IT'S IN THEIR HANDS

Exploring the causes of Intimate Partner Violence, a Case Study in Dar es Salaam, Tanzania

Author: Alia Ibragimova
Supervisor: Kristina Jönsson

Abstract

The study is titled "It's in their hands" in order to show the responsibility various stakeholders have both in causing intimate partner violence (IPV) and its perpetuation as well as their importance for prevention efforts. IPV is a global issue affecting millions of women worldwide. The aim of this case study was to explore the causes of physical and sexual intimate partner violence (IPV) in Dar es Salaam, Tanzania. In-depth interviews were conducted with 25 key informants including partnered men and women, NGO representatives, researchers, government officials, religious leaders, policemen, and a hospital owner. Secondary data was collected from policy documents and NGO reports. An ecological model guided data collection and analysis, which sees violence as stemming from individual, relationship, community and societal levels.

Individual level factors related to IPV were witnessing marital violence as a child and substance abuse. Relationship level factors were male decision-making power, marital conflict, jealousy, infidelity and barriers to leaving. Community level factors were unemployment and isolation of the woman and family. Societal level factors were rigid gender roles, notions of masculinity linked to dominance, a sense of ownership of women, violence being condoned, acceptance of physical chastisement of women, lack of knowledge of laws and IPV not being a political priority.

The findings of this study point to the need of multi-sectoral approaches in prevention efforts. It's in the hands of all the stakeholders to prevent intimate partner violence in Tanzania.

Key words: *Intimate Partner Violence, etiology of abuse, ecological model, Dar es Salaam, Tanzania*

Acknowledgements

Acronyms

CEDAW   Committee on the Elimination of Discrimination against Women

DHS   Development and Health Survey

IPV   Intimate Partner Violence

LHRC   Legal and Human Rights Centre

MoCDGC   Ministry of Community Development, Gender, and Children

NGO   Non-Governmental Organisation

SADC   Southern African Development Community

TGNP   Tanzania Gender Networking Program

UN   United Nations

WHO   World Health Organisation

WLAC   Women's Legal Aid Centre

Table of Contents

Introduction

Women are often in great danger in the place where they should be safest: within their families. For many, 'home' is where they face a regime of terror and violence at the hands of somebody close to them – somebody they should be able to trust. (UNICEF 2000: 1)

There is a Swahili proverb that says "*dua la kuku halimpati mwewe*", literally translated it means "a chicken's prayer doesn't affect a hawk". This saying refers to the helplessness of the powerless in the hands of their oppressors. The oppression would certainly end, if the prayers of the victims had any effect to their victimisers. However, that doesn't seem to be the case.

This saying fits very well to the reality of many women in Tanzania who suffer abuse at the hands of their partners or husbands on a daily basis. Three examples are offered below to give a glimpse into the lives of some of these women.

Alama

While doing a survey on child injuries in Dar es Salaam, my partner and I came across a malnourished lady, who looked ill. Her name was *Alama*[1]. She was sitting on the ground outside an impoverished house. I thought she could perhaps be suffering from HIV. Unfortunately, I was right. Alama told us the story of her marriage. She had been a good wife to her husband, and had stayed faithful to him for many years. Some time back she began feeling sick and didn't know why, so she went to the hospital. The test showed that she was HIV-positive. She told her husband about it, and it turned out that he had been cheating on her. Even though he was the one who had infected her, he instead blamed her for what happened, divorced her and kicked her out of the house. She was reliant on him for money, and had no way of supporting herself and that is how she wound up where we saw her.

Fatuma

Fatuma got pregnant when she was only 14 years old. She was studying in standard 6 and was forced out of the school. She got married. One month before she was due to give birth she went to stay with her mother. The day she was going to give birth she felt so much pain she

---

[1]The name Alama is Swahili for sign or symbol. All names have been changed in this study in order to protect the identity of the respondents.

was barely able to move. Her mother called a traditional midwife to help, who told Fatuma to push, and Fatuma pushed until she was too tired to push. On the second day of labour, they took her to the hospital using a traditional bed that they tied between two bicycles. They only reached the hospital the next morning. At the hospital they were first asked to pay for the caesarean section, which her husband did, but the baby had already died. But Fatuma felt lucky because she could have died without the operation. After being discharged, Fatuma was very sick and started to constantly leak urine because of a fistula.[2] Her husband tolerated her problem only for a few days before he started abusing her. He asked if "they had many toilets because the whole house smelled like urine all the time". Fatuma felt that she was abnormal. She said that she constantly wet the bed and her husband. Rather than divorce her, and be judged negatively for neglecting her, her husband abused her physically so that she would make the decision to leave by herself. Eventually her husband abandoned her. She however, remained strong and determined. She worked hard on the farm for a whole year and managed to get enough money to pay for an operation to repair the fistula, which she heard about from an aunt of hers. (Womens Dignity Web)

Halisi

Halisi was married to a man who liked to practice "sodomy", what (oftentimes rough) anal intercourse is often referred to as in Tanzania. Wanting to please her husband she let him "sodomise" her often, until one day she felt too much pain and decided to go to Muhimbili National Hospital to get it checked up. They told her that her anus had been so brutalised that she needed to get an operation done to repair it. After getting the operation done she talked with her husband. She told him "my husband, please, we cannot continue like this, I even had to go and get an operation to repair my anus, please let us stop with this behaviour". He told her that there were plenty of women just lined up waiting to do this with him, and that if she didn't want to do this, that he didn't want to stay married with her. He divorced her, and she went to stay with one of her daughters. One year later the man had already married another woman, who apparently seemed ready to do this sort of thing with him. (Interview, women's rights activist 1)

---

[2]A fistula is when the wall between the bladder/rectum and uterus breaks due to too much force during childbirth.

Unfortunately, these women are not alone to tell these kinds of stories. In Dar es Salaam alone, there are almost 300 000 women that find themselves in this predicament.[3] These stories represent the kind of inequality that exists for these women and was the starting point of the study that follows in this thesis.

Why do some partners or husbands commit this type of violence to their wives? What are the reasons men, women, civil servants, and organisations give to explain this phenomenon? This thesis serves to answer these questions in the case of intimate partner violence in Dar es Salaam, focusing specifically on the issues of physical and sexual violence.

Aim and Research Question

Intimate partner violence (IPV) is the most common form of violence experienced by women globally. (UN 2006: 37). IPV has a multitude of detrimental health outcomes to the women that are subjected to it, both short- as well as long-term, such as gastrointestinal disorders, physical injury, head trauma, chronic pain syndromes, eating disorders, gynaecological disorders, depression and suicidal behaviour. The longer the abuse goes on, the more serious are the effects on the person subjugated to it. IPV also increases the risk of a woman's future ill-health. (Campbell 2002: 1331; Ellsberg *et al*. 2008: 1168-1169; CDC 2006: 1; UN 2006: 36, 48; WHO 2002b:1) A growing number of policy-makers are also recognising the links between IPV and development, due to a wider awareness of the linkages between poverty, human insecurity and violence. (Pickup 2001: 4) It has also been recognised that men practice this violence in order to subjugate women and upkeep their own power in society (Merry 2009: 9; Pickup 2001: xiii) IPV is also a violation of women's human rights, denying them their right to enjoy fundamental freedoms. (Pickup 2001: 2, UNICEF 2000:2) There are a number of human rights instruments that concern the issue that even Tanzania has ratified: the Universal Declaration of Human Rights, the UN Declaration on the Elimination of Violence Against Women (1993), the Vienna Declaration, the Maputo Protocol, the CEDAW, and the addendum to the SADC declaration on gender and development concerning the prevention and eradication of violence against women and children, which recognise the human rights of women and condemn IPV.

---

[3] See the background section: statistics on IPV in Africa and Tanzania and its neigbouring countries for the calculation. This statistic had to be recalculated from various sources.

However, few studies are available on the causes of IPV in Tanzania, especially Dar es Salaam. The studies that are available on the causes of IPV in Tanzania and Dar es Salaam tend to focus on only a few factors.[4] At the same time, a report by Garcia-Moreno *et al.* (2005:28) reports around 40 % of women experiencing IPV in Dar es Salaam. Dar es Salaam is an urban city, with all the different tribes of the country present, and studying IPV in this urban setting can show trends in other urban metropolitans in East Africa. The research was driven by a desire to discover the causes of this high rate of violence and aims to add to the existing research base.

More specifically, the study strives to answer the following question:

Why does physical and sexual intimate partner violence occur in Dar es Salaam?

The study entailed in this thesis is an exploratory case study of physical and sexual IPV in Dar es Salaam. The focus of the study is men's violence towards women, and not vice versa[5] (although this does occur, it is not as common as men's violence to women (UNICEF 2000: 3)). In-depth interviews will be conducted with key informants and secondary data will be obtained from policy documents and NGO reports. An ecological framework is used to guide data collection and analysis. The ecological model is used by the World Health Organisation (WHO) to explain the occurrence of violence in a specific society.[6] The model considers perpetration of- and risk for violence to be related to various factors at the individual, relationship, community and societal levels.

Disposition

The section above has described the aim and research question of the study. The next section provides necessary background information on the issue. A discussion of the methodology used in the study follows, after which the theory, the ecological model is presented. The data collected will be presented and analysed in the analysis section, which will end with a summary of the analysis. The conclusion and implications for future research sections will be discussed last.

---

[4] The studies available are Gonzáles-Brenes (2003; 2004); Laisser *et al.* (2009); Lary *et al.* (2009); Maman *et al.* (2002); McCloskey *et al.* (2005a; 2005b); Sa and Larsen (2008); and Silberschmidt (2001).
[5] Henceforth in this thesis IPV will refer solely to men's violence towards their intimate partner.
[6] See for example the 2002 *World Report on Violence and Health* (WHO 2002a)

Background

This section will cover the definitions of IPV used in the study and the prevalence of IPV globally, in Africa, and in Dar es Salaam.

Defining intimate partner violence

Pickup (2001) distinguishes between narrow and broad definitions of violence. Some researchers and activists argue for a broad definition, including "structural violence" such as unequal access to education, healthcare and poverty, while others argue for a more limited, narrow, definition including physical, sexual, and psychological abuse. (UNICEF 2000:2; Pickup 2001:11- 14; McIlwaine 2008: 445-446) The benefit of using a broad definition is that it links various types of violence, and supports the argument for working to stop these forms of violence as a concerted effort, however, it could also result in the power of the term "violence against women" to become diluted. (Pickup 2001: 12-13) The choice of a narrow definition of violence, using objective and measurable criteria permits researchers and policy-makers to demarcate physical-contact violence clearly from other acts of violence, and address this as a priority. However, this type of definition excludes psychological and verbal abuse, which may in some cases cause as much suffering or injury as physical violence. (Pickup 2001: 12-13)

A concerted effort to map the prevalence of IPV at a comparable, global level was a WHO study which was conducted at 15 sites in 10 countries including Tanzania[7]. (Garcia-Moreno *et al.* 2005: xii) The WHO study used narrow definitions of IPV, which will also be used in this study because the categories are objective and measurable.

The WHO study used the following definition for physical violence; women were asked whether a current or former partner had ever:

> • slapped her, or thrown something at her that could hurt her;
>
> • pushed or shoved her;
>
> • hit her with a fist or something else that could hurt;

---

[7] The other countries included in the study were Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro and Thailand.

• kicked, dragged or beaten her up;

• choked or burnt her on purpose;

• threatened her with, or actually used a gun, knife or other weapon against her.

(Garcia-Moreno *et al.* 2005: 14)

This type of violence is represented by the story of Fatuma in the introduction: when she was leaking urine due to a fistula her husband started to abuse her physically to force her to make the choice to leave him.

The WHO study used the following definition for sexual violence:

• being physically forced to have sexual intercourse against her will;

• having sexual intercourse because she was afraid of what her partner might do;

• being forced to do something sexual she found degrading or humiliating.

(Garcia-Moreno *et al.* 2005: 14)

This type of violence is exemplified by Halisi's story in the introduction, who was letting her husband have rough anal intercourse with her until she had to go and get a surgery at the national hospital.

Estimating the prevalence of intimate partner violence

Estimating the global prevalence of IPV is a difficult task. Many incidents are under-reported, as women may fear repercussions such as fear of more episodes of violence or stigma from family and society. Violence in the home could even be seen as something normal and a regular part of a relationship. Also, violence against women is not considered a priority in many countries, so under-recording by state agencies will occur. Finally, the different ways that IPV has been defined and measured in various studies around the world makes it difficult to have comparable prevalence statistics (Mcllwaine 2008: 445-6; Pickup 2001: xi, 76-78; UN 2006: 59; UNICEF 2000: 2)

Global prevalence of IPV

IPV is the most common form of violence against women, and cuts across boundaries of culture, income, class, education, age and ethnicity and is present in every country. (UN 2006: 37; UNICEF 2000: 2; WHO 2002: 89) Statistics on global prevalence of physical IPV range from 33 % (Pickup 2001: 81); to 10-69 % (WHO 2002b: 1); to 15-71 %. (Garcia-Moreno *et al.* 2005: 28-2) The 2005 WHO study found sexual violence prevalence statistics of 6 to 59 %, (Garcia-Moreno 2005: 28-29) and 10 to 15 % of women were found to experience sexual violence in a study by Heise (1994, quoted in UNICEF 2000: 4) One can conclude that IPV is a global problem that affects millions of women, young and old, rich and poor, uneducated or educated, all around the world.

IPV in Africa, Tanzania and its neighbouring countries

Statistics on IPV on the African continent depend on the study that is conducted. Different studies show different ranges, as not all are representative of a whole country, and ranges differ within different areas in the countries, and result are presented in different ways. The information that was available on levels of IPV in Africa is presented in table 1 below. The table presents the levels of physical and sexual IPV, with a special focus on Tanzania's neighbouring countries. The table starts with the statistics for Tanzania, in order for it to be compared to the other countries.

Table 1: Levels of physical and sexual IPV available on Africa

Country	Level of physical IPV, in percent	Level of Sexual IPV, in percent	Physical or sexual IPV, or both, in percent
Tanzania (Dar es Salaam, urban)[a]	33	23	41
Tanzania (Mbeya, rural)[a]	47	31	56
Kenya[b]	39.8	15.7	42.9
Uganda[c]	48	35.5	59.1
Malawi[d]	20	13.4	26.6
Rwanda[e]	30.7	12.9	33.8
Zambia[f]	46.5	16.7	49.5

DR Congo[g]	n/a	n/a	64
South Africa[h]	13 - 31	n/a	n/a
Zimbabwe[h]	17- 32	n/a	n/a
Namibia (city) [a]	31	16	36
Ethiopia (rural) [a]	49	59	71

[a] (Garcia-Moreno *et al.* 2005: 29); [b](KDHS 2003: 244); [c] (UGDHS 2006: 294); [d] (MDHS 2004: 272); [e] (RDHS 2005: 182); [f] (ZDHS 2007: 285); [g] (DRCDHS 2007: 11) The final report was in French, all the statistics for this were not available in the English summary report.; [h] (UN 2006: 52-53)

Table 1, above, splits the statistics for IPV by levels of physical violence, levels of sexual violence and levels of physical and/or sexual violence by country, and looks at lifetime prevalence, that is if a woman has ever experienced violence from a partner in her life. For Tanzania, the levels of physical violence are split into a rural and urban sample (Mbeya and Dar es Salaam, respectively). The Garcia-Moreno *et al.* 2005 study is the only study that has been conducted to map the prevalence of IPV in Tanzania, and does not even cover the whole country. The most recently published Tanzanian Demographic and Health Survey (DHS) from 2004/2005 does not have any indicators on IPV, in contrast to the DHS reports from most of the neighbouring countries. (NBS 2005)

As seen in table 1, in Dar es Salaam, the lifetime prevalence of physical violence is 33 % and the prevalence of sexual violence is 23 %. 41 % of women have experienced either one or both forms of IPV. In Mbeya, which is rural, 47 % of women reported physical violence by a partner, 31 % sexual violence, and 56 % either one or both types. (Garcia-Moreno *et al.* 2005: 29) When looking at Dar es Salaam, if one looks at what this means in concrete numbers of women, it comes to a large number, 230 000 women having experienced physical IPV, 163 000 sexual IPV, and 290 000 experiencing one or both of the forms, a staggering number for one city alone.[8]

---

[8] This number is an approximation calculated from various sources. The total population of Dar es Salaam, according to the 2010 prognosis done after the 2002 census should be 3 118 132 million people. (NBS 2006a: 26) Out this total population of Dar es Salaam, 29.6% are women aged 15-44. 15 is the legal age for women to get married in Tanzania (see § 13-1 of the Laws of Marriage Act, concerning minimum age to get married); the sample size in the Garcia-Moreno *et al.* (2005) survey was women aged 15-49, however data on the percentage of women aged 45-49 in Dar es Salaam was not available, hence the ages 15-44 were used, which are still within the sample of the WHO study. Only 23.1 % of all women above the age of 15 them have never been married in Tanzania[8]. This statistic is only available for Mainland Tanzania as a whole, for all women above the age of 15 (NBS 2007: 6; NBS 2006b: 33), meaning that there should be 709 761 women who have ever been married between the ages of 15 to 44 living in Dar es Salaam. Since the WHO study had a representative sample, it means that out of these women, 33 % or 234 221 of them have ever experienced physical IPV; 23 % or 163 245

How does Tanzania compare to its neighbours and other African countries? As seen in table 1, on the lower end of the overall levels of IPV, we find Malawi (26.6 %), Rwanda (33.8 %) and Namibia (36 %). At the higher end of the overall levels of IPV we find Uganda (59.1%), DR Congo (64 %) and Ethiopia (rural) (71 %). Tanzania is in the middle of these figures, together with Kenya (42.9 %) and Zambia (49.5 %), hence not extremely high or extremely low levels. These figures, however, show that IPV is an issue that affects the lives of many women in these countries: between 1 in 3 or 2 in 3 women have been abused by a partner at some point in their lives.

Methodology

This section provides an overview of the methodology employed in this study, discussing the research design, methods of data collection, transcription and analysis, research quality considerations, limitations of the study and ethical considerations.

Research Design

When designing a case study, the researcher has to decide the unit of analysis, separate the case from its context, as well as bind the case, for example by time and place, definition and context, or time and activity (Yin 2003: 24; Baxter & Jack 2008: 546-547). In my study, the case is IPV in Dar-es-Salam while the Tanzanian legal system, societal ideals, norms and values form the context. The nature of the city forms the basis for the study itself since the city is the largest urban center with a population density of 1793 residents/sq. km (NBS 2003: 6), deagrarianisation is becoming more common, all ethnic groups are represented and many non-rural features exist including ownership of radio or television or formal legal enforcement (Silberschmidt 2001:662-663; Interview, researcher 2).

---

of them have ever experienced sexual IPV; and 41 % or 291 002 of them have ever experienced physical or sexual violence, or both.

Since the aim of this study is to explore the causes of IPV in Dar es Salaam, an exploratory case study approach was deemed the most appropriate research design. The reasons for this are discussed below.

Case study

Doing a case study comes from a desire to understand complex social phenomena. (Yin 2003: 2) A basic case study involves the intensive and detailed analysis of a single case, where the research is concerned with the complexity and particular nature of the phenomenon under study. (Bryman 2008: 52) The aim of this study is to gain an in-depth understanding of the phenomenon of IPV in Dar es Salaam.

An exploratory case study is used to explore a certain phenomenon when little knowledge is available without having to completely determine causal relationships. (Baxter & Jack 2008: 547-548) The idea of this study is to gain in-depth insight into the complexity of the phenomenon, based on the ecological model which covers factors at levels of the individual, relationship, community and society levels (discussed in the theory section). Due to the limited financial and time constraints, an explanatory study to capture all the aspects of the analytical model using a representative sample of respondents was deemed unfeasible.

Strengths and weaknesses of the research design

Considering the aim of the thesis, one key strength of the case study as a research design is that it enables getting an extensive analysis of a single case and provides breadth of understanding. It allows the researcher the opportunity to be submerged in the context of the case and gain a deeper understanding of the case. The method also gives the researcher the opportunity to be innovative, flexible and creative in gathering information by allowing the use of many different sources, as well as the chance to adjust information gathering and leads, allowing a higher flexibility than studies such as surveys. This allows the research to be formed after relevant issues, which may arise in the midst of data collection. (Baxter & Jack 2008: 545; Yin 2003)

There are, however, some weaknesses in the case study research design. Sometimes it could be difficult to select a focus area and to narrow down the case. Another weakness is that when getting information through interviews depends on how good your skills are as an interviewer to build rapport and how good you are at finding leads and making connections with people. This type of approach is very people-centred and the results could depend on who is investigating and not on the method itself. It could also be difficult to repeat a case study. There may be difficulties in generalising the results as a case can be very specific to its context. (Yin 2003: 10-11)

Methods of data collection

Two types of data were collected in this study: primary data using semi-structured, in-depth interviews with various stakeholders as well as secondary data from reports of NGOs working with the issue of IPV in Dar es Salaam. A list of interviews conducted and reports reviewed can be found in Appendix 1. Semi-structured interviews were selected as the primary method of enquiry because they allowed flexibility and openness, which is required when exploring such a sensitive issue as IPV. As Yin (2003: 89) states, one of the most important sources of information in a case study are interviews. Interviews also allow for delving deeper into the complexity of the issue and the perceptions of various groups of stakeholders. (Kvale 1996:84)

Key informants: partnered men and women (4 men and 5 women) aged 20-40; 2 Researchers; 6 NGO representatives; 2 government officials; 2 policemen; 2 religious leaders; a local government official and a hospital owner, were chosen based on their ability to provide information at different levels. In-depth interviews were conducted with a total of 25 respondents, varying from 20 minutes to four hours in length. Most interviews with partnered men and women averaged on two hours in length, and with the other respondents, averaging on 45 minutes.

Diagram 1 below illustrates the relationship of each group of respondents to each other. This diagram represents the structure of the interaction as well as functions of each group. The central people, the women and men who are possibly in violent relationships, are in direct contact with either police, local government officials, hospitals, religious leaders or NGOs who provide services for them. There is also referral of clients between NGOs and police, hospitals, local government officials and religious leaders (hence the arrows that link the

groups). Women and men who are in violent relationships are also in indirect contact with researchers, who are studying and analysing these groups. Researchers are sharing their findings with NGOs and both groups lobby the government to change its laws and policies. The government is on top, as it makes laws that affect the lives of men and women who experience the violence as well as regulating police, hospitals and local government officials, who the women and men are in direct contact with.
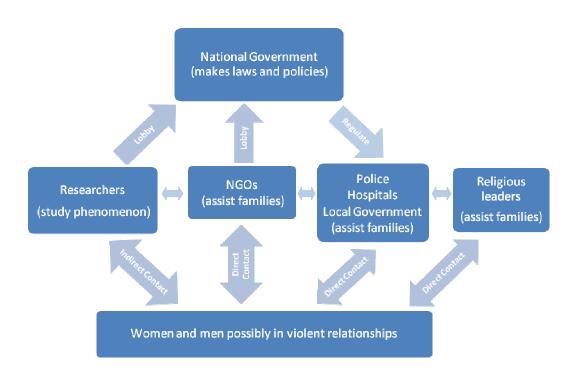

Diagram 1: Relationship between the different levels of actors interviewed in the study

Interviews were designed around various themes, depending on the respondents. Interviews with partnered men and women were done in order to find out about their personal experiences of IPV (or lack thereof), but capturing many other aspects as well. The part about IPV was placed last in order to allow the respondent to relax and open up and provide a chance to build rapport before the most sensitive issue was brought up. For the other key informants, questions were asked on their perceptions of the causes of IPV as well as other relevant information on their work with IPV in Dar es Salaam. Interview guides for each group can be found in Appendix 2.

Most of the interviews with all key informants besides partnered men and women were taped. The rest were written as notes in a notebook. Tape recorders were not used with partnered men and women due to the sensitivity of the issue since participants would feel more

comfortable disclosing an issue of a personal nature without the intrusion and knowledge that what they were saying was being taped.

Methods of selecting respondents

Partnered men and women were approached by my research assistants and asked if they could participate in a study that concerned family relations. These were usually acquaintances of my research assistants. Concerning the sensitivity of the issue, it was a positive thing since the people felt comfortable telling things to someone they were familiar with. At the same time it could have created bias since they may have refrained from being completely open in the presence of someone they knew. Participants from civil service, researchers and NGOs were selected partly by snowball-sampling, where initial interviewees recommended others and provided me with contact details/addresses of other organisations (Bryman 2008: 184-185) Some participants were contacted by my NGO while others were reached through a letter requesting an interview with them.

Criticism of the sources

The main criticism to my sources is that all of the respondents live in the society that is being studied, and are influenced by norms, institutions and ideas within the same society. Hence, using their perceptions, the image may be somewhat biased. However, since the respondents come from various backgrounds and have varying views on the issue of IPV, they will each be able to offer a different perspective. Partnered men and women may avoid telling the entire truth about their relationships, however, their personal, first-hand experience of IPV adds a lot of insight into the issue. Policemen as a group are law enforcers, and may not have much education on the causes of IPV beyond what they directly see, such as conflicts or alcoholism. Religious leaders tend to focus on reconciliation in Tanzania (see WLAC 2009: 123), and will also have their own view on what an ideal relationship looks like. NGO representatives may have their own agenda when it comes to the issue depending on the issues they work with and

may politicise the phenomenon. Even researchers are not completely unbiased as they come from different schools of thought. The hospital owner will mainly come to contact with those women who actually seek medical help, and will only see the worst forms of IPV, so her experience of moderate IPV may be limited. Government officials may be biased in how they view the issue, since they may have certain directions from the government side about how to deal with the issue. However, I firmly believe that a combination of the perceptions of these various groups will give insight into the complexity of the phenomenon, as they have worked with people experiencing IPV. The perceptions of these groups are important because they are also stakeholders in prevention efforts on IPV.

The secondary data includes some NGO reports which are not completely objective as they are written from the perspective of what the NGOs consider important issues to work with. One of the pieces of secondary data is a national strategy for preventing and eliminating violence against women and children, and this strategy could just be a document but not something the government fully intends to act upon. For example, some of their targets in the report do not have any timeframe, while others do. As will be discussed in the analysis, there seems to be a lack of government commitment on this issue in Tanzania.

Transcription and Analysis

Transcription of tapes occurred from 36 hours after the interview to up to a month after the interviews. Notes were generally transcribed within 36 hours. When it came to analysis, the data was organised based on the categories of the ecological model: individual, relationship, community and societal levels. The model selected was a flexible one, with categories not being completely fixed. The analysis utilised 'meaning condensation', where statements of respondents were reformulated and abridged; and 'meaning categorisation', entailing grouping sets of statements into various categories of the model, both the four different levels as well as sub-categories within each level. (Kvale 1996: 192)

Research Quality considerations

Bryman (2008: 377) writes that quality of qualitative research can be discussed based on principles of trustworthiness. Generally case studies have been criticised for their lack of rigor as a method as well as low generalisability, but this is a critique that is often given concerning most qualitative methods (Yin 2003: 10-11) The credibility of my study was increased by the use of many different perspectives in the primary data complemented by the secondary data, as well as the prolonged time spent in the society that was analysed, which will assist to reach a good level of congruence between my concepts and observations. When it comes to transferability, the model used for data collection and analysis is based on previous research and the findings of this study are in line with this previous research. Hence, the study has a good level of analytical transferability. All the interview questions are included in the appendices to this study, which is an attempt to increase the dependability of it. (Bryman 2009: 376-379)

Limitations of the study

There are some limitations to the study. Firstly, only Christian religious leaders were interviewed since it was difficult to get Muslim religious leaders to do an interview, which will give a biased view on the issue of religion and IPV. Due to this, the aspect of religious norms will not be discussed at the societal level of the model. Another difficulty encountered was that due to the incredibly complicated bureaucratic requirements for doing interviews with public officials, it was not possible to access as many government officials as was hoped. This leaves some questions unanswered from the government side, and assumptions had to be made based on other respondents, perceptions of the government.

Ethical considerations

Verbal informed consent was attained from the respondents to conduct the interview and also to use a tape recorder. The respondents were told of their right to anonymity, and confidentiality. They were told that the tapes would be destroyed after transcription, that they

had the right to refuse to answer any question or cancel or reschedule the interview at any point in time. The research was also conducted based on the concept of beneficence, that the risk of harm to the respondent should be the least possible. (Kvale 1996: 112-116; Scheyvens & Storey 2005: 142-147) The WHO has formulated recommendations for conducting research on IPV in an ethical way and these were followed in my study (see WHO 2001). As suggested by WHO (2001), my study was called a "Study on life experiences and family relations", in order to protect respondents from the consequences of taking part in a study on their experiences of IPV, in case someone else would hear about it and tell their partner. Also, as per the guidelines, only one respondent was selected per household, and a male and female respondent were never selected from the same household, since this could cause more problems in their relationship. The respondents were also the ones to select the location of the interview. As a general rule, if interviews were conducted in the home, partnered women were never interviewed while their husbands were at home. (WHO 2001)

Theory

The model selected for data collection and analysis was the ecological model. First, a brief description of the schools of thought on IPV will be introduced, followed by an in-depth description of the ecological model.

Cunningham *et al* (1998) note that there are a multitude of theories on IPV. The authors group the theories of IPV into five different overarching schools of theories: biological, that focus on genetic, innate or organic roots of behaviour; psychopathological, that focus on identified batterers and their individual personality traits; systems, that view the family as a system and focus on interpersonal characteristics of violent couples; social learning, that state that an individual learns their behaviour from the environment and feminist, that that focus on a patriarchal social order where men uphold a priveleged position by repressing women. (Cunningham *et al*. 1998: iv, 2).

The Ecological Model

The ecological model is an analytical tool that combines different aspects of the various theories mentioned above. The Ecological Model originated from the research of Brim, Garbarino and Bronfenbrenner in the 1970s to study human development. They defined an "ecology of human development", where the development of a person was based on the mutual accommodation of themselves with their changing immediate environment. They describe the ecological environment as a nested arrangement of structures, one containing the next inside it. (Bronfenbrenner 1977: 513)

In the context of violence this type of model has been used to study child abuse, youth violence, intimate partner violence and abuse of the elderly (WHO 2002a: 12). The model covers four spheres: Individual, Relationship, Community and Societal Level (see diagram 2 below).
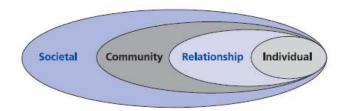

Diagram 2: Ecological Model for understanding violence
Source: WHO 2002a: 12.

The reason this model is used to understand violence, is that, according to the authors of the WHO (2002) report, no *single factor* can explain why some individuals behave violently or why there is more violence in some communities than others. Violence results from the complex interplay of factors at the individual, relationship, social, cultural and environmental level. It is important to understand how these factors relate to violence, in order to work with public health approaches to prevention. The Ecological Model explores the relationship between an individual and other contextual factors. Violence is considered to be a product of *multiple levels* of influence on behaviour. (WHO 2002: 12)

Applying the model to violence against women

Heise (1998) states that when it comes to explaining violence against women, theory building has been impeded by the narrowness of academic disciplines as well as the tendency of both

activists and academics to use single-factor theories instead of explanations that can "reflect the full messiness and complexity of real life". (Heise 1998: 262) For example, the feminist community has been especially unwilling to accept any factors other than patriarchy to explain abuse. Feminists point out that theories on stress, personality disorders, social learning or alcohol abuse may imply why individual men become violent, but do not explain why women so often are the target. However, the feminist approach cannot explain why some men rape and beat women when others do not, although all men are exposed to cultural messages that claim male superiority over women and grant them as a class the right to control women's behaviour. Although male dominance is a foundation for a realistic theory of violence, a theory must be able to explain both why individual men become violent and why women are often their target as a class. She conceptualises violence as a "multifaceted phenomenon grounded in an interplay among personal, situational, and sociocultural factors." (Heise 1998: 263-264) She aims to use the model as a tool to integrate the existing research on violence against women into a rich, intelligible whole in order to define the etiology of gender-based abuse.

Heise applied this model to violence against women and IPV. She looked at studies in the North American literature as well as cross-cultural studies that use statistical methods, and includes only those factors that have been statistically significant. She writes that the factors she brings up should not be considered as definitive, as they are based on an incomplete and tentative research base. Some critical factors may be missing due to the fact that research may not yet have been done to test their significance. The various findings are like pieces in the puzzle of violence against women, and when combined may offer a chance to see the whole picture. (Heise 1998: 265)

At the individual level, Heise found that the factors that were significant for male violence use were: witnessing violence against their mothers as a child, being abused during childhood and having an absent or rejecting father. Theories of social learning and psychology stress the effects on the development of self and learning the instrumentality of violence to get your way. (Heise 1998: 266-268) At the relationship level, she found that the factors that were relevant were male dominance in the family, male control of wealth in the family, marital conflict and use of alcohol. This has to do with an asymmetric power structure where women do not have the decision-making power, combined with conflict and perhaps over-use of alcohol, which leads to violent episodes (Heise 1998: 270-273) Previous studies done in

Tanzania also link violence to the use of alcohol (Gonzalés-Brenes 2004 and McCloskey *et al.* 2005b) At the community level the factors she found to be significant were unemployment/low socioeconomic status and isolation of the woman and the family. The first factor could be associated with male violence because poverty is likely to generate feelings of stress, frustration and a sense of inadequacy in some men because they fail to live up to their culturally defined role of provider, which could also cause a higher level of marital conflict, escalating to violence. The second factor is associated with IPV due to the fact that battered women could be more isolated in their relationships with friends, family and neighbours. It also depends on whether family and community members would intervene in cases of IPV. (Heise 1998: 273-276) Previous studies in Tanzania link IPV with unemployment (Laisser *et al.* 2009 and Silberschmidt 2001)

At the societal level, notions of masculinity linked to dominance, toughness and honour, rigid gender roles, sense of male entitlement/ownership over women, approval of physical chastisement of women and a cultural ethos that condones violence as a means to settle interpersonal disputes were found to be related to men's use of violence. When it comes to notions of masculinity, in cultures where masculinity is defined as being tough, violent and unfeeling, violence is more likely to occur. Men who adhere to traditional, rigid, gender roles were found to be more violent and abusive. The notion that a man's wife is his property lets him do what he pleases with her. Many cultures approve of physical punishment of children and women under certain circumstances, as long as these apply and it is done within the "rules", the behaviour will not become subject to public sanction. Also, where society tolerates interpersonal violence at large, women are at a greater risk for IPV. (Heise 1998: 277-282) Previous research in Tanzania link IPV with approval of physical chastisement (Lary *et al.* 2004) and rigid gender roles (Laisser *et al.* 2009) Heise states that the above framework is not definitive or complete, but provides an interesting heuristic tool to conceptualise future research. (Heise 1998: 282-285)

Analysis

This section will be divided into discussions about findings at each level of the ecological model: individual, relationship, community and societal level, combining the findings at the end in a discussion and conclusion. The findings of this study are not considered causal, it is an exploratory

and not an explanatory study, however it does point to certain associations and trends that exist. The sections after the analysis will deal with conclusions, recommendations and identified areas for future research.

Out of the five women interviewed, four had experienced some one or both forms of IPV studied in this thesis (physical and sexual). Out of the four men interviewed, one had admitted perpetrating an act of IPV.[9] Two of the women had experienced severe physical violence and two had experienced moderate physical violence. Three of the women had experienced sexual IPV. One man had admitted to having been moderately physically violent to his partner. The other three men said they had not perpetrated any forms of IPV. All the partnered men and women were in the age group 20-40, and had low-income jobs.

The partnered women and men, when asked about their perceived causes of physical and sexual IPV, tended to focus on causes of violence at an individual and relationship level. The rest of the interviewees, who represented the other (official) stakeholders on the issue, were interviewed based on their professional opinion, and tended to focus on the causes of IPV at the community and societal levels of the ecological model. This is due to the fact that the nature of their work includes working with the issue at a much broader, societal level than those men and women who experience it. Many respondents mentioned factors at various levels of the model.

Individual level factors

The main reasons for sexual and physical IPV at an individual level were found to be: growing up in a violent home and substance abuse.

Witnessing marital violence as a child

According to a journalist and women's rights activist, if someone is brought up in a violent home, there is a risk of a vicious cycle, where there is a chance that the child may become violent in their future relationship. "You grew up in an abusive home, seeing your father hit

---

[9] The women who were abused were Mary, Lydia, Sala, Jamila and Imara. The woman who was not abused was Joyce. The man who had perpetrated IPV was Abasi. The men who hadn't were Joseph, Mwemezi and Juma. All their names are fabricated in order to protect their identities and no information is included that will in any way identify them.

your mother, what will you think (about relationships) then?" (Interview, journalist and women's rights activist) A report by WLAC (2007:2) confirms this finding. Imara's husband used to beat her heavily in front of her children. She was worried they will copy this behaviour in their future relationships: "For the children it's easy to copy the life of the parents. I already told them that this type of behaviour is not good." (Interview, Imara)

The only man to admit having ever used physical IPV was Abasi. When he was growing up, he saw his father abusing his mother heavily:

> My father used to kick my mother and beat her, sometimes on her side and she would get injured. This behaviour was so painful to me, piercing directly to my heart. If I had been old enough, I would have beaten him. That is why I am escaping this behaviour so much, to avoid what happened with my parents. (Interview, Abasi)

Abasi experienced frustration at the thought of being so helpless to save his own mother from beatings. This may have prevented him from using severe physical violence against his partner. Or, the fact that he had witnessed marital violence as a child may have confused his ideas of what is acceptable behaviour in a relationship. He used moderate violence against his partner at one point in time, when relating this incident, he started by saying: "I am not sure if what I did was right or wrong". (Interview, Abasi)

The findings of this study confirm Heise (1998)'s discussion on men witnessing violence as a child increasing their risk of being violent to their future partners.

Substance abuse

Eight respondents related the causes of physical and sexual IPV to overconsumption of alcohol. The two women who experienced severe IPV said that their husbands drink heavily. A report by WLAC (2004) that states that an abuser: "may have a history of family alcohol or drug abuse". (WLAC 2004: 3) These finding confirm previous research done in Tanzania on the links of IPV to alcohol (Gonzalés-Brenes 2004 and McCloskey *et al.* 2005b)

A study by Abbey *et al.* (1995) found that alcohol can cloud judgement and impair an individual's ability to interpret cues. (cited in Heise *et al.* 1998: 272) This was the view that

was also held by the interviewees that talked about substance abuse: "People drink too much, which makes them make bad decisions." (Interview, Commander Ally); "Alcohol makes you confused" (Interview, Ms. Fides, hospital owner)

Some researchers, however, claim that men tend to use alcohol as an excuse to be violent, because they know that society will provide them a "cultural time-out for antisocial behaviour" (Gelles 1974 and MacAndrew and Edgerton 1969, cited in Heise 1998: 273)

This was the case for Jamila, one of the women who was abused by her husband. For Jamila, her husband would drink a lot, and it happened often that he came home and beat her when he was drunk: "He slaps me, beats my body with his fists many times, and kicks me. I don't know why he does it when he's drunk. If I ask him about it he either says: 'I was drunk' or 'forgive me'." (Interview, Jamila)

In conclusion, at the individual level, many respondents linked IPV to alcohol. The focus lies on men's "inability to control themselves". It is problematic to view it this way. For example, as in Jamila's case, seeing only alcohol itself as a cause of violence, can give men an excuse to be violent. Heise (1998) notes that many feminists are wary of acknowledging the role of alcohol in the etiology of abuse, as they fear this will excuse violent behaviour by men. Alcohol does have noted physiological effects that limit brain function, and that makes overconsumption of alcohol an issue of great concern. (Heise 1998: 273) However, many men who drink will be aware of the effects of alcohol on their behaviour. The choice to consume alcohol is most often a conscious one, and the reasons that these men chose to drink alcohol are more important than the alcohol consumption itself. That is where alcohol also links to other levels of the model, which will be discussed later.

Relationship level factors

When conducting this study the following were the main reasons found to be associated with IPV at a relationship level: male control of wealth, male decision-making dominance in the family, controlling behaviour, marital conflict, infidelity, jealousy and factors preventing a woman from leaving.

According to my secondary data, a report by WLAC (2004) states that the core of physical and sexual IPV lies in an abuser's wish/need to maintain/gain power and control. The will use various ways to do this, such as economic control, isolating the victim from friends, neighbours or relatives, and placing the blame for violence on the victims themselves. (WLAC 2004: 4) Abusers may use various combinations of these tactics, as seen for some of the women interviewed.

Male control of wealth in the family

Male control of wealth in the family has to do with a man either controlling the fruits of family labour or a woman being economically dependent on their partner in a relationship. According to Levinson (1989) (cited in Heise 1998: 271), this is mediated by giving a man domestic authority and also places restrictions on a woman's access to divorce. (Heise 1998: 271)

This question about who decides the use of money in the relationship was answered by nine partnered men and women. Some of the women had their own jobs (Imara, Jamila, Mary, Abasi's and Joseph's partners) and some were housewives (Lydia, Joyce, Mwemezi and Juma's partners). The men, themselves, all had jobs. Looking at the situations of the nine respondents, it is hard to link this factor alone to explain the occurrence of IPV. For example, in the case of Imara and Jamila, the two respondents who were severely physically abused, Imara's husband decided the use of money and Jamila decided over the use of money herself. Joyce was not abused, but her husband decided the use of money. Mwemezi decided over the use of money, and Juma let his wife decide over the use of money and both were not abusive.

An NGO representative, and one of the researchers interviewed noted that this is an important factor. They argue that women who do not have their own jobs (and hence economic power), will be dependent on their partners and find it difficult to leave a violent relationship, since they literally depend on their husband and hence are totally submissive. (Interviews, Researcher 2, Women's rights lawyer 1) A report by WLAC (2004) has the same point of view: economic control is described as a way to maintain power and control in a relationship. (WLAC 2004: 4)

Male dominance/Controlling behaviour

Decision-making power is linked with controlling behaviour, according to the studies that Heise (1998) cites, such as Levinson (1989) and Frieze & Browne (1989), which found that "The most violent husbands tended to make most of the decisions regarding family finances and strictly controlled when and where their wives could go." (Heise 1998: 270)

Johnson (2006b) differentiates between different types of relationships characterised by IPV, depending on the degree of control of each partner.[10] The relationship which is characterised by most imbalance in power is "intimate terrorism", where one partner is violent and controlling and the other is non-controlling. This accounts for the most severe forms of IPV. (Johnson 2006a: 1006) The relationships characterised by IPV found in this study are more in line with "intimate terrorism", especially in the cases of Jamila and Imara, as discussed below.

In the study, respondents were asked what they needed to ask permission for from their partner about before doing. Most of them said that the female partner had to ask for permission to go somewhere, such as going to visit their parents or relatives far away, going to the hospital, weddings, funerals, or just to visit friends. Men had to ask for permission to buy certain things for the house, or large items such as motorbikes. Some men did not need to ask for permission for anything at all. Generally there was a high level of controlling behaviour towards women in a relationship. Those women who experienced more severe IPV tended to have more imbalance of power in their relationships with their partners using more controlling behaviour. Jamila, who is being severely physically abused with beatings, has a very controlling partner:

> I need to ask for permission to go outside the house, to do anything outside of the house, to go see
> some relatives or friends or go to the hospital. I don't need to worry to ask permission to go to the
> shop. My husband does not need to ask me for permission for anything. (Interview, Jamila)

The power imbalance is very clear, where Jamila has to ask for permission for anything other than going to the shop, whereas her husband needs to ask for permission for nothing. This could serve to isolate Jamila from friends, relatives or neighbours. Imara's situation is exactly the same. Both their relationships would be put in the category of "intimate terrorism".

---

[10] See Johnson (2006b) for a discussion on the various types.

Lydia was slapped by her husband because she did not first ask permission to go to her friend's place:

> One day my friend invited me suddenly, and I went to their place without asking for my husband's permission first. My husband came home, and I wasn't there. When I came home he gave me a big slap and shouted: "Why did you go somewhere without my permission?" (Interview, Lydia)

Juma and Joseph, on the other hand, who have never been violent, do not have such a power imbalance in their relationship, both him and his wife are controlling towards each other, for example, Juma's wife asks for permission to see relatives and he asks for permission to sleep in another place.

These examples from the study serve to support the argument that IPV and controlling behaviours are correlated, those women who experienced severe physical violence also had much more controlling partners, who placed demands on them, but expected freedom for themselves. Those relationships characterised by moderate IPV or none had more equal status for the partners, who, instead were controlling each other. (Interviews, Joseph and Juma)

Marital conflict

According to Straus *et al*. (1980, cited in Heise 1998: 271), the factor of marital conflict has to do with that the frequency of verbal disagreements increases the likelihood of physical aggression. In this study, this has been the case. The four relationships with no IPV prevalence (Juma, Joseph, Mwemezi and Joyce), were characterised by no disagreements between the partners. The relationships of Abasi, Mary, Lydia, Imara and Jamila, on the other hand, were characterised by disagreements with their partners (and also IPV).

Lydia and Jamila linked their husband's alcohol consumption to conflict in their marriage (which also links alcohol to the relationship level). Lydia said that she and her husband disagree on his drinking. (Interview, Lydia) Jamila said that if her husband gets angry with her, he goes to drink heavily and then comes home to beat her. They also disagreed on her being a tailor, he wanted her to be a housewife instead. (Interview, Jamila) Imara and her husband have had disagreements about various issues about her coming home late and if she

doesn't fetch water for him. In order to avoid misunderstandings, Imara said she goes to bed early sometimes. (Interview, Imara) Abasi has disagreements over some things with his wife, and the only episode of violence, that according to him, occurred, had to do with a disagreement he and his wife had about the time she should be coming home:

> It is bad behaviour if the wife is always late, especially at night or when it is already dark. So, I tried to teach her that. One time she came home late, then a second time. Then I told her, that it is not good, please come home earlier next time. Then it happened a third time. I came home from work not to find her there. She had locked the door to our bedroom. I got so angry. I felt very ashamed that I couldn't even get into my own bedroom. So, when she finally did come home, I slapped her, two big slaps. (Interview, Abasi)

Abasi's disagreement with his wife, like Jamila's case, also had to do with gaining control and the struggle for power within the relationship. That was a highly likely source of the violent episode. He even felt "embarrassed" that he couldn't get into his own room, which had to do with challenging his masculinity as well. (Masculinity will be discussed in further detail at the societal level of the model.)

Infidelity

In the study it was found that infidelity linked to IPV; violent men tended to have practiced infidelity and one respondent mentioned that a woman's infidelity was considered to be a source of IPV. Two previous studies in Tanzania also link infidelity and IPV (see Garcia-Moreno *et al.* 2005 and Maman *et al.* 2001).

Five partnered men and women reported infidelity or suspected of infidelity from their partner's side (Mary, Joyce, Jamila, Imara and Juma). Two were not certain if their partner had cheated or not (Abasi and Lydia). Neither Mwemezi's nor Joseph's partners had ever gone outside the marriage.

Mary, Imara and Jamila have abusive partners that had gone to sleep with someone outside the marriage at some point in time. However, all three forgave their partners and stayed with them, because they say that they love their partner: "because I really love him, and I know he loves me, I stayed with him." (Interview, Mary) Mary, Imara and Jamila tolerated the infidelity, just as they tolerated the IPV.

According some respondents, a woman's infidelity could be a cause of IPV. According to Mary and Abasi, a husband beating a wife could be cause by his wife cheating on him. Pastor Luke sees a man's use of physical IPV as a way to discipline a woman who has been cheating: "Sometimes if the woman is not faithful, the man gives discipline to the woman by beating." (Interview, Pastor Luke) This shows a double-standard, a violent man practices infidelity, his partner will forgive him, but if their female partner does the same thing, he will not tolerate it and abuse her. This shows the lack of power and control some women who are experiencing IPV have in their relationships.

Jealousy

Jealousy was a factor brought up by some of the respondents as a cause of violence. This also links to controlling behaviour, where men who were more violent were more likely to be jealous. This is also related to infidelity, as the violent men were more likely to be the ones to practice infidelity, they are also more likely to be jealous, and use jealousy as a reason to be violent. Two government officials and a women's right activist linked physical IPV with jealousy. (Interviews government officials (1 and 3) and women's rights activist 1)

Imara said that her partner had abused her some points in time because of jealousy: "My husband doesn't like me to go to weddings, he says "then you are going to drink, and then you are going to dance". Then he thinks other men will come to approach me. He feels jealous." (Interview, Imara) Imara's case shows that jealousy by her husband was a cause of violence in her relationship. However, she was still willing to stay in the relationship despite this, the same way she stayed despite him going outside the marriage, and despite him abusing her severely. She does not have the power in the relationship.

The case for Jamila is the same as Imara, where her husband beat her because of jealousy: "My husband is jealous sometimes. He can beat me just by guessing, for example if he sees me only talking to someone." (Interview, Jamila) Mary and Lydia, who were moderately physically abused by their partners, said that their husbands had also been jealous at some point in time, for Mary if she comes home late and for Lydia if her partner sees her talking to another man. (Interviews, Mary and Lydia)

Joyce, said that her partner had never been jealous (Interview, Joyce) Mwemezi has also never been jealous of his wife. Joseph said that he had been jealous but not done anything about it.

Abasi did not answer the question on whether he had ever been jealous, but he said that in some relationships, jealousy could be a cause of physical violence: "Some of the men are so loving to their wives, maybe other men love their wives also, and even a normal greeting can make them feel jealous, then they beat their wives." (Interview, Abasi) Mary also connected her husband's jealousy to love: "my husband is jealous because he loves me". (Interview, Mary) Considering the connection between jealousy and IPV, it is problematic that respondents view jealousy as stemming from love. This view of love makes it more likely that they accept IPV in their relationship, and will condone the use of violence.

Factors preventing women from leaving

There are some factors that prevent women from leaving a violent relationship. Previously, Johnson (2006b) definition of "intimate terrorism" was mentioned. In intimate terrorism, there are a number of factors that serve to keep the woman in a violent relationship; that is personal commitments that come from personal attitudes and beliefs of the two partners, such as attraction to the partner; moral commitments that lead partners to feel a moral obligation to stay in a relationship such as moral obligations to ones' children; and structural commitments such as social pressures to stay together or difficulties in getting a divorce. (Johnson 2006b: 10-11)

Concerning personal commitments, Jamila, Imara and Mary who have experienced IPV said that they are staying with their partners because they love them, as Jamila puts it: "I worry that our relationship may break. I love my husband, and I don't want to lose my love." (Interview, Jamila)

Looking at moral commitments, Jamila says that she worries for her children if the relationship of her and her partner were to break:

> I worry for my children. I can find food, clothes and shelter for them, but children need the care of both their mother and father. I grew up with both parents, and I need my children to grow well, like me. (Interview, Jamila)

When it comes to structural commitments, there are a number. Firstly, there could be pressure from the family wanting the couple to stay together, firstly, because the place the value of the sanctity of marriage first, and secondly, in Tanzania there is a custom of paying bride price to the parents of the bride to be. According to one women's right activist, the family may pressure the woman to stay because they fear having to return the bride price. (Interview, women's rights activist 1) Another structural commitment could be a woman's economic dependency on her partner that prevents her from leaving, discussed previously.

Another problem that women face in Dar es Salaam is a lack of availability of places to go if they experience IPV. (Interviews researcher 2 and women's rights activist 1) Most women report IPV to friends and relatives and rarely to the police. (Interview researcher 1) There is also only one woman's shelter in all of Tanzania, which has, unfortunately, lost its sole donor. The current government does not see a woman's shelter as a priority. The government sees it as that "we have our family, we have our culture that supports, why do we need a shelter?" But, considering that family may not offer protection to the woman, where will she go? (Interview, women's rights activists 1 and 2)

Another structural commitment issue is that religious leaders encourage reconciliation over breaking the marriage. Religious leaders may focus on reconciliation instead of divorce, even in cases of severe abuse (WLAC 2009: 123-124). The legal system also promotes reconciliation, and which will make it difficult for women to leave a violent relationship or even bring their husband to court given the social pressure to reconcile. A divorce cannot be granted in Tanzania without first going to the reconciliation boards. The process is a lengthy one, with several summons to the boards, which will issue a certificate that they have not been able to reconcile the partners. The sanctity of marriage seems to come before the welfare of a woman. (Interview, government official 2) Looking at these factors, it can be concluded that there are a number of barriers for women leaving a marriage, and this could lead to the continuation of violence.

The findings at the relationship level of the study suggest that IPV has to do with maintaining power and control in a relationship. Violence is used as a tool to retain control, if a partner does not do as you want, violence is utilised in order to get it done. Violence is also related to controlling behaviours, marital conflict, infidelity, jealousy and a number of other factors that have been discussed. The factors at this level interrelate with each other, especially in the most severe cases of IPV There are also factors that limit a woman's ability to leave a violent relationship. Controlling behaviour and violence, however, also link to gender norms at the societal level, which will be discussed in the societal aspect of the ecological model.

Community level factors

The factors found to be related to IPV at the community level were unemployment and isolation of the women and family.

Unemployment

Unemployment may generate stress and frustrations for some men, because it makes them feel inadequate to living up their culturally defined role of provider. (This will be discussed more in detail at the societal level.) This feeling of inadequacy may lead some men to be violent towards their partners. It may also provide a reason for marital conflict, which in turn can result in IPV. (Heise 1998: 274-275) This view was held by many interview respondents.

The Tanzanian labour force survey from 2000/2001 shows that only 48 % of the population of Dar es Salaam is employed. (NBS 2002: 24) Hence, the informal sector is flooded with market vendors, both men and women. The competition to survive economically became very intense. More household members had to contribute to the household. (Silberschmidt 2001: 662-663)

For the partnered men and women interviewed, most said that they did not have enough money to cover their expenses. All of the NGO representatives, along with two government officials and the hospital owner mentioned unemployment or low income of the man as a factor influencing the occurrence of IPV. Due to men's frustrations over their lack of resources, when their partner would ask for money, they would become angry, and slap or

beat their partners when they asked them for money and they didn't have it. (Interview, women rights lawyer 2) The reason men become so frustrated, is that the norms of society dictate that men should be the breadwinners in the house, but they cannot provide enough money for the whole family with their salary alone. This creates mental stress, makes men feel powerless and maybe not even like a "real man". A journalist and women's rights activist explained the phenomenon, and she said it was in "self-defence":

> Men feel power if they have something. When somebody has nothing in their pocket, feels powerless, this person can become violent. If a father comes home without anything, it's like in self-defence, out of frustration. (Interview, Journalist and women's rights activist)

Isolation of the woman and family

In this study partnered men and women were asked whether they would ever discuss their family problems with either their family or other people outside their family. Five out of nine respondents said that their family (parents or elders) advised them on the relationship. Four said that they would go and solve the problem by themselves with their partner when they were in a "secret place", such as their own room. Seven out of nine partnered men and women interviewed said that they would never go and tell someone outside the family if there was a problem in their family. For example, Jamila said that: "there is no problem big enough to take outside of the family" and Mary said that: "the time we started our love, there was only the two of us", so problems should be solved privately. (Interview, Mary)

Mary also felt that the community should only interfere if they see IPV publically, even if they know that it is going on in someone's marriage but don't see it, they shouldn't interfere. She also said that a woman shouldn't go to talk to anyone about IPV unless she sustains physical injuries. (Interview, Mary) This view was also held by Juma. This is because family issues were considered private by many respondents.

This goes to show that IPV is an issue that would be addressed mainly by the family, since people are reluctant to talk to people outside their immediate family about their problems. This means that there is a risk that the women do not seek help from outside in those relationships where IPV does occur, and, as previously discussed at the relationship level of the model under *"factors preventing women from leaving"*, family

may pressure a woman to stay in an abusive relationship. This confirms the findings of Heise (1998), in cultures with a high level of IPV, husband and wife relations are considered to be outside of public scrutiny, and family and community do not consider it their right or obligation to intervene in private family matters.

In conclusion, at the community level, unemployment creates a feeling of frustration for men, because they cannot provide for their families alone as expected of them by society. This factor can increase their likelihood of being violent to their partners. There is also an idea that family things are private, and the community should not intervene.

Societal level factors

The factors that were found at the societal level were the notion of masculinity linked to dominance, rigid gender roles, a sense of entitlement/ownership over women, approval of physical chastisement of women, a cultural ethos that condones violence as a means to settle interpersonal disputes, lack of education and knowledge of legal rights, and IPV not being considered to be an important issue by the government.

Rigid gender roles

The dominance of men over women is termed as "patriarchy" in feminist literature (literally meaning the rule of the fathers), a system where men exert power over women. (Pickup 2001: 19; Walby 1989: 214) Walby (1989) writes that patriarchy is a system of social relations, including patriarchal culture, mode of production, relations in work, relations in the state; relations in sexuality and male violence, which men use as a form of power over women. (Walby 1989: 221-227) In order for it to affect most women, it is not necessary for all men to use this potential power actively. Many times male violence is designed to change women's behaviour and actions in a systematic and routine way. (Walby 1989: 224-225) Five respondents in the study explicitly said that the root of male perpetration of IPV in Tanzanian society lies in patriarchal structures, another two termed it gender inequality.

Walby (1989) writes that women's labour is expropriated by their husbands. Women can do work such as cooking and cleaning for the husband and taking care of the children, but are not

given wages for this labour, but only their maintenance sometimes. This defines relationships even where both are working at paid jobs, as women still tend to perform the domestic duties. (Walby 1989: 215; 221) According to Heise (1998), societies that are characterised by high levels of IPV also tend to have strict gender roles for men and women. (Heise 1998: 279)

Most of the partnered men and women interviewed adhered to the idea of strict gender roles. Eight out of nine partnered men and women interviewed said that the man should be the one who looks for money, be the breadwinner and provide for the needs of the family, and the wife should be the one to do domestic chores and take care of the family, and cater to the husband's needs. This was despite the fact that in the nine relationships, five of the women were also working in order to make enough money for the family, just like the husband. The women were still expected to take care of the children, cook and wash the clothes of their husbands, as Walby (1989) writes, their labour is expropriated by their husbands.

The idea of a man as the breadwinner in a relationship is present even in Tanzania's laws. According to the Law of Marriage Act, the husband must be the one to provide for his wife unless he suffers a physical or mental injury (The Law of Marriage Act §63) This means that rigid gender roles are present both in the ideas at the societal level and even in the legal system, and this upholds the patriarchal ideology.

The strict gender roles can be a factor in causing IPV. A man's inability to live up to his role as breadwinner can cause frustration and use of violence to ascertain power, as previously discussed at the community level. Jewkes (2002) explains that violence is not only an expression of male power over women, it is also rooted in male vulnerability that comes from social expectations of masculinity that are not achievable due to factors such as poverty, especially in cases where women start to compete with men on some of the typically male roles. If men cannot fulfil this, it triggers a crisis of male identity and violence is used to regain power over women. (Jewkes 2002: 1424)

Notions of masculinity linked to dominance

According to Heise (1998: 277), the cultural definition of manhood as linked to dominance influences IPV. According to Connell (1995: 68), masculinity exists in contrast to femininity, where women and men are considered as polarised character types. It was found that

masculinity in Tanzania was defined in opposition to how a woman should be, such as "the man has more of a responsibility to find money" (Joyce), "women are very patient, whatever you do, they forgive you; they are the opposite of a man; women always make quick decisions without thinking" (Juma) and "a man is smarter than a woman" (Imara).

All of the partnered men and women said that the man was the one who initiated, and should initiate a relationship and sexual intercourse. According to Juma, a woman who started a relationship or a woman who initiated sex would be seen as a prostitute. Wight *et al.* (2006) also found these double-standards in their study in Tanzania. According to Walby (1989), sexuality is a patriarchal structure, where men define the nature of sexual practices and the social arrangements in which these are embedded. (Walby 1989: 225-226) Three of the female respondents have experienced sexual IPV. Their partners dictated the time for sex. Imara said that men should decide the time for sex because: "he is a man and the head of the house. The time a woman will decide, the man will say 'no'." It is not considered appropriate for women to initiate sex. Her husband forces her by using words such as: "you are my wife, I feel like having sex, whether you are tired or not, you should give it to me". If she doesn't sleep with him, he will keep nagging her and nudging her when they are lying in bed. In the end she does it, just to avoid the disturbance and get some sleep. (Interview with Imara).

A sense of entitlement/ownership over women

Heise (1998) writes that there is a link between IPV and a man's sense of ownership or entitlement over a woman. (Heise 1998: 280) In Tanzania, the biggest manifestation of this is the bride price, which involves payment in cash or in kind to the parents of the wife before marriage. Women are thus, with the custom of bride price, considered objects and as property, and men, hence, see it as justified to beat their wives. (WLAC 2009: 127; TGNP 2007: 57)

One NGO representative was in a discussion with people about marital rape. Some of them said: "How can I rape a woman who I paid a bride price for?" (Interview, women's rights activist 2) The bride-price is like a double-edged sword, not only does it make men see women as property in Tanzania, it also forms a hinder for a woman to leave a violent relationship, as discussed at the relationship level.

Approval of physical chastisement of women

Heise (1998) writes that there can be culturally defined rules about the circumstances under which IPV can occur, and the behaviour will only become subject to public sanction if it considered too excessive. Things that would be considered as just causes of abuse in some cultures can be if a woman transgresses a gender norm, for example, disobeys her husband, or practices sexual infidelity. (Heise 1998: 281)

According to Father Mark, IPV occurred because: "men repress women and expect them to fulfil certain roles, and when women don't do it, it causes the violence". (Interview, Father Mark) According to a report by WLAC (2009), "men often use violence to coerce women into conforming into stereotyped roles or to punish women who deviate from these norms". (WLAC 2009: 111)

This factor was prevalent in this study. Three cases of moderate physical IPV that occurred for the partnered women and man in this study (Mary, Lydia and Abasi) had to do with women not fulfilling gender roles. The two women also phrased it as that they had "made a mistake" (Mary), and "learnt not to do it again" (Lydia). IPV, in their cases was normalised and used to change the behaviour that was considered "wrong". Some other respondents also mentioned that there were cases where IPV would be a woman's own fault such as "using bad language towards the partner" (Interviews with Juma and Joyce) and "not being faithful" (Interview, Pastor Luke). This supports the findings of Garcia-Moreno *et al.* (2005) and Maman *et al.* (2001).

Culture that condones violence as a means to settle interpersonal disputes

According to Heise (1998), IPV is more likely in cultures that condone the use of force as a way to solve conflicts. (Heise 1998: 282) One respondent, a researcher, said that Tanzania was characterised by high levels of violence in the community, which increased the probability of IPV. (Interview, researcher 2) A form of violence that is condoned in urban areas such as Dar es Salaam, is mob violence, when a large group of people punish someone they suspect someone of committing a crime such as stealing (by for example throwing stones). (LHRC 2007:24) Physical chastisement of children is also condoned in Tanzania, if

children disobey the parents. Most of the partnered men and women (six out of nine) said that their parents had used a stick to beat them and they would use the same method for their own children.

Lack of awareness of laws and rights

The laws concerning IPV were discussed above. In the study, many respondents stated that one of the issues when it comes to IPV is that there is a lack of awareness of the laws of the country as well as the knowledge of rights. Education was linked to the issue of knowledge of laws and rights. A lack of awareness of the laws was considered to be the cause of IPV by two respondents, one women's rights lawyer, and Commander Ally, a gender desk policeman. According to Commander Ally, there is a lack of education which causes a lack of knowledge of laws and which leads to physical IPV. He said that: "One of the causes of IPV is poor education, most people, first of all, don't know what offences are. Many times people say "oh, I didn't know that this was wrong, I didn't know you weren't supposed to do it." But the law is there. (Interview, Commander Ally, Gender desk policeman) According to a researcher, everything starts with illiteracy. If people don't even know how to read, how will they know the laws? (Interview, researcher 1)

IPV not considered an important issue by the government

Many NGO representatives said that one of the problems when it comes to IPV in Tanzania is that there is no specific law on domestic violence or gender-based violence. The laws that do exist do not recognise marital rape.[11] Tanzania has signed and ratified conventions like the Maputo Protocol and CEDAW, but has not nationalised them. They also felt that the issue of IPV is not considered to be an important one, or prioritised by the government. (Interviews, researchers, women's rights lawyers, women's rights activist 2)

For example, despite there being a national plan of action to prevent violence against women, there is no timeline for enacting a domestic violence law. (MoCDGC 2001: 12-13) The government was planning to start a multi-sectoral committee to work with all forms of violence against women since in 2005 or 2006, but to date, the committee is not yet ready.

---

[11] See Appendix 3 for a brief discussion of Tanzanian laws concerning IPV.

(Interview, government official 1) There are no policies to protect victims of violence such as restraining orders and no projects working with abusers. The NGOs are not well-coordinated around the issue, and the government is not spear-heading efforts to eradicate violence against women. This leads one to conclude that the issue is not a priority for the government. This could be because the government is a patriarchal structure, where women don't have power. (Interview, Researchers 1 and 2)

Summary

This study explored the causes of physical and sexual IPV in Dar es Salaam, Tanzania. Key informants were selected from various groups based on their experience. The ecological model was utilised for analysis. Factors were identified at four levels: the individual, relationship, community and societal levels. The findings were consistent with previous research done on the issue.

At the individual level witnessing marital violence as a child and substance abuse were found to be the factors recognised by the informants. The influence of substance abuse was debated, since alcohol in itself may influence the behaviour of an individual, but it is important to consider the reasons the person chooses to consume alcohol.

At the relationship level, the main process driving IPV is the need to gain power and control. The factors identified were male control of wealth, which however, was not connected to IPV for the partnered men and women, but was mentioned as a factor by NGO representatives. Factors that were found to be related to occurrence of IPV were controlling behaviour, jealousy and infidelity. Relationships characterised by IPV were also found to be characterised by higher levels of marital conflict. Factors that prevented women from leaving were also identified such as personal commitments where women did not want to leave an abusive relationship because they loved their partner, moral commitments such as worrying for the fate of their children if they leave and structural commitments where the family may pressure the woman to stay, or they may not have an option due to their economic dependency on their partner, and the complicated process of divorce with a state that has a priority to protect the sanctity of marriage.

At the community level, unemployment was found to be related to IPV because it caused frustration for some men, especially considering that society expected them to be breadwinners. Isolation of the woman and family occurred as family things were considered to be private, meaning that women would not go to other agencies to seek help.

At the societal level, the patriarchal system was discussed including rigid gender roles as well as notions of masculinity as being dominant. This linked to IPV because Tanzanian society has very specific roles for men and women, and women who do not fulfil the roles will be punished. Men may use violence to exert power over women when they feel their masculinity being threatened. IPV against women was also accepted in especially these cases by the community. Violence was also an accepted way in the community of solving other conflicts, such as stealing. The study also found that the tradition of paying bride price to the woman's family was linked to the idea of men having a sense of entitlement over women, and seeing women as a property, meaning that they could do what they wanted with them. Another issue in Tanzania is that many people are uneducated and hence, don't know their legal rights or the law of the country. Finally, a lack of government commitment was identified in working with the issue of IPV, which was not prioritised on a national level.

Conclusion

The analysis has shown the relevance of the ecological model to the phenomenon of IPV. One of the conclusions that can be drawn from this study and its analysis is that IPV is a multifaceted phenomenon, the causes lie in a complex interaction of factors at various levels. The ecological model has also proven itself useful for synthesising available knowledge on the subject. Instead of juxtaposing each other, it is better for researchers to work together and to share knowledge with each other toward a common goal: eradicating IPV against women.

Another conclusion that can be drawn is that since IPV is a multifaceted phenomenon, it in turn requires strategies at multiple levels and sectors in order to end it. Issues at various levels will need to be addressed, and hence, there is a need for many actors and stakeholders in society to be involved from various angles at the same time. A problem in Dar es Salaam and Tanzania is that IPV is that the collaboration between government, community organisations,

researchers, NGOs, police, hospitals and other actors leaves much to be desired. It is imperative to find a central organisation to drive this issue.

Violence and IPV were normalised in society. Such attitudes form a bottleneck to prevention efforts, and there is a need to target them and to promote non-violent ways of solving conflicts. There were also a number of barriers identified for women leaving the relationship at the personal, moral and structural commitment level, which should be focused on in prevention efforts.

The patriarchal system was identified as a critical factor in the occurrence of IPV. There is a need for more strategies to empower both women and men, since the rigid gender roles present in Tanzania affect them both in a negative way. Other critical factors for interventions in IPV are to work with education, since the levels of literacy and especially legal literacy were found to be low and to work with making the legal system itself more accessible for women. Examples of this could be to put PF3 forms in hospitals directly or even treating women without the PF3 forms; or to make reconciliation boards and court cases concerning divorce more efficient, considering the deep mistrust of the legal system that was identified in the study. Women who experience violence and their safety should be the first priority. Policies should be made keeping these women in mind, instead of traditional systems.

The government does not have any policies for protecting victims of violence such as, for example, temporary restraining orders. Tanzania does not either have any strategy for working with the perpetrators of violence, the ones who are ultimately responsible, the men who abuse their partners. The government does not yet have a specific law on gender-based violence and marital rape is not recognised. IPV is a violation of a woman's basic human rights and goes against the conventions that the government of Tanzania has ratified such as CEDAW and the Maputo Protocol. These are all conventions that the government has ratified and should nationalise.

However, not merely the commitment of the government is necessary in order to prevent IPV. The title of this study "It's in their hands" can be interpreted the following way: firstly, although the ones mainly responsible for the perpetration of IPV are the abusers, all of the stakeholders in this issue are also responsible for the continuation of violence, the men and women who do not experience it with their silence, the community with its condoning attitude

and lack of intervention, the police not taking the issue seriously, the families and religious leaders that pressure women to stay in abusive relationships, the NGOs that fail to collaborate and the government with its lack of commitment and failing to protect the victims; the violence lies in their hands. Secondly, since they are all a part of the causative system, it is their responsibility to make the violence stop to put an end to one of the most pervasive problems facing their mothers, sisters and daughters.[12] It's in their hands.

Directions for future research

Internationally, little research is also available on the effectiveness of various strategies and interventions to work with IPV, especially in more specific cultural settings such as Tanzania or East Africa. This is vital for prevention efforts, in order to know the kind of strategies to employ at various levels.

There is also little research available on the influence of the various religions represented in Dar es Salaam and Tanzania on IPV. More research should be done to see how the various religious texts are interpreted and enacted, as well as religious practices in the context of IPV in Tanzania, as well as involvement of religious leaders in prevention efforts. More qualitative research is also needed on the practices and beliefs of different ethnic groups in the context of IPV in Tanzania.

IPV amongst vulnerable groups such as sex workers in Dar es Salaam and Tanzania is understudied. This group is vulnerable due to the nature of their work, which is illegal, and they are considered immoral by some people in society. Hence if they come to report violence to the police they may face discrimination and also the risk of being arrested for practicing sex work. They are also the group that are very vulnerable to contracting sexually transmitted diseases. Little information is currently available on the extent of the problem for this group, analysis of the situation and suggestions or recommendations to work with this issue in the Tanzanian context.

---

[12] "It's in our hands" is also the title of an Amnesty international report that argues that it is the responsibility of individuals, state and community to end violence against women (Amnesty 2004)

References

Monographs

Bryman, A. (2008) *Social Research Methods,* 3rd ed., Oxford University Press, Oxford.

Connell, R.W. (1995) *Masculinities*, Polity Press, Cambridge.

Gelles, R.J. (1974) *The violent home: A study of physical aggression between husbands and wives,* Sage, Beverly Hills. Cited in Heise, L. (1998) "Violence Against women: An Integrated, Ecological Framework". *Violence Against Women,* 4:3, 262-290.

Kvale, S. (1996) *Interviews: An Introduction to Qualitative interviewing,* Sage Publications, Thousand Oaks, California.

Levinson, D. (1989) *Violence in cross-cultural perspective,* Sage, Newbury Park. Cited in Heise, L. (1998) "Violence Against women: An Integrated, Ecological Framework". *Violence Against Women,* 4:3, 262-290.

MacAndrew, C. & Edgerton, R.B. (1969) *Drunken comportment: A social explanation.* Aldline, Chicago. Cited in Heise, L. (1998) "Violence Against women: An Integrated, Ecological Framework". *Violence Against Women,* 4:3, 262-290.

Merry, S.E. (2009) *Gender Violence: A cultural perspective*, Blackwell Publishing, United Kingdom.

Pickup, F. (2001) *Ending Violence Against Women: A Challenge for Development and Humanitarian Work*, Oxfam GB, England.

Yin, R.K. (2003) *Case study research: Design and methods*, Sage Publications, London.

Anthologies

Abbey, A. *et al*. (1995) "Alcohol's role in sexual assault", in Watson, R.R. (Ed.) *Drug and alcohol abuse reviews, Vol. 5: Addictive behaviours in women.* Totowa, New Jersey. Cited in Heise, L. (1998) "Violence Against women: An Integrated, Ecological Framework". *Violence Against Women,* 4:3, 262-290.

Frieze, I. and Browne, A. (1989) "Violence in marriage", in L. Ohlin & Tonry, M. (Eds.), *Family Violence,* University of Chicago Press, Chicago. Cited in Heise, L. (1998) "Violence Against women: An Integrated, Ecological Framework". *Violence Against Women,* 4:3, 262-290.

Mcllwaine, C. (2008) "Gender- and age-based violence", in Desai, V. & Potter, R.B. *The Companion to Development Studies*, 2nd ed., Hodder Education, London.

Scheyvens, R. & Storey, D. (eds.) (2005) *Development Fieldwork, a Practical Guide,* Sage Publications, Thousand Oaks, New Delhi.

Straus, M.A. *et al.* (1980) *Behind closed doors: Violence in the American family,* Doubleday/Anchor, New York. Cited in Heise, L. (1998) "Violence Against women: An Integrated, Ecological Framework". *Violence Against Women,* 4:3, 262-290.

Journal Articles

Baxter, P. and Jack, S. (2008) "Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers". *The Qualitative Report,* 13:4, 544-559.

Bronfenbrenner, U. (1977) "Toward an Experimental Ecology of Human Development". *American Psychologist,* July 1977, 513-531.

Campbell, J.C. (2002) "Health Consequences of Intimate Partner Violence". *Lancet,* 359, 1331-36.

Ellsberg, M. *et al.* (2008) "Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study". *Lancet,* 371, 1165-72.

Heise, L. (1998) "Violence Against women: An Integrated, Ecological Framework". *Violence Against Women,* 4:3, 262-290.

Jewkes, R. (2002) "Intimate partner violence: Causes and prevention". *Lancet,* 359, 1423-29.

Johnson, M.P. (2006a) "Conflict and control: Gender Symmetry and Asymmetry in Domestic Violence". *Violence Against Women,* 12, 1003-18.

Laisser, R.M. *et al*. (2009) "Striving to make a difference, Health care worker experiences with intimate partner violence clients in Tanzania" *Health Care for Women International,* 30:1, 64-78.

Lary, H. *et al*. (2004) "Exploring the association between HIV and Violence: Young People's experiences with Infidelity, Violence, and Forced Sex in Dar es Salaam, Tanzania". *International Family Planning Perspectives,* 30:4, 200-206.

Maman, S. *et al*. (2002) "HIV-Positive Women report more lifetime partner violence: findings from a voluntary counselling and Testing Clinic in Dar es Salaam, Tanzania" *American Journal of Public Health,* 92:8, 1331-37.

McCloskey, L.A. *et al*. (2005a) "Gender inequality and intimate partner violence among women in Moshi, Tanzania". *International Family Planning Perspectives*, 31:3, 124-130.

Sa, Z. & Larsen, U. (2008) "Gender inequality increases women's risk of HIV infection in Moshi, Tanzania". *Journal of Biosocial Science*, 40, 505-525.

Silberschmidt, M. (2001) "Disempowerment of Men in Rural and Urban East Africa: Implications for Male identity and sexual behaviour" *World Development,* 29:4, 657-671.

Walby, S. (1989) "Theorising Patriarchy". *Sociology,* 23:2, 213-234.

Wight, D. *et al.* (2006) "Contradictory sexual norms and expectations for young people in rural Northern Tanzania". *Social Science & Medicine,* 62, 987-997.

Official Published Material

Amnesty (2004) *It's in our hands, Stop Violence Against Women*. London: Amnesty International Publications.

CDC (2006) *Understanding Intimate Partner Violence Fact Sheet 2006*. Centre for Disease Control.

Cunningham, A. *et al.* (1998) *Theory-Derived Explanations of male violence against female participants: literature update and related implications for treatment and evaluation*. London: London Family Court Clinic.

DRCDHS (2007) *Democratic Republic of the Congo Demographic and Health Survey 2007: Key Findings.* Calverton, USA: Ministry of Planning and Macro International Inc.

Garcia-Moreno, C. *et al.* (2005) *WHO Multi-country study on Women's Health and Domestic Violence: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organisation.

KDHS (2003) *Kenya Demographic and Health Survey 2003.* Calverton, Maryland, USA: Central Bureau of Statistics, Ministry of Health and ORC Macro.

LHRC (2007) *Tanzania Human Rights Report 2006: Progress through Human Rights*. Dar es Salaam: Legal and Human Rights Centre.

Maman, S. *et al.* (2001) *HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania.* Horizons Project: The Population Council Inc.

MDHS (2004) *Malawi Demographic and Health Survey 2004*. Maryland, USA: National Statistical Office Zomba, Malawi and ORC Macro Calverton.

MOCDGC (2001) *A national plan of action for the prevention and eradication of violence against women and children 2001-2015*. Tanzania: Ministry of Community Development, Gender and Children, Tanzania.

NBS (2002) *Integrated Labour Force Survey 2000-2001*. Tanzania: Ministry of Finance and Economic Affairs, National Bureau of Statistics.

NBS (2003) *2002 Population and Housing Census: General Report.* Dar es Salaam: Central Census Office, President's Office Planning and Privatisation, National Bureau of Statistics.

NBS (2005) *Tanzania Demographic and Health Survey 2004-2005*. Dar es Salaam: National Bureau of Statistics.

NBS (2006a) *Dar es Salaam: Regional and District Projections Volume XII*. Dar es Salaam: Ministry of Planning, Economy and Empowerment, National Bureau of Statistics.

NBS (2006b) *Analytical Report, Volume X*. Dar es Salaam: Ministry of Planning, Economy and Empowerment, National Bureau of Statistics.

NBS (2007) *Household Budget Survey 2007 Final Report*. Tanzania: Ministry of Finance and Economic Affairs, National Bureau of Statistics.

RDHS (2005) *Rwanda Demographic and Health Survey 2005*. Maryland USA: Institut National de la Statistique Ministére des Finances et de la Planification Économique Kigali, Rwanda an ORC Macro Calverton.

TGNP (2007) *Gender Profile of Tanzania: Enhancing Gender Equity*. Tanzania: Tanzania Gender Networking Programme & Swedish International Development Cooperation Agency.

UN (2006) *In-depth study on all forms of violence against women: Report of the secretary general 2006*. United Nations General Assembly.

UNICEF (2000) *Domestic Violence Against Women and Girls,* Innocent Digest no. 6 June 2000. Florence: United Nations Children's Fund.

UGDHS (2006) *Uganda Demographic and Health Survey 2006*. Calverton, Maryland, USA: Uganda Bureau of Statistics and Macro International Inc.

WHO (2001) *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. Geneva: World Health Organisation.

WHO (2002a) *World Report on Violence and Health*. Geneva: World Health Organisation.

WHO (2002b) *Intimate Partner Violence Factsheet*. World Health Organisation.

WLAC (2004) *Domestic Violence*. Dar es Salaam: Women's Legal Aid Centre.

WLAC (2007) *How family violence affects children*. Dar es Salaam: Women's Legal Aid Centre.

WLAC (2009) *Domestic Violence in Tanzania: 'Nimechoka kupigwa'*. Dar es Salaam: Women's Legal Aid Centre.

ZDHS (2007) *Zambia Demographic and Health Survey 2007*. Calverton, Maryland, USA: Central Statistical Office and Macro International Inc.

Unpublished Material

Gonzalés-Brenes, M. (2003) "Domestic Violence, Bargaining and Fertility in Rural Tanzania". *Draft,* Department of Economics, University of California, Berkley.

Gonzalés-Brenes, M. (2004) "Domestic Violence and Household Decision-making, Evidence from East Africa". *Unpublished,* Department of Economics, University of California, Berkley.

Johnson, M.P. (2006b) "A 'general' theory of intimate partner violence: a working paper". *Paper presented at the Theory Construction and Research Methodology Pre-Conference Workshop, National Council on Family Relations annual meeting.* Minneapolis, Minnesota.

McCloskey, L.A. *et al.* (2005b) "Relationship Characteristics associated with intimate partner violence among women in Moshi, Tanzania". *Unpublished*, Harvard School of Public Health.

Legal documents

An Addendum to the 1997 Declaration on Gender and Development by SADC Heads of State or Government, 1998.

Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), 1996.

Declaration on the Elimination of Violence Against Women, 1993.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), 2003.

The Law of Marriage Act (Tanzania), CAP 29 R.E., 2002.

The Penal Code (Tanzania), revised edition of 2002.

The Sexual Offences Provision Act (Tanzania), 1998.

The Universal Declaration of Human Rights, 1948.

Vienna Declaration and Programme of Action, 1993.

Internet Sources

Women's Dignity Web: Fatuma's story.
http://www.womensdignity.org/index.php?option=com_content&view=article&id=11&Itemid=10, retrieved on 2010-02-10.

Interviews in Dar es Salaam

*All the real names of the participants have been changed in order to protect their identities.

Abasi, partnered man. Notes taken during the interview, March 28, 2010.

Commander Ally, policeman. Notes taken during the interview, March 26, 2010.

Commander Matthew, policeman. Notes taken during the interview, March 22, 2010.

Father Mark, priest. Notes taken during the interview, March 03, 2010.

Government official 1. Notes taken during the interview, March 26, 2010.

Government official 2. Notes taken during the interview, March 29, 2010.

Government official 3. Notes taken during the interview, March 29, 2010.

Human rights lawyer. Recorded interview, March 08, 2010.

Imara, partnered woman. Notes taken during the interview, March 27, 2010.

Jamila, partnered woman. Notes taken during the interview, March 21, 2010.

Joyce, partnered woman. Notes taken during the interview, March 21, 2010.

Joseph, partnered man. Notes taken during the interview, March 27, 2010.

Journalist and women's activist, Recorded interview. March 4 and 8, 2010.

Juma, partnered man. Recorded interview, February 28, 2010.

Lydia, partnered woman. Notes taken during the interview, March 21, 2010.

Mary, partnered woman. Recorded interview, February 23 - 24, 26, 2010.

Ms. Fides, hospital owner. Notes taken during the interview, March 24, 2010.

Mwemezi, partnered man. Notes taken during the interview, March 28, 2010.

Pastor Luke. Notes taken during the interview, March 28, 2010.

Researcher 1. Recorded interview, February 18, 2010.

Researcher 2. Recorded interview, February 23, 2010.

Women's rights lawyer 1. Recorded interview, March 03, 2010.

Women's rights lawyer 2. Recorded interview, March 19, 2010.

Women's rights activist 1. Recorded interview, March 23, 2010.

Women's rights activist 2. Recorded interview, March 23, 2010.

Appendix 1

Primary data: List of interview participants

Note: ***** This astrix represents respondents whose names have been changed in order to protect their identities.

Name	Sex	Organisation/Type of stakeholder	Date of interview
Partnered Women			
Imara*	Female	Partnered woman	March 27, 2010
Jamila*	Female	Partnered woman	March 21, 2010
Joyce*	Female	Partnered woman	March 21, 2010
Lydia*	Female	Partnered woman	March 21, 2010
Mary*	Female	Partnered woman	February 23/24/26, 2010
Partnered Men			
Abasi*	Male	Partnered man	March 28, 2010
Joseph*	Male	Partnered man	March 27, 2010
Juma*	Male	Partnered man	February 28, 2010
Mwemezi*	Male	Partnered man	March 28, 2010
Researchers			
1	Female	Studied IPV	February18, 2010
2	Female	Researcher in Law and IPV	February 23, 2010
NGO representatives			
	Female	Journalist and women's activist	March 04/08, 2010
	Female	Human rights lawyer	March 08, 2010
	Male	Women's rights lawyer 1	March 03, 2010
	Female	Women's rights lawyer 2	March 19, 2010
	Male	Women's rights activist 1	March 23, 2010
	Female	Women's rights activist 2	March 23, 2010
Government Officials			
1	Female	Minstry level	March 26, 2010
2	Female	Minstry level	March 29, 2010
3	Male	Local Government Official	March 29, 2010
Hospital Worker			
Ms. Fides*, Owner	Female	Private Hospital	March 24, 2010
Police			
Commander Matthew*	Male	Police Officer, Investigations	March 22, 2010
Commander Ally*	Male	Police Officer, Gender Desk	March 26, 2010
Christian Leaders			
Father Mark*	Male	Catholic Church	March 02, 2010
Pastor Luke*	Male	Baptist Church	March 28, 2010

List of secondary data

Reports

TGNP (2007) *Gender Profile of Tanzania: Enhancing Gender Equity.* Tanzania: Tanzania Gender Networking Programme & Swedish International Development Cooperation Agency.

WLAC (2004) *Domestic Violence.* Dar es Salaam: Women's Legal Aid Centre.

WLAC (2007) *How family violence affects children.* Dar es Salaam: Women's Legal Aid Centre.

WLAC (2009) *Domestic Violence in Tanzania: 'Nimechoka kupigwa'.* Dar es Salaam: Women's Legal Aid Centre.

Policies

A national plan of action for the prevention and eradication of violence against women and children 2001-2015. Ministry of community development, gender and children, Tanzania.

Legal documents

The Law of Marriage Act (Tanzania), CAP 29 R.E., 2002.

The Penal Code (Tanzania), revised edition of 2002.

The Sexual Offences Provision Act (Tanzania), 1998.

Appendix 2

Interview Guide: Partnered men and women

Basic information about respondent and neighbourhood

- Year of Birth, religious denomination, origin, how long lived and moved in Dar and this area.
- Your job and partners job, length of relationship, number of children, enough?
- Contact with relatives and friends
- Description of neighbourhood, contact with and knowledge of neighbours (tribes, their jobs, share food, visits, discussing neighbours and own problems), Inclusion in community activities
- Education:
    - Own level of education and partner's level of education
    - What is the meaning of education?
    - What is the meaning of human rights?

Lifestyle

- How would you describe yourself as a person?
- Describe normal day and normal week in your life
- How you relax, food you eat, alcohol consumption, how you stay healthy
- Work: number of hours, like your job, use abilities in your job, scared of losing job
- Stress: enough hours in the day, income covers expenses, disturbances/ frustrations/problems in your life you can't solve?
- What you do/how you react when you are angry, when someone disrespects you, when someone is disturbing you?
- How do you want people to treat you?

Childhood:

- Describe your childhood (ex. Where grew up, number of siblings, which number in siblings you are, duties in the house/for family (yours and theirs)
- Who were around most during childhood? Their Jobs?
- What did they do if you disobeyed them?
- Parents both present during childhood? How was their marriage? More than one wife? What did they disagree on? What happened if they did?
- What did your parents/guardians teach you?
- Where did you learn about right and wrong? What did you learn?
- Where did you learn about how to treat others? What did you learn?
- Where and what did you learn about how a man should look and act? What is good and bad behaviour for a man? Is it ok to have multiple partners? What defines a "real" man? Do you fulfil this role?

- Where and what did you learn about how a woman should look and behave? What is good and bad behaviour for a woman? Is it ok to have multiple partners? What defines a "real" woman? Do you fulfil this role?
- What are the differences between men and women? What are the similarities?

Your relationship

- What is the meaning of a relationship?
- How long have you and your partner been together? How did you meet and who initiated your relationship?
- How should a woman act in a relationship? How should a man act in a relationship? Where did you learn about this? (ex. kitchen party, seminar, etc)
- What is your role? And what is your partners role? Who does what in the relationship? (ex. who earns money, does housekeeping, takes children to hospital, fetches water, fixes things). How do you decide over the use of money in your relationship?
- Do your family advise you in the relationship?
- Do you talk about day to day events, things that are of concern to you, your dreams and hopes?
- Is there something that you need to ask your partner permission for before doing? Is there any way your partner tries to control your actions?
- Which things do you and your partner disagree upon? What normally happens if there is a disagreement between you?
- Has your partner ever been upset with you/angry with you over something? What happened? Did your partner ever make you angry about something? What happened?
- If you have a problem in your relationship/family, would you consult someone outside the relationship/family?
- Has your partner ever been jealous? What happened? Did your partner ever cheat on you? What happened in the episode you mentioned?
- Some people think that it is the right of the partner to have sex with their partner whenever they feel for it, while others do not think that this is ok. What is your opinion? Have you ever forced/been forced to have sex? If yes, what happened in the episode you mentioned? Has it happened again? If no, why would someone do it, in your opinion? And how would you advise someone who experienced it?
- Some people think it is ok to slap or beat their partners while others think it is not. What is your opinion? Have you ever slapped/beaten your partner, or they slapped/beaten you? If yes, what happened in the episode that you mentioned? What did you do? Has it happened again? If no, why would someone do it, in your opinion? And how would you advise someone who experienced it?
- Do you ever worry that your relationship may break? How would it break, and what events would occur after your relationship were to break?

Interview Guide: NGO and researcher interviews

- What is your background? What do you work with?
- What are the focus areas of you/your NGO?
- What according to you are the causes of intimate partner violence?
- Why does the violence persist?
- Where would a woman go/options?
- Is it possible to end it? How? Is it possible to prevent it? How?
- Which different bodies are working with intimate partner violence? Which strategies are they using (at a national level and organisational level)?

Interview Guide: Policemen

The following were the questions asked during the interview:

- What is your position/job title?
- How long have you worked here?
- How many hours a day do you work?
- Why did you want to become a policeman?
- Which police stations have gender desks in Tanzania?
- Whose idea was it so start them and why were they started?
- Is there special education you receive when you work with the gender desk?
- How many people work at your gender desk?
- Which kind of crimes are reported to your gender desk?
- Do many people come to report intimate partner violence?
- Do people ever come to report sexual violence from their intimate partners or only physical violence?
- Who are the most likely to report it? (ex. victims themselves, friends, family, neighbours?) What are people most likely to report?
- What is your procedure when people come to report these crimes?
- Which actions do the people who come to report intimate partner violence need to take? What do you usually advise people to do when they come to report instances of intimate partner violence?
- What do you think are the causes of physical violence in an intimate partner relationship?
- What do you think are the causes of sexual violence in an intimate partner relationship?
- How can physical and sexual violence be stopped in intimate partner relationships?
- How can physical and sexual violence be prevented?
- In which cases should the police intervene, when it comes to intimate partner violence? In which cases should they not intervene?
- Is there anyone else who should intervene? In which cases should nobody intervene?
- Which strategies are being used in Tanzania to work with the issue of intimate partner violence? (both sexual and physical) (governments, organisations, other agencies). What about in the neighbouring countries?

Interview Guide: Local Government Official

- What does your work entail?
- How many hours a day do you work?
- How did you become a local government official?
- How many people does your local government cater to?
- What is your procedure when people come to report problems/discuss issues that concern them?
- Which kind of problems do people normally come to you with?
- Do many people come to report intimate partner violence?
- Do people ever come to report sexual violence from their intimate partners or only physical violence?
- What is your procedure when people come to report cases of intimate partner violence? (i.e. what actions do you take)
- What do you usually advise people to do when they come to report instances of intimate partner violence?
- When is it ok for a person to slap or hit their intimate partner?
- Is it ok for someone to force their partner to sleep with them?
- What do you think are the causes of physical violence in an intimate partner relationship?
- What do you think are the causes of sexual violence in an intimate partner relationship?
- How can physical and sexual violence be stopped in intimate partner relationships?
- How can physical and sexual violence be prevented?
- At which point do you think the local government should intervene and how? Who else should intervene and when if there is intimate partner violence?
- Which strategies are being used in Tanzania to work with the issue of intimate partner violence? (both sexual and physical)

Interview Guide: Ministry government official

- What is the work of this ministry?
- What does your job entail?
- Why did you want to work here?
- What is your background?
- What, in your opinion, is the status of women in Tanzania?
- Is there any aspect that women are discriminated upon in Tanzania?
- How does the government work to promote/empower women?

Levels of violence
- What are the levels of gender based violence in Tanzania and Dar es Salaam?
- What are the levels of intimate partner violence in Tanzania and Dar es Salaam?
- Are there statistics being kept of this in Tanzania? Which agency?

Causes and methods of prevention
- What do you think are the causes of physical violence in intimate partner relationships?
- What are the causes of sexual violence?
- How can physical and sexual violence be prevented?
- How can it be stopped?

Strategies
- Can you tell me about the government strategies on Gender Based Violence?
- What is the government strategy to work with intimate partner violence?

- Have you read the WHO report on domestic violence? Which of the recommendations is the government putting into place?
- Which of your ideas are currently in the government strategy?
- Which agencies are working with efforts on intimate partner violence in Tanzania?
- Which strategies are being used in other countries in Africa?

Interview Guide: Hospital worker

- What does your work entail?
- How many hours a day do you work?
- Why did you want to work as a medical practitioner?
- What is your procedure when people come with injuries? How do you deduce the cause of the injuries?
- Do you screen whether the people who come are victims of intimate partner violence? If yes, how?
- How could you tell if they experienced sexual violence?
- Do you have any special procedures if you deduce that people are victims of intimate partner violence? Do you advise them in any way?
- Do many patients come that are victims of intimate partner violence?
- When is it ok for a person to slap or hit their intimate partner?
- Is it ok for someone to force their partner to sleep with them?
- What do you think are the causes of physical violence in an intimate partner relationship?
- What do you think are the causes of sexual violence in an intimate partner relationship?
- How can physical and sexual violence be stopped in intimate partner relationships?
- How can physical and sexual violence be prevented?
- What do you think should be the role of hospitals in efforts to stop and prevent intimate partner violence? What are they doing currently?
- Who else should be acting upon this issue, and how?
- Which strategies are being used in Tanzania to work with the issue of intimate partner violence? (both sexual and physical)

Appendix 3

Legal Framework in Tanzania

This section will cover the main laws in Tanzania that are relevant for the issue of IPV. Physical IPV is recognised as assault by the law, however, sexual IPV (or marital rape) is not recognised as a crime by the law. Also, there is a law called the customary law which is not commonly used, but has not yet been repealed, which says, for example that IPV does not constitute as grounds for divorce. These issues will be discussed below.

There are four main laws in Tanzania that are relevant for the issue of IPV, which will be discussed below:

1. The penal code, revised 2002
2. The Sexual Offences Special Provision Act (SOSPA), 1998
3. The law of marriage act, 1971
4. The local customary law declaration order, 1963

The Penal Code was revised in 2002. The code covers all criminal offences in the Republic of Tanzania it is "an act to establish a code of criminal law"(Penal Code 2002: 15) The Penal Code and SOSPA deal with criminal acts, whereas the law of marriage act is concerned with civil cases.

Physical IPV

Under the Penal Code, physical violence is classed as assault, and this includes IPV. The following sections are relevant:

§ 240 Any person who unlawfully assaults another is guilty of an offence, and, if the assault is not committed in circumstances for which a greater punishment is provided in this Code, is liable to imprisonment for 1 year. (Penal Code R.E. 2002, Chapter XXV)

§ 241 Any person who commits an assault occasioning actual bodily harm is guilty of an offence and liable to imprisonment for five years. (Penal Code R.E. 2002, Chapter XXV)

According to the Law of Marriage act, it is also illegal to abuse one's spouse:

§66 For the avoidance of doubt, it is hereby declared that, notwithstanding any custom to the contrary, no person has any right to inflict corporal punishment on his or her spouse. (The Law of Marriage Act R.E. 2002, Part IV)

Current procedure for reporting IPV

The procedure for reporting assault (which includes IPV) are to first go to the police station, get PF3 (Police Form Number three, which is evidence in court to prove extent of the injury), go to a public hospital (you have to go to a public one, because they consider private hospitals to be more corrupt), go back to the police with PF3, continue to court/ not. (Interview, Gender Desk Policeman)

In the PF3 form (which I was allowed to look at by the Gender Desk Policeman, but not get a copy of) the doctor has to write down the following:

- the nature of the injury,
- the size of the problem,
- what part of the body was injured,
- if it could be classed as harm/dangerous harm/grievous harm and
- by what means, weapons or organs inflicted.

The definition of harm/dangerous harm/grievous harm can be found in the penal code (2002: 17)

- Harm: means "any bodily hurt, disease or disorder, whether permanent or temporary"
- Dangerous Harm: means "harm endangering life"
- Grievous Harm: means "any harm which amounts to a maim or dangerous harm, or seriously or permanently injures health or which is likely so to injure health, or which extends to permanent disfigurement, or to any permanent or serious injury to any external or internal organ, member or sense". (Penal Code 2002: 17, Part 1, Chapter 2, Section 5)

The issue with this procedure is that it is rather complicated, you have to go back and forth from the police to the hospital. According to (Anna Mushi from TGNP) many people are now lobbying to have the PF3 form directly in the hospital. It's a waste of time, money, and energy for the women to have to go back and forth. Sherbanu Kassim, researcher, has the same opinion:

> First of all, it is cumbersome, you go to the police, you are given PF3, you go with it to the medical officer who assesses your injury and records the same on the PF3, then you take it to the police again. (Interview, Sherbanu Kassim, Researcher)

Marital Rape

In 1998, the Penal Code was amended with the Special Provisions in the laws regarding sexual and other offences to "further safeguard the personal integrity, dignity, liberty and security of women and children" (SOSPA 1998: 89) However, as will be noted below, it does not cover the issue of marital rape.

The Revised Penal Code from 2002 covers various forms of rape, and rape is punishable by life imprisonment, or for an imprisonment of not less than 30 years with corporal punishment, and with a fine, and the person shall also be ordered to pay compensation to the person to whom the injuries were caused. (Penal Code, Chapter XV, § 131) However, the notion of marital rape does not exist in the penal code. According to the Penal Code:

> § 130 A male person commits the offence of rape if he has sexual intercourse with a girl or a woman under circumstances falling under any of the following descriptions:
> a) **not** being his wife, or being his wife who is separated from him without her consenting to it at the time of the sexual intercourse; …
> (Penal code R.E. 2002, Chapter XV)

This means that the concept of marital rape does not exist in Tanzanian law. There is no punishment for marital rape. If a woman would like to report the matter to the police, it would not be punishable in court as it is not considered a crime. This gives men the legal right to rape their wives in Tanzania.

Customary Law

The Customary Law Declaration Order is from 1963 and it was done to protect customary traditions in Tanzania. Some parts of it conflict with the other laws, but it has not yet been repealed, as it is a statutory law. It is however, not often used in the court of law, but it still exists as a law. According to this law, only grave physical IPV is considered as reason enough to justify divorce:

> § 163 (Local Customary Law (Declaration) Order, First Schedule). The village elders considers certain incidences grave enough to justify divorce. These are: Any wound caused by a sharp object, fractures, permanent damage causing disability, repeating the same offence over and over.

> § 164 (Local Customary Law (Declaration) Order, First Schedule). The following incidences are not considered grave enough to justify a divorce: Slapping or beating, being hit by a stick (even if it causes bruises and/or swelling), pushing, kicking, throwing the wife's household items or clothes out of the house.