SOCIAL AND HEALTH EFFECTS OF GENDER BASED VIOLENCE ON WOMEN IN ARUMERU DISTRICT, TANZANIA

Christina Shimba
Tengeru Institute of Community Development (TICD)
TANZANIA
tinashimba@yahoo.com

Douglas A. Magombola
Tengeru Institute of Community Development (TICD)
TANZANIA
magombolad@gmail.com

ABSTRACT

The study on the Social and Health Effects of Gender Based Violence on Women was conducted in Arumeru District in 2019. Broadly, the objective of the study was to assess the effect of Gender Based Violence against women in Arumeru district. Data was collected from 400 respondents, whereas triangulation of quantitative and qualitative methods was used in the study. A survey was used to collect quantitative data, at the same time focus group discussions and in-depth interviews were used to collect qualitative data. The study has shown that the effects of Gender based violence on Women appeared in different forms including physical, sexual, psychological and economic violence from health, social and economic impacts. The study recommends that a stronger commitment be shown by the government by providing necessary support in terms of financial and human resources. Government's commitment should go beyond policy declarations and start to play a proactive role in capacity building to the entire community of the most affected areas. Community leaders and families be sensitized on the dreadful of intimate partner violence and discriminate against women.

Keywords: Gender Based Violence, Women, Effect.

INTRODUCTION

This article intends to assess the social and health effects of gender based violence inflicted upon women of the age of 15 to 45 years in Arumeru district council. The article have the following sections; the background of the study, the methodology, the results and the conclusion

Background of the study

Gender based violence is defined as any act of violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (Jakobsen, 2014). Discrimination and violence of a women starts at an early stage in life up to when she is old. According to WHO (2000) the girl at birth might be face with infanticide, at girlhood she might be faced with food restrictions, abuse, incest, harmful traditional practices, child labour and even poor education. The discrimination goes on to the stage when the girl enters adulthood, at this stage the young woman encounters exploitation, sexual abuse, physical violence, early marriage, poor access to education and health services (Rugimbana, 2019). The discrimination and violence goes on up to the stage where this woman turns to an elderly woman. The tortures continue and during this stage she faces a lot stigma and abuse from the family and the community surrounding her.

Gender based violence appears in different forms including physical, sexual, psychological and economic violence. Physical violence include acts such as hitting, kicking, slapping, punching, pushing, grabbing, shoving an object, use of weapon to harm etc among others. In case of sexual abuse the perpetrator can use rape, oral sex, forced watch of pornographic and other illicit materials, dishonesty in relationships, forced unprotected sex, forced inappropriate touching etc. Psychological or emotional events may include verbal threats, scolding, isolating of victim, verbal humiliation, demean and unwanted gestures. Denial of salary, lack of voice in economic rights, denial of inheritance and basic necessities are forms of economic violence which might be perpetrated against women in different settings.

Culture, poverty and other socio economic factors, low levels of education, past history of violence, male dominance, alcohol consumption and family conflicts have been identified as the main causes of gender based violence in many circumstances. Globally, an estimated 736 million women almost one in three have been subjected to intimate partner violence, non-partner sexual violence, or both at least once in their life (UN Women, 2020).

The effects of violence against women vary from health, social and economic impacts. Health impacts are categorized into physical and mental health impacts. They include but not limited to injuries in form of cuts, bruises, lacerations, welts, headaches, fractures, broken bones and teeth, gastrointestinal disorders, chronic pain syndromes, and abdominal and thoracic injuries. Gynecological effects also include chronic pelvic pain, pelvic inflammatory disease, vaginal bleeding or infection, fibroids, urinary tract infections, and infertility, are especially prominent. Violence on pregnant women might result into elevated risks of miscarriage, preterm birth, stillbirth, ante partum hemorrhage, foetal distress and injury, and low birth weight, adversely impacting the health of expectant mothers and their children. Mentally the victims of GBV might suffer from emotional distress, thoughts of suicide, attempted suicide, substance abuse, poor self esteem, post-traumatic stress disorder, and unsafe sexual behavior (Tsutsum et al, 2019 and Alvarado et al, 2018).

Social impacts of gender based violence involve stigma from community and family, denial of job and even educational opportunities, facing legal challenges and in some cases isolation of the victim. Isolation might happen in two folds as the victim of violence might isolate herself from the family and neighbor or the other way around.

The 2010 Tanzania Demographic and Health Survey (TDHS) gathered some information about VAW prevalence in Tanzania. Experiences of physical violence reveals that 39% of women aged 15-49 have experienced physical violence in the previous 12 months. Further the report explains that 44% of ever-married women have experienced physical or sexual violence by their current/most recent husband/partner, and 37% of ever-married women experienced such spousal violence in the past 12 months. The regions with prevalent cases of physical violence included Mara (58%), Dodoma (50%), Kagera (47%) and Singida (46%). Though not among the leading regions higher rates of physical violence, Arusha was reported to have 27% of reported cases of physical violence. The region was also reported to have higher prevalence of Female Genital Cutting (67%). Female genital cutting is among the forms of violence perpetrated against women in Arusha region.

Though gender based violence is reported to be rampant in Tanzania, only few studies have been conducted in investigating the root causes, magnitude and the effects (MoHCDGEC, 2016; Ndowo, 2015). Further, none of the said studies have been conducted in Arumeru

ISSN 2056-5429

district. It is with this concern the current study was conducted to assess the social and health impacts of gender based violence towards women of 15 to 45 years of age.

METHODOLOGY

Study design

The study targeted women in the reproductive age group (15-49 years). These women were targeted because they are more vulnerable to GBV and its effects. Arumeru district was purposively selected because it had high rates of reported cases of GBV compared to other nearby districts (Rugimbana, 2019). A triangulation of quantitative and qualitative methods was used in the study. A survey was used to collect quantitative data, whilst focus group discussions and in-depth interviews were used to collect qualitative data.

Data Collection Methods and Tools

A survey (using a questionnaire) was undertaken to quantify the social and health impacts of GBV on women in Arumeru district. The sample size was determined using the formula: $n= N/1+ N (e)^2$. Where n = the desired sample size, N is the population of the study which in this case is the number of women found in the district aged between 15 and 45 years; e = the margin of error set at 0.05. According to NBS 2012, the total population of women in age range 15-49 in Arumeru district was 154,564. As such, the sample was calculated using the following procedure: $n = (154,564/ 1+ 154,564*(0.05)^2 =398$ which was rounded to 400 respondents.

Three FGDs (using a FGD guide) were conducted with women aged 15-24, 25-39 and 40-49 regardless of whether they suffered GBV. Each FGD had ten participants. The selection of the participants was based on availability and willingness to participate. FGDs were conducted in order to get a community perception about the definition of GBV and the social and health effects of GBV.

Six in-depth interviews were conducted with women who volunteered to participate. In-depth interviews were conducted in order to obtain qualitative data that subsequently validated those collected using questionnaires.

Data Management and Analysis

Questionnaires were coded after data collection for the purpose of tracking errors during data entry. A dictionary was also created for data entry using Statistical Package for Social Sciences (SPSS) software (IBM). Double entry and data cleaning was done to ensure that there were no errors on data entry. Consistency of responses was checked by comparing two sets of data from the double entry. Frequency distributions were run from the two parallel data sets. The SPSS was employed to analyse quantitative data. Frequency distributions and cross-tabulations were run for the purpose of highlighting the relationship between dependent and independent variables.

Qualitative data were captured through extensive note taking and audio-taping. These data were transcribed, translated and typed. Content analysis was then used to establish opinions, themes and verbatim which were relevant to the study objective.

RESULTS AND DISCUSSION

Socio demographic information of respondents

Age, levels of education, marital status and ethnicity of respondents were questioned and the results are as presented in table 1

Table 1: Socio Demographic Information of the respondents (n = 400)

	Frequency	Percentage
Age		
15 - 19	20	5
20 - 24	144	36
25 - 29	128	32
30 - 34	80	20
> 34	28	7
Education level		
Informal	50	12.5
Primary	312	78
Secondary	38	9.5
Marital Status		
Single	104	26
Married	252	63
Divorced	16	4
Separated	12	3
Widow	16	4
Employment		
Employed (formal)	100	25
Self employed (informal)	136	34
Unemployed	164	41

Source: Study survey, 2019

From the table above it is shown that 36% of the respondents belonged to the age group of 20 to 24 years while only 5% of the respondents were from the age group of 15 to 19 years old. Seventy eight percent of the respondents have attained primary education while 12% of the respondents have no formal education. Majority of the respondent (63%) were married and the remaining were either single (26%), divorced (4%), separated (3%) or Widowed (4%). The unemployed constituted 41% of the respondents compared to 34% and 25% who were in the informal and formal sectors respectively.

Health and social effects of gender based violence among women

Through the questionnaire as a quantitative tool and the qualitative data collection tools (focus group discussion and in-depth interviews), the respondents described the health and social effects they encounter as a result of GBV. The health effects mentioned were categorized into physical and mental effects as table 2 indicates.

Table 2: Health and social effects of gender based violence among respondents (n=400)

	Frequency	Percentage
Health effects of GBV		
Physical health		
Urinary tract infection	177	44
Unwanted pregnancy	168	42
Physical injuries	324	81
Sexual Transmitted diseases	170	42
Need of substance abuse	18	4
Body fatigue	252	63
Mental health effects		
Anger	36	9
Memory loss	22	5
Feel extreme sadness	224	56
Alienation and disorientation	68	17
Depression	216	54
Lack of sleep	223	56
Social effects of GBV		
Stigma and isolation	142	36
Feeling unsafe	120	30
Legal problems	42	11
Lack of food and clothing	72	18
Lack of employment	200	50

Source: Study survey, 2019

Effects of GBV

As shown in Table 2, a significant number of respondents (46%) reported to have encountered physical effects due to gender based violence. The effects mentioned were either obtained as a result of physical, sexual or emotional violence inflicted on them. The physical health effects reported included the physical injuries (81%), general body fatigue (63%), sexual transmitted diseases (42%), unintended pregnancies (42%), Urinary Tract infection (44%) and abortions (33%). In case of mental health effects the respondents mentioned anger (9%), memory loss (5%), extreme sadness (56%), alienation and disorientation (17%), depression (54%) and lack of sleep (56%). Socially the respondents mentioned stigma and isolation (36%), feeling unsafe (30%), legal problems (11%), lack of food (18%) and lack of employment as their major effects due to GBV.

Physical Injuries

Majority of the respondents (81%) mentioned injuries as a health effect which comes about after experiencing gender based violence. They reported to sustain injuries from physical beating, burning, attacked by weapon such as knife and even from chocking. Some of them revealed that the injuries were obtained from sexual attacks such as rape and forced intercourse. Strangling and even head being hit on walls were also reported to leave marks and pains with the victims. The injuries reported were mainly from male perpetrators who were their partners and even siblings. The same situation was reported during focus group discussion and in depth interviews. The participants of these qualitative instruments complained of having injuries throughout their bodies as a result of violence. The following statement from one of the participant in the discussion exemplifies:

> *"I have this scar on my left leg which will never go away. It will always be there to remind me of that day I was brutally attacked by my partner. I refused to give him food because he never bought food for the children. He always demanded good food like rice and beef even though he did not buy any. On that particular day I refused to give him food because my kids were yet to eat. He grabbed me, strangled me and beat me. I tried to run, that's when I fell on a stick which hurt my leg.*"

Injuries sustained by the victim of GBV might be temporal or might exist for the rest of their lives. Some of the injuries can be treated but some injuries may lead to disability or even death of the victim. Severe cases of injuries due to violence have been reported in different places worldwide. An example of a case presented Falschung (2018) in Germany explains this case;

> "*A 40-year-old female, mother of 4 children, presented to the emergency room at 2:00AM with chest pain, full consciousness, no shortness of breath, and no skin discoloration. On examination, the patient was semi-conscious, Glasgow Comma Score was 15, multiple ecchymoses were found all over body, and no shortness of breath. Oxygen saturation was 82% with mask oxygen. Bilateral thoracostomy drains were inserted. Chest x-ray was inconclusive. Computed tomography scan of the chest and neck showed eight rib fractures on the left side, six rib fractures on the right side, sternal dislocation, manubriosternal fracture, left side hemothorax, fracture of body of dorsal vertebrae ten and 12, and fracture of the spine of cervical 3 and 5. After imaging, the patient was referred to the ICU and incubated as the oxygen saturation decreased. Percutaneous jejunostomy applied for feeding. Tracheostomy was created eight days after endotracheal intubation. The patient remained intubated in ICU for 18 days. Four days later the patient was discharged from ICU and she was admitted in the ward for one week and discharged home with good health 23 days after admission."*

Sexual transmitted diseases

A significant number of respondents (63%) reported to have encountered sexual transmitted infection as a result of sexual violence. They mentioned of gonorrhea, syphilis, Chlamydia and some even mentioned herpes. Sexual transmitted infections to the victims of abuse and especially sexual abuse was also mentioned during in-depth interviews and focus group discussions. Avoiding implicating themselves the respondents reported that their friends or relatives were the ones who had suffered the infection and not them. They reported this to avoid stigma which comes about once the community knows that you are infected with an STI or even human immunodeficiency virus (HIV). The following explanation elaborates this;

> "*One of my friends was forced to sex without using protection. She refused but she was forced into it. Few days later she started complaining of having complications in her vaginal area. After going to the hospital she was told she had gonorrhea. I told her to keep it as a secret because if she told anyone she will be stigmatized."*

Worldwide gender based violence have proved to increase the risk of getting sexual transmitted infections including HIV/AIDS (WHO, 2016). Sexual abuse have denied the victim an opportunity to decide to use protection or not leaving the perpetrator to decide on their behalf. As a result women who are mainly the victims interact with the disease the perpetrator has.

ISSN 2056-5429

These findings concur with the findings by OVC (2012) who did a study in India and identified similar physical impacts on survivals of violence. The study identified that all victims of violence suffer one or a number of ailments. The ailments included unhealthy weight loss due to food deprivation and poor nutrition, chronic pain, head and neck trauma, infectious diseases, Human Immunodeficiency Virus (HIV) & Sexually Transmitted Infections (STIs), complications from abortions, workplace injury, Bruises and scars. In another study done by IOM (2008) in East Africa, similar health effects were reported by the victims of abuse. In this study the victims revealed that they have developed or suffer from constant headaches (72%), stomach aches (26%) and STIs (17%). With these ailments resulting from abuses it is obvious that, the victims of abuse will not have a normal life again since the effects might be permanent.

Depression and sadness

Fifty four percent of all the respondents reported to be depressed as a result of gender based abuse inflicted towards them. The survivors revealed that due to constant abuses from their perpetrators, they tend to be fearful and depressed (McCleary-Sillsab et al., 2015). They are always sad thinking of the next episode from their abusers. Those who were married revealed that they became depressed since the frequency of these acts were very severe. They were either physically or sexually abused by their husbands on a frequent base. The following case of married women elaborates;

> *"When I was young I used to be healthy and had 76 kilograms as my weight. I got married when I was 24 and had my first child at 25. My husband never abused me before my child was born. Later things started to change; he started coming home late and drunk. I went back to my parents but they told me to be patient, that things will be better eventually. I went back to my husband and things became worse. I was always physically attacked, up to when I decided to run away. My parents heard that I had run away, they cursed me and disinherited me. I do not care because now I am safe and I am no longer abused.*

Abused women always feel sad and depressed. They fear to consult their elders and even the social workers who might have helped them come out of this situation. In some instances they are ashamed of what their peers will say about their situation. They fear to be laughed at, they fear to be told that they are not women enough and that's why their husband abuses them. With those ideas in their minds they opt to stay closed in their homes with injuries and sadness which will ultimately result into depression.

CONCLUSIONS

Discrimination and violence of a women starts at an early stage in life up to when she is old. According to WHO (2000) the girl at birth might be face with infanticide, at girlhood she might be faced with food restrictions, abuse, incest, harmful traditional practices, child labour and even poor education. The discrimination goes on to the stage when the girl enters adulthood, at this stage the young woman encounters exploitation, sexual abuse, physical violence, early marriage, poor access to education and health services. The discrimination and violence goes on up to the stage where this woman turns to an elderly woman.

A significant number of respondents of the study reported to have encountered physical effects due to gender based violence. The effects mentioned were either obtained as a result of physical, sexual or emotional violence inflicted on them. The physical health effects reported included the physical injuries, general body fatigue, sexual transmitted diseases,

unintended pregnancies, Urinary Tract infection and abortions. In case of mental health effects the respondents mentioned anger, memory loss, extreme sadness, alienation and disorientation, depression and lack of sleep. Socially the respondents mentioned stigma and isolation, feeling unsafe, legal problems lack of food and lack of employment as their major effects due to GBV.

It is a high time for the Government to provide necessary support in terms of financial and human resources. Government's commitment should go beyond policy declarations and start to play a proactive role in capacity building to the entire community of the most affected areas. Community leaders and families be sensitized on the dreadful of intimate partner violence and discriminate against women.

REFERENCES

Alvarado G., Ama P. F., Samuel D., Jennifer L. M., Lila O., Aba O. C., Nata D., Stacey S., and Chloe S. (2018) The health-related impacts and costs of violence against women and girls on survivors, households and communities in Ghana.

Falschung A. (2018) Severe multiple injuries caused by gender based violence: a case report. SPG BioMed 1(2).

International Organization for Migration (2008) *Human Trafficking in Eastern Africa, Research Assessment and Baseline*. IOM.(2010). About IOM. Pp 5 – 8. Retrieved on the 10th October, 2015, from http://www.iom.int/jahia/Jahia/about-iom/lang/en. Accessed on 18th March, 2016.

Jakobsen, H. (2014) What's Gendered about Gender-Based Violence?: An Empirically Grounded Theoretical Exploration from Tanzania.Gender and Society Vol.: 28 issue: 4, 537-561

McCleary-Sillsab, J., Namyac, S., Nyoni, J., Rweyemamu, D., Salvatory, A. and Steven, E. (2015) Stigma, shame, and women's limited agency in help-seeking for intimate partner violence. Global Public Health, 11(1-2), 2015-06-08.

Ministry of Health, Community Development, Gender, Elderly and Children – MoHCDGEC/Tanzania Mainland, Ministry of Health - MoH/Zanzibar, National Bureau of Statistics - NBS/Tanzania, Office of Chief Government Statistician - OCGS/Zanzibar, and ICF. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-2016. Dar es Salaam, Tanzania: MoHCDGEC, MoH, NBS, OCGS, and ICF. Available at http://dhsprogram.com/pubs/pdf/FR321/FR321.pdf.

Mukanangana F, Moyo S, Zvoushe A, Rusinga O. (2014) Gender based violence and its effects on women's reproductive health: the case of Hatcliffe, Harare, Zimbabwe. Afr J Reprod Health. 2014 Mar;18(1):110-22. PMID: 24796175.

Ndowo, E. J. (2015) Evaluation of gender based violence prevention services in health intergrated multisectoral programme for marginalised communities in Arusha district council. A Dissertation Submitted in Partial Fulfilment of the Requirements for the Degree of Master of Science in Health Monitoring and Evaluation (MSc HME) of Mzumbe University.

Rugimbana, A. M. (2019) Factors contributing to physical gender violence among married women in arumeru district arusha region. A dissertation submitted for the degree of Master of arts in monitoring and evaluation of the open university of Tanzania.

Tsutsumi A., Takashilzutsu A., Poudyal K., Seika K., and Eiji M. (2008). Mental health of female survivors of human trafficking in Nepal. Journal of Social Science & Medicine. Volume 66 (8) 1841-1847.

World Health Organization (2012). Intimate Partener Violence and Alcohol. Centre of Public Health.