienced physical and sexual IPV, respectively, since age 15 (TDHS, 2010). There are many types of violence in Tanzania, and all have a negative impact on individuals and the society, especially on women and children. As in most African countries, IPV in Tanzania is perpetrated against women by their husbands or intimate partners (Nyamongo, 2012).

As mentioned earlier, living in informal settlements fosters the chances of violence against women since people living in informal settlements have living conditions

that have proven to be conducive to the occurrence of violence. In Tanzania, there has been an increase in the number of informal settlements: from 40 in 1985, to over 150 in 2003; which tripled when the population doubled (Kombe, 2005). The rapid increase in the urban population, coupled with the limited capacity of the government to meet high demands for planned land for housing development, are among factors contributing to the rise of informal settlements. Other includes inadequate capacity of local authorities to provide planned and serviced land, outdated laws, and poor enforcement of laws (Christian, 1980). This implies that the increase of informal settlements in the country has exacerbated violence against women.

Despite its increasing global importance, there has been little research on intimate partner violence among women living in informal settlements in Tanzania. Thus, this paper seeks to investigate factors associated with IPV in a sample of women aged 15–49 years living in urban informal settlements of Iringa municipality in Tanzania. We believe that understanding the magnitude of the problem and the reasons behind IPV among women is crucial for policies and programs that seek to fight against this problem.

Conceptual Framework: Social-Ecological Model of Violence

Human behaviour has never been easy to control typically because a specific behaviour is influenced by different factors at different levels. The social-ecological model is a theory-based framework that appreciates the role of multiple levels of influence on specific human behaviour. The model explains how environment and policy, social and intrapersonal factors influence a specific individual behaviour. The model is built on four major principles, that: (i) there are multiple influences on specific behaviour, including factors at intrapersonal, interpersonal, organisation, community, and public policy levels; (ii) influences on behaviour interact at these different levels; (iii) specific behaviour factors are obtained by identifying the most relevant potential influences at each level like at individual, societal and environmental levels; and (iv) multiple level interventions are the most effective in changing human behaviour (Bronfenbrenner, 1979).

Multiple and interactive influences on a specific behaviour are the core components of the theory. Thus, any intervention should involve the core component at each level of influence to be successful (Glanz et al., 2008). According to the social-ecological model of violence, violence occurs at different levels of a social system: from an individual (micro system) to a macro level; and it manifests in different forms as it evolves. Violence occurring in informal settlements is explained by different levels of the ecological model: it takes place at the individual level, but is informed by the other levels of a social system that perpetuate or facilitate its occurrence.

Materials and Methods

This was a quantitative study conducted in informal settlements in four wards in Iringa town, Tanzania, in May 2015. The town is located in the southern highlands of

Tanzania. Iringa comprises of 5 districts with a total population of 996,105, as per the 2017 population projection (FinScope Tanzania, 2017). Prior to 2012, the total area was 58,936km² (22,755mile²), of which land area was 56,864km² (21,955mile²), and a water area of 2,070km² (800mile²) (https://en.wikipedia.org/wiki/Iringa_Region).

Study Design and Population

We conducted cross-sectional population-based household survey among married/cohabited women aged 15–60 years, who were residents of the study community for at least 12 months prior to the study. We selected this group as it is the one at the highest risk of IPV. The study employed purposive sampling to select four (4) wards of the Iringa town district with informal settlements: Mkwawa, Mwangata, Mlandege, and Ruaha. Furthermore, the study employed a random selection to select households as well as participants, whose total number was 300. Moreover, we collected secondary data using literature search that highlighted the prevalence and predictors of intimate physical partner violence among women in Tanzania.

Data Collection Procedures

Data was collected by five research assistants who were degree-holders in social sciences, and who were trained three days before data collection. The training covered sampling, interview techniques, and ethical issues; with an emphasis on the importance of confidentiality. The original questionnaire was in English, which experts in both languages translated to Kiswahili; and then another person back-translated it to English to ensure consistency and accuracy. The questions focused on socio-demographic characteristics of the participants and their partners, violence situations faced by the participants, and a four-point Likert scale measuring acceptance of IPV. The principal investigators closely supervised the data collection process. Prior to the actual study, we conducted a pre-test study in one ward in Kibaha town that consisted of 10% of the total sample size to practically acquaint the research assistants with the administration of the questionnaire and the interview process, and to check the clarity and flow of the questions.

Measurements

The independent variables in this study were variables that have been theoretically, empirically, and conceptually linked to IPV such as area of residence, age, level of education, occupation, marital status, and alcohol consumption. These and other related variables were categorized into groups, where some were further subdivided for bivariate and multivariate analysis.

Data Analysis

The pre-coded responses were double-entered into SPSS version 19 for data checking, cleaning, bivariate and multivariate analysis. The study measured socio-economic status by constructing a wealth index using the principal component analysis. We did binary analysis to identify characteristics that differentiated ever-married/cohabited women who had experienced intimate partner violence from those who had not. Association between variables was ascertained by chi square, and significance was set at a p-value of 0.05.

Ethical Considerations

The Institutional Review Board of the Muhimbili University of Health and Allied Sciences approved the scientific and ethical integrity of the study. Further study permissions to conduct the study were sought from regional and district authorities. Written consents from all respondents were sought prior to participating in this study. All information was kept confidential, with names excluded from the recorded materials to avoid giving away the identity of the participants.

Results

As mentioned earlier, the aim of this study was to assess the prevalence and factors associated with IPV among women. A total number of 300 women were interviewed. Table 1 shows the characteristics of the study participants.

Table 1: Socio-demographic Characteristics of the Study Sample

Variable	N	%
Age: N=300		
15–24	61	20.3
25–34	139	46.3
35–44	59	19.7
45–54	37	12.3
55+	4	1.3
Marital status:		
Single	32	10.7
Married	176	58.7
Cohabiting	25	8.3
Separated/divorced	50	16.7
Widowed	17	5.7
Type of marital status (N=262)		
Religious	117	44.7
Civil	5	1.9
Customary	57	21.8
Cohabiting	83	31.7
Level of education: N=289		
Incomplete primary school	14	4.8
Completed primary school	183	61
Incomplete secondary school	22	7.3
Secondary education	65	21.7
College	5	1.7
Occupation (N=300)		
Civil servant	23	7.7
Self employed	54	18
Farmer	53	17.7
Business person	100	33.3
Unemployed	68	22.7
Other (students)	2	0.6

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As Table 1 shows, most of the participants (46%) were aged between 25 and 34 years. The least were women above 55 years (1.3%). About 59% of the women were married, followed by those who were separated (16.7%). A great proportion of participants (44.7%) had religious marriages, while the least had civil marriages 5 (1.7%). More than 60% had completed a primary level of education.

The study findings showed that there were IPV incidents among women, as summarized in Table 2. According to the findings, the most abused women were those in the category of 25–34 years, whereby 20 (14.4%) reported to have been abused many times; followed by those in 35–44, which was 5 (8.5%).

Table 2: Prevalence of Physical Intimate Partner Violence Among Women in Iringa

Variable	Never (n,%)	Sometimes (n,%)	Many times (n,%)
Age			
15–24	43 (70.5)	16 (26.2)	2 (3.3)
25–34	75 (54)	44 (31.7)	20 (14.4)
35–44	36 (61)	18 (30.5)	5 (8.5)
45–54	21 (56.8)	12 (32.4)	4 (10.8)
55+	3 (75)	0 (0)	1 (25)
Total	178 (59.3)	90 (30)	32 (10.7)
Marital status			
Single	26 (81.2)	6 (18.8)	0 (0)
Married	97 (55.1)	65 (36.9)	14 (8)
Cohabiting	35 (70)	10 (20)	5 (10)
Separated/divorced	8 (32)	6 (24)	11 (44)
Widowed	12 (70.6)	3 (17.6)	2 (11.8)
Total	178 (59.3)	90 (30)	32 (10.7)
Type of marital status			
Religious	62 (53)	50 (42.7)	5 (4.3)
Civil	3 (60)	2 (20)	1 (20)
Customary	30 (52.6)	15 (26.3)	12 (21.1)
Cohabiting	56 (67.5)	16 (19.3)	11 (13.3)
Total	151 (57.6)	82 (31.3)	29 (11.1)
Level of education			
Pre-primary	6 (42.9)	6 (42.9)	2 (14.3)
Incomplete primary school	108 (59)	55 (30.1)	20 (10.9)
Completed primary school	18 (81.80)	1 (4.5)	3 (13.6)
Incomplete secondary school	37 (56.9)	24 (36.9)	4 (6.2)
College	5 (100)	0 (0)	0 (0)
Occupation			
Civil servant	6 (26.1)	17 (73.9)	0 (0)
Self employed	30 (55.6)	20 (22.6)	4 (7.4)
Farmer	32 (60.4)	12 (22.6)	9 (17)
Business person	57 (57)	26 (26)	17 (17)
Unemployed	51 (75)	15 (22.1)	2 (2.9)
Other (students)	2 (100)	0 (0)	0 (0)

Regarding marital status, those who were married reported to be abused many times 14 (8%), followed by those who were separated 11 (44%). This could be explained by the fact that many women who are married suffer from IPV incidences, and most of them do not report these cases as they adhere to the kind of socialization they received from their parents that women should bear abuses without complaints.

On the type of marital types, those with customary marriage reported to be abused many times 12 (21.1%), compared to other types of marriages. This could be explained by the fact that, in customary marriages, men can rely on the traditions and culture of their context; and in many settings cultures and traditions seem to oppress women and socialize them to obey their husbands: failure to that they suffer from IPV. Women with incomplete primary school education reported to be abused many times compared with other groups 20 (10.9%). This could be caused by the fact these women do not have the power to report IPV incidences, and some of them might fail to know the right paths to follow when they face IPV. On occupation, those who were doing business reported to be abused many times compared to other occupations 17 (17%). This could be explained by the fact that some men use violence as a mechanism for the subordination and control of women, especially where women seem to be independent financially.

The study found the prevalence of IPV was more among women aged 25–34 years in the informal settlements of Iringa. This could be caused by the fact that in this age male partners are young and active, hence perpetrating IPV to their female partners. This corroborates findings from other studies on physical violence in informal settlement, such as those of Uganda, which reported that 68% of women had experienced physical IPV, and most of the women who had been worse affected were poor, not educated, and disadvantaged (UDHS, 2016). Also, a study on domestic violence and health conducted in Pakistan reported IPV prevalence of 44% (Tazeen et al., 2011).

Frequency of IPV by Type of Abuse

Table 3 shows the frequency of IPV by type of abuse among women in Iringa. The findings show that physical abuse consisted of things like slapping, pushing, hitting by fist, beating, and choking. About 40.7% of the participants reported to have been physically abused. In this situation, slapping was the most experienced abuse; which was reported by 38.3% of the women. This could explain that there are many forms of IPV occurring but people do not report them, and sometimes they ignore them, thus increasing the problem of IPV in their places.

In this study, emotional violence consisted of the threat to use weapon, constant belittling, controlling behaviours, restricting access to information or assistance, isolating from family/friends, and humiliation. In this study, a total of 41.3% of the women reported to have been emotionally abused. This could explain the fact that people suffer from this kind of abuse and do not report it because they think it is kind

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Table 3: Frequency of Intimate Partner Violence by Type of Abuse Among Women

Abuse type	Never (n,%)	Sometimes (n,%)	Many times (n,%)
Physical in general	178 (59.3)	90 (30)	32 (10.7)
Slapping	185 (61.7)	82 (27.3)	33 (11)
Pushing	204 (68)	65 (21.7)	31 (10.3)
Hit by fist	248 (82.7)	22 (7.3)	24 (8)
Beating	191 (63.7)	76 (25.3)	33 (11)
Chocked	275 (91.7)	5 (1.7)	29 (6.7)
Emotional in general	176 (58.7)	81 (27)	43 (14.3)
Threatened to use weapon	259 (86.3)	27 (9)	14 (4.7)
Constant belittling	198 (66)	32 (10.7)	70 (23.3)
Controlling behaviours	242 (80.7)	22 (7.3)	36 (12)
Restricting access to information	245 (81.7)	25 (8.3)	30 (10)
Or assistance			
Isolating from family/ friends	241 (80.3)	40 (13.3)	19 (6.3)
Humiliating	224 (74.7)	45 (15)	31 (10.3)
Sexual in general	213 (71)	44 (14.7)	43 (14.3)
Forced sex	238 (79.3)	48 (16)	14 (4.7)
Threatened to be divorced	226 (75.3)	22 (7.3)	52 (17.3)
Humiliating sex	239 (79.7)	45 (15)	16 (5.3)

of a minor abuse. Abuse by belittling was reported to happen many times 70 (23.3%), followed by controlling behaviour, which was reported by 36 (12%) of the women. The least reported abuse among women was the threat to use weapons, which was reported by 14 (4.7%) of the women. This could be explained by the fact that the threat to use weapons if reported can have big consequences to the perpetrator, like being taken to court and fined. that is why these incidences are rare.

Moreover, sexual abuse in this study constituted of forced sex, threat to be divorced, and humiliating sex. Generally, 29% of the women reported to have experienced sexual abuse. This could be explained by the fact that most women bear with sexual abuse and sometimes do not report these cases because they are socialized to obey their husbands and satisfy them sexually. Threat to be divorced was the most experienced sexual abuse, reported by 17.3% of the women, and was reported to happen many times. Again, because of the way girls are socialized in many societies—that they should keep their marriages no matter what—they are told to stay in their marriages and bear up with abuses to make their marriage survive even when they are beaten or suffer from other kinds of IPV. Additionally, more than 15% of the women reported to experience forced sex and humiliating sex from their partners sometimes in their lives. Again, this could be explained by traditions and customs, and the way women are viewed in many societies: that they should be submissive to their husbands even in case of IPV like forced sex, because women are there to satisfy the sexual needs of men.

Association between Physical IPV and Independent Variables

Table 4 summarises the findings on the association between physical IPV and independent variables. As the table shows, women in the age category of 25–34 years reported to be abused 64 (46%). On the marital status, those who were divorced/separated reported to be abused to the maximum (68%), followed by those who were married (44.9%). This could explain why are these women divorced or separated, and IPV could be the main factor behind their separations/divorces.

Table 4: Association Between Physical IPV and Independent Variables

Women characteristics	Physical IPV		P value
	Abused	Non-abused	
Age (years)			
15–24	18 (29.5)	43 (70.5)	0.249
25–34	64 (46)	75 (54)	
35–44	23 (39)	36 (61)	
45–54	16 (43.2)	21 (56.8)	
55+	1 (25)	3 (75)	
Marital status			
Single	6 (18.8)	26 (81.2)	0.001
Married	79 (44.9)	97 (55.1)	
Cohabiting	15 (30)	35 (70)	
Separated/divorced	17 (68)	8 (32)	
Widowed	5 (29.4)	12 (70.6)	
Type of marital status			
Religious	55 (47)	62 (53)	0.178
Civil	2 (40)	3 (60)	
Customary	27 (47.4)	30 (52.6)	
Cohabiting	27 (32.5)	56 (67.5)	
Level of education			
Pre primary	8 (57.1)	6 (42.9)	0.045
Completed primary school	75 (41)	108 (59)	
Incomplete secondary school	4 (18.2)	18 (81.8)	
Secondary	28 (43.1)	37 (56.9)	
College	0 (0)	5 (100)	
Occupation			
Civil servant	17 (73.9)	6 (26.1)	0.001
Self employed	24 (44.4)	30 (55.6)	
Farmer	21 (39.6)	32 (60.4)	
Business person	43 (43)	57 (57)	
Unemployed	17 (25)	51 (75)	
Other (students)	2 (100)	0 (0)	

Regarding the type of marriage, those with civil marriage (47.4%) were more abused than those in other types of marriage. Marital status was highly associated with physical IPV (p=0.001). Most women (57.1%) with pre-primary school and secondary level of education (43.1%) reported to be more abused than others. The

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level of education was associated with physical abuse ($p < 0.05$). Other studies have reported that women with primary education are less likely to report lifetime IPV (Deveci et al. 2007; Malcoe et al., 2004). Concerning age, this was associated with more episodes of physical IPV since women aged 25–34 years reported this abuse more, as compared to other groups. Furthermore, the study findings reveal that business women were associated more with physical abuse than others. Similar findings have been reported in other studies (Deveci et al., 2007; Malcoe et al., 2004; Koenig, 2003).

Emotion Abuse

The study inquired if participants had been abused by their intimate partners emotionally. Table 5 summarises the findings.

Table 5: Emotional IPV by Women Characteristics

Women characteristics	Emotional IPV		P value
	<i>Ever Abused</i>	<i>Never Abused</i>	
Age (years)			
15–24	22 (36.1)	39 (63.9)	0.471
25–34	65 (46.8)	74 (53.2)	
35–44	23 (39)	36 (61)	
45–54	13 (35.1)	24 (64.9)	
55+	1 (25)	3 (75)	
Marital status			
Single	10 (31.2)	22 (68.8)	0.002
Married	80 (45.5)	96 (54.5)	
Cohabiting	12 (24)	38 (76)	
Separated/divorced	17 (68)	8 (32)	
Widowed	5 (29.4)	12 (70.6)	
Type of marital status			
Religious	53 (45.3)	64 (54.7)	0.491
Civil	3 (60)	2 (40)	
Customary	25 (43.9)	32 (56.1)	
Cohabiting	30 (36.1)	53 (63.9)	
Level of education			
Pre primary	7 (50)	7 (50)	0.613
Completed primary school	71 (38.8)	112 (61.2)	
Incomplete secondary school	7 (31.8)	15 (68.2)	
Secondary education	29 (44.6)	36 (55.4)	
College	3 (60)	2 (40)	
Occupation			
Civil servant	18 (78.3)	5 (21.7)	0.003
Self employed	21 (38.9)	33 (61.1)	
Farmer	24 (45.3)	27 (54.7)	
Business person	39 (39)	61 (61)	
Unemployed	22 (32.4)	46 (67.6)	
Other (students)	2 (100)	0 (0)	

Participants aged 25–34 years reported to have been more ‘ever abused’ emotionally 65 (46.8%), compared to other age groups. The least abused age group was of 55+ years, whereby only 1 (25%) reported being abused. Regarding marital status, those who were divorced/separated reported to have been more ‘ever abused’ emotionally (68%) compared to the other categories. The least category of people to report to have been ‘ever abused’ emotionally were cohabiting people (24%). This could be explained by the fact that if they are cohabiting, then partners fear to become perpetrators of IPV because if they do so their partners might leave them completely, that is why there were rare incidences of IPV among this group of people.

Moreover, marital status was associated with reporting IPV ($p=0.002$). This corroborates findings by other studies (Catalano, 2007; Graham et al., 2011), which report that females aged below 25 years have low risk of fatal IPV. Also, those who were married reported to have been ‘ever abused’ emotionally more compared to the other categories. The least to report to have been ‘ever abused’ emotionally were widows. In this category of marital status, those with religious marriages reported to have been more ‘ever abused’ emotionally compared to the others; and the least to reported to have been ‘ever abused’ emotionally were those with civil marriage.

Sexual IPV

Furthermore, the study inquired if participants had been abused sexually by their intimate partners. As Table 6 shows, the age category of 35–44 years was more associated with experiencing sexual abuse (33.1%) compared with other age categories. The age group that was least associated with sexual abuse was that of 15–24 years (16.4%). According to the results, age is not linked to sexual IPV ($p>0.05$). With respect to marital status, 56% of the participants who were separated reported sexual abuse, while single participants were the least sexually abused (6.2%). In the category of the type of marriage, those who had civil marriage were associated with more sexual abuse (60%), with the least abused being those who were cohabiting (18%). Both marital status and marital type were associated with IPV ($p<0.05$).

Concerning education level, about 35.7% of the women with pre-primary education reported sexual abuse, while those with college education were the least associated with sexual abuse 1 (20%). Regarding occupation, those who reported to do businesses were more likely to be associated with being sexually abused 29 (29%) compared to others. Furthermore, being a student was least associated with experiencing sexual abuse 2 (100). This could be explained by the fact that being a student exposes people to a lot of information, including the bad sides of IPV, and even measures to take when faced with IPV; and this is why the incidences of IPV are low among this category of people.

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Table 6: Sexual IPV by Women's Characteristics

Women characteristics	Sexual IPV		P value
	<i>Abused</i>	<i>Non-abused</i>	
Age (years)			
15–24	10 (16.4)	51 (83.6)	0.157
25–34	46 (33.1)	93 (66.9)	
35–44	20 (33.9)	39 (66.1)	
45–54	10 (27)	27 (73)	
55+	1 (25)	3 (75)	
Marital status			
Single	2 (6.2)	30 (93.8)	0.000
Married	63 (35.8)	113 (64.2)	
Cohabiting	6 (12)	44 (88)	
Separated/divorced	14 (56)	11 (44)	
Widowed	2 (11.8)	15 (88.2)	
Type of marital status			
Religious	44 (37.6)	73 (62.4)	0.012
Civil	3 (60)	2 (40)	
Customary	18 (31.6)	39 (68.4)	
Cohabiting	15 (18.1)	68 (81.9)	
Level of education			
Pre primary	5 (35.7)	9 (64.3)	0.613
Completed primary school	49 (26.8)	134 (73.2)	
Incomplete secondary school	4 (18.2)	18 (81.8)	
Secondary	21 (32.8)	44 (67.7)	
College	1 (20)	4 (80)	
Occupation			
Civil servant	19 (82.6)	4 (17.4)	0.000
Self employed	12 (22.2)	42 (77.8)	
Farmer	19 (35.8)	34 (64.2)	
Business person	29 (29)	71 (71)	
Unemployed	8 (11.8)	60 (88.1)	
Other (students)	2 (100)	0 (0)	

In a study in Eastern India on the prevalence of domestic violence among women and related issues, the rate of sexual abuse was found to be 21.2% (Himadri & Deb, 2014). This may be due to cultural reasons that the initiator for sex is usually the husband or another intimate partner: the woman is moulded to satisfy her partner. To a great extent, sex in most traditional societies is a hidden subject of discussion even between a wife and husband, and women are not expected to express their sexual desires, or sexual problems they might facing, to others. This prevailing societal norm might have led men to consider sex as the choice of a husband or male partner, and women are expected to accept this to keep their relationships healthy and strong. Perhaps, men might also not perceive their violent actions as sexual violence.

On the level of education, this study found that more women who had completed primary education reported to have been abused many times compared to those who had higher level of education. This is similar to the findings by Hanson et al. (2009), where respondents with no education or primary education were more likely to justify IPV compared to those with secondary or higher education. With regards to occupation, those who reported to do businesses were associated with being more sexually abused compared to others in that category. Students were least associated with sexual abuse.

Conclusion

This study sought to investigate factors associated with IPV in a sample of women aged 15–49 years living in urban informal settlements of Iringa municipality in Tanzania. The findings from the study show that violence by an intimate partner is a major problem among women in Tanzania. Marital status, marriage type and occupation were the most determinant factors for IPV among women in the study. From the study findings, therefore we recommend that there should be a program promoting awareness of IPV, prevention and steps to be taken when faced with IPV. Health policy-makers should also plan for possible interventions on the prevention of intimate partner violence, including the provision of education on the impacts of IPV to the public.

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