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Pattern and predictors of help-seeking behaviour among women exposed to violence in Tanzania

Tumaini Nyamhanga[1]*

[1]Department of Development Studies, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania

***Corresponding author:**

Dr. Tumaini Nyamhanga,

Senior Lecturer,

Department of Development Studies,

Muhimbili University of Health and Allied Sciences,

P. O. Box 65454

Dar es Salaam, Tanzania

Email: tnyamhanga69@gmail.com

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Abstract

Background

There is limited research evidence on the pattern and factors influencing help-seeking among women experiencing intimate partner violence (IPV) in sub-Saharan Africa and in Tanzania in particular. This study sought to assess the pattern and predictors of help-seeking among women reporting ever experienced violence in Tanzania.

Methods

This was analysis of secondary data of the 2015-2016, Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS – MIS). Out of 13,266 eligible women, for 9,322 (70.3%) women were analyzed using STATA.

The findings were summarized using descriptive statistics – frequencies and percentages. The association between the dependent variable (help-seeking behavior) and independent variables was established using Pearson's Chi Square test and Chi square test for trend; and associations with p-value <0.05 were considered statistically significant. Additionally, the *Poisson* regression model was used to determine independent predictors associated with the dependent variable.

Results

Overall, 4060 (43.6%) women reported ever experienced physical, sexual, or emotional violence. Of these, 2196 (54.1%) [95% CI=52.5, 55.6] reported seeking help in response. The victims of violence mentioned preferred several sources where they sought help. These include consanguine relative, husband's or partner's relatives. Independent factors associated with help-seeking include advanced age and not being in marital union (p< 0.001).

Conclusion

Combating violence may require addressing factors that impair help-seeking by the victims. Young women and those in union (married or cohabiting) need be particularly supported to seek help in rponse to violence. Factors that contribute to the culture of silence in these groups such as lack of assertiveness and self-confidence among young women and socioeconomic dependence and cultural inhibitions among married or cohabiting women need to be recognized and addressed accordingly.

Key Words: *Pattern, Predictors, Intimate Partner Violence, Help-Seeking Behaviour.*

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Introduction

Globally, sub-Saharan African countries have the highest prevalence of violence (36%) against women, slightly exceeding the global average of 30% (1-5). Review of Demographic and Health Surveys (DHS) reports in eight African countries (Malawi, Zambia, Zimbabwe, Kenya, Rwanda, Burkina Faso, Mali, and Liberia) indicated high levels of intimate partner violence (IPV) among married women ranging between 20 and 50% (6, 7). Likewise, Tanzania is experiencing high levels of IPV. For instance, in 2005 the World Health Organization published a report showing that 41% of ever-partnered women in Dar es Salaam and in Mbeya regions, 56% of this group ever experienced physical or sexual violence perpetrated by a male partner (8, 9). McCloskey reported that 21% of women in Moshi, the town in northeastern of Tanzania, experienced physical and/or sexual violence (10). Furthermore, analysis of Tanzania's representative data shows that between 21 and 34% of ever- married or partnered women reported emotional, physical and sexual violence (11).

Despite the high prevalence of IPV, evidence about help-seeking is limited. Qualitative studies report that silence about IPV is rampant across Africa (12–14). In many sub-Saharan African countries normalization of sexual violence in marriage constitutes a key characteristic of a sexually 'good' woman (15). According to the Tanzania's 2015–2016 Tanzania Demographic and Health Survey, the prevalence of lifetime physical and/or sexual IPV was 41.6% yet only about half of all the victims sought help – mostly from informal sources such as families (16).

Theoretically, the determinants of help-seeking among women are grouped into four categories, namely: resource, feminist, nature of violence, and socialization perspectives (17). On resource-perspective, it is documented that help-seeking is a function of the woman's wealth status, educational achievement, and employment status. That is, a woman who owns resources or assets is more likely to seek help after experiencing violence (17). Furthermore, a woman who has higher educational achievement and has a job is more likely to seek help after experiencing violence (18). On the feminist perspective, a woman who justifies wife-beating is less likely to seek help after experiencing violence (19). Moreover, a married woman whose husband displays more controlling behavior is less likely to seek help after experiencing violence (20-23). Regarding the nature of violence, as severity of physical, sexual, or emotional violence increases likelihood of seeking help increases (18).

On socialization perspective, reasons for not seeking help are related to the way women are socialized on what causes the perpetrators to behave way they do (24, 25). Across the patriarchal world, women are socialized into feeling responsible for family stability and for solving relationship problems (26). This mindset encourages the woman to blame herself and consider herself having a role in causing the perpetrator act violently particularly when he is a spouse (27 - 33). Consequently, the woman may feel ashamed of disclosing spousal violence (25), or if she does, may confide to a close family member (34**).** Thus, eventually, sources of support that victims of spousal violence turn to reflect underlying social dynamics influencing decision making, presented in the preceding paragraphs. Two broad categories of the sources of support for the victims of spousal violence include: informal or semi-formal and formal institutions/strategies. The informal or semi-formal sources include family members and relatives, friends, neighbors, and religious leaders/ members of faith community. These sources of support to the victims make a contribution to conflict resolution and provide emotional support based on interpersonal, friendship and communal relationships. Nevertheless, the resultant decisions are not legally binding and there are no legal implications for the defaulters. On the other hand, the formal sources of support are agencies with law enforcement power such as Police, Courts of Law, social welfare department, Non-governmental organizations handling human rights abuses; and service institutions such health facilities (35).

Nevertheless, there is limited research evidence on the pattern and factors influencing help-seeking among women experiencing IPV in sub-Saharan African countries in general and in Tanzania in particular. Therefore, the objective of this study was to assess the pattern and predictors of help-seeking among women who have ever experienced violence in Tanzania.

Methods

Source of data and sample

We used data of the 2015-2016, Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS – MIS) (16). The National Bureau of Statistics (NBS) and Office of the Chief Government Statistician (OCGS), Zanzibar, with technical assistance from ICF International and in collaboration with other national and international stakeholders conduct the Demographic and Health Survey (DHS) approximately after every four years. In the 2015-16 TDHS-MIS, sampling followed two stages. In the first stage, it involved selection of

608 clusters from the pre-determined enumeration areas all over Tanzania. The second stage, involved systematically selecting households from a listing with all selected clusters. In total 13,376 households were selected. All women aged 15-49 years eligible for the survey were selected and about one-third of men aged between 15 and 49 among the selected households were also selected for interviews. Among selected women, a sub-sample of women was selected for the domestic violence module. A total of 13,266 eligible women were identified. One of the eligibility criteria was a woman aged between 15 and 49 years who spent a night in the household before the survey day (*de facto* enumeration) (16). From this sample, 9,322 (70.3%) women regardless of their current or previous marital status were selected and requested to take part in the domestic violence module interviews.
In Tanzania "a man and woman who have lived together as husband and wife for three/six consecutive months (sharing household chores) are recognized regally married" (36). The 2015-16 TDHS-MIS was conducted in compliance with the revised Helsinki Declaration (37).

Study population

In this analysis, we included data of all women aged between 15 and 49 years selected in the survey.

Key variables and measurements

Dependent variable

The outcome variable was self-reported help-seeking behaviour by a woman exposed to violence (physical, sexual or emotional). The respondent was asked: "thinking about what you yourself have experienced among the different things we have been talking about (physical, emotional, and sexual violence) have you ever tried to seek help?". The answer was binary - a 'yes' if a woman sought a help and a "no" if she did not. Otherwise, women refusing to answer or no response to the question were set to missing information; there was no imputation of missing information.

Main independent variable

Literature from sub-Saharan African countries suggests that socio-demographic and economic variables that influence seeking help against IPV include: age, education level, type of residence, marital status, and wealth status, employment status, and severity of violence. (17, 18, 22, 38-40).

Statistical analyses

Since there were over- and under-sampling of households by clusters during designing of the study, it was then imperative to use weights as recommended for Tanzania and other DHS data (41). Weights are important to adjust standard errors for the variability of reported help-seeking behaviour within clusters; used when estimating proportions or ratios. We performed all the analyses using STATA. Standard svy commands were used to account for clustering. The findings were summarized using descriptive statistics – frequencies and percentages. The association between the dependent variable (help-seeking behavior) and categorical independent variables – namely: type of residence and marital status - was established through a bivariate procedure using Pearson's Chi Square test; and associations with p-value <0.05 were considered statistically significant. Additionally, Chi square test for trend was used to test for the linear trend in prevalence of help-seeking among and across groups for ordered categorical variables that include age, education level, and wealth. A p-value <0.05 was considered availability of a linear trend. Since the prevalence of help-seeking behaviour in our sample was higher than 10%, in the multivariable analyses, we used the *Poisson* regression model to model independent predictors associated with the dependent variable (42, 43).

After bivariate analysis of the selected indepndent variables with the dependent variables, independent variables having *p*-value ≤ 0.2 in association with the dependent variable were then inluded in the *Poisson* regression model. That is, after performing bivariate procedures using Pearson's Chi Square test and Chi square test for trend, four independent variables, namely: age, residence, marital status, and wealth quintiles met the criteria of being included into the *Poisson* regression model. The multivariable *Poisson* regression was employed to identify independent explanatory power of a particular independent variable and to account for any overlap with other explanatory variables. Factors associated with health seeking behavior were generated from this regression analysis. Association between independent and dependent variables was considered significant if p-value was less than 0.05.

Access to data

Permission to access DHS datasets was sought from and granted by the Data Archivist of the Demographic and Health Surveys Program, at https://dhsprogram.com/data/available-datasets.cfm.

Results

Characteristics of respondents

Overall, 4060 (43.6%) women reported ever experienced physical, sexual, or emotional violence. Table 1 shows that their ages ranged from 15 to 49, with majority belonging to the age groups of 20-24 years 742 (18.3%) and 25-29 years 747 (18.4%). Regarding educational achievement, two thirds (66.5%) had primary level of education. Again, two thirds 2677 (65.9%) of the respondents lived in the rural areas. Regarding marital status, majority 2746 (67.6%) were living in union (married or cohabiting). Additionally, regarding wealth status, more than half of the respondents were poor in the sense that 1383 (34.1%) and 753 (18.5%) belonged to the poorest and poorer quintiles respectively.

Table 1: Socio-demographic characteristics of the respondents (n=4060)

Characteristic	Number (%)
Age group (years)	
15-19	522 (12.9)
20-24	742 (18.3)
25-29	747 (18.4)
30-34	576 (14.2)
35-39	605 (14.9)
40-44	493 (12.1)
45-49	347 (8.5)
Highest education level	
No education	661 (16.3)
Primary	2698 (66.5)
Secondary	673 (16.6)
Beyond secondary level	28 (0.7)
Type of residence	
Urban	1383 (34.1)
Rural	2677 (65.9)
Marital Status	
In Union	2746 (67.6)
Not in Union	1314 (332.4)
Wealth quintiles	
Poorest	785(19.3)
Poorer	756 (18.6)
Middle	774 (19.1)
Richer	992 (24.4)
Richest	753 (18.6)

Survivors' help-seeking pattern

Table 2 shows that the victims of violence who sought help mentioned several sources where they sought help from. These can be grouped into two main categories, namely: informal and formal sources.

Table 2: Number (%) of women aged 15-49 who have experienced physical or sexual violence and sought help by sources from which they sought help, Tanzania 2015-16

Source	Type of violence			Total
	Physical only	Sexual only	Physical and sexual	
Informal helpers	1586 (77.9%)	111 (81%)	988 (76.4%)	2682 (77.4%)
Formal helpers	165 (8.1%)	10 (7.3%)	123 (9.5%)	299 (8.6%)
Others	285 (14.0%)	16 (11.7%)	182 (14.1%)	483 (14.0%)
Total	2036 (100.0)	137 (100.0)	1293 (100.0)	3464 (100.0)

Note: Women reported more than one source from which they sought help.

Person providing help by type of violence

The majority of victims (Table 2) preferred the informal sources of help that included: a consanguine relative, husband or partner's relatives, husband/ partner, boyfriend, friend, neighbor or a religious leader. However, very few victims of violence (less than 10%) sought help from the formal sources/ professional services like the police, lawyer, social work organization, and doctor/ medical personnel.

Association of socio-demographic characteristics with help-seeking behaviour

Table 3 shows selected socio-demographic characteristics in relation to seeking of help among women exposed to violence. The table shows that the proportion of women seeking help was significantly increasing with advancing age of the woman ($p < 0.001$). Regarding education, although the proportion of women seeking help decreased with increasing level of education, the linear trend was not significant. However, about equal proportions of those who had no formal education 369 (55.8%), primary level of education 1459 (54.2%), and secondary level of education 361 (53.6%) sought help in response to experiencing IPV.

Six women (21.4%) victims of IPV who had higher education (beyond secondary level) sought help. Moreover, proportionally more rural residents sought help compared to their urban counterparts. Regarding marital status, while majority of those who admitted to have experienced IPV were in union (married or cohabiting), proportionally merely more than half of them 1449 (52.8%) sought help to stop violence. Additionally, on wealth status, the

proportion of women seeking help significantly (χ^2_{trend}=2.64, p=0.008) increased linearly with increasing household's wealth. About a third 1383 (31.7%) of those who were in the poorest wealth quintile sought help compared to their counterparts in relatively better-off quintiles (middle to richest) 1337 (53.0%).

Table 3: Association between socio-demographic characteristics and seeking of help among women reporting any form of IPV

Characteristic	Total women	Number (%) seeking help	p-value
Age group (years)			<0.001*
15 – 19	522	203 (38.9)	
20 – 24	742	381 (51.4)	
25 – 29	747	403 (53.9)	
30 – 34	576	324 (56.3)	
35 – 39	605	356 (58.8)	
40 – 44	493	307 (62.3)	
45 – 49	347	221 (59.1)	
Highest education level			0.232*
No education	661	369 (55.8)	
Primary	2698	1459 (54.1)	
Secondary	673	361 (53.6)	
Higher	28	6 (21.4)	
Type of residence			0.104
Urban	1383	716 (51.8)	
Rural	2677	1480 (55.3)	
Marital status			0.046
In union	2746	1449 (52.8)	
Not in union	1314	747 (56.8)	
Wealth quintiles			
Poorest	1383	438 (31.7)	0.008*
Poorer	753	421 (55.9)	
Middle	756	422 (55.8)	
Richer	773	421(54.5)	
Richest	992	494 (49.8)	

**Based on χ^2 for linear trend*

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Multivariable analysis of the association between selected socio-demographic characteristics and help-seeking behavior in response to violence

Table 4 presents the prevalence ratios of help-seeking among women who reported to have experienced violence. Independent factors associated with help-seeking include age and marital status (p< 0.001). On age, prevalence ratios of help-seeking increased with increasing age, for instance, women aged 40-44 had a significantly 69% higher prevalence ratio for help-seeking compared to those aged 15-19 (APR 1.69; CI: 1.41 – 2.02). Likewise, on marital status, women who were not in union had a significantly 19% higher prevalence ratio for help-seeking compared to those who were married or cohabiting (APR 1.19; CI: 1.11 – 1.28).

Table 4: *Poisson* regression model testing association between select independent variables and help-seeking behavior

Variable	Unadjusted		Adjusted	
	PR* (95%CI)	p-value	PR* (95%CI)	p-value
Age (years)				
15 – 19	Reference		Reference	
20 – 24	1.32 (1.10 – 1.58)	<0.0001	1.39 (1.17 – 1.68)	< 0.001
25 – 29	1.39 (1.18 -1.63)		1.49(1.27 – 1.75)	
30 – 34	1.44 (1.22 – 1.70)		1.55 (1.31 – 1.83)	
35 – 39	1.51 (1.27 – 1.80)		1.63 (1.37 – 1.94)	
40 – 44	1.60 (1.34 – 1.91)		1.69 (1.41 – 2.02)	
45 – 49	1.52 (1.23 – 1.87)		1.60 (1.29 – 1.99)	
Residence				
Urban	Reference		Reference	
Rural	1.07 (1.99– 1.16)	0.11	0.44 (1.90 – 1.11)	0.59
Marital status				
In Union	Reference		Reference	
Not in Union	1.08 (1.00– 1.16)	0.04	1.19 (1.11 – 1.28)	<0.001
Wealth quintiles				
Poorest	Reference		Reference	
Poorer	1.00 (0.90 – 1.12)	0.97	0.98 (0.88 – 0.10)	0.75
Middle	1.00 (0.90 – 1.11)	0.99	0.99 (0.89 – 1.11)	0.89
Richer	0.98 (0.87- 1.09)	0.65	0.95 (0.86 – 1.07)	0.44
Richest	0.89 (0.79 – 1.02)	0.09	0.87 (0.75 – 1.01)	0.08

**PR = Prevalence ratio*

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Discussion

The objective of this study was to assess the pattern and predictors of help-seeking behaviour among women reporting ever experienced violence in Tanzania. DHS Report and secondary analysis of data therein have revealed pertinent findings about women's help-seeking behavior after experiencing physical, sexual, or emotional violence. Slightly more than half of women (54%) who admitted they had experienced physical or sexual violence, indicated that they had sought help in response. This means another half of women who were ever abused did not seek help. Not seeking help may be a result of several factors impinging on the woman.

Results indicate that as the woman's age increases the proportion of women seeking help to mitigate the negative impact of violence increases. This means younger women, for example, those aged 15 – 19 years are less likely to seek help in response to acts of violence probably due to lack of assertiveness and self-confidence; and uncertainty about psychosocial support. Jensen and Thornton similarly argue that young women are particularly disadvantaged when they are in marriage where due to a large age gap between them and their spouses, they become powerless and lack autonomy (33). Programmes addressing violence against women need to preferentially target girls and young women.

Similarly, the prevalence ratio for seeking help in response to violence was significantly higher among unmarried women (never married, divorced, separated, and widows) than for married or cohabiting women. This suggests that marriage is a hindrance to help-seeking in response to spousal violence against a woman. Whereas the unmarried women might be more autonomous to seek help, those in marriage are more likely to be limited by socioeconomic dependence and cultural inhibitions. On socioeconomic perspective, women may hesitate to seek help due to uncertainty on the implications including not getting spousal support in meeting the basic needs. Regarding cultural inhibitions, women are socio-culturally prepared to endure violence in marriage. They are expected not to speak out against the spousal violence, instead, they should be tolerant. The resultant culture of silence is instilled through pre-marital teachings which instill feminine norms of submissiveness. This phenomenon of less likelihood of seeking help after experiencing spousal violence has been reported by similar studies across Africa (14, 46).

The "culture of silence" is further reflected even among the victims who claimed they sought help. Their pattern of help-seeking was such that very few victims of violence (less than 10%) sought help from the formal sources like the police. The majority sought help from the

informal sources such as family members and religious leaders who are less likely to question harmful masculine norms of dominance and superiority. These are the very sources of help which also implicitly promote social acceptance of violence in marital union as they socialize the woman to be submissive and obedient to her husband/ partner (28-33). Consequently, in the long run, seeking help from the informal sources perpetuate the perception that domestic violence is a domestic matter which should be resolved "domestically" and the status quo continues.

Limitations

This study has three main potential limitations. One, since the responses were self-reports, the study might have suffered social desirability bias in the sense that the respondents might have provided more socially acceptable answers rather than being truthful. This potential effect was mitigated by providing respondents with thorough prior explanation about objectives and significance of the study, and requesting them to be honest. Two, this study is focused on one aspect of help-seeking – striving to stop recurrence of violence. Future studies may focus on other aspects of help-seeking: medical and legal support. Three, this study has presented only individual level predictors of help-seeking that were available in the data set. Future studies may consider analyzing contextual predictors of the same.

Conclusion

Combating violence may require addressing factors that impair help-seeking by the victims. Young women and those in marriage need be particularly supported to break the silence. Factors that contribute to the culture of silence in these groups need to be understood and addressed accordingly.

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Ethics approval

Although the manuscript did not require an ethical review because of using secondary data, the TDHS-MIS was conducted in compliance with the revised Helsinki Declaration (44).

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Competing interests

Author declares that has no competing interests.

Abbreviations

APR	Adjusted Prevalence Ratio
CI	Confidence Interval
DHS	Demographic and Health Survey
IPV	Intimate Partner Violence
PR	Prevalence Ratio

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