

Factors for Intimate Partner Violence in Tanzania: a Qualitative Experience of Women Living in Informal Settlements in Iringa Tanzania

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Abstract: Intimate partner violence continues to be a global epidemic that physically, emotionally, sexually and economically affects women and girls worldwide. This study sought to examine the factors associated with intimate partner violence among women living in informal settlement of Iringa Tanzania. **Methods:** This was cross sectional study. In depth interviews and focus group discussions were used to collect data from married/cohabiting women and men aged 18-49 years who were residents of the study community for at least 12 months prior the study. Four focus groups discussions were conducted – two among males and two among females. Additionally, eight in depth interviews were conducted - four among females and four among males. The in-depth interviews and focus groups discussions were audio recorded, transcribed and then translated into English. Transcribed data was read several times and then was manually analyzed thematically. The themes were derived by focusing on the meaningful units, from codes that were developed as well as sub-categories and categories. Through constant comparison of information at various stages we derived themes as presented in results section. **Results:** The findings show that there is a presence of IPV which is caused by several factors including polygamy and extra marital affairs, alcohol abuse, patriarchal system and social cultural factors. In addition the culture of silence, victims not knowing their rights, lack of respect to men, women doing/starting up a business/employment, presence of diseases, wives behaviour of not respecting their husbands, learning IPV from peers were reported to trigger IPV. **Conclusion:** The study revealed that there is presence of IPV in the informal settlement of Iringa, Tanzania which is caused by various factors. There is need to commit to long-term strategies at local, national, and global levels that will help to understand and successfully deal with cultural and societal norms reinforcing IPV. Therefore it is importance to establish programs that support long-term, changes in gender norms and emphasize on gender equality and respect. Long-term sustainable strategy that includes a variety of approaches and involving men can successfully promote and support such changes in the society.

Keywords: Intimate partner violence, informal settlement, Tanzania

1. Introduction

Intimate partner violence (IPV) is a major public health and human rights problem occurring globally and has deep implications for health but is often ignored [1]. The harmful effects of IPV on women's health are grave enough to be recognized as a public health disaster with significant outcome on society [2]. IPV refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Such behavior includes acts of physical aggression like slapping, hitting, kicking, and beating; psychological abuse like threats, constant belittling, and humiliating; forced intercourse and other forms of sexual coercion; a variety of controlling behaviors like isolating a person from their family and friends, monitoring their movements, and restricting their access to information or help [3].

Internationally, it is estimated that about 30% of women will experience physical and/or sexual violence from an intimate partner during their life span [4], and one in three homicides among women are done by an intimate partner [5]. Generally, lifetime rates of physical and/or sexual IPV have been found to be the highest in south-East Asia, the Mediterranean region and sub-Saharan Africa [4].

In sub-Saharan Africa, the tolerance of violence against women for contravening gender roles is prevalent. Prevalence of IPV in this region ranges from 20 to 71% [6, 7]. This is believed to be under-estimation because of poor

reporting and lack of standardized methods of estimating IPV [6]. African societies are patriarchal in nature and women have little or no decision making power as well as access to resources, and this increases their vulnerability to IPV [8], moreover democratic decision-making in the households and equality in contribution to household wellbeing are associated with reduced acceptance of IPV [9]. Population-based studies in East Africa estimate that rates of IPV in the region are among the highest in the world [3].

In majority of African societies it is a privilege for men to discipline their wives [10]. In this context IPV is sanctioned under the range of cultural practices and norms, or through misinterpretation of religious tenets and beliefs [11]. For instance demographic and health surveys (DHSs) in 17 sub-Saharan African countries reveal that women are more likely to justify IPV than men [11]. Other factors like being elderly, socio-economic status, educational level and media exposure were associated with negative attitudes towards IPV. Societal attitudes towards IPV are among the key factors supporting the practice in African societies.

Social and cultural acceptance of husband-to-wife violence has an incredible impact on women's attitudes toward violence as well. In reality, structural theorists argue that the major causes of IPV are societal norms that support the subordination of women [12, 13]. Findings from various countries like Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Nicaragua, Tanzania,

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and Zimbabwe indicate that “wife-beating” is viewed by some individuals as a husband’s right to correct a mistaken wife [6].

A number of studies have documented the prevalence of several forms of IPV in Africa. For instance [14] reported physical violence prevalence of 31% among South African women. In urban Dar es Salaam, Tanzania, estimates of lifetime prevalence were 33% for physical and 23% for sexual violence against women; [15] reported a prevalence of 30% among women in Rwanda. In Tanzania, various types of violence are reported, and all have a harmful impact on people and society, mainly on women and children. IPV is perpetrated against women by their husbands or intimate partners [16, 17].

Moreover studies from various informal settlements have shown the prevalence of intimate partner violence to be elevated. For example, the prevalence of physical intimate partner violence in informal settlements of Bangladesh was reported to be 35%; which is low compared to the prevalence reported in formal settlements, which was 20% [18]. The rate of IPV in the informal settlements of Bangkok, Thailand, was reported to be 27.2% [19]. In Calcutta, India, more than 17% of women have experienced IPV [20]. In Eastern India, the overall prevalence of physical, psychological, and sexual violence has been reported to be 16%, 52% and 25%, respectively. Furthermore, 39.4% of women living in informal settlements of Chandigarh have reported physical intimate partner violence [21].

Experience of IPV has far reaching consequences for women’s physical and emotional health and social well-being [22, 23]. Women who experience IPV show more physical symptoms of poor health, and more days out of work and injuries than women who have not been abused [22]. IPV has also been connected with mental health problems, including depression, anxiety, phobias, post-traumatic stress disorder, suicide, and alcohol and drug abuse [5, 24, 25]. Additionally, recent evidence suggests that controlling behaviour by a partner has a similar impact on women’s well-being [26]. Generally IPV is a main cause of death among women of reproductive age in developing countries (27).

IPV is commonly found within cultures where gender roles are severely defined and imposed; where masculinity is closely associated with roughness, male honour or supremacy; where punishment of women and children is socially accepted, and where violence is a standard way of solving conflicts [6], those women who earn income independent of their spouse, and contribute to household livelihood [28, 29] are at greater risk of experiencing IPV.

Literature suggests that women at high risk of IPV are those with poor economic status, housing instability, and live in urban slums [30]. For instance, IPV prevalence among women living in urban slum ranges from 27% in Thailand [30], to 62% in India [31].

According to Decker et al. [32], poor economic status reinforces the underlying gender-based power disparities and

inequalities. The relationship between poor economic status and IPV is mediated through stress and economically disadvantaged men who also lack resources to cope with stress life [33]. Risk factors associated with IPV in Afghanistan include early marriage, gender inequitable attitudes, women’s poverty and low education and acceptability of IPV [34, 35].

According to [36] factors for IPV include: “unequal power relations in regards to socioeconomic forces and the family unit, fear of and control over female sexuality, belief in the inherent superiority of males and legislation and cultural sanctions that have traditionally denied women an autonomous [36]. However, in recent history and in limited developed nations, intimate partner violence has gained recognition as a Human Rights and Public Health issue. This is associated with the growing recognition of women’s political, economic and sexual rights sparked during the last half of the twentieth century.

IPV is now increasingly being viewed as a violation of the rights of women as it poses a major risk to healthiness and well-being [37]. Indeed, IPV is a major public health issue with short-term and long term consequences which include harmful psychological harm, bodily injuries, heightened risk of HIV and sexually transmitted infections, pregnancy complications, miscarriages and low birth weight [37]. These factors have led the international community, in recent years, to adopt laws and measures that protect women from gender based violence, including IPV. Despite these international initiatives however, women in developing nations, particularly in sub-Saharan Africa, continue to experience IPV at high rates [38].

IPV is the most persistent form of violence against women on the earth. Violence against women is usually targeted at women and girls owing to their unequal treatment in society. It is perpetrated by persons with power; and can take place anywhere like at home, on the streets, in schools, in workplaces, in farm areas, or at refugee camps [39]. Violence against women is not only a manifestation of sexual inequality, but also serves to maintain this unequal balance of power and subordination. In some cases, perpetrators consciously use violence as a mechanism for subordination. For example, violence by intimate partners is often used to demonstrate and enforce a man’s position as the head of a household or relationship.

Men who are more controlling, who are more patriarchal in their attitudes and practices [33, 40] and who have more sexual partners and use substances [40] are more likely to perpetrate IPV [41 - 44]. Household economic situation is also significant in women’s experiences of IPV. Household food insecurity is often a key marker of IPV susceptibility, even in high income countries [45]. Other markers of household and women’s economic position, such as earnings, savings and assets, have not been so consistent in their associations with IPV vulnerability [46, 47].

Furthermore community level analyses have consistently shown that where IPV is normative at the community level, women are more likely to experience IPV [48]. But, in contexts where laws support women’s rights and women’s

access to resources, and therefore women's autonomy, IPV is less common [48]. Feminists have long contended that the major drivers of partner violence are gender-related norms and hierarchies that shape relationships between men and women and structure women's access to resources [49].

These factors, combined with genetic predispositions, developmental paths, and partner and relationship related factors, determine the probability that a couple will experience violence and drive the overall level of partner violence in a setting. Feminist informed theory acknowledges the role of individual life course factors, however emphasizes the importance of community and macro-level factors as essential in defining levels of violence [50].

With regards to IPV occurrences Tanzania is not an exceptional. In Tanzania, the reported lifetime prevalence of IPV is high: it ranges between 15–60% [5, 51]. For instance it was reported that more than one-third (37%) of ever married women in Tanzania reported having experienced some form of physical or sexual violence by their husband/partner in the past year [52]. A multicounty study conducted in 2005 by [3] reveals the prevalence of lifetime physical and sexual violence by an intimate partner among ever partnered women of 33% and 23%, respectively. Additionally, the Demographic and Health Survey estimates of 2010 shows that 39% and 20% of women aged 15–49 reported having experienced physical and sexual IPV, respectively, since age 15 [52].

There are many types of violence in Tanzania, and all have a negative impact on individuals and the society, especially on women and children. As in most African countries, IPV in Tanzania is perpetrated against women by their husbands or intimate partners [53]. Majority of violence against women involve a present or ex-spouse; this type of violence is referred to as intimate partner violence [1]. Although women can be violent in relationships with men, often in self-defense but the most common perpetrators of violence against women are male intimate partners or ex-partners [1].

Furthermore, it is reported that in Tanzania, approximately 2 in 5 women aged 15 to 49 years have experienced physical violence at some point in their lives, 44% of ever-married women have experienced physical and/or sexual violence by their current or most recent husband or partner, while 37% of ever-married women experienced such spousal violence in the past 12 months [52]. Results from the baseline survey of continuing cluster-randomized HIV and gender-based violence prevention trial in Dar es Salaam, Tanzania reported that within the last 12 months, 35.8% of women reported experiencing physical, sexual and/or psychological IPV [54]. With all these IPV occurrences yet little is known about factors contributing to presence of IPV among women living in informal settlement in Tanzania. Therefore with this backdrop this study was undertaken to explore factors contributing to IPV among women living in informal settlement in Tanzania.

2. Materials and Methods

2.1 Study design and setting

This was a cross sectional study which employed qualitative research methods to collect data from informal settlement in four wards in Iringa town Tanzania in May 2015. Iringa comprises of 5 districts with a total population of 996,105, as per the 2017 population projection). Prior to 2012, the total area was 58,936 Km² (22,755 mi sq²), of which land area was 56, 864 Km² (21,955 mi sq²) and water area of 2,070 Km² (800 mi sq²) [55].

2.2 Study population

This study was conducted among married/cohabited women aged 18-49 years who were residents of the study community for at least 12 months prior the study. The aforementioned group was selected because it is at the highest risk of IPV.

2.3 Sampling

Purposive sampling was used to select four (4) wards with the informal settlement of the Iringa town district. The selected wards were Mkwawa, Mwangata, Mlandege and Ruaha and all of these wards have informal settlements. Furthermore, purposive sampling was employed to select in depth interview participants as well as FGDs participants after the purpose of the study had been explained to them. A total of 20 women and 20 men were recruited for the four FGDs conducted. Two FGDs were conducted among the women while two were conducted among men. Each FGD consisted of ten participants. Homogeneity of the FGDs participants was observed [56]. Participants of the FGDs were of reproductive age and they are sub divided into similar age groups comprising of participants aged 18-30 years and 31-49 years.

2.4 Data collection tools

2.4.1 Focus groups discussions

In depth interview guide and focus group discussion guide were used to collect data from study participants. The participants for the focus groups discussions were purposively recruited with the help of local leaders. A total of four FGDs two among females and two among males were conducted. We conducted separate FGDs for male and female participants. Each FGD consisted of ten people. The total numbers of FGDs participants were forty. The FGD guide focused on presence of IPV, types and factors leading to IPV in Iringa. The discussion guide was prepared in English and translated into Kiswahili by the principal investigator (PI). FGDs were held in Kiswahili, Tanzania's national language and universally accessible. The PI moderated the discussions with the help of a research assistant, who took notes and kept time. Each FGD session lasted about one hour. The FGDs were recorded on digital recorder after the consent was obtained from the participants.

2.4.2 In depth interviews

A total of eight in depth interviews were conducted to supplement the information generated from FGDs. Informants were purposefully selected with the help of local leaders. One male and one female were selected from each ward. The FGD guide focused on presence of IPV, types of IPV, and factors leading to IPV in Iringa. The interview guide was originally prepared in English before being translated into Kiswahili by the PI. The PI conducted in-depth interviews in Kiswahili, a language in which all the informants were competent. Each interview session lasted about forty five minutes. The in depth interviews were recorded on digital recorder after the consent was obtained from the participants.

2.5 Data collection procedures

Data was collected by five research assistants who were degree-holders in social sciences, and who were trained three days before data collection. The training covered sampling, interview techniques, and ethical issues; with an emphasis on the importance of confidentiality. The original in depth interview guide and focus group discussion guide were in English, which experts in both languages translated them to Kiswahili; and then another person back translated it to English to ensure consistency and accuracy. The questions focused on social cultural factors leading to IPV in Iringa. Prior to the actual study, we conducted a pre-test study in one ward in Kibaha town to practically acquaint the research assistants with the administration of the questionnaire and the interview process, and to check the clarity and flow of the questions.

2.6 Data Analysis

The tape-recorded discussions and interviews were transcribed verbatim, and translated into English and thereafter back translated into Kiswahili. The first author supervised transcriptions from tapes and translations into English. Content analysis was carried out following the guidelines by [57]. The first author analyzed the data manually by initiating the coding and category assignments. Then the second and third authors went through the data identifying discrepancies. The discrepancies were discussed and consensus was reached after referring to tapes. Codes and categories that emerged from data were later sorted out to form the main themes that emerged, as presented in the findings section.

2.7 Ethical considerations

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

3. Findings

A total number of forty eight participants participated in this study. The findings from this study are grouped based on similar themes; Presence of IPV, knowledge of IPV types and causes of IPV. Majority of participants reported that IPV existed in Iringa municipality and in most cases women are the victims of IPV.

Knowledge of IPV

Majority of study participants reported that IPV is present in their area. Participants mentioned different types of intimate partner violence present in Iringa and these included sexual, verbal, emotional and physical violence. For example one participant had this to share;

Intimate partner violence is present here. Forms of intimate partner violence which are prevalent here are beating, sexual abuse, using abusive language and insults to one of the partner (IDI female 25, 2015).

Causes of IPV

It was reported by majority of study participants that having extra-marital affairs by either partner was the cause of IPV. Having extra marital relationship was mentioned as one factor causing IPV among people living in informal settlement in Iringa. For example from in depth interview one of the participant had this to testify:

So may IPV's are caused by extra marital affairs; even if you go to prison you find that some women who have killed their husbands, you know why? Because their husbands had mistresses; so the wives collaborated with mistresses to kill the husband and things like those (FGD Men, 18-30 years).

Another one had this to share:

One of the reason for IPV in Iringa is when a man is having more than one wife like those men in polygamy marriages or having extra marital affairs with other women, I mean having more than one wife; some even shift from their wives and go to live with a concubine. So a man simply stops caring about his first wife and children and when his wife inquires about his whereabouts she ends up being physically beaten (29 years Female IDI, Iringa, 2015).

Some elder women and men were of the view that it is okay for men to beat up their wives if they find out that they are unfaithful to them because such behaviour is not acceptable.

I want to give an example of women behaviour which might lead to IPV. I had a deceased brother when he was alive I used to see him previously beating up his wife; I knew he was oppressing her, but later on I came to realize that his wife was unfaithful to him, when my brother returned home his wife was not there, so when my brother tries to ask her whereabouts but she lied, he becomes angry and my brother used to beat her... So you realize that we women have problems too, some of us are unfaithful, It is not acceptable, I think it is okay for a man to beat up his wife if she is unfaithful...(Women FGD, 32-49 years, 2015).

Another participant had this to share:

I think economic situation at homes can cause IPV, if the economic situation at home is not good the wives can be enticed by men who are economically well and sleep with them so that they get financial help, and you know basically women are the ones who take care of the families, so when that wife sleeps with another person and later his husband discovers that it will lead to IPV, because women are not supposed to be unfaithful to their husbands (Male IDI, 45 years 2015).

Another major cause of IPV reported was alcohol; majority of study participants reiterated that alcohol contributes to IPV because when people drink a lot especially men end up causing IPV to their partners. Majority of IPV is caused by alcohol and participants reported that couples might fight at night and when morning comes they are okay. So they were of the view that the big cause of IPV is drinking alcohol. One study participant had this to testify:

Alcohol can contribute to IPV for example a man comes from bar and he is drunk; if his wife has done a small mistake he starts beating her up, because he is drunk (IDI Male 25 years, 2015).

Another one had this to add:

Also alcohol use is one of the factors for IPV in Iringa, especially when ulanzi (local brew in Iringa) is available abundantly. For example from October to July every year when this local brew is available, in this time there are more cases of IPV reported because men drink too much and end up causing violence to wives. Some men even leave the family and spend entire day drinking elsewhere and that might cause IPV if the wife will ask her husband where was he was, or why drunk (IDI, male 35 years, 2015).

Another participant from FGD has this to testify:

The cause of IPV in our place is alcohol drinking, so after drinking alcohol either if it is the woman who drinks when she reaches home it becomes a nuisance to her husband so in that case they will fight or the husband can return home late and drunk in that situation he might fight with his wife, (Women FGD, 31-49 years, 2015).

Also it was mentioned that different background that someone was brought up or raised was mentioned as one factor which can lead to IPV; participants urged that being raised from different environment from your partner can lead to IPV, different from one another, so one can do something and see it as not a problem. Failing to take care of the husband was mentioned that can lead to IPV.

Wives failing to take care of their husbands, while they know at that particular time they need something; but fails to provide that thing intentionally that might lead to IPV; (Women IDI, 28 years)

Women across the different age groups in this study were of the view that patriarchy system contributes to IPV among women. They reiterated that men are of the view that it is okay to beat their wives when they do mistakes, as one way of correcting them. They further pointed out that men are also owners of economic resources and hence, women have

no say on what they produce, and whenever they question on what they have produced that can lead to IPV. One participant had this to share;

I can say that patriarchy system which perpetuates the presence of IPV especially among women. You will find that men have all final say in family; to their wives and children, so when a man tells his wife to do something then it must be done as he said without questioning. Failure to that can lead to IPV to their wives. I can call it male superiority system; you see? Still they own a great part of economic and financial resources and have much power on their families, including even beating their wives (IDI Female, 40 years, 2015).

Another participant from the FGD had this to share;

Social cultural norms contribute to presence of IPV, because men think that they are superior to women; men want to be obeyed by their wives and children in everything they say; whether it is good or bad, men want to be listened to, whatever they say, that is caused by cultural practices but democratically even the child has the right to be involved in issues related to him/her likewise women, so cultural practices sometimes cause IPV when men are not obeyed (Women FGD, 31-49 years, 2015).

Another participant had this to add on;

Also social cultural practices and beliefs which are present here contribute to presence of IPV among women, that a man sees himself as everything and can do whatever he pleases and a woman cannot even speak for herself in this context, the man is perceived to be superior to woman and is in charge of all issues. Woman should not even raise her voice to defend herself in any way and the culture accepts that (Female, IDI, 29 years, 2015).

One participant from FGD has this to share:

Culturally men are the heads of the households, they own everything in the house, so they can say anything and they can refuse anything said by women and sometimes that can cause fight if women failed to obey or be submissive to their husbands (Female FGD, 18-30 years, 2015).

Additionally the socialization process which favours males over girls was mentioned as one factor causing IPV. Female participants urged that comes from socialization in their families where boys are favored than girls, and girls are told to obey and be submissive to men something which perpetuates IPV in that area.

One participant opined:

For me I think this issue of male superiority is a source of IPV among women, we don't deny that men are men, but most of our cultures where we grow up, we have been experiencing these things like a girl is taken normal but a boy is the one who is favoured and deserves all the rights rather than the girl, like right to be taken to school. You find even when a woman marries she is told to accept every man words and action and be submissive to husbands and obey them, I mean to obey a man. If she is beaten or abused by her husband she should be silent not to tell others; that is your husband you are not supposed to go against him, you must bear all of those as a woman. So it is like a norm that

has been brought up from generation to generation, (Female, FGD, 18-30 years, 2015).

Some women failing to know their rights when they suffer from IPV was mentioned as one of the factors causing the presence of the IPV in that area. Some participants were of the view that some women don't know their rights and even keep silent when they suffer from IPV.

Majority of women don't know about their rights and where to ask them from when they face IPV and this leads to the increase of IPV here. Some women are married and find that they suffer from IPV or sometimes they are threatened by their husbands that if I beat you or insult you and you go to report to the village government or to any street leader, I will kill you, so you find that majority of women fear to report when they suffer from IPV. I think IPV among women is not acceptable we should fight it by reporting it (Women FGD, 18-30 years, 2015).

Another participant had this to share;
I don't agree with men beating up their wives for whatever reasons, even if women have done mistakes they should not be beaten, men do mistakes as well (IDI, Woman, 29 years, 2015)

Male participants from FGDs reported that IPV this is caused by the fact that women like to compete with men and want to be equal to men and fail to respect men. They were of the view that women should be at home and take care of the children and house; otherwise if they go to bar to drink alcohol with their husband that can lead to IPV.

One man from the FGD stated;
If the husband goes to drink alcohol, and leaves his wife at home, then the woman wants to go with her husband to a local bar, and leaves children at home alone; and no one is left to look after children, so when they quarrel on who should remain at home they end up fighting, when fighting the woman is seen being beaten even if she is the one who beats the man, I think the issue of women competing with men and wanting to be equal to men is the cause of IPV (Men FGD, 31-49 years 2015).

Another one added on:
Women want to go with their husbands everywhere, and at the same time she has left children without supervision at home or she has left her house without someone there, so sometimes they argue about that and cause them fighting and the woman is seen as the one who is beaten but she is the source of that fight; I think that is caused by the competition among the partners where by the woman wants to be above the man and the man doesn't want; that cause IPV (FGD Men, 18-30 years, 2015).

Also the issue of women not listening to their husband when they are talking, women should wait until their husbands finish and that is when they are allowed to talk back, failure to that might lead to IPV. One FGD participant had this to say:

When a man speaks the woman is supposed to be quiet but some women don't want to wait until the man finishes so

that the woman can ask about her mistakes, but the woman interferes and answers back by shouting! Shouting is the one which makes women to be beaten, you see? first of all the woman should wait until the man finishes speaking and then she should ask that man what is her mistake, then he will explain to her, after that she should know that she was mistaken, and explain if women behave in that way fighting will not occur. But when the husband starts asking his wife something and then the wife answers back shouting, then that is a problem already, no one is listening to the other, wait first until he finishes and ask questions if women do that there will be no fight (FGD Men, 31-49 years 2015).

Another FGD participant has this to contribute:
Sometimes women don't know how they are supposed to behave when they are with their husbands for example what they say, you can find that you are back from your activities and arrive home tired and you are resting, and later on you eat food, later on you ask for something like water or you can ask your wife to bring you something but what she answers you can lead to IPV, because a woman is supposed to obey her husband, you see, so women should be careful of the things that they say to their husbands so that it won't lead to IPV, because when a person is angry and you continue to stir up the environment by using words that can lead to intimate partner violence, I think that contributes a lot to IPV (FGD Men, 18-30 years, 2015).

Majority of participants who were men mentioned women employment to be the cause of IPV especially when the wife earns more income than the husband, because the wife becomes arrogant and start disrespecting her husband. One FGD participant had this to testify:

I think what contributes to IPV is employment, you may find that may be the husband has employment, also his wife is employed and earns more than the husband, so the wife knows that she earns more than her husband, and start becoming arrogant to her husband and disrespecting him...., I mean when people marry it should be known that this is the husband and this is the wife, so the wife starts becoming arrogant in certain ways like making decisions on the household and failing to respect her husband and when the husband discovers he starts thinking that people see me as the one who was married, so something like that can contribute to emergence of IPV (FGD Men, 31-49 years, 2015).

Another major cause of IPV which was mentioned by the majority of male participants was women having business and become financially empowered. Men were of the view that when women own business or employed they become arrogant and start ignoring their husbands something which can trigger IPV as shown in some of their responses.

Men want to be above/dominate women; that is why some men don't allow their wives to do small businesses because those men think that they are the only one who can be bread winner, they have the perception that if the woman gets some money will dominate the man, suppress the man so those kind of men think that women are not supposed to own anything (Female FGD 18- 30 years, 2015)

Women are doing business nowadays and they get loans from different places, now they don't respect their husbands, they say that I am working, I have my money so due to arrogance you find that there is no respect in the house, when the husband asks the wife to do something for him, the wife doesn't do that and that is when they start fighting and lead to IPV, so entrepreneurship makes women to disrespect their husbands (Men FGD, 18-30 years 2015).

Some male participants pointed out that taking some loan without informing husbands leads to IPV, because when women fail to repay the loan then some properties will be taken from her husband to repay the loan, something which might cause IPV among women.

Also some women's action cause IPV for example someone's wife go to take loan without informing her husband, they don't discuss about that loan, that my husband let us discuss about me taking a loan from somewhere, but some women don't want to share that with their husbands, later on your husband finds out that you have a loan and fail to pay back, or sometimes when your husband finds that you have a business, that might cause a fight, or when women fail to repay their loans then husbands should repay the loan something which might cause IPV (Men FGD, 31-49 years 2015).

Another one added on:

Sometimes the wife starts ignoring her husband, now when you try to make a follow up on her behaviour because you don't understand the origin of that behaviour, suddenly you see some people coming to your home, telling you that they want to take some furniture away because your wife has taken a loan from them which she has failed to repay, when taking the loan she wrote down things she has at home as collateral for the loan, and she forges her husband's signature when she took that loan, you see? That one can lead to IPV, because the husband can get angry and can beat his wife (Men FGD, 31-49 years, 2015).

Presences of diseases at home especially infectious diseases like HIV and STIs were mentioned by majority of men to be the cause of IPV. When couple find infected by these kinds of diseases they start blaming each other that she/ he was the one who brought the disease to home and that can lead to IPV. For example one of FGD participant stated:

Another thing which contributes to IPV is disease, you find that the man was okay the first day he meets the woman, and the man thinks that that woman has all criteria to be his wife, for example you get a woman you didn't know that she has epilepsy disease, and you come to realize that after wedlock and you start abusing her because you know that she is suffering from that disease, also diseases like STIs, TB or HIV are infectious so later one you find that both of you are suffering from that disease, as a man you start torturing your wife through words, beating her up and telling her that she is the one who brought the disease home, and start telling her that you are going to take another woman, in many cases it depends on who starts to become very sick in diseases like HIV and in many instances women are the ones to become very weak/fall sick first before men, so many situations you find that women are blamed to bring these diseases home and that can lead to IPV (FGD

Men, 18-30 years, 2015).

Some men were of the view that women behaviour as the cause of IPV; that women don't respect and obey their husband something which cause IPV. One participant had this to testify:

Let us not talk about other people out there, all of us here are married, our wives' behaviour is a problem for example I am married to you, and I ask you please bring drinking water to me, you answer me that you are tired so I should go and take the water myself, what will happen after answering me like that? The fight, or your husband tells you that the baby has defecated go and clean him; the wife answers back go and clean him. Don't we face this kind of behaviour from our wives at our homes? What will happen after that? IPV (Men FGD, 31-49 years, 2015).

Another man had this to testify:

Women behaviour contributes to IPV for example I have given my wife at home everything; and I went to farm; I come back from the farm at around three pm; I arrive home and find my wife seated with her friends; I greet them and go inside the house; and stayed there for thirty minutes thinking that my wife will come in and give me food, but she doesn't come, I decide to go to her outside and ask her why she dint come inside and give me food; you see that can cause IPV. Age at marriage can contribute to IPV, when a person marries at a very young age, because they don't understand the meaning of marriage and some of them don't care about their partners something which might cause IPV (Men FGD, 18-30 years 2015).

Peer Group/ IPV as learnt behaviour

Some males and female in this study mentioned learning IPV from peers as one cause of IPV because human beings are social beings so they learn from their friends. One participant had this to say:

Peer behaviour can lead to IPV, you can have some friends who have a certain behaviour and changed you for example if the man didn't have the behaviour of beating you before you marry him; then after marriage the man gets new friends from workplace or the streets who have the man listens to what they talk and take that to his home; so his behaviour changes due to his friends en for the case of drinking, if the man has friends who are drunkard he will be drinking as his friends (Women FGD, 18-30 years, 2015)

Another thing which might cause IPV is the family which someone was brought, if children used to live with their parents and witnessed their parents fighting daily; so those children will have the same behaviour when they marry they will start beating their wives because they have learnt that from their parents. They think that beating their wives is normal (male FGD, 31-49 years, 2015).

4. Discussion

Our study aimed at exploring factors for intimate partner violence in the informal settlement of Iringa Tanzania. The direct quotes of study participants have been presented to

allow the reader to establish the validity and dependability of the study findings.

The findings in this study suggest that IPV is prevalent among women in Tanzania and has corroborated other studies [5, 52, 51]. For example [5, 51] reported prevalence of IPV between 15–60%. While [3] reveal the prevalence of lifetime physical and sexual violence by an intimate partner among ever partnered women of 33% and 23%, in Tanzania respectively. Additionally, the Demographic and Health Survey estimates of 2010 show that 39% and 20% of women aged 15–49 in Tanzania reported having experienced physical and sexual IPV, respectively, since age 15 [52]. This indicates that IPV is a pervasive public health issue in Tanzania which needs to be addressed.

Furthermore, our study reported that IPV is caused by alcohol. This corroborates findings from other studies. For example [58–60] noted that history of alcohol abuse has been noted as one among IPV perpetrators attribute since in many cases, alcohol was consumed prior to the offence. Significantly more IPV perpetrators commit the acts when they are under the influence of alcohol. Also [59] noted that alcoholic husbands are proportionally highly abusive to their wives. Furthermore in Uganda alcohol was considered to be a major cause of intimate partner violence in Uganda [61]. Moreover it was noted in Rwanda, that alcohol use by male partner was associated with IPV, where alcohol use by male partner was associated with lifetime IPV, and occasional drinkers were 2 times likely to perpetrate IPV and 3 times likely for heavy drinkers [61].

It was also reported in this study that women having more financial power than their partner triggered IPV. Increased domestic power of a woman as a result of earned income has been found to result in violence from partners [62]. Partner violence has been reported to be the highest at the point where women begin to assume non-traditional roles or enter the workforce [63]. This is probably because women who have greater economic responsibilities will have a high status and achieve sufficient power to change their traditional gender roles and their partners may be less able to fulfill their culturally expected roles as providers [63], thus putting men at insecure position and conflicts of roles and cause them to perpetrate IPV.

Lack of submission of women to partner/husband was reported by participants as a major social cultural norm that contributes to IPV in Iringa. Submission to one's husband is a cultural and religious norm in Tanzania where the patriarchal system is observed and such norms that state men's inherent superiority over women have been found to increase the likelihood of violence [64]. In the Tanzanian culture, the husband has the final say in the home which must not be disputed. A woman who goes contrary to her partner's instruction and does not submit is at risk of IPV. Financial empowerment of women reduces their economic dependence on their husbands or partners and that may reduce their level of submission and consequently triggering IPV.

Majority of participants who were women in this study did not justify physical violence. This finding is in contrast to

other researchers [3, 64] that women accept IPV as justifiable punishment for a woman's disobedience of her normative roles in society, as well as for noncompliance, adultery, and disrespecting her husband's relatives. The reason could be that women are more aware and had more access on IPV information and the consequences of IPV and thus did not justify physical violence for any reason.

Being unfaithful and having extramarital affairs were the major reason for which physical IPV was justified among almost all men and among the few older women who supported physical IPV. This is similar to reports by Garcia-Moreno et al. [3] and reflects the culture and societal norm in Tanzania where it is considered detestable for a woman to have extramarital affairs.

Our findings show that employment of women/ economic empowerment leads to IPV. This is in the same line with [65] who revealed that women's experience of both emotional IPV only, and physical IPV and emotional IPV, were associated with involvement in women's groups outside the home. It may be women who experience IPV opt into women's groups, more than women who do not experience IPV, as a way to build resources and social networks and work to ameliorate the impact of IPV, enabling flexibility in the face of trauma [65]. On the other hand women's participation in groups exacerbates women's vulnerability to IPV, as they empower women and challenge the existing gender order [41]. Also [28] noted that those women who earn income independent of their spouse, and contribute to household income are at greater risk of experiencing IPV.

In our findings it was reported that extra marital affairs cause IPV. This findings is in line with findings by [65] who noted that women reporting their husband had more than one wife were more likely to experience emotional IPV, and physical and emotional IPV. Smith [66] suggests multiple wives living under one roof may experience increased levels of competition between wives, around positioning in the household structure, and men may struggle to manage this dynamic, increasing conflict [66]. In addition, men may feel pressure for social reasons to enter into multiple marriages, or extramarital relationships exacerbating conflict with their wives [66].

Our findings reported that IPV is learned from peer groups, this corroborates with [50] who claimed that feminist informed theory acknowledges the role of individual life course factors, however emphasizes the importance of community and macro-level factors as essential in defining nature and levels of violence in the community.

In our study, community level inequitable gender attitudes were reported to be associated IPV, IPV. Studies elsewhere have shown that community level attitudes to gender and acceptability of IPV have an independent impact on women's experiences of IPV [48]. Interventions working to transform community level gender attitudes are therefore critical to prevent IPV in the community [40].

Also our findings indicate that patriarch system causes IPV and this is in the same line with [10], who noted that it is the privilege for African societies for men to discipline their wives. In this context IPV is sanctioned under the range of cultural practices and norms, or through misinterpretation of religious tenets and beliefs [11].

In our study it was reported that women would rather stay in an abusive relationship rather than leave because of their children. This is corroborated by other researchers [67, 68]. In addition, in Tanzania, cultural and religious beliefs do not permit a woman to leave her husband as such a woman can be stigmatized [68]. This makes it difficult for women to leave an abusive relationship and continue being victims. They would rather endure the suffering of IPV rather than bear the shame of being separated from their partners and children.

5. Conclusion

The study revealed that there is presence of IPV in the informal settlement of Iringa, Tanzania which is caused by various factors. IPV could have long-lasting health consequences on a woman's general health. There is need to commit to long-term strategies at local, national, and global levels that will help to understand and successfully deal with cultural and societal norms reinforcing IPV and eliminate it. Changing social, cultural, and religious norms would require using all means including using legislature, law enforcement and community, traditional, and religious leader strategies.

Therefore it is importance to build programs that support long-term, changes in gender norms and emphasize on gender equality and respect. Only a long-term sustainable strategy that includes a variety of approaches and involving men can successfully promote and support such changes in the society.

6. Limitation of the Study

The qualitative nature of data collection may have resulted in limitations including social desirability bias. Researchers in this study made an effort to reduce this by explaining the objectives of the study to the study participants prior conducting interviews and focus group discussions. Additionally, it is important to mention that this study offers insight into factors associated with IPV among women living in informal settlement only. Furthermore the study was qualitative in design thus prevalence of IPV could not be ascertained and data may not be representative.

7. Declaration

The authors declare no conflict of interest with regard to this study.

8. Author Contribution

IHM, WO, MJE participated in study design, collected and analyzed data. IHM prepared first draft of the manuscript. WO and MJE reviewed, edited and approved the final

version. All authors approved the final draft prior to submission.

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