Short Research Article

THE EFFECTS OF INTIMATE PARTNER VIOLANCE ON WOMEN'S PSYCHOLOGICAL WELLBEING: A CASE OF IRINGA MUNICIPALITY

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ABSTRACT

The study assessed the effects of intimate partner violence on women's psychological wellbeing. Specifically. The sample size of the study was 364 women from Iringa municipal council. The study used mixed research approach. Findings revealed that 74.2% of female agreed about the presence of violence in Iringa Municipal while 25.8% disagreed. In addition, the study confirmed that violence behavior to women was mostly caused by taking excessive alcohol which contributed by 43.5%, followed by gender inequalities which were 34.6%, leadership domination at family level were13.6% and lack of education contributed 8.3%. In addition, 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. This was justified by 12.7% of women who witnessed that some of women were depressed due to violence. This study therefore, confirmed that among the physical effects of violence in Iringa municipal was chronic stress, mental illness and depression as expressed in Table 8. Furthermore, among the sexual effects mental illness, chronic stress, depression and isolation. 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 isolation 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. Likewise, physical, sexual and psychological intimate partner violence affects seriously partners and their families as well and the result of these is mental illness, chronic stress, depression and isolation. It is in the light of the study findings, the governments should pave the way on providing education and awareness related with sexual, physical and psychological violence using

different platform. 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.

INTRODUCTION

1.1 Background of the study

According to WHO (2002) defines Intimate Partner Violence as any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behavior includes acts of physical aggression, such as slapping, kicking and beating; psychological abuse, such as intimidation and humiliation, forced intercourse and other forms of sexual coercion.

Intimate partner violence (IPV) is known as a significant public health problem, development issue, and a human rights concern globally. Population-based surveys have found that between 10–70% of women have reported being physically assaulted by an intimate male partner at some point in their lives (Heise et al., 1999). Worldwide, it is estimated that about 30% of women will experience physical and/or sexual violence from an intimate partner during their lifetime (Devries et al., 2013). Additionally, one in three homicides among women is by an intimate partner (Stöckl et al., 2013). Lifetime rates of physical and/or sexual IPV are highest in South-East Asia, the Mediterranean region, and Sub-Saharan Africa (Devries et al., 2013). In Tanzania, almost two out of five women aged 15 to 49 years have experienced physical violence at some point in their lives; 44% of ever married women have experienced physical and/or sexual violence by their current or most recent husband or partner; and 37% of ever-married women experienced that kind of spousal violence in the precedent 12 months (TDHS, 2010).

Psychological Violence is the use of verbal and nonverbal communication with the intent to harm another person mentally or emotionally, and or to exert control over another person. Psychological violence can include Expressive aggression (e.g., name-calling, humiliating), Coercive control (e.g., limiting access to transportation, money, friends, and family; excessive monitoring of whereabouts), Threats of physical or sexual violence; control of reproductive or sexual health (e.g., refusal to use birth control; coerced pregnancy termination), Exploitation of

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victim's vulnerability (e.g., immigration status, disability), Exploitation of perpetrator's vulnerability, and Presenting false information to the victim with the intent of making them doubt their own memory or perception (e.g., mind games) (CDC, 2016).

Coercive control and intimidation by the abusive partner is considered an underlying component of all of these types of violence. The abusive partner's ability to control relies on the abused person's belief that if she or he does not comply with the abusive partner's demands, the victim, or other persons or things the victim cares about will be harmed. Often, threats are alternated with acts of kindness from the perpetrator, making it difficult for the victim to break free of the cycle of violence.

The ten-country World Health Organization survey and other research have consistently shown that emotional abuse can have a more profound and negative effect than physical violence. Between 20% and 75% of women across all the countries surveyed reported being the recipient of emotional abuse within the previous 12 months WHO, (2005).

The most common forms of violence against women are physical, sexual, and emotional abuse by husbands or intimate partners. A survey by Heise et al. (1999) indicated that 10–58% of women have experienced physical abuse by an intimate partner in their lifetimes. Experiencing IPV is not only a human rights violation, but also has profound health and social consequences among women WHO, (2013). Women who experience IPV are more likely to be depressed (Devries, et al., 2013), and have greater physical injuries (WHO, 2013; Ellsberget al., 2008). IPV has also been related to mental health problems; including depression, anxiety, phobias, post-traumatic stress disorder, suicide, and alcohol and drug abuse (Ellsberg et al., 2008; WHO, 2013; Mahenge et al., 2013; Dillon et al., 2013; Foran & O'Leary, 2008). Additionally, in southern and eastern Africa, women who experience IPV are more likely to acquire HIV Jewkes, et al., (2010). Furthermore, recent evidence suggests that controlling behaviour by a partner has same impact on women's well-being Krantz & Nguyen, (2009).

IPV can be perpetrated by both men and women; women are disproportionately victims of violence Betron, (2008). Globally, 30% of women aged 15 years and older have experienced physical and/or sexual violence from an intimate partner during their lifetime Devries *et al*., (2013). The negative mental and physical health consequences of IPV include increased risk of poor health, depression, substance use, chronic disease, chronic mental illness, and injury (Coker *et al.,* 2002, Devries *et al.,* 2013). Decreasing the prevalence of violence against women is a

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critical aspect of Millennium Development Goal number3, promoting gender equality and empowering women United Nations, (2015).Furthermore, early marriage puts girls and women at risk of psychological violence, including emotional pressure from husbands and in-laws (Decker et al., 2014).

In Tanzania, the reported lifetime prevalence of IPV is high: it ranges between 15– 60% (Stöckl et al., 2012; McCloskey et al., 2005). More than one-third (37%) of ever- married women in Tanzania reported having experienced some form of physical or sexual violence by their husband/partner in the past year (TDHS, 2010). A multi- country study conducted in 2005 by Garcia-Moreno et al. (2006) reveals the prevalence of lifetime physical and sexual violence by an intimate partner among ever- partnered women of 33% and 23%, respectively. Furthermore, the Demographic and Health Survey estimates of 2010 shows that 39% and 20% of women aged 15–49 reported having experienced physical and sexual IPV, respectively, since age 15 (TDHS, 2010). There are many types of violence in Tanzania, and all have a negative impact on individuals and the society, especially on women and children. As in most African countries, IPV in Tanzania is perpetrated against women by their husbands or intimate partners (Nyamongo, 2012).

IPV is especially prevalent in societies where gender norms lead to accepting violence as normative Jewkes, (2002). One of these societies is Tanzania where IPV is seen as normative by both men and women Betron, (2008).

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LITERATURE REVIEW

2.1 Theoretical Review

Several IPV theories have been proposed over the years and offer differing explanatory frameworks for conceptualizing IPV. 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 limited (Babcock et al., 2004). Wathen & MacMillan, (2003), Whitaker *et al*., (2006), this paper presents an alternative theoretical framework for conceptualizing IPV episodes that attempts to improve upon former IPV theories by incorporating existing theoretical and empirical IPV literature into a contextual framework. A discussion of how the current contextual framework can guide future IPV research and clinical practice will be provided.

2.2 Feminist Theory of female violence

One of the oldest and most well-known theories, from feminist scholars Alder and Worrall (2004) and Chesney-Lind and Irwin (2008), 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 (Dobash (1977). Gender roles defined by society and taught to individuals during childhood are thought to place men in positions of power over women (Dobash and Dobash, (1977). According to Walker (1984), 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, Pence and Paymar, (2006). Based on this theory, (Yllo,1988) and others have argued that research on partner abuse should use non-patriarchal, qualitative methods, and treatment should focus primarily on addressing men's domineering behaviors and patriarchal beliefs McMahon & Pence, (1996). 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

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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 Leonard and Senchak, (1996). 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 Yllo & Straus, (1984). 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.

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2.3 Empirical literature review

Psychological Effect of IPV on women's psychological wellbeing

Dokkedahl, (2019) 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 and Meta-Analyses PRISMA. A dual search conducted in the electronic databases PsycINFO, PubMed, EMBASE, and Web of Science. Data extracted using Endnote and Covidence and a meta-analysis conducted using Metafor-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). Findings revealed that the effects of psychological violence were severity of psychological effect which produced the most harm to women

Likewise, Dillon, et al., (2013) assessed the associations between intimate partner violence and women who demonstrated in the international and national literature across numerous studies.

This 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. The 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.

Mason, (2014) 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. The findings concluded that intervention programs for psychological violence on woman should be done since the effects are big.

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.

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.

Dependent variable

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

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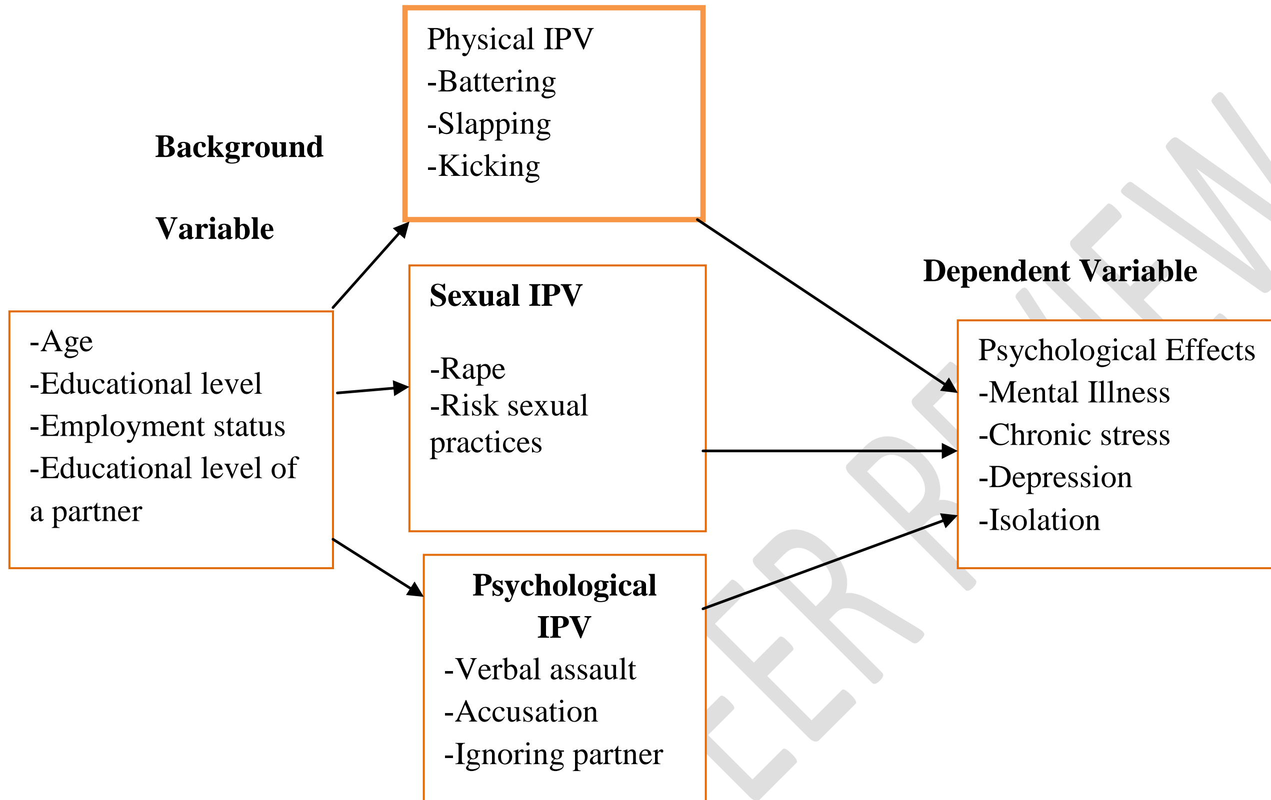

Figure 1: Conceptual framework on the effects of IPV on women's psychological wellbeing.

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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, 18wards and 192mitaa. 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 boarders 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 Offiocer (MSWO) these ward have higher rate of IPV. This is one of the factors which led to 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.

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 (Kothari, 2004). The proposed population for the study was women from Kihesa, Ruaha and Makorongoni wards,

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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 (Kothari,2004). 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 as expressed in Table 1.

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
Total	**6443**	**364**

Source: Researcher, **2022**.

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.

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 Msabila and Nalaila, (2013). According to Kothari (2014) Purposive sampling technique is a sampling technique in which a researcher select sample based on some appropriate

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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.

3.4.2.2 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 (Kothari, 2004). 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 (Kothari 2004). 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 (Saunders *et al*. 2007). 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

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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 Mather *et al*. (2009). 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 Mather *et al,* (2008). Therefore, in this study questionnaire were distributed to 194 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 (Turner, 2010). The interview method is used to generate respondent's own insight, opinions and experience on a certain event Weiss (1994). 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 Painter et al, (2006). 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.

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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.

3.7 Validity and Reliabilityof Research Instruments

3.7.1 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.

3.7.2 Reliability

Refers to the consistency with which repeated measure produce the same result across time and across observers Patton, (2002). To contro the reliability of this study, pre-testing was done to the people who have the same characteristics.The researcher conducted a prestesting 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.

3.9 Ethical considerations

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 Iringaand clearly communicate to the respondents on the purpose

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FINDINGS OF THE STUDY 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: Respondents 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
Total	**361**	**100.0**

Source: Researcher (2022)

4.2.3 Respondents Distribution by Age

In this study, Table 3 below 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.

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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.

Table 3 Respondents Distribution by Age

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

Source: Researcher (2022)

4.2.1 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 4: Respondents distribution by Occupation

Occupation of Respondents	Frequency	Percent
Employed	30	8.3
Self employed	201	55.7
Entrepreneurs	130	36.0
Total	**361**	**100.0**

Source: Researcher (2020)

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4.2.3 Education of Partners

In this study, Table 5 below 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: Respondents 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
Total	**361**	**100.0**

Source: Researcher, (2020)

4.2.1 Presence and Reasons for Violence

Table: 6 : Presence and Reasons for Violence

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

Source: Researcher, (2022)

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.

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

Psychological Effects of IPV	**Frequency**	**Percent**
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
Isolation		
Total	**361**	**100.0**
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
Total	**361**	**100.0**
Ignoring partner lead to mental illness	98	27.5

Psychological Effects of IPV	Frequency	Percent
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
Isolation		
Ignoring partner lead to chronic stress	106	29.3
Ignoring partner lead to depression	136	37.7
Ignoring partner lead isolation	20	5.5
Total	**361**	**100.0**

Source: Research findings, (2022)

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 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, (2016) 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.

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

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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.

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CONCLUSION

In the light of the research findings the study makes the following conclusions:

i. This study concludes that in Iringa municipal council there is physical, sexual and psychological violence that affect Women's psychological wellbeing.
ii. Physical intimate partner violence affects seriously partners and their families as well and the result of these is mental illness, chronic stress, depression and isolation.
iii. 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.
iv. Psychological 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.
v. On view of challenges, the study concludes that alcoholism, traditional norms, and believes are challenges which hinder addressing violence against women.

RECOMMENDATIONS

Recommendation for Action

It is in the light of the study findings; the researcher recommends the following action to be taken into considerations:

i. The governments should pave the way on providing education and awareness related with sexual, physical and psychological violence using different platform.
ii. Developmental partners also should provide education and awareness related with sexual, physical and psychological violence's by using various platform.
iii. Men who attempt violence legal actions should seriously take its decisive measure to address the situations.

Recommendation for Further Studies

i. 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.
ii. This study did not involve moderating variables, thus other studies can be quantitative by using moderating variables.

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