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Determinants of Physical Violence Against Women in Tanzania: A Review of the 2022 TDHS-MIS

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Physical violence against women is a global detrimental. It includes different acts to mention but just a few; beating, punching, kicking, biting, burning, maiming, and killing with or without weapons. This cross-sectional study used secondary data from the Tanzania Demographic and Health Survey and Malaria Indicator Survey of 2022. The study population included married women aged 15-49 years. A Multivariate Logistic Regression was used to identify factors associated with physical violence against women. A total of 3,730 women were included in the analysis, whereby the majority were aged between 25 and 34, their husbands/partners aged between 35 and 54, married, categorized as rich, resided in rural areas, head of household were males, attained primary education, their husband/partner had primary education and drank alcohol, approximately never physically hurt their husband/partner, never had another husband/male partner who physically hurt them, were currently working. On the other hand, marital status, place of residence, education level, Husband/partner drinking alcohol, Respondent never physically hurt husband/partner when he was not hurting her, and Current working were associated with higher odds of being physically hurt while education level had lower odds. The study concludes that the determinants of physical violence against women are contextual, however some cut across different contexts. The study recommends strengthening the collaboration of various stakeholders to effectively address the problem including the Government through the responsible ministry, the local government through women's protection committees, and police gender and children's desks.

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INTRODUCTION

Violence against women is a global public health crisis as it affects all countries of the world with serious social and economic consequences. It occurs in different forms including; sexual, emotional, and physical which is common in married particularly those aged 15 to 49 years (World Health Organization, 2021). Violence by a husband or male intimate partner (physical, sexual, or psychological) is the most widespread form of violence against women globally (WHO, 2021). Global prevalence estimates statistics show that 27% of women were subjected to physical and sexual violence for the years 2000-2018, 26-28% were ever-married women, and 10-16% aged 15-49 years which were the highest among the least developed countries. Physical violence has been mentioned as one of the two types of violence that women are more subjected to globally, another being sexual (Ma et al., 2023; Phiri et al, 2023). According to URT (2011), physical violence against women includes; beating, punching, kicking, biting, burning, maiming, and killing with or without weapons often in combination with other forms of Gender Violence.

Physical violence against women is a global issue but the prevalence varies from one region to another, whereby in developing countries the situation is worse than in developed countries. The prevalence estimate of lifetime intimate partner violence is 33% in the WHO South-East Asia region (WHO, 2021; 2024). The situation is worse for women living in poor countries; it is estimated that 37% of women living in the poorest countries have experienced physical and/or sexual intimate partner violence in their lives (WHO, 2021; Ouedraogo & Stenzel, 2021; Christaki et al., 2023).

Tanzania is among the developing countries where women experience physical violence which is one among the forms of violence (Rugira, 2015; Vyas and Jansen, 2018). Violence has been a part of the human experience. Its impact can be seen in various forms in all parts of the world. Each year, more than a million people lose their lives, and many more suffer non-fatal injuries, as a result of self-inflicted, interpersonal, or collective violence. Four in 10 Tanzanian women have experienced physical violence, and 17% have suffered sexual violence. Only about half of survivors seek assistance. Three in 10 girls experience sexual violence before the age of 18, and more than one in three are married as minors (Msafiri, 2023). Statistics show that physical violence against women is increasing. National Survey in Tanzania reported a prevalence of domestic violence against women ages 15 to 49 years, out of which 25% were physical violence which was highest in Dodoma (71%) and lowest in Shinyanga (5%) with the lowest rate of reporting, whereby most of the survivors have taken any action to report to neither formal nor law enforcement authorities. This culture of silence among the survivors, family members, relatives, and the surrounding community members perpetuates the problem (URT, 2011).

Violence Against Women has substantial consequences on women's physical and mental health which hinder individual and community changes. Experiences show that physical violence against women limits effective participation in their own income-generating activities and community development as it causes stigma and mental and emotional distress (URT,2011). It also causes suffering and misery to victims and their families and burdens societies worldwide (Krahe', 2016). In addition, physical violence against women is associated with a range of mental health issues including; depression, anxiety, self-harm,

and sleep disorders, poor physical health including poor functional health, somatic disorders, chronic disorders, and chronic pain (Dillon *et al.*, 2013).

There are different global efforts to end physical violence against women, including SDG 5; Gender Equality which aims at achieving gender equality and empowering women and girls. Target 5.2 aims to eliminate all forms of violence against all women and girls in both public and private spheres. In contributing to the global efforts, Tanzania has made different efforts to end violence against women. The country is a signatory of different international instruments including; the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW) in 1985, the Beijing Declaration and Platform for Action (1995), Agenda 2063 “The Africa We Want’ and Sustainable Development Goals (SDGs) 2015-2030 Goal 5: Gender equality in which one of the targets is to eliminate all forms of discrimination against women and girls so as to achieve gender equality. The country has also ratified different national strategies including; the Gender Development Policy (2000), and the National Plan of Action to End Violence Against Women and Children (NPA-VAWC) which goes hand in hand with the establishment of different committees at the district and ward level to facilitate women and children protection (Declaration, 1995; URT, 2000; Nanda *et al.*, 2020; Samura & Akayezu, 2022; Orta, 2023). Despite those efforts, physical violence against women still exists.

Different studies show that there are various factors associated with physical violence against women. The study by Naved and Persson (2005) in Bangladesh revealed a statistical significance between education level, age, residence in rural, income earned by women, and family history. This means a better husband's education decreased the risk of violence while women's being younger than their husbands and participating in savings and credit groups and abuse of the husband's mother by his father increased the risk. Also, Onigbogi *et al.* (2015) in Lagos State-Nigeria found that lower education

status among women and partner's daily alcohol intake are predictive factors for physical violence against women. The study by Semahegn and Mengistie (2015) in Ethiopia indicates that among other factors; occupation, education status, alcohol consumption, family history of violence, religion, and residence of the victim as well as the perpetrator have a direct relationship with violence against women. According to Wake and Kandula (2022), the global review revealed that the age and occupation of both wife and husband are associated with among others physical victimization of women during the COVID-19 outbreak. The young age of wife (below 30) and husband (31-40) had a significant association. Moreover, Yalley *et al.* (2023) in a study conducted in Ghana indicate a significant association between the age of women during delivery, marital status with physical violence whereby teenage mothers were reported to experience physical violence in the delivery room more compared to older mothers, likewise single women compared to married women; however, location and employment status were not statistically significant. Furthermore, the study by Kisa *et al.* (2023) in North Africa and Middle Eastern countries demonstrated that; women's age, education level, family income level, marriage duration, history of childhood abuse, and living location had negative association with violence against them as women with old age and higher education level were more likely experienced violence than young women with low education level.

Various factors influencing violence against women have been documented globally, in line with these factors the government of Tanzania has taken various measures as mentioned but still, the problem has continued. Studies done may not explore deeply into the cultural context and norms specific to Tanzania. Therefore, the study determines factors associated with physical violence against women to recommend interventions and policies to protect women and promote gender equality. This study was guided by the ecological model to help understand the multifaceted nature of violence. First introduced

in the late 1970s (Bronfenbrenner, 1979), this model was initially applied to child abuse (38) and subsequently to youth violence (Garbarino, 1985; Tolan & Guerra, 1994). More recently, researchers have used it to understand violence against women and abuse of the elderly. The model explores the relationship between individual and contextual factors and considers violence as the product of multiple levels of influence on behaviour.

Methodology

Data Sources

Data were collected from secondary sources through documentary review. The paper was prepared with the aid of data from the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS).

Study design

The study employed a cross-sectional study design to investigate the determinants of physical violence against women of reproductive age in Tanzania, utilizing data from the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) which is the 7th DHS survey in Tanzania to be conducted through The DHS Program. Data were collected from February to July 2022. The survey was carried out across Tanzania's mainland and Zanzibar. The datasets were acquired through the DHS program measure. At <https://www.dhsprogram.com>. The survey's sample strategy included two steps of stratified sampling to acquire estimates for the whole country, which consists of Zanzibar and Tanzania's mainland. The first stage involves selecting sample locations, or clusters, from enumeration areas (EAs) chosen for the 2012 Tanzania Population and Housing Census (PHC). There was a total of 62 clusters chosen. Of the 629 EAs, 211 were in cities, while 418 were in rural areas. In the second stage, 26 residences from each cluster had to be methodologically chosen. All women aged 15–49 who were either usual residents or visitors in the household on the night before the survey interview were included in the

2022 TDHS-MIS and were eligible to be interviewed.

Study population.

The study population comprised women of reproductive age (15–49 years) who participated in the TDHS-MIS and provided information regarding their experiences with physical violence. As a result, we obtained a sample total of 3,730 women aged 15–49 years which were chosen from the data, taken out from women's individual recode files (TZIR81DT).

Data analysis

Data were processed, edited, cleaned, and analyzed using STATA version 16. Descriptive data were specifically analyzed categorical variables using percentages and totals, and for bivariate analysis, the chi-square test was used to examine the association between the response and predictors, variables with p-values less than 5% (0.05) in the bivariate analysis were included in the regression modelling. Since the outcome variable is binary, it made it possible to use a binary logistic regression model to study the determinants associated with physical Violence Against Women of reproductive age

Study variables

Outcome variable

The study response variable is binary (dummy) outcome namely physical violence against women. It was coded “1” for at least one of the responses: push, shake, or throw something at; slap; twist an arm or pull hair; punch with a fist or with something that could hurt; kick, drag, or beat up; try to choke or burn on purpose; or attack with a knife, gun, or other weapon and termed as physical violence while “0” for those who never experienced physical violence

Independent variables

According to the literature, the resulting predictors are age, husband/partner's age, sex of household head marital status, wealth index, place of residence, husband/partner education, husband/partner alcohol consumption, respondent

ever physically hurt husband/partner when he was not hurting her, previous husband: ever hit, slap, kick or physically hurt respondent and occupation.

Results

Types of physical violence experienced by women

Figure 1 reveals types of physical violence experienced by women, nearly half (46.8%) of women were slapped, 18.27% were punched with a fist or hit by something harmful while the least (2.31%) of women were strangled or burnt. For the outcome variable, 23% of women were physically hurt (violence) while the majority (77%) of women were never physically hurt as shown in Figure 2.

Fig 1: Types of physical violence experienced by women

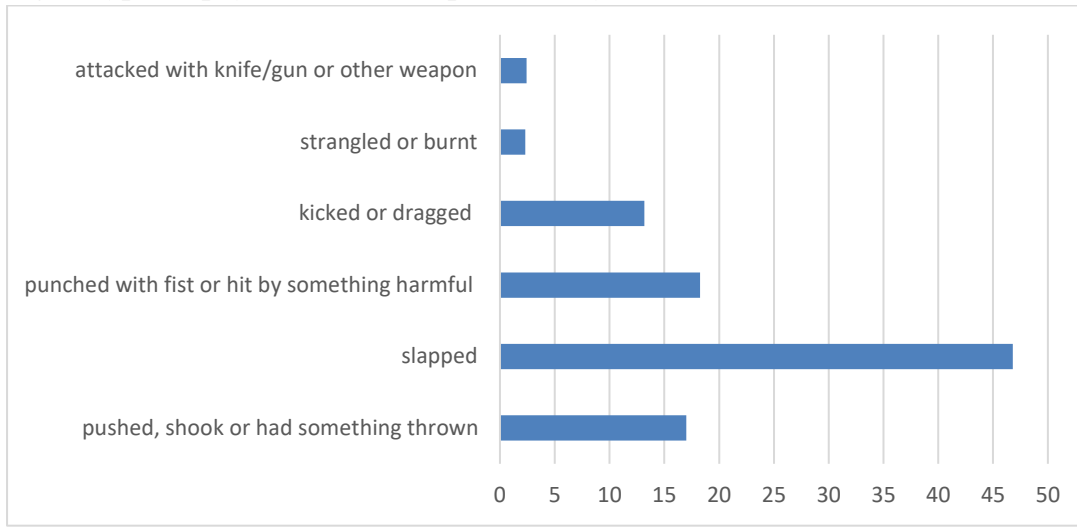
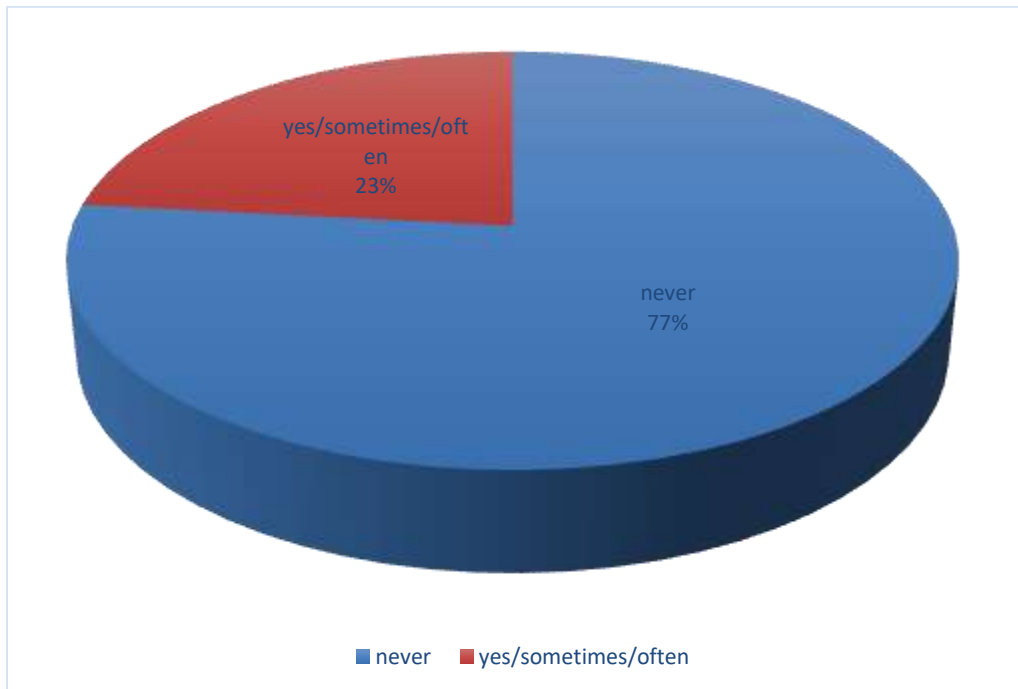


Fig 2: Distribution of women who were physically hurt



Summary of Women's Characteristics and Associated Factors

The results in Table 1 show that more than one-third (39.7%) of women were aged between 25 and 34, more than half (52.14%) of women's husbands/partners were aged between 35 and 54, nearly three quarter (74.83%) of women were married, 43.08% of women wealth index, were categorized as rich, the majority (69.6%) of women resided in rural areas, most (84.34%) of the head of household were males, more than half (54.99%) of women attained primary education, 59.41% of women's husband/partner had primary education, 80.11% of women's husband/partner drank alcohol, approximately (98.28%) all women never physically hurt their husband/partner when they were not hurting them,

the majority (58.42%) of women never had another husband/male partner who physically hurt them, and majority (62.33%) of women were currently working. In addition, the findings in Table 1 show the association of determinants with the outcome variable (physical violence against women), variables that were significantly associated with physical violence against women at a 5% (0.05) level of significance were marital status, wealth index, place of residence, husband/partner education, husband/partner drinks alcohol, respondent ever physically hurt husband/partner when he was not hurting her, previous husband: ever hit, slap, kick or physically hurt respondent, and current working while age, husband/partner's age, and sex of household head.

Table 1: Distribution of independent variables and physical violence against women

Variable	Physical violence		All N (%)	p-value
	No n (%)	Yes n (%)		
Age				
15-24	656(17.59)	195(5.23)	851(22.82)	0.807
25-34	1141(30.59)	341(9.14)	1482(39.73)	
35-49	1063(28.5)	334(8.95)	1397(37.45)	
Husband/partner's age				
17-34	1137(30.48)	340(9.12)	1477(39.6)	0.918
35-54	1486(39.84)	459(12.31)	1945(52.14)	
55+	237(6.35)	71(1.9)	308(8.26)	
Marital status				
Married	2197(58.9)	594(15.92)	2791(74.83)	<0.001
Living with partner	663(17.77)	276(7.4)	939(25.17)	
Wealth index				
Poor	970(26.01)	376(10.08)	1346(36.09)	<0.001
Middle	590(15.82)	187(5.01)	777(20.83)	
Rich	1300(34.85)	307(8.23)	1607(43.08)	
Place of residence				
Urban	918(24.61)	216(5.79)	1134(30.4)	<0.001
Rural	1942(52.06)	654(17.53)	2596(69.6)	
Sex of household head				
Male	2413(64.69)	733(19.65)	3146(84.34)	0.933
Female	447(11.98)	137(3.67)	584(15.66)	
Education level				
No education	539(14.45)	187(5.01)	726(19.46)	<0.001
Primary	1497(40.13)	554(14.85)	2051(54.99)	
Secondary	794(21.29)	123(3.3)	917(24.58)	
Higher	30(0.8)	6(0.16)	36(0.97)	
Husband/partner's education				
No education, pre-school	354(9.49)	124(3.32)	478(12.82)	<0.001
Primary	1630(43.7)	586(15.71)	2216(59.41)	
Secondary	721(19.33)	142(3.81)	863(23.14)	
Higher	84(2.25)	11(0.29)	95(2.55)	
Don't know	71(1.9)	7(0.19)	78(2.09)	

Variable	Physical violence		All N (%)	p-value
	No n (%)	Yes n (%)		
Husband/partner drinks alcohol				
No	2452(65.74)	536(14.37)	2988(80.11)	<0.001
Yes	408(10.94)	334(8.95)	742(19.89)	
Respondent never physically hurt husband/partner when he was not hurting her				
No	2849(76.38)	817(21.9)	3666(98.28)	<0.001
Yes	11(0.29)	53(1.42)	64(1.72)	
Previous husband: ever hit, slap, kick, or physically hurt respondent				
Never	1045(28.02)	334(8.95)	1379(36.97)	<0.001
Yes/Sometimes	115(3.08)	57(1.53)	172(4.61)	
Never had another husband/male partner	1700(45.58)	479(12.84)	2179(58.42)	
Current working				
No	1144(30.67)	261(7)	1405(37.67)	<0.001
Yes	1716(46.01)	609(16.33)	2325(62.33)	

Results of Binary Logistic Regression for the Determinants Associated with Physical VAW

Table 2 presents the results of binary logistic regression for the determinants associated with physical violence against women of reproductive age, Women who were living with a partner had a 0.21 increase in the Log odds of being physically hurt than those who were married, women who resided in rural have a 0.29 (95% CI:0.002- 0.45, p=0.021) increase in the log- odds of being physically hurt when compared to those who lived in urban, compared to women with no education, women with secondary education had a 0.49 (95%

CI:-0.80 - -0.18, p=0.002) decrease in the odds of being physically hurt, women whose husband/partner drank alcohol had a 1.17 (95% CI:0.99-1.35, p=0.00) increase in the log-odds of being physically hurt compared to those who did not take alcohol, women who had ever physically hurt husband/partner when he was not hurting her have a 2.93 (95% CI:2.24-3.62, p=0.00) increase in the log-odds of being physically hurt compared to those who had never, and compared to women who were not working, women who were working have a 0.29 (95% CI:0.119-0.467, p=0.001) increase in the log-odds of being physically hurt.

Table 2. Determinants associated with physical violence against women

Variable	Odds Ratio	Std. Err.	Z	p-value	95% confidence interval	
Marital status						
Married						
Living with partner	0.212	0.092	2.31	0.021	0.032	0.393
Wealth index						
Poor						
Middle	-0.070	0.113	-0.62	0.536	-0.292	0.152
Rich	-0.070	0.124	-0.57	0.571	-0.313	0.172
Place of residence						
Urban						
Rural	0.230	0.1163339	1.98	0.047	0.0029	0.458
Education level						
No education						
Primary	0.024	0.1104	0.22	0.825	-0.191	0.240
Secondary	-0.493	0.156	-3.15	0.002	-0.801	-0.186
Higher	0.1942	0.546	0.36	0.722	-0.875	1.2642

Variable	Odds Ratio	Std. Err.	Z	p-value	95% confidence interval	
Husband/partner education						
No education						
Primary	0.045	0.128	0.36	0.722	-0.206	0.298
Secondary	-0.256	0.170	-1.5	0.132	-0.590	0.077
Higher	-0.580	0.396	-1.46	0.143	-1.357	0.1969
Don't know	-0.981	0.444	-2.21	0.027	-1.852	-0.110
Husband/partner drinks alcohol						
No						
Yes	1.173	0.092	12.74	<0.001	0.993	1.354
Respondent ever physically hurt husband/partner when he was not hurting her						
No						
Yes	2.937	0.350	8.37	<0.001	2.249	3.625
Previous husband: ever hit, slap, ick or physically hurt respondent						
Never						
Yes	0.220	0.188	1.17	0.241	-0.148	0.589
Never had partner	-0.074	0.087	-0.85	0.394	-0.245	0.096
Current working						
No						
Yes	0.293	0.088	3.3	0.001	0.119	0.467
_cons	-1.753	0.184	-9.5	<0.001	-2.115	-1.392

Discussion

According to the research, women in Tanzania who live with their partners outside of marriage are more likely to suffer from domestic violence. This brings out several factors why physical abuse is prevalent among cohabiting women. Cohabiting couples' relationships are usually not as stable as those in wedlock and lack a social support system which may result in increased conflict levels hence vulnerable to violence (Brown & Bulanda, 2008; Gibbs et al., 2018). Women living with poor economic conditions lack legal protections, thereby raising their risk while staying with a man who is not their husband (Vyas & Watts, 2009; McCleary-Sills et al., 2016). Furthermore, the study shows that there are high chances of IPV occurring among cohabiting women because of unclear power differences in such unions (Capaldi et al., 2012).

The study also found significant differences between women living in rural and urban areas in terms of the likelihood of being physically harmed. In particular, rural women were more likely to experience physical injury than their urban counterparts. This difference can be attributed to several factors in rural contexts in Tanzania. Rural communities often have limited access to health care, social services, and legal services, which can leave women more vulnerable to violence and fewer resources to seek help. According to Mshana et al. (2021), Tanzanian women in rural areas have significant barriers to accessing support services, and the social isolation prevalent in these areas may increase the risk and impact of intimate partner violence (IPV).

The study reveals a significant correlation between a woman's education and her likelihood of being physically injured. Women who completed high school were less likely to be physically injured than women who did not attend

formal school. Education is key to empowering and equipping women with the knowledge and resources to resist and escape abusive situations. Educated women are more aware of their rights and have access to economic opportunities, reducing their dependence on abusive partners. This finding is supported by a study conducted by Vyas and Heiss (2016) in Tanzania, which found that higher levels of education among women were associated with lower rates of IPV. Women's education leads to greater gender equality.

Studies have shown a strong correlation between women's risk of physical harm and the amount of alcohol consumed by their spouse or partner. Alcohol consumption by alcoholic partners was more likely to be a well-documented risk factor for IPV than by women whose partners withdrew, which may reduce inhibition, and increase aggressive behavior. In Tanzania this association was reported by McCleary-Sills et al. (2016), who found that male alcohol abuse increased the likelihood of IPV. Preventing alcohol misuse through community-based policy and program interventions can be an effective strategy to reduce IPV in Tanzania.

The study also found a strong correlation between women's greater risk of physical harm and physically abusive behavior from their partners or partners without self-harm. They are behaving aggressively. Interpersonal violence can increase the severity and frequency of IPV incidents. Heise and Garcia-Moreno (2019) discuss how interpersonal violence can complicate the development of IPV, making it important that intervention programs address bullying and victimization.

Finally, the study shows that women's working conditions are significantly associated with the likelihood of being physically harmed. Working women were more likely to be physically injured than non-working women. This paradoxical finding may reflect a complex interaction between economic independence and IPV. While employment can empower women and provide them with resources to exit abusive relationships,

it can also increase tensions and conflicts in traditional gender roles and control of finances in the home and react to partners. Among other reasons, this is caused by economic independence that working women may face reaction from their partners due to their financial independence, which can threaten traditional power dynamics. Likewise, balancing work and home responsibilities can lead to increased stress and conflict within the household, potentially escalating to violence. Also, in some communities, there may be resistance to women working outside the home, leading to domestic tensions.

Conclusion

The study entitled "Determinants of Physical Violence Against Women of Reproductive Age in Tanzania" identifies several important variables that affect women's risk of physical harm. Due to differences in the availability of resources and support services, rural women are more likely to be physically injured than their urban counterparts. Educational attainment emerges as a protective factor, with secondary education significantly reducing the risk of physical harm. Alcohol use by partners is significantly associated with increased levels of physical violence against women, highlighting the important role of substance abuse in intimate partner violence. Besides, women who previously unrequited abuse by partners are more likely to be self-inflicted. Lastly, employment status is linked to increased risk, suggesting that economic independence alone does not necessarily protect against IPV and may introduce new stressors.

The study therefore recommends that; addressing violence against women should involve different stakeholders to increase the quality of decisions and strategies to be used. In Tanzania's context, the Government through the Ministry of Community Development, Gender, Women, and Special Groups continues providing education to the people to raise their awareness as some do not know some acts of physical violence and normalize them. This can be possible through awareness-raising campaigns at all levels from the

household level to the nation. The local government should strengthen women's protection committees at the ward level so that they can work effectively to prevent and respond to violence against women at the grassroots level. They should be regularly capacitated and provided with different working materials. Police gender and children's desks should create a conducive environment for reporting, the environment should be a friend to the victims so that they can feel free and reduce fear to them.

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