

# Exploring the Determinants of Intimate Partner Violence in the Dar es Salaam Region, Tanzania

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## Abstract

**Background:** Intimate partner violence (IPV) is a significant global health issue and a form of gender-based violence with far-reaching consequences. Estimates indicate that 39% of married women in Tanzania have experienced spousal violence. This study investigated the factors that contribute to intimate partner violence (IPV) in the Dar es Salaam region.

**Methods:** This quantitative study employed a cross-sectional design and questionnaires to survey 280 ever-married men and women who had experienced violence during data collection. Participants were randomly selected from social welfare departments, and logistic regression analysis was used to determine the key determinants of IPV.

**Results:** The study identified several key determinants that significantly influenced IPV, including economic dependence ( $p=0.009$ ), cohabitation ( $p=0.020$ ), having multiple sexual partners ( $p=0.050$ ), parental influence ( $p=0.032$ ), unplanned pregnancies ( $p=0.042$ ), low property ownership ( $p=0.006$ ), and alcohol abuse ( $p=0.024$ ).

**Conclusion:** Traditional gender roles enforce rigid expectations for men and women and create power imbalances that perpetuate IPV. This study calls for proactive interventions by the local government and stakeholders, such as religious leaders, to reduce IPV. These include promoting economic empowerment, gender equality, and providing accessible support services for survivors.

**Keywords:** Intimate partner, violence, economic dependence, Dar es Salaam

## Introduction

Intimate partner violence (IPV) is a form of gender-based violence, which is a pervasive socioeconomic problem and a widespread international public health issue (Robertson et al., 2020; UNHCR, 2021; WHO, 2019). Attention from both

developed and developing nations to intimate partner violence has been due to its increased incidence and its associated demographic and health consequences for both men and women (UNHCR, 2021). Although intimate partner violence is prevalent in all societies, the level and

the degree to which it is considered acceptable vary greatly (Devries et al., 2013). According to Ahmadabadi et al. (2021) and Nyato et al. (2019), IPV is experienced by both men and women worldwide, although data on IPV perpetrated by women are scant.

Globally, intimate partner violence shows that 27% of ever-married women experience intimate partner violence at some point in their lives (WHO, 2021). A report by the Centre for Disease Control (CDC) reveals that in developed countries, the USA in particular, approximately 41% of women intimate partner violence survivors have experienced physical injury in their lifetime compared to 14% of men intimate partner violence survivors, whereby one in four females and one in seven men reported being victims of physical violence by an intimate partner. Intimate partner violence affects millions of people worldwide (Covid et al., 2021). Complex interactions, such as educational and occupational factors, substance abuse, and cultural norms, where men's dominance syndrome goes beyond laws and rules, have all played a part in the rise of intimate partner violence (WHO, 2019).

Intimate partner violence, which encompasses physical, emotional, psychological, economic, and sexual violence, is widespread in sub-Saharan Africa, accounting for 33% of cases (WHO, 2021). Available data have shown that sub-Saharan Africa faces a high level of IPV. For example, 55.5% of ever-married women in South Africa, 30% in Ghana, 27% in Uganda, and 26% in

the Democratic Republic of Congo have experienced intimate partner violence, while 25% in Ethiopia, 24% in Zimbabwe, and 61% in Gambia have faced this issue (Acosta et al. 2020; Nyato et al., 2019). In Malawi, research shows intimate partner violence is estimated to be 73.2%, which is higher than the percentage reported by other studies, resulting in stillbirth, abortion, and premature delivery (Chilanga et al., 2020).

In developing countries, factors contributing to IPV are deeply rooted in sociocultural norms, economic conditions, and systemic inequalities (Shakya, 2016). A previous study revealed that patriarchal traditions often condone or tolerate violence against women, while economic dependency on male partners exacerbated women's vulnerability to IPV. Moreover, conflict and post-conflict environments in several sub-Saharan African countries have contributed to the normalization of violence against women.

In East Africa, particularly Kenya, Uganda, and Tanzania, cultural norms that prioritize male authority and control over women are deeply entrenched, often justifying and perpetuating violence (Peirone, 2019). There are significant challenges related to intimate partner violence, with factors unique to the region leading to this problem. Economic hardship and limited access to education and employment opportunities among women contribute to their vulnerability (Heath, 2014). Moreover, legal and institutional responses to IPV are often inadequate, with weak enforcement of laws and limited support for victims.

The Tanzanian government has implemented several strategies to address intimate partner violence (IPV) in the country. These include developing the National Policy Guidelines for the Health Sector Prevention and Response to Gender Violence of 2011, enacting the Law of Marriage Act of 2019, which prohibits physical abuse or violence against wives, and incorporating constitutional provisions that prohibit gender discrimination and guarantee equality. Additionally, the government has facilitated the existence of non-governmental organizations such as the Tanzania Women Lawyers Association (TAWLA) and Together to End Violence Against Women (TEVAW). It has ratified international agreements, such as the Convention on the Elimination of All Forms of Discrimination Against Women, the International Covenant on Civil and Political Rights, the African Charter on Human and Peoples' Rights, and the SADC Gender and Development Protocol. These legal frameworks and institutional initiatives demonstrate Tanzania's commitment to tackling gender-based violence and promoting gender equality.

Despite the Tanzanian government's efforts to address intimate partner violence, studies indicate that the incidence has continued to increase, especially in urban areas like Dar es Salaam (Abiona & Koppensteiner, 2018; Kapiga et al., 2017; Kazaura et al., 2016). Research by various organizations has revealed that IPV has led to severe negative consequences for victims,

including mental health issues like depression and chronic illnesses, physical injuries and disabilities, increased HIV risk, infidelity, and even death (Gibbs, 2016; Covid et al., 2021). These findings suggest that the legal frameworks and institutional measures put in place have not been fully effective in curbing the rising trends of intimate partner violence and its detrimental impacts on victims' livelihoods and well-being.

Therefore, the purpose of this study was to investigate the determinants of IPV in Dar es Salaam, and the specific research question was: Why is intimate partner violence persisting and increasing at the household level in the Dar es Salaam region? This study highlights the underlying factors contributing to the persistent and increasing prevalence of intimate partner violence at the household level in Dar es Salaam, thereby earmarking and informing legal frameworks, policymakers, gender activists, and religious leaders about areas of concern in preventing and eradicating intimate partner violence at the household level.

## Literature Review

This section presents the guiding theory of the study and what is going on in the body of knowledge regarding the determinants of intimate violence among spouses.

## Theoretical Framework of the Study

The General Aggression Model (GAM) guides this study. GAM is a detailed framework that explains how personal situations and various factors, such as social, mental, developmental, and biological aspects, can increase the chances of human aggression (Anderson & Bushman, 2002). The model assumes that human aggression is heavily influenced by beliefs, attitudes, perceptual schemata, expectation schemata, and behavioral scripts. Aggression can arise from blocking or frustrating a person's efforts to attain a goal (Allen et al. 2018). Researchers such as He and Xiang (2021) and Tetreault et al. (2021) have utilized the GAM model to examine aggressive behavior, as it offers a comprehensive and widely accepted approach to understanding the roots of aggression in individuals. In the context of this study, the GAM provides a useful lens to explore how personal and situational factors shape aggressive behavior, which subsequently leads to intimate partner violence at the household level in the Dar es Salaam region.

## Empirical Review

Report by the Stockman et al. (2015) shows that globally, IPV operates on several factors, including societal, communal, relational, and individual factors. Based on these factors, IPV can be categorized as sexual, physical, social, or psychological violence, causing serious short- and long-term physical, mental, sexual, and reproductive health problems in IPV survivors. Based on new

data from 161 countries and areas, it is thought that between 22 and 30 percent of ever-partnered women aged 15 or older had experienced IPV at least once in their lifetime (SDG indicator 5.2.1), and between 8 and 12 percent had experienced it in the past year (WHO, 2021). Trend analysis of data until 2018 indicates that over the past two decades, there has been insufficient progress in reducing IPV against women, highlighting the critical need for continued efforts to address this issue.

Peirone's (2019) research on intimate partner violence (IPV) in sub-Saharan Africa examined its patterns, characteristics, and effects at multiple levels. Peirone's research found that countries in sub-Saharan Africa do not do much to enforce laws against IPV, even though they already have laws against domestic violence and gender discrimination. Such findings show that local norms surpass laws and regulations, as cultural norms accept domestic violence and support a culture of silence on family matters. Thus, the laws lose their effectiveness.

Similarly, Bhalotra et al. (2019) revealed that a 1% increase in the male unemployment rate is associated with a 2.8% increase in intimate partner violence among women, while an increase in female unemployment of 1% is associated with a 2.9% reduction in the incidence of violence. This study links an improvement in women's employment opportunities with an increase in violence towards their partners. This conclusion corroborates the study by Ranganathan

et al. (2021) in South Africa, which revealed that increased income allows women to make decisions, exert self-control, enhance their bargaining power, and reduce their dependence on abusive partners, but also indicates a higher likelihood of experiencing IPV with rising income or new loans. The finding suggests that men might feel threatened by the improved economic status of their wives, leading to increased violence as they attempt to reassert their roles as decision-makers and providers.

Prior research revealed that IPV in Tanzania is rampant, leaving most survivors, mostly women, suffering from life difficulties as a result of abandonment, neglect, and separation. Chegere & Karamagi (2020) and Ahinkorah (2021) highlight that IPV in Tanzania is influenced by the younger age of the male partner, polygamy, and cohabiting lifestyle of couples and women engaging in income-generating activities, where men feel deprived of their most significant roles as breadwinners and decision-makers. This finding was also supported by Boateng and Tenkorang (2023), who stated that, in most cases, male perpetrators violate their wives once they fail to provide for the home's needs despite being engaged in productive work. Similarly, Magesa and Kadege (2016) commented that alcoholism, income poverty, and forced and early marriages were the main factors for IPV, leaving women suffering from sexually transmitted diseases and physical and psychological harm.

From the reviewed literature, there have been contradictory ideas on the

factors for IPV, as some revealed that the higher the education and payable for women, the lower the prevalence of intimate partner violence. In comparison, other studies viewed higher education and payable work for women as a factor for violence. Some other findings revealed that the male unemployment rate is associated with an increase in intimate partner violence; an improvement in women's employment opportunities is associated with increased violence toward their partners; and interventions with microfinance and gender equity to empower women featured in intimate partner violence. This study sought to bridge the knowledge gap by exploring the underlying factors contributing to IPV in Tanzania, specifically in the Dar es Salaam region.

## Methodology

### Research Design

This study adopted a cross-sectional research design because it allowed data collection for multiple variables from a representative sample at a single point in time to acquire information on a group of people with varied characteristics such as preferences, attitudes, behaviors, and interests toward a specific problem (Bryman, 2008; Creswell, 2014).

### Research Setting

The research took place in the Dar es Salaam Region, focusing on the older districts of Kinondoni, Temeke, and Ilala, while omitting the newer districts of Kigamboni and Ubungu established in 2016 due to the increasing population

(TBS, 2018). This region was selected for its significant prevalence of IPV cases on the Tanzanian mainland, as indicated by reports detailing spousal homicides, separations, and divorces in local newspapers including the *Mwananchi* Newspaper of September 6th, 2022 (Sauwa, 2022); Habari Leo of Saturday, October 2nd, 2021; and *Nipashe* Newspaper of Thursday, October 7th, 2021 (Njoji, 2021). These reports noted the killings of 900 spouses and increased divorce cases as well as the statistic that 300 marriages are broken in DSM per Month, besides NBS, (2021) and TDHS, (2016) reports, which highlight the need for intervention.

Additionally, as the country's largest region and major commercial and industrial center, Dar es Salaam comprises a large number of people—about 5.4 million (NBS, 2022)—from various parts of the country, with diverse population groups and cultures; thus, the population's behavior and lifestyle primarily influenced the present location of the study in Dar es Salaam.

## Sampling

This study explicitly used systematic random sampling to gather quantitative data from survivors in social welfare departments, taking into account every visiting intimate partner survivor as a potential participant. At the social welfare department, the visited survivors were required to list their names for “first-in, first-out.” The list was used under the collaborative efforts of the social workers to determine the selection interval ( $k$ ),

which then helped to choose every  $k$ th survivor until the required sample size on a particular day was reached. As a rule of thumb, it was planned for at least seven to ten survivors to complete the administered questionnaire at the social welfare department. The same process was applied to other social welfare departments until the required sample size was obtained.

Moreover, social welfare officials who maintained registries for individual survivors provided verified lists of 933 intimate partner survivors to ensure accurate identification and inclusion in the study. Using Yamane's formula for sample size determination with a 5% margin of error ( $e=0.05$ ), the calculated sample size included 280 survivors.

## Data Collection

The researcher administered a questionnaire consisting of closed-ended and open-ended questions to all 280 respondents. The questionnaire was adapted from the World Health Organization (WHO) guidelines of 2001 on the ethical collection of information on domestic violence and the Tanzania Demographic and Health Survey of 2015/2016.

Before collecting data, the study validated the tools through a pilot study involving 30 participants (Pallant, 2005; Saunders et al., 2003). This task was performed to determine if the tools provided the expected results, how long it would take to collect the data, and ensure that the study population was available. The questionnaire was



subjected to a reliability test using the internal consistency approach to measure reliability using Cronbach's alpha, which is one of the most widely used measures of reliability in social sciences (Anasel, & Swai, 2023).

### Data Analysis

The study analyzed the quantitative data using descriptive statistics and a binary logistic regression model, with intimate partner violence as the dependent variable. Data were cleaned and coded before being entered into the IBM Statistical Package for the Social Sciences (SPSS). Frequency distributions and percentages were used to illustrate the demographic characteristics of individual IPV survivors. We used binary logistic regression to identify predictors of IPV, modeling the likelihood of an individual facing IPV based on several predictor variables.

### Ethical Considerations

A research permit for data collection was granted by Mzumbe University, where the researcher studied. Thereafter, the Dar es Salaam regional administrative secretary granted permission to collect data in the region, particularly in specified districts. The social workers introduced the researcher to the survivor respondents at the social welfare department. The lead researcher explained the purpose of the study to the respondents, informing them that their participation was voluntary and that they could withdraw from the study at any time. Respondents were assured of the privacy and confidentiality of the information provided by anonymizing

data and using secure methods for data storage.

## Results and Discussion

### Demographic Characteristics of Respondents

Table 1 summarizes the demographic characteristics of intimate partner survivors. Despite the small number of male participants (13.9%) compared to females (86.1%), the study revealed that men were willing to freely participate in the study on intimate partner violence when approached in a friendly manner and provided the opportunity to speak out.

However, the study also found that men were often unwilling to report or file IPV cases with social welfare officials or authorities. These findings are consistent with previous reports, such as the Tanzania Women Lawyers Association's (TAWLA, 2014) experiences in legal aid services, which indicated that the issue of men being beaten by their wives is on the rise but rarely reported. Regarding the marital status of the respondents, the study revealed that 14.6% of respondents were legally married, while 38.2% of intimate partners were separated. The proportion of participants who cohabited was 33.9%, and 13.2% were divorced. Additionally, the study found that 38.2% of couples experienced separation, with some unaware of their partners' whereabouts.

As summarized in Table 1, the findings revealed that 58.2% of respondents held primary school education, 25% held

secondary education, and 9.3% held college and university education. The study findings revealed that the higher the educational level, the lower the percentage of IPV cases filed with street executive officers and social welfare officials. Thus, in most cases, educated intimate partners were able to manage violence without resorting to filing cases with street executive officers or social welfare officers. The findings of this study agree with Heath (2014) that, the higher the level of schooling, the lower the likelihood of IPV perpetration.

The findings showed that 70.4% of respondents were self-employed, of which the majority (29.3%) earned Tshs 1000 to 3000 per day, which, in turn, seems unaffordable to meet daily family needs. The findings corroborate Heath's (2014) finding that low pay or low income, particularly for females at the household level, influence intimate partner violence because they depend on their male counterparts and lack bargaining power. The present study showed that with such a small amount earned, intimate partners

still experience violence at the household level. The findings revealed that 51.8% of the respondents had a household size of four or above as revealed by National Census of 2022 (NBS, 2022). However, the findings revealed that 41.4% of respondents had fewer than four household members because of early separation within a few years of cohabitation or marriage.

In Tanzania, there are a significant number of young people or youth (NBS, 2022), and the data in Table 1 show that most youths aged 18–35 experienced intimate partner violence (IPV) at a higher rate (50.4%) than young adults (29.3%), middle-aged adults (18.2%), and the elderly (2.1%). The results correspond to the findings of Korkmaz (2021), which suggest that young intimate partner violence has become an increasingly recognized social problem due to gender norms, societal norms, social arenas, and individual factors that affect youth victimization and young adults' ability to endure abusive relationships.



**Table 1**  
*Demographic Characteristics of Respondents*

Characteristic	Description	Frequency	Percent	Total Frequency
Sex	Male	39	13.9	280
	Female	241	86.1	
Marital status	Married	41	14.6	280
	Co-habited	95	33.9	
	Divorced	37	13.2	
	Separated	107	38.2	
	Non-formal education	21	7.5	280
Education level	Primary education	163	58.2	
	Secondary education	70	25.0	
	Tertiary/College education	26	9.3	
Occupation	Employed	29	10.3	280
	Self-employed	197	70.4	
	Student	3	1.1	
	Not employed	49	17.5	
	Retired officials	2	0.7	
Grouped Household size	Less than 4	116	41.4	280
	4-7	145	51.8	
	More than 7	19	6.8	
Grouped daily earnings	Not reported	54	19.3	280
	1000-3000	82	29.3	
	3001-5000	45	16.1	
	5001-10,000	49	17.5	
	10,001-20,000	34	12.1	
	20,001-50,000	16	5.4	
Age group	Youths (18-35)	141	50.4	280
	Young adults (36-45)	82	29.3	
	Middle adults (46-60)	51	18.2	
	Elderly (Over 60)	6	2.1	

Source: Field data, 2023

**Factors Contributing to IPV at the Household Level**

This study employed binary logistic regression to establish the underlying factors for IPV in the Dar es Salaam Region. The binary logistic regression results clearly show how different factors affect the likelihood of intimate partner violence, with several variables showing significant relationships, as summarized in Table 2.

**Table 2:**  
*Binary Logistic Regression Analysis Results on Factors Influencing IPV at the Household Level*

Description	B	S.E.	Wald	Df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Spouse education level	.268	.490	.299	1	.585	1.307	.500	3.414
Spouse income level	.521	.485	1.155	1	.283	1.684	.651	4.354
Influence of alcohol abuse	-.983	.435	5.098	1	.024	.374	.160	.878
Peers and friends influence	.304	.392	.604	1	.437	1.356	.629	2.920
Family house status	.705	.431	2.674	1	.102	2.024	.869	4.710
Unplanned pregnancy	.702	.345	4.129	1	.042	2.018	1.025	3.971
Spouse age influence	.739	.575	1.655	1	.198	2.095	.679	6.460
Multiple sexual partners	.939	.501	3.514	1	.050	2.558	.958	6.832
Spouse's parents influence	.881	.410	4.609	1	.032	2.412	1.080	5.389
Having formal marriages	-.637	.429	2.199	1	.138	.529	.228	1.227
Been cohabited	1.337	.575	5.406	1	.020	3.807	1.234	11.750
Weak legal sanctions	-.213	.477	.200	1	.655	.808	.317	2.057
Low paternal/maternal education	-.252	.480	.277	1	.599	.777	.303	1.990
Failure of sexual need satisfaction	-.045	.458	.010	1	.921	.956	.390	2.345
Number of family size	.262	.506	.269	1	.604	1.300	.482	3.502
Spouse property ownership	-1.632	.596	7.488	1	.006	.196	.061	.629
History of domestic violence	-.443	.594	.555	1	.456	.642	.200	2.058
Economic dependency	1.365	.526	6.747	1	.009	3.918	1.398	10.978
Spending much time in church	-.485	.447	1.179	1	.278	.616	.256	1.478
Loans from money lenders	.210	.426	.242	1	.623	1.233	.535	2.845
Misuse of smartphones	.859	.549	2.451	1	.117	2.362	.805	6.925
Imitating the lives of others	-.999	.790	1.598	1	.206	.368	.078	1.733

Source: Field data, 2023

Table 2 includes economic dependence, cohabiting, having multiple sexual partners, getting pregnant without planning, and the influence of the spouses' parents. All these were statistically significant factors that positively affected IPV at the household level. Other significant factors that negatively influenced IPV include property ownership and excessive alcohol consumption. However, such factors strongly influence IPV and reduce the impact of other variables tested, such as spousal education level, peer and friend influence, history of domestic violence, spouse's age, family size, misuse of smartphones, and failure to satisfy sexual needs, among others.

**Economic Dependency**

This variable has a positive coefficient of 1.365 and a significant p-value of 0.009, indicating that as economic dependency increases, the odds of experiencing intimate partner violence (IPV) rise by approximately 3.918 times. Although the surveyed (70.4%) intimate partners were self-employed, the economic hardships still made them economically dependent on their partners, as they could not afford the daily family basic needs due to their low income, mostly ranging from Shs1000 to Sh3000 per day. The study's findings revealed that economic hardships among spouses, particularly among men who fail to provide basic household needs as breadwinners, lead to frequent violence.

The issue of providing daily necessities for the family, such as food, children's bus fares to and from school, and stipends at school, has burdened men to the point where they resort to violence against their wives and neglect or abandon them. These findings support the arguments made by Chegere & Karamagi (2020), who state that the negative aspect of self-employed women's business ventures is that their male perpetrators are likely to depress their business incomes, either by demanding their earnings or by assigning them the responsibility of providing for the family's basic needs with the little they earn. Similarly, the findings are in line with Pathak and Kumar (2023), who highlighted that working women were facing more violence than their non-working counterparts, whereby the odds of physical violence were higher (1.342) for working women than for their partners or husbands who were not working (1.030).

### **Cohabitation**

Living together without official or religious marriages has a significant effect on the odds of IPV (about 3.807 times higher), as shown by the coefficient of 1.337 and p-value of 0.020. The findings revealed that couples simply decide to live together without the consent of their parents or religious leaders until the situation deteriorates. The study findings from respondents available at social welfare offices and household levels showed that 38.2% of respondents with IPV were cohabiting, compared to 33.9% of those with legal marriages. These findings agree with Papadakaki et al.

(2009), who investigated the risk factors for IPV in Greece and found that living together for a few years was a strong predictor of both physical and sexual violence victimization and perpetration. Likewise, Ellsberg et al. (2020) found a very short latent duration between the onset of cohabitation and IPV. These findings are also in line with those of prior studies (Manning et al., 2018), which revealed that cohabiting young adults, compared with marital intimate partners, reported higher levels of intimate partner violence in relationships due to several factors, including but not limited to weaker legal protections, lower social support, and greater relationship instability. Thus, scholars (Ellsberg et al., 2020; Manning et al., 2018) have consistently found higher rates of violence in cohabiting couples compared with legally married couples and have documented differentials in IPV according to union status.

### **Multiple Sexual Partners**

With a coefficient of 0.939 and p-value of 0.050, Table 2 indicates that having multiple sexual partners increases the odds of IPV by approximately 2.558 times. This factor affects both religiously married individuals and cohabiting intimate partners, leading to instances of physical, psychological, and economic violence. Respondents (70%), as per the questionnaire in this study, agreed that extramarital relationships committed by their counterparts were the reason for different forms of violence at the household level. These findings agree with those of Muyingo and Kadengye (2022) and Kazaura et al. (2016), who found that

relationships involving multiple sexual partners are strongly linked to IPV in many African countries. Similarly, the findings corroborate Agboola and Ojo's (2022) finding that men who were violent towards female partners frequently had forced sex or sexual infidelity in that partnership. Men with multiple concurrent sexual partners become violent when their female partners question them about their infidelity, often forcing them to have sex when they resist their advances (Sarkar, 2018).

### **Spouse's Parents' Influence**

The findings revealed that intimate partners' parents influenced violence in several ways. A coefficient of 0.881 and a significant p-value of 0.032, as shown in Table 2, suggest that the influence of intimate partners' parents increases the likelihood of IPV by about 2.412. The findings revealed that there were instances when intimate partners got into violence as a result of parents, particularly mothers-in-law, demanding their daughters once they witnessed or heard them experiencing marriage difficulties related to economic hardships. Occasionally, insults from such a mother-in-law to either an intimate partner can undermine relationships, leading to violence and neglect in particular.

Semenza et al. (2019) added that, in Bangladesh, where men's dominance over their wives is common, gender-equitable decision-making seemed to be salient for children, but they exercised the same once they reached adulthood. In a study by Kaufman-Parks et al. (2017) in the

US, it was found that young adults who experienced IPV in their families were significantly more likely to commit IPV in their marriages ( $p = .028$ ). The findings aligned with the Stockman et al. (2015) report, which stated that children who witness violence or threats of violence between their parents are more likely to exhibit harmful behaviors towards their intimate partners.

### **Unplanned Pregnancy**

This factor has a coefficient of 0.702 and a p-value of 0.042, indicating it is statistically significant; it suggests that experiencing an unplanned pregnancy increases the odds of IPV by about two times (2.018). The findings revealed that unplanned pregnancies were a significant issue among spouses in the study area. Failure to plan together the lifestyle and number of children expected in the family, in addition to economic hardships, increases the risk of violence when unexpected pregnancy occurs. In some scenarios, men have shown their decision whether to live cohabiting or in religious marriage with their partners for some years, without having children, due to economic hardships. When a wife conceives without the consent of both parties, men often retaliate by insulting their wives and occasionally disregarding their relationships. Whitton et al. (2019) painted a rich picture of the IPV experiences of females assigned at birth, whereby physical and sexual violence predominantly occurred at high rates. Other researchers (Pathak & Kumar, 2023) found that physical and sexual violence increased at a high rate

among women from their partners during pregnancy and/or with an increase in the number of children. In Minneapolis, USA, 52% of women reported experiencing physical violence from their partners during pregnancy (Sarkar, 2018).

### Property Ownership

The negative coefficient of -1.632, with a significant p-value of 0.006, suggests that property ownership significantly decreases the odds of IPV by approximately 0.196. This study was conducted to determine whether respondents own physical and/or natural resources such as a house, land, car, space or place for production, livestock, non-agricultural products, safe water, and production tools such as hoes, to name a few. The findings showed that 58.9% of spouses in the study area lived in rented houses, 16.4% in family houses, 23.9% in built houses, and 7% in church houses, with few owning land, livestock, safe and clean water, and production tools. It was revealed that those owning some household livelihood resources, such as land, houses, and production tools, experienced less violence than those without. This shows that with such resources, intimate partners seem to be busy utilizing them for daily earnings instead of being idle and/or seeking a rental fee, which stresses them in one way or another, leading to violence. In the study area, few, if any, of the women owned and thus had access to and control over their houses, land, and spaces compared to their male counterparts. Therefore, women's low property ownership and oppressive traditional

norms forced the majority of them to experience several forms of violence, most importantly, psychological and economic violence (Chegere & Karamagi, 2020). The findings also correspond to prior researchers (Heath, 2014; Miedema et al., 2021), who remarked that spouses, particularly women who control and have access to their resources, are more autonomous and experience less violence than those who do not.

### Alcohol Consumption

Table 2 illustrates how excessive alcohol consumption influenced IPV perpetration among spouses in the study area. A negative coefficient of -0.983 and a significant p-value of 0.024 show that higher alcohol abuse is linked to lower odds of IPV by 0.374, which means that the chance of IPV decreases with excessive alcohol consumption. In the study area, excess alcohol consumption did not emerge as an influencing factor but rather as a coping strategy employed by intimate partner survivors, usually men, from violence. However, these results are different from those of Lee et al. (2023), who used logistic regression analyses. They found that drinking alcohol as an adult significantly predicted IPV perpetration (odds ratio 1.18,  $p = .001$ ). Subsequently, the findings are also contrary to the study by Cadri et al. (2023) on partner alcohol consumption and intimate partner violence among women in Papua New Guinea, which revealed that women whose partners consumed alcohol were more likely to experience physical, sexual, and emotional violence than those whose partners did not consume alcohol.

The findings corroborate the studies by Acosta (2020) and Eves (2021), which found that strict gender roles (including excess alcohol and/or drug abuse) and relations give men more power while making women less powerful and only submissive to men. Alcohol consumption affects a victim's cognitive and physical functions, thereby reducing individuals' self-control and ability to negotiate non-violent resolutions to conflicts within relationships, as substantiated by Stockman et al. (2015). Excessive drinking by a partner can not only result in harmful behavior, but also exacerbate financial difficulties, childcare issues, and infidelity among spouses.

## Conclusions and Recommendations

The present study concludes that mitigating intimate partner violence requires collaborative efforts from parents or families, religious leaders, intimate partners, and activists rather than being solely the responsibility of government and non-governmental organizations. The study also shows that societal norms and the economic dependency of a spouse on others, particularly women, play a pivotal role in perpetuating intimate partner violence. Traditional gender roles, which dictate rigid expectations for both men and women, create an environment in which power imbalances thrive. This imbalance of power enables men to exert dominance and control, perpetuating cycles of violence and humiliation.

Addressing intimate partner violence requires a multifaceted approach that addresses both the immediate needs

of survivors and underlying systemic issues. Local authorities and religious leaders must collaborate to implement comprehensive support services for intimate survivors of violence, including shelters, counseling, and legal assistance. Education and awareness campaigns are essential for challenging harmful gender norms and promoting healthy relationships based on mutual respect and equality. Furthermore, economic empowerment initiatives are critical in addressing the root causes of intimate partner violence. By providing women with access to education, job training, and financial resources, we can empower them to assert their independence and escape the cycles of abuse and poverty. Similarly, efforts to engage men and boys in conversations about gender equality and healthy masculinity are essential for breaking down harmful stereotypes and promoting positive behaviors.

## Limitations of the Study

This study confined itself to ever-married intimate partner survivors who had experienced IPV during data collection, regardless of whether they were in a union. Since the study relied on self-reporting from survivors of IPV experiences, participants might have difficulty recalling events accurately, or they might underreport or exaggerate experiences due to social desirability or trauma-related memory issues. Moreover, the study focused on intimate partner survivors and did not include surveying perpetrators of violence to gather additional factors related to their actions against their intimate partners.



## Declarations

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## References

- Abiona, O., & Koppensteiner, M. F. (2018). The Impact of Household Shocks on Domestic Violence: Evidence from Tanzania. *Domestic Violence*, 59.
- Acosta, D. M. (2020). *Evaluation of a workshop to assist women in overcoming barriers in male-dominated industries* (Doctoral dissertation, Alliant International University).
- Ahinkorah, B. O. (2021). Polygyny and intimate partner violence in sub-Saharan Africa: Evidence from 16 cross-sectional demographic and health surveys. *SSM - Population Health*, 13, 100729. <https://doi.org/10.1016/j.ssmph.2021.100729>
- Ahmadabadi, Z., Najman, J. M., Williams, G. M., Clavarino, A. M., & d'Abbs, P. (2021). Gender differences in intimate partner violence in current and prior relationships. *Journal of Interpersonal Violence*, 36(1–2), 915–937. <https://doi.org/10.1177/0886260517730563>
- Agboola, E. B., & Ojo, T. F. (2022). Marital infidelity and domestic violence among married couples in Ekiti State, Nigeria. In families in Nigeria: understanding their diversity, adaptability, and strengths (Vol. 18, pp. 123-135). Emerald Publishing Limited.
- Allen, J. J., Anderson, C. A., & Bushman, B. J. (2018). The general aggression model. *Current Opinion in Psychology*, 19, 75–80. <https://doi.org/10.1016/j.copsyc.2017.03.034>
- Anasel, M. G., & Swai, I. L. (2023). Factors to determine the adoption of online teaching in Tanzania's universities during the COVID-19 pandemic. *Plos one*, 18(10), e0292065.
- Anderson, C. A., & Bushman, B. (2002). Human aggression. *Annual Review of Psychology*, 53(1), 27-51
- Boateng, J. D., & Tenkorang, E. Y. (2023). A qualitative inquiry of the causes of economic abuse among women in intimate relationships in Ghana. *Journal of Family Violence*, 38(5), 919-930.
- Bhalotra, S., Kambhampati, U., Rawlings, S., & Siddique, Z. (2019). Intimate Partner Violence: The influence of job opportunities for men and women. *The World Bank Economic Review*, 35. <https://doi.org/10.1093/wber/lhz030>
- Bryman, A. (2008). Of methods and methodology. *Qualitative Research in Organizations and Management: An International Journal*, 3(2), 159–168. <https://doi.org/10.1108/17465640810900568>
- Cadri, A., Aboagye, R. G., Frimpong, J. B., Yeboah, P. A., Seidu, A. A., & Ahinkorah, B. O. (2023). Partner alcohol consumption and intimate partner violence among women in Papua New Guinea: A cross-sectional analysis of demographic and health survey. *BMJ open*, 13(3),

- e066486. <https://doi.org/10.1136/bmjopen-2022-066486>
- Chegere, M. J., & Karamagi, I. J. (2020). Intimate partner violence and Labour Market outcomes in Tanzania. *African Journal of Economic Review*, 8(2), 82-101.
- Chilanga, E., Collin-Vezina, D., Khan, M. N., & Riley, L. (2020). Prevalence and determinants of intimate partner violence against mothers of children under-five years in Central Malawi. *BMC Public Health*, 20, 1-14.
- Covid, C. D. C., Team, V. B. C. I., Birhane, M., Bressler, S., Chang, G., Clark, T., ... & Trujillo, A. (2021). COVID-19 vaccine breakthrough infections reported to CDC—United States, January 1–April 30, 2021. *Morbidity and Mortality Weekly Report*, 70(21), 792.
- Creswell, J. W. (2014). *Qualitative, quantitative and mixed methods approaches*. Sage.
- Devries, K. M., Mak, J. Y. T., García-Moreno, C., Petzold, M., Child, J. C., Falder, G., Lim, S., Bacchus, L. J., Engell, R. E., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N., & Watts, C. H. (2013). The Global Prevalence of Intimate Partner Violence Against Women. *Science*, 340(6140), 1527–1528. <https://doi.org/10.1126/science.1240937>
- Division of International Protection, UNHCR, UNHCR Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence (GBV) (2021). *International Journal of Refugee Law*, 33 (3), 506–527, <https://doi.org/10.1093/ijrl/eeac006>
- Ellsberg, M., Ugarte, W., Ovince, J., Blackwell, A., & Quintanilla, M. (2020). Long-term change in the prevalence of intimate partner violence: A 20-year follow-up study in León, Nicaragua, 1995-2016. *BMJ Global Health*, 5(4), e002339.
- Eves, R. (2021). Marital sexual violence and conjugality in highlands Papua New Guinea. *Culture, Health & Sexuality*, 23(7), 976-990. <https://doi.org/10.1080/13691058.2020.1748721>
- Gibbs, A. (2016). Tackling gender inequalities and intimate partner violence in the response to HIV: moving towards effective interventions in Southern and Eastern Africa. *African Journal of AIDS Research*, 15(2), 141–148. <https://doi.org/10.2989/16085906.2016.1204331>
- He, N., & Xiang, Y. (2021). How child maltreatment impacts internalized/externalized aggression among Chinese adolescents from perspectives of social comparison and the general aggression model. *Child Abuse & Neglect*, 117, 105024. <https://doi.org/10.1016/j.chiabu.2021.105024>
- Heath, R. (2014). Women's Access to Labor Market Opportunities, Control of Household Resources, and Domestic Violence: Evidence from Bangladesh. *World Development*, 57, 32–46. <https://doi.org/10.1016/j.worlddev.2013.10.028>
- Kapiga, S., Harvey, S., Muhammad, A. K., Stöckl, H., Mshana, G., Hashim, R.,

- ... & Watts, C. (2017). Prevalence of intimate partner violence and abuse and associated factors among women enrolled into a cluster randomised trial in northwestern Tanzania. *BMC Public Health*, 17, 1-11.
- Kaufman-Parks, A. M., DeMaris, A., Giordano, P. C., Manning, W. D., & Longmore, M. A. (2017). Parents and partners: Moderating and mediating influences on intimate partner violence across adolescence and young adulthood. *Journal of Social and Personal Relationships*, 34(8), 1295-1323.
- Kazaura, M. R., Ezekiel, M. J., & Chitama, D. (2016). Magnitude and factors associated with intimate partner violence in mainland Tanzania. *BMC Public Health*, 16(1), 494. <https://doi.org/10.1186/s12889-016-3161-3>
- Korkmaz, S. (2021). Youth intimate partner violence. In *The Routledge International Handbook of Domestic Violence and Abuse* (pp. 155-170). Routledge.
- Lee, K. A., Smith, M. E., & Bright, C. L. (2023). Alcohol use and physical intimate partner violence perpetration among Black men: the moderating effect of interpersonal social support. *Journal of Interpersonal Violence*, 38(13-14), 8542-8562.
- Magesa, R., & Kadege, P. (2016). The causes of intimate partner violence in Babati District. *International Journal of Innovation and Applied Studies*, 17(4), 1400.
- Manning, W. D., Longmore, M. A., & Giordano, P. C. (2018). Cohabitation and Intimate Partner Violence During Emerging Adulthood: High Constraints and Low Commitment. *Journal of Family Issues*, 39(4), 1030-1055. <https://doi.org/10.1177/0192513X16686132>
- Miedema, S. S., Hennink, M., Naved, R. T., Talukder, A., Dore, E. C., & Yount, K. M. (2021). Women's Income-generating Activity and Experiences of Economic Intimate Partner Violence in Rural Bangladesh. *Sex Roles*, 85(7-8), 373-390. <https://doi.org/10.1007/s11199-021-01225-6>
- Muyingo, S., & Kadengye, D. T. (2022). Prevalence and risk factors for women's reports of past-year intimate partner violence: A comparative analysis of six East African National Surveys. *Journal of Interpersonal Violence*, 37(9-10), NP7605-NP7631.
- Njoji, A. (2021, October 07). Inatisha kesi za talaka. *Nipashe*. p. 2
- Nyato, D., Materu, J., Kuringe, E., Zoungrana, J., Mjungu, D., Lemwayi, R., Majani, E., Mtenga, B., Nnko, S., Munisi, G., Shao, A., Wambura, M., Changalucha, J., Drake, M., & Komba, A. (2019). Prevalence and correlates of partner violence among adolescent girls and young women: Evidence from baseline data of a cluster randomised trial in Tanzania. *Plos One*, 14(10), e0222950. <https://doi.org/10.1371/journal.pone.0222950>
- Pallant, J. (2020). *SPSS survival manual: A step by step guide to data analysis using IBM SPSS*. Routledge. <https://doi.org/10.4324/9781003117452>
- Papadakaki, M., Tzamalouka, G. S., Chatzifotiou, S., & Chliaoutakis, J.

- (2009). Seeking for risk factors of intimate partner violence (IPV) in a Greek national sample: The role of self-esteem. *Journal of Interpersonal Violence*, 24(5), 732-750.
- Pathak, D. C., & Kumar, R. (2023). Intimate partner violence in India: a study of associated factors. *The Journal of Adult Protection*, 25(5), 289-302.
- Peirone, A. E. (2019). Intimate Partner Violence in Sub-Saharan Africa: Characteristics, Patterns, and Multi-Level Influences.
- Ranganathan, M., Knight, L., Abramsky, T., Muvhango, L., Polzer Ngwato, T., Mboelatsi, M., Ferrari, G., Watts, C., & Stöckl, H. (2021). Associations Between Women's Economic and Social Empowerment and Intimate Partner Violence: Findings From a Microfinance Plus Program in Rural North West Province, South Africa. *Journal of Interpersonal Violence*, 36(15-16), 7747-7775. <https://doi.org/10.1177/0886260519836952>
- Sarkar, N. N. (2018). The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *Journal of Obstetrics and Gynaecology*, 28(3), 266-271.
- Saunders, M., Lewis, P., & Thornhill, A. (2003). Research Methods for Business Students. Prentice Hall.
- Sauwa, S. (2022, September 05). Ndoa 300 zavunjika Dar kwa mwezi. *Mwananchi*. p. 3.
- Semenza, D. C., Roof, K. A., James-Hawkins, L., Cheong, Y. F., Naved, R. T., & Yount, K. M. (2019). Gender-equitable parental decision making and intimate partner violence Perpetration in Bangladesh. *Journal of Marriage and Family*, 81(4), 920-935.
- Shakya, M. (2016). Factors contributing to intimate partner violence and its consequences in Nepal. *Netherlands: Free University of Amsterdam*.
- Stockman, J.K., Hayashi, H., & Campbell, J.C. (2015). Intimate partner violence and its health impact on ethnic minority women. *Journal of Women's Health*, 24 (1), 62-79. <https://doi.org/10.1089/jwh.2014.4879>
- Tanzania National Bureau of Statistics. National Population Projections 2018. Dodoma: Government of Tanzania; 2020
- Tanzania National Bureau of Statistics. 2022 Population and Housing Census [Internet]. 2022 [cited 2023 Nov 17]. <https://sensa.nbs.go.tz/>
- Tanzania Women Lawyers' Association. (2014). *Review of laws and policies related to gender-based violence of the Tanzania mainland*.
- TDHS. (2016). Tanzania Demographic and Health Survey Indicator Survey (TDHS-MIS) 2015-2016. *Dar Es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF*, 1(1), 1-630.
- Tetreault, C., Bates, E. A., & Bolam, L. T. (2021). How dark personalities perpetrate partner and general aggression in Sweden and the United Kingdom. *Journal of Interpersonal Violence*, 36(9-10). <https://doi.org/10.1177/0886260518793992>

- Whitton, S. W., Dyar, C., Mustanski, B., & Newcomb, M. E. (2019). Intimate partner violence experiences of sexual and gender minority adolescents and young adults assigned female at birth. *Psychology of Women Quarterly*, 43(2), 232-249. <https://doi.org/10.1177/0361684319838972>
- World Health Organization. (2021). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. World Health Organization.