



# **The Women's Perception on the Effects of Intimate Partner Violence on Women's Psychological Wellbeing: A Case of Iringa Municipality**

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**Author's contribution**

*The sole author designed, analysed, interpreted and prepared the manuscript.*

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## **ABSTRACT**

The general objective of this study is to examine the women perception on effects of Intimate Partner violence on women's psychological wellbeing and Specific objectives was To explore the women's perception on effect of physical Intimate Partner violence on women's psychological wellbeing,

To examine women's perception on the effect of sexual Intimate Partner Violence on women's psychological wellbeing and To determine the women's perception on the effect of psychological Intimate Partner Violence on women's psychological wellbeing.

This study conducted at Kihesa ward, Makorongoni ward and Ruaha ward in Iringa Municipal. Using the mixed research design this study employed Convenience research to collect primary data from 361 women respondents in the study areas and adopted purposive sampling technique to collect data from three key informant. Questionnaires were used as research instrument to collect quantitative data. Quantitative data were presented in tables, frequencies and percentages then analyzed descriptively.

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Findings revealed that 74.2% of female agreed about the presence of violence in Iringa Municipal while 25.8% disagreed. On view of physical effects about 42.4% of women agreed that mental illness to the maximum, 44.9% of women confirmed that among the effects was chronic stress to women which affected mostly women at family level. The last physical effects were women being depressed by 12.7%. Furthermore, among the sexual effects, about 45.2% of women were affected through mental illness while 24.4% were affected through chronic stress. Likewise, 15.3% of women confirmed that among the effects were depression and 15.2% of women were affected through isolating themselves. Through psychological effect, about 37.7 % of women affected through mental illness, 29.3% of women affected through chronic stress, 27.5% of women affected through mental illness and 5.5% of women affected through isolation. This study concludes that in Iringa Municipal Council there is effects of physical, sexual and psychological IPV violence which affects women's psychological wellbeing. The existing literature overwhelmingly confirms that intimate partner violence takes a severe toll on women's psychological wellbeing. It manifests as a range of psychological challenges, including trauma-related symptoms, depression, anxiety, and low self-esteem. Recognizing the complexity of IPV's impact and the unique experiences of survivors is essential for providing effective support and interventions.

*Keywords: Violence; psychological wellbeing; mental illness.*

## 1. INTRODUCTION

### 1.1 Background of the Study

Intimate Partner Violence (IPV), which includes physical, emotional, sexual, and economic abuse by an intimate partner, is a pervasive and deeply troubling global issue. It poses a significant threat to the physical, emotional, and psychological well-being of women, making it a matter of paramount concern for public health and human rights worldwide.

"Intimate partner violence refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors." WHO, [1].

IPV World prevalence, IPV is not confined to a specific region, culture, or socioeconomic group; it affects women across diverse backgrounds and geographic locations. The World Health Organization WHO estimates that approximately one in three women worldwide has experienced some form of IPV during their lifetime, highlighting the global scope of the problem WHO, [1].

According to WHO, [1], IPV is a widespread problem that knows no geographic, cultural, or socioeconomic boundaries. Approximately one in three women worldwide has experienced either physical or sexual IPV or both at some point in their lives. These alarming statistics underscore the urgency of addressing the psychological consequences of IPV as an integral part of public health and social justice initiatives.

According to the World Health Organization WHO [1] publication, "Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence," the prevalence of Intimate Partner Violence IPV against women in the African region is significant. The report provides regional estimates of IPV, including Africa, The prevalence of IPV in Africa varies by region and country, but it is generally considered a widespread problem. Several studies and reports have provided insights into the extent of IPV in the continent:

IPV prevalence in Africa, According to World Health Organization WHO, [1] Physical and/or Sexual IPV, The report estimated that approximately 37.7% of women in the African region have experienced physical and/or sexual IPV by an intimate partner at some point in their lives. Physical IPV, The estimated prevalence of physical (IPV) (i.e., physical violence) by an intimate partner in the African region was approximately 36.6% among women who had ever been in an intimate relationship. Sexual IPV, The estimated prevalence of sexual IPV (i.e., sexual violence) by an intimate partner in the African region was approximately 10.4% among women who had ever been in an intimate relationship.

The World Health Organization WHO in its [1] publication, "Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence," highlights several underlying causes and risk factors associated

with Intimate Partner Violence (IPV). While the exact causes of IPV can be complex and multifaceted, Recent evidence suggests that controlling behaviour by a partner has same impact on women's well-being" Krantz & Nguyen, [2].

Here are some key findings from the TDHS (2015-2016) regarding IPV in Tanzania, Physical Violence by a Partner, Approximately 44% of ever-married women in Tanzania reported having experienced physical violence by a partner (husband or intimate partner) at some point in their lives. Emotional Violence by a Partner, around 27% of ever-married women reported having experienced emotional violence by a partner and Sexual Violence by a Partner. About 16% of ever-married women reported having experienced sexual violence by a partner.

IPV in Iringa TDHS (2015/16) Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, or emotional violence committed by their husband/partner at Iringa ranges to 38%. Various studies and research projects conducted by organizations and researchers in Tanzania have also explored the prevalence and factors associated with IPV in specific regions or communities. These studies often reveal variations in prevalence rates and contributing factors. For example, a study conducted in the Dar es Salaam region found that the prevalence of physical IPV was approximately 43% among women in that area. Another study in the Mbeya region found that the prevalence of physical IPV was about 34%, and emotional IPV was approximately 47% among women in that area.

These studies highlight the concerning prevalence of IPV in Tanzania, and efforts are ongoing to raise awareness, provide support to survivors, and implement policies and programs aimed at preventing and addressing IPV in the country. It's important to note that IPV is a complex issue influenced by various sociocultural and economic factors, and addressing it requires a multifaceted approach involving government agencies, NGOs, and the community.

## 2. LITERATURE REVIEW

### 2.1 Theoretical Review

Certainly, a theoretical review on the effects of intimate partner violence (IPV) on women's psychological wellbeing would typically involve

examining various theoretical frameworks and models that help explain the complex relationship between IPV and psychological outcomes. Several IPV theories have been proposed over the years and offer differing explanatory frameworks for conceptualizing IPV.

### 2.2 Theoretical Review on the Women's Perception on the Effects of Intimate Partner Violence on Women's Psychological Wellbeing developed by Campbell, J. C. (2002)

Trauma Theory: Trauma Theory, as discussed by Campbell in (2002), is a framework that explores the psychological and emotional impact of traumatic experiences, particularly in the context of intimate partner violence (IPV) against women. Here's a brief explanation of Trauma Theory according to Campbell's work, Trauma Theory posits that IPV can lead to traumatic events for women. These traumatic events can encompass physical violence, emotional abuse, sexual assault, and other forms of harm inflicted by an intimate partner. The theory emphasizes that these traumatic experiences can have profound psychological effects on women. This includes symptoms of post-traumatic stress disorder (PTSD), such as flashbacks, nightmares, and hyper arousal, as well as other emotional and cognitive reactions.

Trauma Theory suggests that survivors of IPV may frequently re-experience the trauma, either through intrusive thoughts, memories, or triggers that bring back the distressing events. This can lead to ongoing psychological distress. The theory also discusses various coping mechanisms that survivors may employ to deal with trauma, including avoidance behaviors, dissociation, and numbing of emotions. These coping strategies can have both short-term and long-term consequences on mental health. Trauma Theory acknowledges that the psychological impact of IPV can affect women's ability to form and maintain healthy relationships, including intimate relationships, friendships, and family bonds. The theory underscores the importance of providing trauma-informed care and support to survivors of IPV. This approach involves recognizing the impact of trauma, addressing its effects, and providing appropriate resources and interventions to promote healing and recovery.

Trauma theory emphasizes the psychological impact of exposure to traumatic events, such as

IPV. It suggests that women who experience IPV may develop symptoms of post-traumatic stress disorder (PTSD) and other trauma-related issues, such as flashbacks, hyper vigilance, and emotional numbing. In essence, Trauma Theory, as discussed by Campbell, highlights the profound and lasting psychological effects of intimate partner violence on women and underscores the importance of understanding and addressing these trauma-related issues in a sensitive and informed manner.

**Feminist Theory:** In her work in the field of intimate partner violence, Campbell draws on feminist theory to provide a framework for understanding and addressing this issue. Feminist theory, as discussed by Campbell in (2002), Feminist theory is a perspective that recognizes the power imbalances and gender inequalities in society and seeks to analyze and challenge them. According to Campbell, feminist theory is applied to the study of intimate partner violence in the following ways:

Feminist often referred to as the Feminist Model, seeks to understand violent relationships by examining the socio-cultural context in which these relationships develop. Many supporters of this theory view sexism and female inequality within patriarchal societies as the main causes of IPV. Gender roles defined by society and taught to individuals during childhood are thought to place men in positions of power over women's., these socially-defined gender roles lead to victimization of women and perpetration of violence against women by men. Proponents of the feminist theory suggest that various tactics, including physical violence, may be used by men to control and exert their dominance over women and with families,

Based on this theory, research on partner abuse should use non-patriarchal, qualitative methods, and treatment should focus primarily on addressing men's domineering behaviors and patriarchal beliefs Support for the feminist theory stems from descriptive, correlation research examining the relationship between men's endorsements of patriarchal values and their respective rates of physical violence against their partners. Results from some of these studies indicate that families are at a greater risk for experiencing IPV when husbands hold traditional sex-role attitudes and when there are greater discrepancies between the husbands' and wives' acceptance of patriarchal values. Additional evidence cited in support of this theory indicates

a high rate of wife assaults in states with primarily husband-dominant families and high-status women. This study would entail addressing the feminist theory that is based or directly related to intimate partner violence as the result of male oppression of women within a patriarchal system in which men are primary perpetrators of violence and women the primary victims.

This theory is appropriate to this study as it gives the researcher guideline regarding this study because, The theory is trying to explain how violence occur to women in which men partners are perpetrators and women are most victims to this violence including battering, forced sex, assault which in turn women violence as a product of social control, vulnerability or victimization which all these violence causes women to be affected mentally, depression etc.

In essence, Campbell's use of feminist theory in her work on intimate partner violence highlights the need to recognize and address the gendered nature of this issue and underscores the importance of empowering survivors while working toward broader societal change to eradicate such violence. Feminist perspectives on IPV highlight the role of gender inequality and power imbalances in abusive relationships. These theories emphasize how societal norms and patriarchal structures contribute to the perpetuation of violence and the impact on women's psychological wellbeing. This theory is appropriate to this study as it gives the researcher guideline regarding this study because, The theory is trying to explain how violence occur to women in which men partners are perpetrators and women are most victims to this violence including battering, forced sex, assault which in turn women violence as a product of social control, vulnerability or victimization which all these violence causes women to be affected mentally, depression etc.

Each of these theories has influenced IPV research, and many have found some degree of empirical support. Yet, all of these theories are limited in two primary ways. First, current IPV theories fail to adequately capture and address the complexity of variables implicated in IPV episodes. Second, while each of the current theories has found some level of support within the empirical literature, the extent to which these theories have successfully impacted IPV prevention and treatment programs has been.

## 2.3 Empirical Literature Review

### 2.3.1 Women's perception on the effect of Psychological IPV on women's psychological wellbeing

Dokkedahl, [3] conducted a study on the effects of psychological violence was estimated to be the most common form of intimate partner violence (IPV). The present study registered in the International Prospective Register for Systematic reviews and the study design follows the Preferred Reporting Items for Systematic Reviews. Data extracted using Endnote and Covidence and a meta-analysis conducted using Metaphor-package in the programming language R.

The Quality Assessment Tool for Quantitative Studies Id by the Effective Public Health Practice Project used to assess the quality of the included studies (i.e., weak, moderate and strong). His Findings revealed that the effects of psychological violence were severity of psychological effect which produced the most harm to women Likewise, Dillon, et al., [4] assessed the associations between intimate partner violence and women who demonstrated in the international and national literature across numerous studies. His paper presents a review of the literature on this topic. The study involved 75 papers included in this review cover both original research studies and those which undertook secondary analyses of primary data sources. The reviewed research papers published from 2006 to 2012 include quantitative and qualitative studies from Western and developing countries.

His results show that while there is variation in prevalence of IPV across various cultural settings, IPV was associated with a range of mental health issues including depression, PTSD, anxiety, self-harm, and sleep disorders. In most studies, these effects were observed using validated measurement tools. IPV was also found to be associated with poor psychological functional health, somatic disorders, chronic disorders and chronic pain.

In adding up, Mason, [5] conducted a study to examine effects of psychological violence on woman. The effect sizes were computed as the difference between the prevention program and control group at post or follow-up assessment. The study made thirteen trials criteria and was included in the meta-analysis. There was a small

but significant effect size in favor of the prevention group as compared to the control condition for victimization. His findings concluded that intervention programs for psychological violence on woman should be done since the effects are big.

The study is also related with Djamba and Kimuna, [6] who found that many physical symptoms reported by abused women were similar with being injury, kicked, pushed and being harmed by strong objects. These resulted into psychological effect such as mental illness and depression. From this study results and discussion therefore, the study concludes among the physical effect of intimate partner violence on Women's psychological wellbeing in Iringa Municipal are chronic stress, mental illness and depression.

Abuse is an ongoing concern for women, Physical abuse is the infliction of physical pain, injury, or physical coercion, and involves at least 1 act of violence. Verbal abuse is the infliction of mental anguish through yelling, screaming, threatening, humiliating, infantilizing, or provoking intentional fear. Exposure to acts of abuse is a stressful event that has a negative effect on a woman's psychological well-being.

In summing up, G. Karakut [7] conducted research on Impact of Intimate Partner Violence on Women's Mental Health; Violence against women is a prevalent problem around the world. Violent acts against women include rape, incest, physical violence, and emotional abuse Intimate Partner Violence (IPV) results in exorbitant physical, emotional, and economic costs, and death is not an uncommon result (WHO World Report on Violence and Health, [1]). According to a literature review by Campbell (2002), injurious physical and mental health sequelae of Intimate Partner Violence (IPV) include injury or death, chronic pain, gastrointestinal and gynecological.

## 2.4 Conceptual Frameworks

This study has three key variable that are background, independent and dependent variable. Background variable include age, sex, employment, alcohol intake by a partner and education. These variables influence independent variable. The interest of the study on the effect of IPV on the use of family planning on women will look on how age, alcohol intake, education level and number of living children affect the independent variable.

### 2.4.1 Independent variable

Are the variable that influence the dependent variable by affecting them to change. The key explanatory variable in this study is intimate partner violence (IPV), measured as lifetime experience of physical, sexual or psychological violence by the current husband.

### 2.4.2 Dependent variable

The one influenced by other variables, especially the independent ones. These are psychological effects such as mental illness, chronic stress.

## 3. RESEARCH METHODOLOGY

### 3.1 Description of the Study Area

Iringa municipal council is part of Iringa District (Iringa urban and Rural). It comprises of 1 division, 18 wards and 192 mitaa. The council lies between longitude 70° - 80° South of Equator and latitude 350 - 370 East of Greenwich meridian. The Altitude is between 1560 and 2000meters above Sea-level. The

Municipality covers an area of 176.987 Square Kilometers. Iringa Municipal is bordered by Iringa Rural District, Nduli Ward in the North West, Kalenga ward in the West and Mseke ward in the South West.

It lies adjacent to the eastern borders of Iringa rural and Kilolo District Council. There is total number of 151,345 residents in Iringa Municipal Council. The study covered Ruaha, Kihesa and Makorongoni Wards, according Municipal Social Welfare Officer (MSWO) these ward have higher rate of IPV such as Kihesa has 29% Ruaha has 25% and Makorongoni has 24 % of IPV, . This is one of the reason which led to the selection on a study area (Iringa Municipal).

### 3.2 Research Approach

The study employed mixed research approaches which are Qualitative research approach and quantitative research approach. Qualitative research is a type of a research approach that use words While Quantitative research approach is a type of research approach that provide data in quantity.

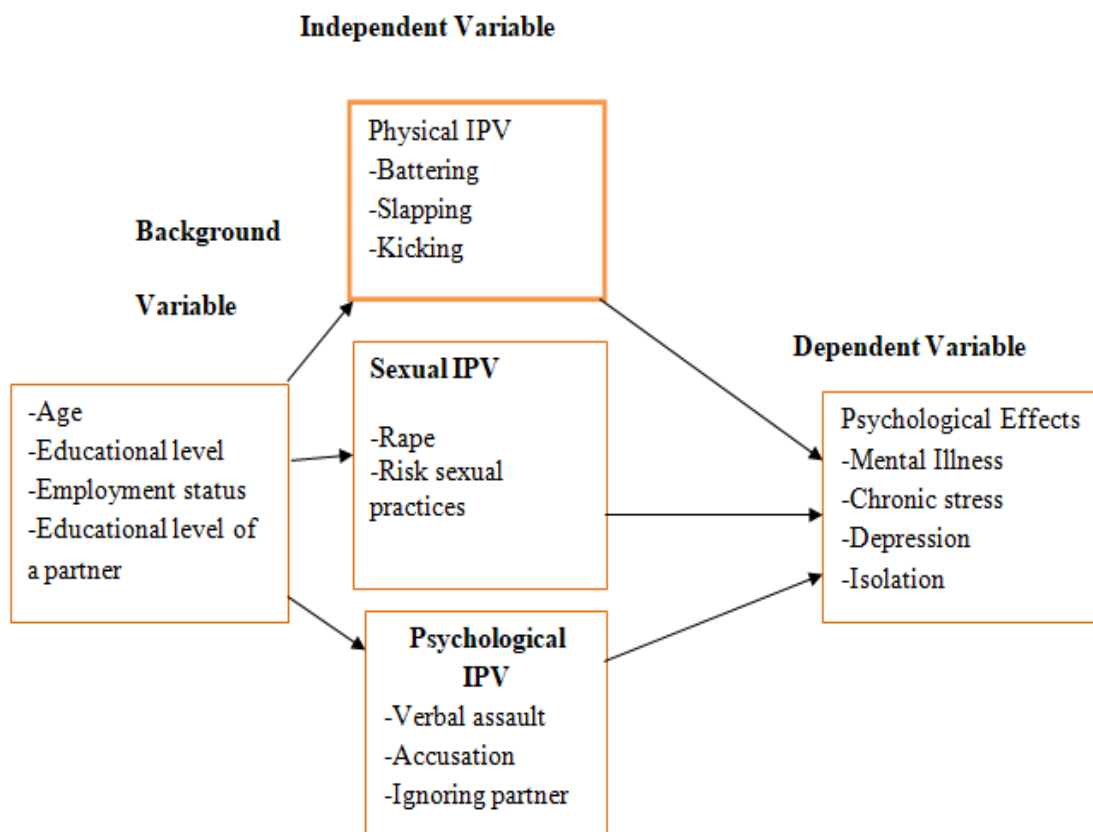


Fig. 1. Conceptual framework on the effects of IPV on women’s psychological wellbeing

### 3.3 Research Design

The study used cross sectional research design, the selection of this design is based on the fact that cross sectional design allows the researcher to study different groups of respondents at one point at a time, it simple to use and easy to collect various information from respondents based on a particular study that you conduct with great degree of accuracy and quick results.

### 3.4 Study Population

Population refers to the total of object for which information is desired. The proposed population for the study was women from Kihesa, Ruaha and Makorongoni wards, according (MSWO) these ward have higher rate of IPV. This is the factors which led to selection of these wards as study area (Iringa Municipal).

### 3.5 Sample Size and Sampling Techniques

#### 3.5.1 Sample size

A sample refers to a smaller, manageable version of a large group. It is the subject or portion of the total population, where as population is the totality of the elements under investigation. Sample are used when population sizes are too larger for the test to include all possible members or observation. The sample size of this was 364 whereby 361 were involved in quantitative research part and were from qualitative part which were key informants.

The reason of taking large sample is because was so had to get patient or victim who can witness about IPV according to nature of this study, Therefore the study used perception information collected from all women about experiences of sexual violence committed by anyone (other than a current or most recent husband/partner) at any time in their life who were all married women or who are in relationship about physical, sexual or psychological violence committed by anyone (other than a current or most recent husband/partner) by asking if anyone had hit, slapped, kicked, or done something else to hurt them physically. Similarly, as expressed in Table 1.

#### 3.5.2 Sampling techniques

According to Kothari (2004), sampling techniques is the techniques or procedure that a researcher

would adopt in obtaining the participants for the study from the given population. In this study purposive sampling technique was used to select sample.

**Table 1. Categories of sample size of the study**

Selective Ward	Total Population	Sub sample
Kihesa	3019	169
Ruaha	2124	119
Makorongoni	1300	73
Key Informat		3
<b>Total</b>	<b>6443</b>	<b>364</b>

Source: Researcher, 2022.

#### 3.5.2.1 Purposive sampling technique

Purposive Sampling technique implies the process involves nothing but purposely hand-picking individual from the population based on the authorities or the researcher's knowledge and judgment. Purposive sampling technique is a sampling technique in which a researcher select sample based on some appropriate characteristics of the sample member to serve the purpose. The decision of which item should be included or excluded in the sample test on researcher's judgments and intuition. The researcher used purposive sampling technique to select respondent that have characteristics which relates to the issue being under study especially key informant.

#### 3.5.2.2 Simple random sampling

Women were chosen randomly through simple random sampling strategies in order to avoid biases. They were instantly invited and questionnaires were administered. Thus, women who were invited during the survey were requested to fill the questionnaire and the researcher collected them after the completion in filling them.

### 3.6 Types and Sources of Data

The nature of problem under study and the nature of respondents determine the methods of data collection. The study employed both primary and secondary source of data for the aim to acquire better results to the study.

#### 3.6.1 Primary data

Are those data which are collected afresh directly from the field and for the first time, and thus

happen to be original in characteristics? In this study primary data were collected by using different method such as Interview method in which different question were prepared and asked to the respondent, also questionnaire method was used where by different question were prepared and distributed to the respondent to answer it.

### 3.6.2 Secondary data

Secondary data refers to the published or already existing data that was developed from the previous studies that were carried out for the purpose of accomplishing other research objectives. In this study, secondary data were obtained through review of different existing documents such as other researcher's finding and different reports on the effects of intimate partner violence on women

### 3.6.3 Data collection method

#### 3.6.3.1 Questionnaire

Questionnaire is a series of proposed evaluation question that posed to a large number of respondents so as to generate the desired information to answer the general evaluation question. Different questions were prepared, printed and distributed to 194 respondents, the reason to use questionnaire was to collect many information for a short time and to get data which is consistence. In this study a semi structured questionnaire method was employed to collect quantitative data concerning IPV. Semi structured questionnaire was preferred because it provides a room of pre coded question to respondents which enable additional explanation that a researcher did not think about. Therefore, in this study questionnaire were distributed to 361 respondents.

#### 3.6.3.2 Interview

Interview refers to the two ways conversation between interviewer and interviewee aiming to obtain detailed information to answer the evaluation question. The interview method is used to generate respondent's own insight, opinions and experience on a certain event. The researcher used this method to collect relevant information from key informant in Iringa municipal council concerning the effect of IPV on women psychology. An interview method was used to extract qualitative data which were intended to add more clarification on the quantitative data. Therefore, interview was registered to

respondents' face to face interview and was done confidentially.

## 3.7 Data Analysis

Data analysis refers to the process of cleaning, transforming, and modelling data to discover the useful information for decision making. It thus entails collection, sorting and evaluation of the set of data in order to bring reliable information to be presented in statistical methods to aid decision. Under this study, the data will be analysed qualitatively and quantitatively.

### 3.7.1 Content analysis

The qualitative data was collected through an interview technique analyzed by content technique of data analysis where by a researcher prepared transcription number one which contained all the responses from the respondents.

### 3.7.2 Descriptive analysis

For the quantitative data which will be collected by questionnaire method of data collection analyzed by using SPSS, for being analyzed and presented in Tables giving frequencies of responses and the percentage then the result able for the presentation in the study finding part.

## 3.8 Validity and Reliabilityof Research Instruments

### 3.8.1 Validation of instruments

Toensure the validity of this study, the researcher used different data collection tools, that are questionnaires, key-informant interviews and documentary reviews. Theresearch is designedto reflect the specific objectives of the study and hence data collection tools translated from English to Kiswahili to enable simplicity to the respondents.

### 3.8.2 Reliability

Refers to the consistency with which repeated measure produce the same result across time and across observers. To contro the reliability of this study, pre-testing was done to the people who have the same characteristics.The researcher conducted a pretesting of questionnaires and distribute to married women so as to test whether they generate the sought data. Reliability concerns with the question of whether the results of a study are stable and repeatable. Therefore, within this study, data found being reliable by carefully replicating the research methods that have been in other similar



studies and test them before implementing the research problem.

## 4. RESULTS AND DISCUSSION

### 4.1 Respondents Background Information

Table 2 below shows respondents' distribution by level of education. Among 361 respondents who were female in Iringa Municipal, 23.3% respondents were holders of primary education, and 52.1% were holder of Secondary education, 8.6 were holders of technical certificate from collage and 16.1% were holders of bachelor degree from universities. In this study most of female were having secondary education, few were having education from collage and universities. This means that majority of female contacted had basic education which enabled them evaluating and examining the psychological effects of intimate partner violence on women.

**Table 2. Respondent's education level**

Category	Frequency	Percent
Primary education	84	23.3
Secondary Education	188	52.1
Technical College Education	31	8.6
University bachelor Degree	58	16.1
<b>Total</b>	<b>361</b>	<b>100.0</b>

Source: Researcher (2022)

### 4.2 Respondents Distribution by Age

In this study, Table 3 shows the distribution of the age of the respondents who are female in Iringa municipal. Among 361 females involved in this study 34.1% were aged between 15-25 years, 53.7% were aged between 26 - 35 years and 12.2% were aged between 35-45 years. Majority of the respondents were aged between 26-35 years old. That means most of female who were involved in this study were youth who are active in thinking and decision making. In term of psychological effects of intimate partner violence on women this is the age group which was much affected, hence information provided in this study was valid and relevance for accomplishment of this study.

### 4.3 Respondents Distribution by Occupation

In this study, female was found being employed, self-employed and entrepreneurs as shown in

Table 4 below. Among the 361 female 8.3% were employed from private and public sectors, 55.7% were female who employed themselves and 36.0% were entrepreneurs. The study contacted female who has activities for generating income on their own. Despite of having these income generating activities they had an experience related to effects of Intimate Partner violence on women.

**Table 3. Respondent's distribution by age**

Age of Respondents	Frequency	Percent
15-25	123	34.1
26-35	194	53.7
35-45	44	12.2
<b>Total</b>	<b>361</b>	<b>100.0</b>

Source: Researcher (2022)

**Table 4. Respondent's distribution by Occupation**

Occupation of Respondents	Frequency	Percent
Employed	30	8.3
Self employed	201	55.7
Entrepreneurs	130	36.0
<b>Total</b>	<b>361</b>	<b>100.0</b>

Source: Researcher (2020)

### 4.4 Education of Partners

In this study, Table 5 shows the distribution of education of their parties. Among 361 females contacted in this study 13.0% of partners of female in this study had primary level of education, 49.0% of their partners had secondary level of education, 8.3% had technical education and 29.6% had bachelor degree level of education. Majority of partners were educated. Despite of their education, the violence against women was experienced in Iringa municipal council.

**Table 5. Respondent's distribution by school**

Education Level of Partners	Frequency	Percent
Primary Level	47	13.0
Secondary Level	177	49.0
Technical college level	30	8.3
University Education Level	107	29.6
<b>Total</b>	<b>361</b>	<b>100.0</b>

Source: Researcher, (2020)

#### 4.5 Presence and Reasons for Violence

**Table 6. Presence and reasons for violence presence and reasons for violence**

<b>Attempt of Rapping</b>	<b>Frequency</b>	<b>Percent</b>
<b>Presence of Violence:</b>		
YES	268	74.2
NO	93	25.8
<b>Sources of Violence to Woman:</b>		
Education	30	8.3
Alcoholism	157	43.5
Inequality Gender	125	34.6
Leadership Perceptions	49	13.6
<b>Meaning of Violence:</b>		
Physical Violence	27	7.5
Sexual Harassment	87	24.1
Psychological Violations	247	68.4
<b>Total</b>	<b>361</b>	<b>100.0</b>

Source: Researcher, (2022)

#### 4.6 Psychological Effect of Intimate Partner Violence on Women's Wellbeing

The researcher examined the effect of intimate partner violence on women's psychological wellbeing in Iringa municipal Council. Descriptive statistical analysis also employed during analysis in quantitative meanwhile thematic analysis employed in qualitative part. To express the result the study developed the study question which stated that, what were the effects of IPV on women's psychological wellbeing in Iringa Municipal council? Table 7 expresses the respondent's perceptions on effect of intimate partner violence on Women's psychological wellbeing in Iringa Municipal.

In this study it was experienced that most of psychological behavior were verbal assault,

accusation and ignoring partner. This behavior had a great impacts on women's psychological wellbeing. For instance, about 361 respondents who were female witnessed that among the psychological effects resulted from verbal assault, accusation and ignoring partner were mental illness 27.5%, chronic stress 29.3%, depression 37.7 % and isolation 5.5%. This study found that, the impacts of IPV on women's psychological wellbeing were mental illness, chronic stress, depression and isolation. In addition, the violence resulted into family unsettled which affected children education and growth.

Result in quantitative part was supported by interview result. Among the respondents during interviews witnessed that the Psychological Effects of IPV was big at family level since most of children was affected by decision made by

**Table 7. Effect of psychological Intimate Partner Violence on Women's psychological wellbeing**

<b>Psychological Effects of IPV</b>	<b>Frequency</b>	<b>Percent</b>
Verbal assault lead to mental illness	98	27.5
Verbal assault lead to chronic stress	106	29.3
Verbal assault lead to depression	136	37.7
Verbal assault lead to isolation	20	5.5
<b>Total</b>	<b>361</b>	<b>100.0</b>
Accusation lead to mental illness	98	27.5
Accusation lead to chronic stress	106	29.3
Accusation lead to depression	136	37.7
Accusation lead to isolation	20	5.5
<b>Total</b>	<b>361</b>	<b>100.0</b>
Ignoring partner lead to mental illness	98	27.5
Ignoring partner lead to chronic stress	106	29.3
Ignoring partner lead to depression	136	37.7
Ignoring partner lead isolation	20	5.5
<b>Total</b>	<b>361</b>	<b>100.0</b>

Source: Research findings, (2022)

their parents as a result children stayed with grandparents most of the time. In addition, it was discovered that verbal mugging, indictment and ignoring partners were among the effects which explored during this study. For instance, one of respondents during interviews pointed out that:

“Among the Psychological Effect of intimate partner violence on women’s psychological wellbeing were ignoring partner, where by the ignored partner felt unimportant to his or her partner and decide to stay alone. This affect much families and children where separation took place as the best decision between these two partners as a result some children move to stay with grandparents instead of staying with their parents (Women in Ruaha ward, 2022).

The findings in this study is similar with Wong and Balemba, [8] who argued that the psychological effects of most partners were mugging, indictment and fighting among. This behavior affected the economic developments at family’s level. In addition, due to traditional women were mostly affected and that all with increased risk of adverse mental health problems. The importance of prioritising access to mental health care for those who have experienced psychological effects violence cannot be inconspicuous [9-13].

Low self-esteem, various mental health problems, including symptoms of depression, posttraumatic stress disorder, and alcohol and drug abuse are strongly associated with IPV in women, while these have often been presumed to be risk factors for IPV, a pre- ponderance of evidence indicates that these problems are sequel of the trauma of IPV rather than precursors to it. Mental health sequel of IPV, particularly posttraumatic stress disorder, can lead to deficits in women’s social functioning, which may impair their coping and problem solving abilities [14-19].

## 5. CONCLUSION

The Women’s perception on the effect of intimate partner violence (IPV) on women’s psychological wellbeing in Iringa Municipal Council is a deeply complex and concerning issue that has been extensively studied. In the light of the research result the study makes the following conclusions:

Findings on the women’s perception on the effect of physical intimate partner violence on women’s

psychological wellbeing, this study concludes that in Iringa Municipal Council there is physical, sexual and psychological intimate partner violence affects seriously partners and their families. The result of these is mental illness, chronic stress, depression and isolation. Women often face significant barriers when seeking help or leaving abusive relationships, including fear of retaliation, financial dependence, and societal stigma. Addressing these barriers is critical to ensuring women’s safety and psychological wellbeing. Preventing IPV is a vital component of safeguarding women’s psychological wellbeing. Efforts should focus not only on addressing the aftermath of violence but also on strategies to prevent it from occurring in the first place.

The women’s perception on the effect of sexual intimate partner violence on women’s psychological wellbeing, Sexual intimate partner violence affects women’s psychological wellbeing in Iringa municipal Council, and their families and the result of these is mental illness, chronic stress, depression and isolation. Various support services and interventions should be developed to address the sexual consequences of IPV. These include counseling, support groups, legal advocacy, and shelter services. While these services can be beneficial, access and effectiveness can vary widely.

The women’s perception on the effect of psychological intimate partner violence on women’s psychological wellbeing, Psychological intimate partner violence affects women’s psychological wellbeing in Iringa Municipal council, and their families, It is associated with a wide range of adverse psychological consequences for women such as emotion harm that include depression, anxiety, post-traumatic stress disorder (PTSD), low self-esteem, and overall reduced quality of life. The psychological impact of IPV is not uniform and varies depending on factors such as the severity and frequency of abuse, the duration of exposure, the presence of social support systems, and individual coping strategies. These variables make the experience and consequences of IPV highly individualized. Women who experience IPV frequently exhibit symptoms of trauma, and in some cases, they meet the diagnostic criteria for PTSD. These symptoms can be debilitating and long-lasting, often involving intrusive memories, nightmares, hyper vigilance, and emotional numbing.

## 6. RECOMMENDATIONS

### 6.1 Recommendation for Action

Addressing the women's perception on the effect of intimate partner violence (IPV) on women's psychological wellbeing requires a multifaceted approach involving various stakeholders, including individuals, communities, organizations, and governments. It is in the light of the study findings; the researcher recommends the following action to be taken into considerations:

#### **Raise Awareness and Education:**

The governments and Developmental partners should pave the way on providing education and awareness related with sexual, physical and psychological violence using different platform such as; Launch public awareness campaigns to educate the community about the signs of IPV, its impact on psychological wellbeing, and available resources. Integrate comprehensive relationship education and IPV prevention programs into school curricula to teach young people about healthy relationships, consent, and conflict resolution.

#### **Promote Early Intervention:**

Encourage healthcare providers, educators, and community members to recognize the signs of IPV and provide support or referrals to appropriate services. Establish helplines, online resources, and local centers where survivors can seek assistance and information.

#### **Strengthen Legal Protections:**

Advocate for stronger laws and regulations to protect survivors and hold perpetrators accountable, Improve access to restraining orders and legal aid for survivors seeking protection from abusive partners, Men who attempt violence legal actions should seriously take its decisive measure to address the situations

#### **Provide Support Services:**

Ensure the availability of comprehensive support services, including counseling, therapy, and support groups, which address the psychological impact of IPV. Invest in the training of mental health professionals to effectively support survivors.

#### **Enhance Economic Empowerment:**

Develop programs to empower survivors economically, such as job training, career counseling, and access to financial resources.

Encourage employers to provide workplace support and accommodations for survivors.

#### **Community Engagement:**

Establish community networks that promote safety and support for survivors, including safe houses and crisis hotlines. Foster community conversations to reduce stigma and encourage survivors to seek help. Encourage men and boys to become allies in the fight against IPV by promoting respectful and nonviolent behaviors. Implement programs that challenge traditional gender norms and foster healthy masculinity.

#### **Cultural Sensitivity and Inclusivity:**

Recognize and address the unique needs of survivors from diverse cultural backgrounds, ensuring that support services are culturally sensitive and inclusive. Collaborate with community leaders and cultural organizations to raise awareness and provide culturally appropriate resources.

#### **Data Collection and Research:**

Fund and conduct research to continually improve understanding of the psychological impact of IPV and the effectiveness of interventions. Collect data on underrepresented populations to ensure a comprehensive understanding of the issue.

#### **Policy and Legislation:**

Advocate for policies that address the root causes of IPV, such as inequality, sexism, and poverty. Promote policies that provide funding for prevention programs, support services, and research initiatives.

#### **Collaboration and Coordination:**

Promote collaboration among government agencies, nonprofit organizations, healthcare providers, law enforcement, and the judiciary to create a coordinated response to IPV. Establish task forces or committees dedicated to addressing IPV within communities.

#### **Evaluation and Accountability:**

Continuously evaluate the effectiveness of interventions and support services to ensure they meet survivors' needs. Hold organizations and agencies accountable for their efforts to address IPV and its psychological consequences.

These recommendations emphasize the importance of a holistic and coordinated response to IPV, considering not

only the immediate safety of survivors but also their long-term psychological wellbeing. By working together at individual, community, and societal levels, we can make significant strides in preventing IPV and supporting survivors on their journey to healing and recovery.

## 6.2 Recommendation for Further Studies

Further studies on the effect of intimate partner violence (IPV) on women's psychological wellbeing can contribute to a deeper understanding of this critical issue and inform more effective interventions and policies. Here are some recommendations for future research in this area: This study conducted in Iringa Municipal council without considering other district council in the region, the same study can involve other district council and other regions as well. Also this study did not involve moderating variables, thus other studies can be quantitative by using moderating variables.

**Longitudinal Studies:** Conduct longitudinal studies that track women's psychological wellbeing over an extended period, ideally spanning years, to assess the long-term impact of IPV and the trajectory of recovery or resilience.

**Multi-Disciplinary Approaches:** Promote interdisciplinary research that involves experts from psychology, sociology, public health, law, and other relevant fields to provide a comprehensive understanding of the issue.

**Policy Analysis:** Analyze the impact of policies and legal frameworks on the psychological wellbeing of IPV survivors, including the accessibility and effectiveness of protection orders, legal remedies, and support services.

By focusing on these areas of research, scholars and researchers can contribute to a better understanding of the psychological impact of IPV on women and inform evidence-based interventions and policies that support survivors and work toward preventing IPV in the first place.

## CONSENT AND ETHICAL APPROVAL

This research bound to research ethics. The researcher ensured that participants' rights and consent of participant are considered. The researcher had introductory letter from University of Iringa and clearly communicate to the respondents on the purpose

## COMPETING INTERESTS

Author has declared that no competing interests exist.

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