Understanding women's help-seeking with intimate partner violence in Tanzania

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Abstract

Intimate partner violence (IPV) is a serious global health problem affecting millions of women worldwide. Despite increased investments into its reduction, little research has been conducted into how women in low and middle-income countries deal with IPV. This study seeks to explore this by looking in-depth into help seeking strategies abused women utilize in Tanzania, using the 2015-2016 Tanzania Demographic and Health Survey. The prevalence of lifetime physical and/or sexual IPV was 41.6% in this study, but only half of all affected women sought help from anyone. The only clear association found with help-seeking was severity of IPV.

Keywords: intimate partner violence, help seeking, disclosure, Tanzania

Introduction

Over the years intimate partner violence (IPV) has been recognised as a serious global health problem affecting millions of women, irrespective of their socio-economic status, educational attainment or marital status (García-Moreno & Stöckl, 2009). It is estimated that almost 30% of women worldwide have experienced some form of physical and/or sexual IPV in their lifetime while one out of four women in Tanzania have experienced physical and/or sexual IPV in their lifetime (Garcia-Moreno, HA, Ellsberg, L, & Watts, 2005; Ministry of Health, 2016). IPV has been linked with a wide array of both physical and mental health effects such as depression, suicidality, PTSD, miscarriages, injuries and in severe cases death (Devries et al., 2013; Mahenge, Likindikoki, Stockl, & Mbwambo, 2013; Mapayi et al., 2013; Stockl et al., 2013). Not only women get affected by IPV, their children and family's economic wellbeing suffers as well (Adams, Tolman, Bybee, Sullivan, & Kennedy, 2012; Jouriles et al., 2018; Neamah et al., 2018).

Despite the fact that IPV has tragic consequences, most instances of IPV go unreported and only few women seek help (Okenwa, Lawoko, & Jansson, 2009; Roelens, Verstraelen, Van Egmond, & Temmerman, 2008). Women who have experienced IPV develop different patterns to cope with IPV. Types of help-seeking that exists for those who seek help are either termed "informal", women seek help from their families or their partner's family, friends or neighbours and they are also termed "formal," when women seek help from social services, doctors, lawyers or the police (Ragusa, 2013; Sylaska & Edwards, 2014). According to a study of Demographic and Health Surveys (DHS) from 24 developing countries between 2004 and 2011, only 40% of women who experienced physical and/or sexual IPV sought any help, out of which 36.8% sought informal help and 7% sought formal help (Palermo, Bleck, & Peterman, 2014).

Literature from several studies from Western countries highlight the conditions under which women try to seek both formal and informal help to end IPV and the factors they are associated with are women's socio-economic status, ethnicity, culture and religion (Taket, O'Doherty, Valpied, & Hegarty, 2014). Although social norms have also been said to play part, as IPV might be viewed as a private matter and seeking help comes with loss of privacy (Liang, Goodman, Tummala-Narra, & Weintraub, 2005), research has moved over the years to understand individual factors that may hinder help-seeking. One of the factors highlighted is stigma. Stigma can range from anticipated stigma from the formal or informal support or service providers or internalized stigma associated with feelings of shame and embarrassment that one has experienced IPV or lastly cultural stigma which is fear of judgemental attitudes and victim blaming from service providers (Kennedy & Prock, 2016; Overstreet & Quinn, 2013) .

The phenomena of stigma and shame was a prominent finding in a qualitative study on help seeking in Tanzania among 96 male and female community members. Both men and women understood what constituted violence against women, still most women normalized IPV as part of a normal relationship and were reluctant to seek help due to stigma, shame, fear and lack of trust in existing response systems (McCleary-Sills et al., 2016). The Palermo 2010 et al.multi-country study which included. data from the 2010 Tanzanian DHS found in its multivariate analysis that seeking help from formal sources among Tanzanian women who experienced IPV was associated with being previously married and being in the bottom 40% wealth quartile while women who had a secondary or higher level of education were less likely to seek help (Palermo et al., 2014).

While these existing studies underlined that help-seeking is an important issue to investigate to address IPV, there is a scarcity of quantitative studies from low and middle-income countries like Tanzania with high prevalence rates of IPV on the different forms of help seeking for IPV

and from whom help is sought beyond formal services. Studies investigating factors associated with help-seeking have mainly looked at the associations with women's characteristics, ignoring the importance of their partner's characteristics, the type of IPV experienced and relationship characteristics. The aim of this study is to bridge the current research gap and establish help seeking strategies women use and its associated factors in Tanzania, using the national representative 2015-2016 Tanzanian DHS.

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Methodology

This study employed secondary data analysis of the 2015-2016 Tanzanian DHS. that covered all 30 regions in Tanzania mainland and Zanzibar. The the National Bureau of Statistics (NBS) and Office of the Chief Government Statistician (OCGS), Zanzibar, the Ministry of Health, Community Development, Gender, Elderly and Children, Mainland, and the Ministry of Health, Zanzibar implemented the DHS and ICF provided technical assistance. The survey was funded by the Government of Tanzania; United States Agency for International Development (USAID); Global Affairs Canada; Irish Aid; United Nations Children's Fund (UNICEF); and United Nations Population Fund (UNFPA).

The DHS used a multi-stage cluster sampling from the 2012 Tanzanian census, whereby 608 clusters were selected, ending up with a representative probability sample of 13,376 households and a total of 13,266 women aged 15 to 49 were interviewed in this survey. In this study we excluded all women who did not take part in the domestic violence module and thus ending with 7,597 women.. The DHS domestic violence module adheres to strict protocols on safety and confidentiality of the study participants and fieldworkers (Ministry of Health, 2016).

Permission to conduct data analysis was sought through DHS program website (http://dhsprogram.com/data/available-datasets.cfm)

Measures

The help seeking outcome was determined by the first question which all women who reported any form of physical or sexual violence were asked "Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?" If she responded positively, she was asked who she sought help from, with the answer categories a) own family, b) husband's / partner's family, c) friend, d) neighbour, e) religious leader, f) doctor/medical personnel g) police, h) lawyer, i) social services. In the analysis, seeking help was categorised into four groups, seeking help from anyone included seeking help from anyone in a)-i), seeking help from family, either their own family or partner's family, seeking help from friends and neighbours and lastly seeking help from official sources including the police, lawyers, social services or religious leaders. Given the high prevalence rates for informal help-seeking suggested in other studies (REF the other African studies) in sub-Saharan Africa, informal help-seeking was broken down into own family, his family and friends and neighbours.

The domestic violence module in the DHS 2015-2016 is based on the conflict tactics scale that asks respondents if they have experienced physical or sexual IPV, psychological abuse and controlling behaviours. Women were asked if they had experienced the above forms of IPV in their lifetime and the past 12 months. For physical IPV women were asked seven questions if they had ever been pushed, shook or something thrown at them, ever been slapped, ever been kicked or dragged or beat up, ever been strangled or burnt, arm got twisted or hair pulled, ever been punched with a fist or hit by something harmful and lastly if they had ever been threatened by a knife/gun or any other weapon. For sexual IPV, women were asked three questions, if

they have ever been physically forced into unwanted sexual intercourse, physically forced to perform any other sexual acts and if they have ever been threatened to perform any other sexual acts. Psychological IPV had a total of four questions, if the partner had insulted them, being belittled in front of other people, intimidate on purpose and if the partner threatened to hurt the respondent. For controlling behaviours five questions were asked, if partner had tried to restrict seeing friend, restrict contact with family of birth, insisted on knowing where the respondent was most of the times, acted jealous or angry if the respondent spoke to another man and often suspicious if is unfaithful. A woman was considered to have experienced IPV if she answered yes to any question within any of forms of IPV.

Factors considered important influencers that are perceived to influence women's help-seeking that were considered in the analysis include women's age, marital status, educational attainment, partner age, partner's education, partner's occupation, duration of relationship, if the woman is working, number of living children, decision on earnings, partner's alcohol intake and other outcomes of IPV such as being afraid of the partner most of the time and having eyes injuries, sprains, dislocations, or burns as a result of IPV.

Analysis

This study made use of the Tanzania DHS's individual women's data of 2015-16, who participated in the domestic violence module and were either in a relationship at the time of the interview or had been previously in a relationship meaning during the time of the interview they were either separated, divorced or widowed. Data was analysed by STATA 15, weights recommended by the DHS were used to adjust for sampling design and domestic violence survey participation.

Frequencies were run to estimate the prevalence of different forms of IPV among all women who participated in the domestic violence module and the prevalence of different forms of help

seeking among all women who experienced IPV. In the first step, we ran separate frequencies for all women on women's and their partner's socio-demographic and relationship characteristics and for all women who reported they had experienced IPV and those who sought help. The sample was later reduced to women who reported any lifetime physical and/or sexual IPV, to determine factors associated with help seeking among women who had experienced physical and /or sexual IPV. We then screened for all potential factors that could influence our dependent variable any help-seeking, with separate analyses conducted for the different types of help-seeking: help seeking from anyone, help seeking from his or her family, friends and neighbours and official sources. Cross tabulations and chi-square statistics were carried out to determine associations between IPV and all the different forms of helping seeking and other socio-demographic characteristics. Variables that were significant in each of the different categories of help seeking were then used in the multivariate logistic regression model.. We used a probability value of $p \leq 0.05$ to define the level of statistical significance, and an odds ratio <1 represents a protective factor, where as an odds ratio >1 was considered a risk factor.

Results

A total of 7,597 women were included in the analysis, aged 15- 49 with a mean age of 32. Half of the women (52%, n=3899) were between 31 and 49 years old, and a small proportion (6.6% n=466), were between 15 to 19 years at the time of the interview. The majority of women had primary education (66.8%, n=4,833), were working at the time of the interview (80.9%, n= 6,048), married (82.7%, n=6,479) and had 3 to 4 living children (55.4%, n=4,329) Women's partner's age ranged from 17 to 91 with a mean age of 38. Of them, 39.1 % (n=2,679) were between 30 and 40 years old and 22.5% (n=1,438) were 17 to 29 years old. Primary education was the most frequent among the partners (69.0%, n = 4,290) and more than half of them were working in the agricultural sector (55.8%, n=3,722) (see ref. Table 1for details).

The lifetime prevalence of physical and/or sexual IPV was 41.6% (n =2,913) and that of past 12 months was 29.3% (n=2,037). Among the 2,913 women who experienced lifetime physical and/or sexual IPV, 51% (n=1,472) reported help seeking from anyone, with 43.6% (n=1,233) of women reporting they either sought help from his/her family, 32.1% (n=890) reporting seeking help from her own family, 28.4% (n=796) reporting seeking help from his family, 10.8% (n=336) seeking help from either their friends or neighbours, 4.5% (n=110) seeking help from the police, 2.6% (n=45) from religious leaders, 1.1% (n= 27) from social services, 0.4% (n=10) from medical doctors and lastly 1.4% (n= 44) from lawyers (see ref. Table 2 for details).

Results displayed in Table X show that help seeking from anyone was associated with being afraid of the partner most of the times (AOR 1.8, 95% CI: 1.4, 2.3), ever having had eye injuries, sprains, dislocations, or burns because of husband/partner (AOR 1.6, 95% CI: 1.1, 2.2), emotional IPV (AOR 2.3 , 95% CI: 1.9, 2.8), partner's alcohol intake (AOR 1.3, 95% CI 1.1,1.6) and severe physical IPV (AOR 2.5, 95% CI: 1.7, 3.7) .

Help seeking from his or her family was associated with being previously married (AOR 1.4, 95% CI: 1.1, 1.7), having 1 to 2 children (AOR 1.4, 95% CI: 1.1, 1.7), being afraid of the partner most of the times (AOR 1.7, 95% CI: 1.3, 2.2), ever having had eye injuries, sprains, dislocations or burns because of husband/partner (AOR 1.4, 95% CI: 1.0, 1.9), emotional IPV (AOR 1.9, 95% CI: 1.5, 2.3) and severe physical IPV(AOR 2.4, 95% CI: 1.5, 3.7).

Seeking help from official sources (police, social services ,lawyers, doctors & religious leaders) was associated with being previously married (AOR 2.3, 95% CI: 1.6, 3.4), being afraid of the husband/partner most of the time (AOR 1.8, 95 % CI: 1.1, 2.9), ever having had eye injuries, sprains, dislocations or burns because of husband/partner (AOR 2.0, 95% CI:1.4 ,3.0) and emotional IPV (AOR 1.9, 95% CI:1.2, 3.1).

Seeking help from neighbours and friends was associated with partner's alcohol intake (AOR 1.7, 95% CI: 1.2, 2.3) and emotional IPV (AOR 2.3, 95% CI: 1.6, 3.5).

Discussion

This study found that four out of 10 women experienced lifetime physical and/or sexual IPV and three out of 10 women experienced physical and/or sexual IPV in the past 12 months in Tanzania. Of those women who experienced lifetime physical and/or sexual IPV, half sought help and help seeking from the respondents own family ranked the highest followed by seeking help from the perpetrators family.

The findings are similar to a study of can you give an n? or some more infom on the study? pregnant women in Tanzania, of which only a quarter of women who experienced IPV during pregnancy sought help and reported similar low levels of formal help seeking (Katiti, Sigalla, Rogathi, Manongi, & Mushi, 2016). A number of reasons have been suggested that prevent women from seeking help in Tanzania. For example, IPV is normalized in the society and therefore seen as insignificant, it is associated with shame and stigma and women do not trust the available structures, corruption and the feeling they may not be able to attain the justice they deserve (McCleary-Sills et al., 2016). Other factors that have been mentioned include being threatened by the partner, being afraid that the family would find out about the violence or the woman not wanting the family to know (Frias, 2013).

Another finding in our study is that many women who sought help, sought it mainly from the their own family and the perpetrators family which is in contrast to the above mentioned study from northern Tanzania among pregnant women (Katiti et al., 2016). That study found out that pregnant women disclosed IPV more often to their own family then followed by friends. The trend of women seeking help from the partner's family can be explained as a cultural aspect that women in patrilineal societies become part of the men's family and all problems should be

reported to the family. Similar suggestions have been reported in Kenya where women sought help from partner's family as they are the ones to settle marital disputes (Odero et al., 2013).

Another contributory factor across all forms of help seeking among women who have experienced physical and/or sexual IPV is the severity of IPV and its overlap with other forms of intimate partner abuse. Women who sought help also reported controlling behaviours and emotional IPV. Not only were these women afraid of their partner most of the time, they also suffered eyes injuries, sprains, dislocations, or burns because of the IPV. Across studies we see that women wait for IPV to become serious before seeking help which can become lethal (Evans & Feder, 2016; Stockl et al., 2013). Our results are also in line with a study conducted in Ghana that showed that women who had a perceived risk of injury from physical violence were more likely to seek help (Tenkorang et al.,2018). (

The findings also illustrate that family is an important cultural aspect in Tanzania. Currently, interventions addressing IPV in sub-Saharan Africa are focused on the community level, individual women and men or the couple as a whole. While those interventions are important to empower women and men, challenges existing gender and social norms at both the individual and community level, up to now they do not focus on the natal and in law family, who may play a significant role in reducing IPV. Any intervention designed either to challenge cultural norms or provide education on the effects of IPV to society at large should start with the family unit. Our study, as several other studies indicate the importance of the family unit in sub-Saharan Africa on reporting violence among couples (Odero et al., 2013; Okenwa et al., 2009).

The DHS are rigorous done surveys with national representation, but it is important to note the limitations of this study as it a quantitative cross-sectional study and thus failing to understand in detail why women chose to report to their own family and partner's family instead of others.

In addition, due its cross-sectional nature, it is impossible to understand when women sought help for the violence they experienced in their relationship and whether associated factors were causes or consequences of help-seeking. Another limitation is that IPV is a sensitive topic coupled with social stigma so IPV might be under-reported. Unfortunately, important measures related to help-seeking such as social norms, shame stigma, trust in system were not available to be included in model. Lastly, due to the study's cross-sectional nature we cannot establish causality between IPV and help seeking, as in other cases help-seeking has been said to cause more violence (McCleary-Sills et al., 2016).

Conclusion

IPV is a serious problem in Tanzania, with four out 10 women having experienced physical and/or sexual IPV and only half of the women of the women who experienced lifetime IPV sought help from anyone. The findings of the study highlight the need for interventions to incorporate the wider family unit, including parents of married couples instead of only focusing on empowering individual women. Another important aspect is the need for further research to understand the dynamics of seeking help, especially on how to improve formal help seeking by women in Tanzania, so that tailored recommendations can be made to the government to approve existing services and their accessibility. The Tanzanian government has made an important pledge to reduce the prevalence of IPV through its National Action Plan and further research is needed on how to effectively support Tanzanian women who experience IPV.

Declaration of Conflicting Interest

The authors declare they have no conflicting interest with respect to the data analysis or authorship and publication of this study.

Funding

Bathsheba Mahenge is currently funded by the Commonwealth Rutherford Fellowship. Heidi Stöckl is funded by an ERC Starting Grant. The funders had no influence on this study.

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420 Table 1: The association of women life time experiences of physical and/or sexual IPV and
421 seeking help for IPV

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Variables	Respondent's characteristics (n=7,597)	Ever experienced Physical and/or sexual IPV(n=2913)	Sought Help for IPV(n = 1,472)
Woman's age			
31+	3,899(52.5%)	1517(53.0%)*	800(54.9%)
20-30	3,232(40.9%)	1242(41.5%)	612(40.6%)
15-19	466(6.6%)	154(5.5%)	60(4.5%)
Woman's education			
none/incomplete primary	1,439(17.8%)	533(18.1%)***	258(17.4%)
Primary	4,833(66.8%)	2059(69.9%)	1048(70.6%)
secondary/higher	1,325(15.4%)	321(12.0%)	166(12.0%)
Woman is working			
No	1,549(19.1%)	464(16.5%)***	218(16.1%)
Yes	6,048(80.9%)	2449(83.5%)	1254(83.9%)
Marital status			
Was previously married	1,118(17.3%)	634(25.2%)***	401(31.1%)***
Currently married	6,479(82.7%)	2279(74.9%)	1071(68.9%)
Type of partnership			
polygamy	1250(16.0%)	488(17.1%)	227(15.9%)
Monogamy	6347(84.0%)	2425(82.9%)	1245(84.1%)
Duration of relationship			
10 years +	4333(57.1%)	1769(61.2%)***	929(62.9%)
5-9 years	1508(19.6%)	599(20.0%)	299(19.0%)
0-4 years	1756(23.2%)	545(18.8%)	244(18.0%)
Number of living children			
None	569(8.1%)	153(5.3%)***	62(4.3%)
3-4	4329(55.4%)	1762(59.8%)	919(59.1%)
1-2	2699(36.5%)	998(34.9%)	491(35.6%)
Partner's age			
41 +	2361(38.4%)	766(37.1%)	776(37.1%)
30 – 40	2679(39.1%)	988(40.9%)	988(40.9%)
17 -29	1428(22.5%)	514(22.0%)	514(22.0%)
Partners education level			
None /incomplete primary	835(11.9%)	292(13.9%)***	292(13.9%)
Primary	4290(69.0%)	1661(71.1%)	1661(71.1%)
Secondary/higher	1354(19.1%)	326(15.1%)	326(15.1%)
Partner's occupation			
Agriculture	3722(55.7%)	1380(59.8%)***	1380(59.8%)
Unskilled labour	852(31.0%)	296(13.0%)	296(13.0%)
Professional, clerical & sale	190(13.4%)	603(27.2%)	603(27.2%)

Decision making on how earnings are spent			
Woman only	1206(36.5%)	349(36.5%)	349(36.5%)
Woman & partner	1602(54.9%)	560(53.2%)	560(53.2%)
Partner alone	267(8.7%	115(10.2%)	115(10.3%)
Who earns more			
Woman earns more than him	276(11.2%)	92(13.8%)	92(13.8%)
Husband/partner earns more	2198(68.7%)	743(68.2%)	743(68.2%)
About the same	605(20.1%)	189(18.0%)	189(18.0%)
Urban / Rural			
Rural	5560(67.6%)	2132(70.3%)*	1081(71.0%)
Urban	2067(32.4%)	781(29.8%)	391(29.0%)
Wealth index			
Poorest	1,379(18.2%)	617(45.6%)***	196(34.0%)
Poorer	1,414(18.6%)	586(45.5%)	165(29.7%)
Middle	1,559(20.5%)	623(43.2%)	185(29.9%)
Richer	1,753(23.1%)	614(40.3%)	201(33.9%)
Richest	1,492(20.1%)	473(35.1%)	143(32.8%)
Number of people living in the household			
1-5	4212(48.3%)	1591(46.0%)**	804(45.9%)
6-48	3385(51.7%)	1322(54.0%)	668(53.8%)
Partner's alcohol intake			
No	5208(66.5%)	1518(52.0%)***	688(46.2%)**
Yes	2389(33.5%)	1395(48.0%)	784(53.8%)
Eye injuries, sprains, dislocations or burns			
No	2502(85.4%)	2497(85.4%)	1224(85.0%)***
Yes	416(14.6%)	416(14.6%)	248(15.0%)
Afraid of the partner			
Never	4313(56.0%)	1028(35.2%)***	396(27.6%)***
Most	1123(16.5%)	833(29.3%)	538(36.5%)
Sometimes	2163(27.5%)	1052(35.5%)	538(36.0%)
Past year physical IPV			
No	5726(73.1%)		467(31.9%)**
Yes	1871(27.0%)		1005(68.1%)
Past year sexual IPV			
No	6898(90.1%)		1107((76.7%)
Yes	699(9.9%)		365(23.3%)
Past year physical and/or sexual IPV			
No	5560(70.7%)		430(29.2%)
Yes	2037(29.3%)		1042(70.8%)
Moderate physical IPV			
No	6240 (80.7%)		614(41.2%)***
Yes	1357(19.3%)		858(58.8%)

Severe Physical IPV			
No	4952(62.2%)		614(41.2%)***
Yes	2645(37.8%)		858(58.8%)
Psychological /emotional IPV			
No	5145(64.1%)	1003(32.4%)***	348(22.1%)***
Yes	2452(36.0%)	1910(67.4%)	1124(71.9%)
Controlling behaviours			
No	2180(25.8%)	401(13.1%)****	159(10.2%)***
Yes	5417(74.2%)	2512(86.9%)	1313(89.8%)

423 *≤ 05, ** ≤ 005, *** ≤ 0005

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427 Table 2: From who the women sought help for lifetime physical and/or sexual IPV

	n(%) N= 2913
Sought help from her family	
No	2023(67.9%)
Yes	890(32.1%)
Sought help from his family	
No	2117(71.6%)
Yes	796(28.4%)
Sought help from her friends	
No	2811(96.7%)
Yes	102(3.3%)
Sought help from the neighbour	
No	2637(91.6%)
Yes	276(8.4%)
Sought help from official sources	
No	2686(91.5%)
Yes	227(8.5%)

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434 Table 3: Factors associated with women help seeking for lifetime physical and/or sexual IPV
435 from anyone

Variable	AOR	95% CI	P value
Marital Status			
Previously married	REF		
Currently married	.63	(.49 ; .82)	< 0.0001
Partners alcohol intake			
No	REF		
Yes	1.3	(1.1 ; 1.6)	0.013
Afraid of the partner			
Never	REF		
Most of the times	1.8	(1.4 ; 2.3)	< 0.0001
Sometimes	1.4	(1.1 ; 1.8)	0.008
Eye injuries, sprains, dislocations or burns			
No	REF		
Yes	1.6	(1.2 ; 2.2)	0.003
Emotional IPV			
No	REF		
Yes	2.3	(1.9 ; 2.8)	< 0.0001
Controlling behaviours			
No	REF		
Yes	1.2	(.93 ; 1.6)	0.138
Severe physical IPV			
No	REF		
Yes	2.5	(1.7 ; 3.7)	< 0.0001

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