The Causes of Intimate Partner Violence in Babati District

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ABSTRACT: Intimate Partner Violence is any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. The study was carried out in Babati district in Manyara region where 94 respondents were involved. The cross sectional research design was adopted due to the nature of the study and the data were obtained from focus group discussions, key informant interviews, questionnaire and documentary reviews. The study aimed at exploring the major causes of intimate partners' violence among the agro-pastoralist communities, where the findings show, that intimate partner violence is directly linked to excessive alcoholism, income poverty, culture, high bride price, forced and early marriages, although the women who were interviewed accepting IPV as part of their culture. The findings therefore lead to the following recommendations: Reinforcement of the laws related to IPV, the local government authorities should be encouraged to enact bylaws in their communities to prohibit any community members from violating partners, also the victims of IPV and the members of the communities should be sensitized to break the silence by reporting cases of IPV whenever happen.

KEYWORDS: Intimate Partner violence, bride price, Gender.

Intimate Partner Violence (IPV) is an atrocious form of violation of human rights which is inflicted to a very close person during a relationship or after a relationship. USAID (2008) defines Intimate Partner Violence as 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—such as slapping, hitting, kicking, and beating; Psychological abuse—such as intimidation, constant belittling, and humiliating; Forced intercourse and other forms of sexual coercion; also it encompasses Various controlling behaviors—such as isolating a person from his/her family and friends, monitoring his/her movements, and restricting his/her access to information or assistance" (Krug et al., 2002); and Economic abuse—such as withholding funds, controlling survivor's access to healthcare, employment, and so on (WHO, 2005). According to National Violence Against Women survey conducted in the United states of America in 2000, Intimate Partner Violence is further explained as an act which includes rape, physical assault, and stalking perpetrated by current and former dates, spouses, and cohabiting partners, with cohabiting meaning living together at least some of the time as a couple. Both same-sex and opposite-sex cohabitants are included in the definition (CDC, 2000).

Intimate Partner Violence exists along a continuum from a single episode of violence to ongoing battering. IPV includes four types of behavior consisting physical violence which is described as an act which occurs when a person hurts or tries to hurt a partner by hitting, kicking, or other type of physical force. Complementing this CDC also mentions Sexual violence as an act of forcing a partner to take part in a sex act when the partner does not consent. Also Threats are included as acts of physical or sexual violence include the use of words, gestures, weapons, or other means to communicate the intent to cause harm. Finally Emotional abuse is also included as an act of threatening a partner or his or her possessions or loved ones, or harming a partner's sense of self-worth. Examples are stalking, name-calling, intimidation, or not letting a partner see friends and family. Often, IPV starts with emotional abuse. This behavior can progress to physical or sexual assault. Several types of IPV may occur together. Though both men and women can be victims of IPV at the same frequency, it has been frequently documented that most cases of IPV are perpetrated against women; men are more likely than women to inflict injury on their partners (CDC, 2011).

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The effects and consequences of IPV range from physical, emotional, economical to fatal effects. In a study conducted in New York City in 2008 (NYC Health, 2008) indicated a pyramid with varying effects such as women been killed by an intimate partner, the next being contusions, broken bones, sprains or stab wounds. Unfortunately the study also found that some women are hospitalized due to chronic conditions, such as gastrointestinal distress or headaches as a result of IPV. In another study by USAID (2008) it was revealed that IPV inflicts both fatal and non fatal consequences which include Femicide, Suicide, AIDS-related mortality and Maternal mortality as fatal while in non fatal they mention Physical injuries and chronic conditions such as Fractures, Abdominal/thoracic injuries, Chronic pain syndromes, Fibromyalgia, Permanent disability, Gastrointestinal disorders, Irritable bowel syndrome, Lacerations and abrasions, Ocular damage, Sexual and reproductive infections. Also the list continues as IPV might cause Gynecological disorders, Pelvic Inflammatory disease, Sexually-transmitted infections, including HIV, Unintended pregnancy, Pregnancy complications, Miscarriage/low birth weight, Sexual dysfunction, Abortion, Psychological and behavioral outcomes and Depression and anxiety. Further it might result into Eating and sleep disorders, Drug and alcohol abuse, Phobias and panic disorder, Poor self-esteem, Post-traumatic stress disorder, Psychosomatic disorders, Self harm and Unsafe sexual behavior.

Despite the health pain by IPV, it is also reported that IPV has significant costs for the economies of developing countries in terms of lower worker productivity and incomes and lower rates of accumulation of human and social capital and its strain on healthcare and judicial systems (USAID 2008) for example in Nicaragua, researchers estimated the indirect costs due to GBV to reduce the Gross Domestic Product by 1.6 percent or US\$32.7 million while in United States the Centers for Disease Control and Prevention estimated expenditures on medical and mental healthcare services for the 5.3 million incidents of domestic violence reported in 1995 in the United States to be US\$5.1 billion (CDC, 2003; Waters et al., 2004). In Tanzania it has not been estimated how much Tanzanian Shilling is spent annually from the health budget in treating the victims of IPV and how much productivity is lost due to the effects of IPV.

INTIMATE PARTNER VIOLENCE IN TANZANIA

Tanzania like many developing countries is reported to rank high in incidence of Intimate partner Violence. World Health Organization report of 2005 reports that Tanzania ranked 4th highest in terms of domestic violence prevalence in 2005. Apart from this, it is also reported by NBS and ICF (2011) that half (50%) of ever-married women in Tanzania reported having experienced some form of violence (i.e., physical, sexual, or emotional) by their husband/partner (NBS and ICF Macro 2011). A study by the World Health Organization (WHO) in 2001/2002 of 1,820 women in Dar es Salaam and 1,450 women in the Mbeya District found that 41 percent of ever-partnered women in Dar es Salaam and 87 percent in the Mbeya District had experienced physical or sexual violence at the hands of a partner at some point in their lives. In both areas, 29 percent of those experiencing physical intimate partner violence experienced injuries, with over a third of them having been injured in the past year (WHO, 2005). Participants of focus groups conducted as part of this assessment affirmed that it is common for women to experience violence at the hands of their husbands or partners.

In other studies conducted in the country it was reported that between 15% and 52% of ever-partnered women had experienced Physical Violence (PV) from their partners (Heise 1994, WHD/FRH/WHO 1997, Kishor and Johnson, 2004) as mentioned in Ellenor et al, 2009. The report further reports that in a WHO Multi-Country Study, which employed a standardized methodology across countries found that between 13% and 61% of ever-partnered women had experienced DV from their partner and between 15% and 71% of ever-partnered women had suffered from physical and/or SV from their partner during their lifetime (Garcia-Moreno et al, 2005). DV is also prevalent throughout Tanzanian society, mostly because it is considered an acceptable practice. According to the WHO study, Tanzania has high rates of DV (Garcia- Moreno et al, 2005). The research revealed that approximately 41.3% of women from urban Tanzanian (Dar es Salaam) and 55.9% of women from rural Tanzania (Mbeya district) had experienced either physical or sexual violence from their partner, or both. The WHO study also demonstrated that women in Tanzania currently take very few actions to address the DV they face; approximately 1 out of every 3 women who had experienced DV told no one about their experience, and 60% of all women experiencing violence had never sought help from any formal service or authority. The majority of women remain in violent relationships because leaving would mean losing their homes income, other property and/or their children (Garcia-Moreno et al, 2005) as cited by Ellenor et al, 2009.

LEGAL AND POLICY FRAMEWORK AGAINST INTIMATE PARTNER VIOLENCE IN TANZANIA

The government of Tanzania has espoused and ratified several laws and instruments that augment women's rights, including the *Sexual Offences Special Provisions Act, 1998* (SOSPA) (Tanzania 1 July 1998). SOSPA offers protection to women and children from sexual harassment and abuse. Also the *Law of Marriage Act Number 5 of 1971* (LMA) prohibits the use of

corporal punishment against a spouse. Despite its intentions this law has been criticized by activists like (TAWLA, 2004) that it has little impact, however, because it does not protect unmarried couples from domestic violence; and it does not define corporal punishment, thereby excluding many forms of domestic violence, such as economic deprivation.

Apart from the above the Government of Tanzania adopted the National Strategy for Growth and Reduction of Poverty (MKUKUTA), which includes eradicating domestic and sexual violence as one of its main goals. The strategy also includes a government commitment to "accelerate legislative processes to enable women to access legal mechanisms". In addition, on 24 May 2008, President Jakaya Mrisho Kikwete signed onto UNIFEM's "Say NO to Violence against Women" campaign, indicating that combating violence against women is a priority for his government (UN 27 May 2008). In signing on, the President alluded to the inadequacy of existing legal mechanisms to protect women from violence, and declared that the government was ready to collaborate with development partners in revising legislation, and to "take whatever measures necessary to prevent and eliminate violence against women".

All in all the Government of Tanzania has done the following in efforts to alleviate violence towards women, they include; The establishment of the Ministry of Community Development, Gender and Children, The replacement of an inappropriate policy with the Women Development and Gender Policy (2000), The dissemination of Kiswahili versions of CEDAW, the Beijing Platform for Action, the SADC Gender and Development Declaration, The development of monitoring indicators for CEDAW implementation, and The affirmative action in Parliament supporting women comprising 30.0 - 33.3% of the local government. The Law Reform Commission was established in Tanzania in the early 1990 which had a mandate of reviewing laws associated with the Constitution and Bills of Rights. Twelve laws were presented to the National Assembly for review or change. However, of these laws, only 4 have been passed by the National Assembly to date: The Sexual Offences (Special Provisions) Act of 1998; The Village Land Act No. 4 of 1999; The Village Act of 1999; The Marriage Act (Kivulini, 2009).

METHODOGY

Babati District Council is among the six Councils of Manyara Region. Babati District was officially documented in the Government Official Gazette No. 403of the 1st October, 1985. Babati District Council is located in the Northern part of Tanzania mainland and it is among the five (5) districts in Manyara Region which includes Mbulu, Hanang', Kiteto, and Simanjiro. Its coordinates lies between Latitude 4°13'S (South) and Longitudes 35°45'E (East). It is the District and administrative capital of the newly formed Manyara region, located some 172 km south of Arusha. According to the Population and Housing Census of August 2002, the District Council had a population of 237,601 with an annual growth rate of 2.7 percent. In the year 2010 its population was estimated to be 332,819 of which 170,095 are males and 162,723 are females. The Council has a population density of 59.3 people per square kilometers.

The design used was cross sectional which involved collection of empirical data from District Government Officials, Ward Executive Officers, Village Executive Officers, Ward Community Development Officer, Adult women and men, children under eighteen years of age, police officers, Faith based leaders, health workers and court staff. The study employed both probability and non probability sampling techniques. Probability sampling was advantageous over non-probability sampling due to the fact that it enhanced a chance of getting samples that represents characteristics of the whole population targeted. Non probability sampling was used to obtain respondents from District and Ward levels.

The study engrossed the following categories of respondents: District Government Officials (3) Ward and Village Officials, (4), and other stakeholders including adult men and women (77) and children (7) making a total of 94 respondents.

S/No. **Category of respondent Position** Frequency 1 DCDO and CDO **District Officers** 3 2 **WEO** WEO of Magugu and Galapo Wards 2 3 VEO VEO of Magugu and Galapo 2 Adult women from Magugu and Galapo wards (22 and 28 respectively) 4 Women 5 Men Adult men from Magugu and Galapo wards 20 Children 7 6 Boys and Girls from Magugu and Galapo wards 7 Other official leaders From Police force, FBOs, Court and Hospital 94 **TOTAL**

Table 1: Sample size Distribution of the population

Source: Babati field Research, 2013

DATA COLLECTION METHODS

Due to complexity of the study both primary and secondary data collection methods were utilized. The methods included interview, questionnaire, and focus group discussions. Interviews were applied to District Government officials, Ward and Village officials, and other stakeholders while the questionnaire and focus group discussions were applied to women and men regardless of whether they have faced any form of abuse from their spouse or partner. In case of the children a focus group discussion was conducted to both wards and children were picked randomly regardless of observing any form of violence in their homes.

PREVALENCE OF INTIMATE PARTNER VIOLENCE IN BABATI DISTRICT

From the research conducted it was clear that majority of respondents (70%) reported to have experienced psychological violence from their partners which was in form of intimidation or constant belittling, additionally the women complained of being forced to isolate themselves from relatives and friends by their partners. Pronounced jealousness from partners also resulted to emotional torture as they reported to be monitored in their movements and also who they communicated with much as some reported that they are not allowed to use mobile phones unless their partners is present. Only 23% reported to have experienced sexual abuse, while 49% revealed that they have been abused physically through being beaten, pushed, kicked and even being chocked by their partners. Another form of violence mentioned in the research was economic research whereby the respondents said that their spouse or partners has frequently denied them economic opportunities or even taken their chance of accessing or controlling family resources due to their ego.

THE ROOT CAUSES OF INTIMATE PARTNER VIOLENCE IN BABATI DISTRICT

From the research conducted the causes of Intimate partner violence in Babati district was divided mainly in two major groups that is socio economic causes and cultural causes as shown in the table below.

S/N Cause Percentage (%) frequency Socio Economic 43/77 56 Increased poverty Levels 22 Unemployment 17/77 Alcoholism 56/77 73 Ignorance 6/77 2 Cultural Male Ego 70/77 90 **Bride Price** 28/77 37 25 Forced marriage 19/77

Table 2: Causes of Intimate Partner Violence

Source: Field research in Babati district, 2013

ALCOHOLISM

From the interviews conducted to the police office, community development officers and other stakeholders it was clear that excessive consumption of illicit liquor commonly known as 'gongo' was a problem in Babati district. The officials reported that, many male youth and elders from Magugu and Gallapo have abandoned productive work including agriculture work and their families, while spending a lot of time in liquor dens. Additionally those who are economically feasible they substitute 'gongo' for beer. To the expense of excessive drinking they have deteriorated nutritionally and some of them have succumbed to death as a result.

This was heavily supported by other respondents, as 73% of the respondents interviewed through questionnaires revealed that alcohol and other drugs such as 'Mirungi' and Marijuana abuse by their partners were a source of many unfortunate incidences in their households. They said it is the cause of violence and unemployment within their households. The women reported that once the man is drunk he automatically becomes argumentative, rude and very irresponsible. This makes them do unpleasant acts such as unprotected sex, spending extra money he has and ultimately becoming very violent. As a result of this they tend to abuse their partners and sometimes their children as this woman reports

"My husband drinks heavily and does not work. So it is all on me and my two teenage sons to go for wage works in farms. Regardless of his situation he demands to have good food every night he comes homes drunk. He likes beef and rice so whatever I do I have to make sure I provide and reserve that food for him otherwise we will not have peace in the house. He will mercilessly beat me and my children".

Since alcohol is an exacerbating factor to violence in Babati, the police office have initiated a program in the radio and television known as "*Ulevi Nomaaa*" meaning alcoholism is not good to sensitize the public on effects of alcohol and its effects to the community and their households in particular.

POVERTY

About 56% of the respondents revealed that poverty in their households has increased the rate of intimate partner violence. During the bad times that is when money is scarce in the house or during extreme financial hardship one of the partners becomes very argumentative, aggressive, lamenting, swearing and even beating the other. The women reported to be the victims of violence during hardships as they struggle to protect themselves and their children. As this woman from a discussion reports.

"Last year I had a very bad year, I harvested very little food which could hardly suffice our food needs. My husband sold the little harvest we had and in no time we had nothing remaining. From that time he became very bitter and aggressive as a result he wants nothing to do with his family. He has found himself a concubine where he spends most of his nights. I am the only one struggling to make sure my kids have food at least once or even twice a day. Trying to explain that he should take responsibility will lead to more violent acts, and I do not want to be beaten by him".

Apart from this lady, the others also supported by saying that majority of men in their households become polite and very friendly when they can afford the basic needs for their families, but when things go astray, the male ego takes place and they become very violent and absent. When asked about this, the male respondents answered that it was true and there is nothing they could do since it was a natural thing for them.

CULTURE

Majority of respondents sampled for the research were either agro pastoralists or pastoralist who belonged to Mbugwe, Nyaturu, Nyiramba, Fyomi, Sandawe and Arusha (Maasai) ethnic groups. The respondents either reported that men from these ethnic groups are allowed by their culture to discipline their wives once they have wronged them. It is from this adaptation that 90% of the respondents reported that they have been either beaten due to small mistakes such as burning food, failing to accomplish a certain household chore, arguing with partner, refusal of sex, going out without permission from partner, husband taking another wife and jealousness.

However, the women who were interviewed seemed to reluctantly accepting being abused since that's what their culture detonates. A woman in the discussion recalled "when we are beaten, we keep silent because while growing we are told by our elders that when your man beats you, it is because you provoked the situation and hence you should keep quiet and learn from your mistakes not to provoke him again". The women further explained that if their mothers and grandmothers tolerated being beaten by their husband, they also have a responsibility to respect their husbands despite the beatings given by them.

From the male respondents, it was clear that their culture teaches them that a woman must be disciplined to make them more responsible as majority of them behave like children. It also emanated that for a woman to respect a man though out their relationship, the man has to beat him once in a while, otherwise the woman will look for a partner who act like man (beats them). So to them beating or abusing a woman in any way is a symbol of being a strong man. However, they all agreed that some of them exceeds the level of beating ending up harming their partners, they said that a woman do not need heavy beating since they are weak and very fragile.

HIGH BRIDE PRICE

In pastoralists and agro pastoralist communities, domestic animals such as cow, goat and sheep are used to pay bride price for girls to be married. The higher that number of cows taken the expensive the price. This was synonymously agreed upon respondents (37%) that once the price is high, the beatings and other forms of abuse also go up, as the groom feels that he has bought a commodity very expensively and thus he can utilize it however he feels. This was also supported by both

CDOs from Gallapo and Magugu wards who have noted a high trend of abuse to brides whose parents received a large flock of domestic animals as bride price for their children.

FORCED AND EARLY MARRIAGES

Girls in communities of pastoralists get married at a very tender age of 15 years or even below. The respondents reported that nowadays the girls are married just after finishing primary education. Majority of them are denied opportunities for joining secondary schools. Since they are still very young they fail to perform the household duties as they are required. Their husbands however expect too much from them as women therefore if they fail to achieve the expected their husbands beat or scold them as a way of reminding or reprimanding them.

Apart from being physically abused, the girls and women claimed that they were sexually abused several times since they refused to have sex with their partners. Only 25% of the respondents mentioned this as a cause of intimate partner violence, though the researcher noted that the problem of early marriages in pastoralists' communities was more intense than it was reported.

CONCLUSION

Much as the government of Tanzania has espoused and ratified several laws and instruments against IPV, the situation still persists in large. From a study done in Babati district it was evident that a good number of women had encountered violence in their relationships. They reported to be either abused physically, psychologically or economically by their current or past partners. On another hand, no men reported to be abused by a female partner proving that women in Babati are the main victims of Intimate Partner Violence. However, excessive alcoholism, cultural practices, increased poverty levels and unemployment were mentioned as the root causes of IPV. Despite the women complaining of this behavior towards them and their children, it was deduced that none of them was ready to report the situation to the authorities due to cultural barriers surrounding them. They feared that once they report the violent acts done towards them the community surrounding them will isolate them since it was a traditional taboo for a woman to disclose whatever is happening behind the closed doors.

RECOMMENDATION

The government as the main actor in stopping IPV should reinforce its laws against the perpetrators of violence. Also they should encourage the local government authorities to erect bylaws in their communities which prohibit any community member from violating another human being. However, members of public and especially those in rural areas should be sensitized and encouraged to address issues of IPV, letting them know the disadvantages of not addressing it. Through sensitization they should be told where to go and who to report to incase of violence.

REFERENCES

- [1] Center for Disease Control and Prevention (CDC), 2000. Extent, Nature and Cosenquences of Intimate Partner Violence. Research Report. Findings from the National Violence Against Women Survey.
- [2] Centers for Disease Control and Prevention (CDC). 2003. *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta, GA: National Center for Injury Prevention and Control.
- [3] Development Fund for Women (UNIFEM) "Southern Africa: Removing Gender Biases from Judicial Processes." [Accessed 20 May 2008]
- [4] N.d. Development Fund for Women (UNIFEM). "Progress for Women is Progress for All." [Accessed 20 May 2013]
- [5] Garcia-Moreno, C. H. Jansen, M. Ellsberg, L. Heise, and C. Watts. 2005. WHO Multi-country Study on Women's Health and Domestic Violence against Women. Geneva: World Health Organization.
- [6] Jodie Ellenor, Kellie Gray, Masele Ramadhani and Koreshi Adamson (2009), Domestic Violence against Women in The Lake Zone, Tanzania; Prevelence and Response from Local Government Authorities. Kivulini Women's Right Organization, Mwanza, Tanzania.
- [7] Krug, Etienne G., Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi, and Rafael Lozano, eds. 2002. World Report on Violence and Health. Geneva: WHO.
- [8] National Bureau of Statistics (NBS) [Tanzania], and ICF Macro. 2011. *Tanzania Demographic and Health Survey 2010.* Dar es Salaam, Tanzania: National Bureau of Statistics, and ORC Macro.

- [9] United Nations (UN). 27 May 2008. Development Fund for Women (UNIFEM). "Tanzanian President Signs UNIFEM's Say NO to Violence Against Women Campaign." [Accessed 8 May 2008] 8 March 2007.
- [10] Waters, H., A. Hyder, Y. Rajkotia, S. Basu, J.A. Rehwinkel, and A. Butchart. 2004. *The Economic Dimensions of Interpersonal Violence*. Geneva: Department of Injuries and Violence Prevention, World Health Organization.