

THE EFFECTS OF GENDER-BASED VIOLENCE AMONG ADOLESCENTS IN IRINGA MUNICIPALITY

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ABSTRACT

This study examined the effects of gender-based violence among adolescents in Iringa Municipality. The study was guided by two research objectives which were to assess the impacts of gender-based violence among adolescents in Iringa Municipality and to investigate the strategies for dealing with gender-based violence in Iringa Municipality. The study used a qualitative research approach. The study adopted the exploratory study research design. Data were collected using interviews and Focus Group Discussion. Data were obtained from a sample of 41 participants which involved 36 adolescents who came from three wards, three Ward Executive Officers (WEO), one Social Welfare Officer (SWO) from Iringa Municipality and one Gender Desk Policy Officer. Data were analysed by using thematic content analysis method. The findings showed that gender-based violence resulted psychological risks which included; health risks social risks. It is concluded that the risks of physical gender-based violence among adolescents affect the development of adolescents as a result of Psychological effects, health effects and social effects.

Keywords: gender, violence, adolescents, behaviour, mental.

1.0 BACKGROUND TO THE PROBLEM

Gender-Based Violence (GBV) refers to violence directed against a person based on gender, which can be physical, mental, sexual, or any threats of that kind (Chikwiri & Lemmer, 2014). GBV is a global health and human rights issue with individual and social determinants (Mingude & Dejene, 2021). The international community recognizes gender-based violence as an urgent, criminal and global problem with devastating consequences for women, children and families (Inokoba, 2011). GBV affects millions of women and girls worldwide and it cuts across all geographical, regional, national, religious, and socio-economic barriers (Inokoba, 2011; Chikwiri & Lemmer, 2014). Global estimates suggest that more than one billion of the world's children aged 2-17 experienced physical, sexual and/or emotional abuse (UNICEF, 2020). According to the World Health Organization (WHO) more than a third of women and girls globally have experienced either physical or sexual violence or both in their lifetime (WHO, 2019). The unique risk to youth varies across nations, suggesting an age-place interaction (UNICEF, 2020). The predictors of gender-based violence for adolescents at the global level is estimated to be one in three experiencing gender-based violence in his/her lifetime, which is elevated in humanitarian contexts (Stark, Seff & Reis, 2021).

In Africa, the risk of GBV increases for adolescents in humanitarian settings in which protective systems are eroded (Beyene et al., 2019). Adolescents are at risk of GBV in humanitarian settings because of an intersection of factors related to their age (Stark, Seff &

Reis, 2021). In general, adolescence is a period of physical, psychological, cognitive, and behavioural growth that is marked by several developmental milestones, including increased independence, new relationships, risk taking, and the development of a sense of identity (Beyene et al., 2019). GBV in adolescence can affect health and wellbeing across the life course, and risk factors need to be assessed at the individual, communal, relational, and institutional levels (Chikwiri & Lemmer, 2014). Experiences in adolescence might influence opportunities for the future but adolescents in Africa rarely have decision-making authority and have little access to sexual and reproductive health information, resources, and services. Child marriage, domestic violence, and sexual violence are the most prevalent forms of gender-based violence against adolescent girls (Wado et al., 2021). GBV prevention and response programmes continue to be insufficiently prioritised as the day goes which leave the problem to continue establish its root (Mingude & Dejene, 2021).

The World Health Organisation (WHO) (2018) reported that GBV particularly in African countries, was a major cause of ill health among girls, as it causes disability due to injuries, a range of physical and mental impairments, and can even result in death. A WHO study on GBV across 10 countries including Tanzania, reported that between 13-62% of girls have experienced physical violence over the course of their lifetime, 29% reported violence, while 3% had sought GBV health services (WHO, 2019).

Many adolescent girls and young women experience GBV in Tanzania, and only few seek GBV health services following violence (Mtaita, et al., 2021). The risk of being subjected GBV is prominent among women and girls, particularly those belonging to ethnic minorities, those of low socioeconomic status and those who are poorly educated resulting in severe social, economic, physical, and mental health consequences (Mtaita, et al., 2021). Adolescents in Tanzania experience violence in their homes by someone familiar to them namely family member, friend, or neighbour (Hendrickson, 2023).

GBV in Tanzania is generally directed toward women and girls due to societal norms and practices that discriminate against them and reduce their ability to enjoy and practice their human rights (URT, 2017). Sexual assaults are more commonly directed at women and girls, but men and boys can also be targets of sexual abuse, harassment, and assault (URT, 2011). These forms of violence reflect differences in power between the survivor and the perpetrator of sexual violence who are often larger, older, wealthier, a member of a powerful group or armed with a weapon (Hendrickson, 2023). Nearly 40% of adolescence reported having experienced physical violence (URT, 2017).

Adolescent GBV incidence is increasing in Tanzania as the days go on. Since it appears that the rate of GBV to adolescents in Tanzania is increasing. the Ministry of Health, Community Development, Gender, Elderly, and Children (MOCDGEC) in collaboration with other stakeholders is making efforts to address these challenges by developing policy and management guidelines for GBV and VAC prevention and response (URT, 2017). The high rate of gender-based violence is driven by social norms and exacerbated by high rates of early marriage and childbirth, and low levels of women's economic independence and education (Mosha et al., 2019).

The government of Tanzania emphasizes on her policy that a child should be entitled to protection from any kind of abuse by any person where adolescents are inclusive. A growing

number of studies have explored GBV against adolescent in humanitarian sceneries for instance Tanzania Ministry of Health and Social Welfare, (2011); WHO, (2019); UNICEF, (2020) and Stark et al., (2021). Despite of the evidences highlighted by these studies and the government of Tanzania which promise interventions for transforming adolescent children, little evidence supports the ability of existing approaches to reduce gender-based violence incidences. Therefore, this study intended to address the effects of GBV specifically to groups of adolescents in Iringa Municipality. Hence, the study guided by two research objectives which were to assess the impacts of gender-based violence among adolescents in Iringa Municipality and to investigate the strategies for dealing with gender-based violence in Iringa Municipality.

2.0 LITERATURE OVERVIEW

2.1. The impacts of gender-based violence among adolescents in Iringa Municipality

2.1.1 Psychological Effects

Different forms of gender-based violence consistently lead to a range of mental illnesses globally, including anxiety, depression, suicide, post-traumatic stress and substance abuse (Ferrari et al., 2016; Riedl et al., 2019).

2.1.1.1 Depression

Victims of intimate partner violence have a threefold increased risk of a depressive disorder and a fourfold increased risk of developing an anxiety disorder. Factors that may increase the risk of depression in women include unequal power and status. Women are much more likely than men to live in poverty, causing concerns such as uncertainty about the future and decreased access to community and health care resources.

2.1.1.2 Stress

GBV has several consequences for women's mental health, including post-traumatic stress disorder, depression, anxiety, low self-esteem, substance abuse, psychosomatic symptoms, fear, suicide, sleep disorders, and overall low levels of well-being (Semahegn & Mengistie, 2015). Gender-based violence has been found to affect women's wellbeing negatively, causing unhappiness, and difficulty in enjoying life, thinking, and making decisions (Ganster-Breidler, 2010).

2.1.1.3 Unintended pregnancies

Whilst unintended pregnancies do not necessarily equate to pregnancies that are unwanted, they may lead to a wide range of health risks for the mother and child, such as malnutrition, illness, abuse and neglect, and even death. Previous studies have shown a relationship of domestic violence with abortion and unintended pregnancy (Zakar et al., 2016; Stephenson et al., 2016). A complex and multidirectional relationship is suggested to exist between induced abortion and violence (Stephenson et al., 2016). A study from 4 Indian states (Bihar, Jharkhand, Maharastra, and Tamil Nadu) found that physical violence was associated with higher risk of

induced abortion; and induced abortion was found to be leading to sexual and verbal violence (Stephenson et al., 2016).

2.1.1.4 Suicidal ideation

Although these consequences can be associated with an increased risk of suicide (Gerino et al., 2018) it is psychological abuse which has received the most attention in studies of suicidal behaviour. In this regard, hopelessness is especially relevant as it is a key to the emergence of Suicidal Ideation (SI) (Klonsky, 2015) and Suicide Attempts (SAs) (Turecki & Brent, 2016). In this sense, it should be noted that depressive symptoms, including hopelessness, have a high incidence among female victims of IPV (Wolford-cleverer & Smith, 2017) and that hopelessness indeed acts as a mediator between the abuse and Suicidal Behaviour (SB) (Klonsky & May, 2016).

2.2. Healthy Effects

Violence against women has long been a prominent and widespread area of concern in public health (Oram et al., 2017). It is also a principle violation of basic human rights, which impairs, particularly, women's right to life, right to freedom from torture and other cruel, inhuman or degrading treatments or punishments, and to the highest attainable standard of physical and mental health (Oram et al., 2017).

2.2.1 Sexually transmitted diseases

The gender-based norms surrounding sexual behaviour also make the female gender to be more infected than male and is a risk factor for acquisition of HIV and other sexually transmitted infections (STI) (Johnson, 2013). GBV includes abuse within an intimate relationship (intimate partner violence (IPV) as well as non-partner violence (Onoya et al., 2013). Intimate partner violence and non-partner sexual violence can lead to gynaecological problems and STIs, including HIV. Intimate partner violence during pregnancy also increases the likelihood of miscarriage, stillbirth, preterm delivery and low-birth weight infants Rape and sexual assault can result in unwanted pregnancies, complications during pregnancy and birth, and STIs, including HIV. Social and economic fallout from GBV can lead to a loss of livelihood and increased gender inequalities in the long term (WHO, 2013).

2.3 The strategies for dealing with gender-based violence in Iringa Municipality.

2.3.1. Provision of education

According to UNICEF (2020), "gender dimensions of violence against children and adolescents" revealed that gender 'aware' (rather than gender 'blind') approach is essential for understanding patterns, perpetrators and contexts of violence. An essential step towards a gender-transformative approach is to acknowledge that epidemiological data show clear sex differences in levels, patterns and risk factors of violence against children and adolescents. The key components of interventions effective in addressing victimization and perpetration across levels were education or psycho education, psychotherapy, skills development, gender

2.3.5 Engaging men and boys in GBV prevention

The available research also suggests that programs aiming to empower women economically should be attentive to the possibility that men who perceive themselves to be economically vulnerable or marginalized are already, in some settings, more likely to commit GBV. If economically marginalized men view their traditional roles as heads of household being eroded by women's income-generating activities, engaging men in a deliberate questioning of such roles can enable them to embrace cooperation and sharing of activities at the household level (Semahegn et al., 2019).

In addition, women-focused economic empowerment programs could include community campaigns targeting men and training for government and NGO staff on ways to engage men as partners. An additional study, evaluating the effectiveness of adding a 16-session Men's Discussion Group intervention to a community-based prevention program in Cote d'Ivoire, specifically a 16-session Men's Discussion Group intervention, found that the targeted intervention significantly influenced men's reported behaviours related to hostility and conflict management, and suggested that concerted efforts to include men in GBV prevention programming could reduce intimate partner violence in conflict-affected settings (Heise et al, 2014).

3.0 RESEARCH METHODOLOGY

This section presented the research methodology and designs that were used to carry out the study. Research methodology helps to explain how the study was carried out, and what kind of data was collected with what methods and techniques (Kombo and Tromp, 2006). Methods of analysing data are also explained. Kothari, (2004) suggested the contents of the research methodology include the research design, area of study (coverage), sample and sampling techniques, methods for data collection and techniques for data analysis.

3.1 Area of Study

The study was conducted in Iringa Municipality, Tanzania particularly in the three wards of Kihesa, Kitwiru, and Mkwawa. With that selection, it is still clear that Iringa is a region with a high number of GBV situations in schools, families, and the community as a whole. The researcher chose to conduct the study in these three wards because they have a big number of GBV occurrences, according to information obtained from the social welfare office and police during the pilot study. Additionally, the researcher was able to easily access the required data to answer the research question in these wards.

3.2 Research Approach

The study used qualitative research method which is inductive in nature since the researcher aims to ensure gaining an understanding of predictors of gender based violence to the adolescent, a close understanding of risk associated with gender based violence to the adolescent and scant evidence for gender-based violence prevention and response to the adolescent development which was facilitated through collection of qualitative data, and being flexible structure to permit changes of research emphasis as the research progresses. This approach was appropriate it realize that, researcher was part of the research process (Kothari, 2014).

3.3 Research Design

This study was conducted by using exploratory case study research design. Exploratory case study design was good for contemporary events when the relevant behaviour cannot be manipulated. Exploratory case study research design, used a variety of evidence from different sources, such as documents, artefacts, interviews and observation (Kothari, 2004). Under exploratory case study design, the method remains a controversial approach to data collection; since researcher aimed to cover in-depth explanations of a social behaviour which articulated to GBV against adolescents (Kiger, et al., 2020).

3.4 Sample Size and Sampling Technique

The target population of the study was adolescents aged ten to nineteen years in the ward, police desk and social welfare officers in Iringa Municipality. The sample size determined relayed on Kiger, et al., (2020) who argued that regardless of the population size, a sample or sub-sample of 30 respondents is the bare minimum for studies which employ qualitative approach. Thus, due to such argument the sample size of this study was 41 respondents. Sample size was categorized as follows; 36 adolescents' respondents involving 12 adolescents from each ward, 3 Ward Executive Officers (WEO) involving 1 WEO from each ward were contacted at three wards through Focus Group Discussion. Also, 1 Social Welfare Officer (SWO) and 1 Gender Desk Police Officer from Iringa Municipality, were reached through interview.

3.6 Sampling Technique

The participants in this study were selected purposively using pre-determined criteria. This study selected the aforementioned participants for the reason that they had valid and reliable information about the study subject matter. Purposive sampling techniques are select elements that would intentionally provide important information on the research problem under study Kothari (2014). This study used purposive sampling since allowed respondents to be chosen based on the researcher's judgment that they have desirable characteristics and variables to be studied.

3.5 Data Collection Methods

3.5.1 Interview

This method comprised the presentation of oral-verbal stimuli and replies in terms of oral-verbal responses Richie and Lewis (2003). It is also used through personal interviews (face to face) and through telephone interviews. The semi-structured interviews were used for parents, police desk officers and Social Welfare Officers. Researcher employed face to face interview which ranged between 40 – 60 minutes to bring together information from respondents using note taking and tape recorder whereby 2 respondents were included in the study in which 1 Gender Desk Police Officer and 1 SWO. For effective interview, procedures like anticipation of interview procedure guide questions; arrangement for an appointment alongside posing the goal of the study was followed.

3.5.2 Focus Group Discussion

This study employed Focus Group Discussion to collect data from adolescence. This study opted Focus Group Discussion to collect data from thirty (36) adolescents because it allowed participants to communicate openly and gaining insight of the topic. There were six (6) Focus Group Discussion groups for adolescents and three (3) Focus Group Discussions groups for WEO from three selected wards. One (1) WEO was chosen to participate in each Focus Group Discussion which involved WEOs and Six (6) adolescents were chosen to participate in each group discussion which involved adolescents. The Focus Group Discussion session lasted for 1 to 2 hours in each case. The researcher used tape recorder to record opinions and perceptions shared during discussions from adolescence. Focus group discussion questions was structured in English and then translated in Swahili since native Swahili speakers were used in this study.

3.6 Data Analysis

Qualitative data collected through interview and Focus Group Discussion were analysed thematically by organizing, transcribing, sorting and grouping data into major recurring themes based on specific objectives. The researcher translated and transcribed the tape-recorded interviews, then read and re-read the interviews in their entirety and reflecting on the interviews as a whole. Then, the researcher summarised the interviews, keeping in mind that more than one theme might exist in a set of interviews and once identified themes that appeared to be of significant concepts linking substantial portions of the interviews were written down and recorded. Thereafter, the results were presented using explanations and direct quotations from the participants to validate the information obtained. Qualitative data from focus groups and individual interviews were analysed by scrutinizing data for commonalities which form themes, which was then used to describe what was established. Development of a theory in the form of verbal statement was offered to explain the study subject matter. Finally, findings from qualitative data were summarized, compiled and presented in detailed description for easy comparison and interpretation of the information about problem under study (Hsieh & Shannon 2005).

3.7 Trustworthiness

Qualitative research is trustworthy in nature if it accurately represents the experience of the study participants. Trustworthiness of data through the method of triangulation was demonstrated through the researchers' attention and confirmation of information discovery. Trustworthiness was used since allowed "truth" to be shown and determine the results Connelly (2016) Four criteria were used to measure trustworthiness of data in this study, namely credibility, dependability, transferability and conformability (Shenton, 2004). Credibility was demonstrated when participants recognise the reported research findings as their own experiences. Transferability referred to the probability that the study findings have meaning to others, in similar situations. The present study, transferability was ensured through the process of member checks. This would enhance the possibility that the findings have the same meaning for other Tanzanian.

The researcher ensured the trustworthiness of the findings by exposing the study to a colleague for constructive criticism and sharing the findings with Tanzanian who did not participate in the study. Dependability was met through securing credibility of the findings and conformability was neutral criterion for measuring the trustworthiness of qualitative research.

Since the study demonstrated credibility then the study also possessed conformability. Conformability was used as a strategy to ensure neutrality (Shenton, (2004).

Through interview, the researcher ensured trustworthiness in this study by creating trust and rapport with participants in order to probe in-depth details from the participants. Moreover, the researcher prepared questions in simple language to reduce ambiguity and confusion among participants. Furthermore, the researcher prepared questions in simple language that guide the participants into the line of the problem under the study and reduced ambiguity and confusion among participants. Moreover, the researcher used a tape recorder for recording what the participants are narrating to avoid note taking during the conversation as it could disturb the participants (Shenton, (2004).

4.0 RESULTS

4.1 The impacts of gender-based violence among adolescents in Iringa Municipality

The findings revealed that gender-based violence have a negativity impact and confronted their life. Also adolescent children sometimes do not compile in-depth to their parents' directives and some-times listening to the outsiders who leads them being affected physical GBV. Adolescent face many challenges associated with physical GBV which affect health and wellbeing across the life course. Also, respondents revealed that physical GBV increased likelihood of having risk reproductive health issues, sexually transmitted infections, unwanted pregnancies, depression and anxiety. The findings supported with the information provided with the respondents during the interview with adolescent and parents as follow:

4.2.1 Psychological Effects

Data from the respondents of this study have shown that there has been physical GBV to adolescence which accelerate the psychological effect towards their life situation. Means that, adolescent faced by physical GBV always think to make revenge towards what happened and others engage in bud behaviour as the way of making themselves okay towards what happened. Also adolescents have been showing psychological situation which occurred due to lack of love and freedom to express their feelings to their parents.

One of the participants of focus group discussion revealed that:

I have been faced with sexual harassment from my uncle and when you plan to report to my parent, they always prohibit me to do so by telling me that do you want your blood uncle to go to jail, please stop that, they saying so while are beaten by stick to stop talking about it. I feel not happy about this situation and most of the time I think about doing making revenge to my uncle as the time go on.

Other FGD participant said that:

There is lack of support from community and leaders even though when we complain about violence happening to us no action is taken rather they let the perpetrators go free because the law is not strict enough.

4.2.1.1 Depression

Data from respondents of this study recognized the psychological problems which are depression and anxiety adolescent get due to physical GBV. Among of the effect are loneliness, pain, sorrow, anger, humiliation, denial and disappointment. One parent said openly that:

My daughter daily lives have been affected because violence occurred while she is in adolescent stage I do not have any support on how to solve the problem since her father always blame me that I caused the problem and sometimes saying that I in a same group with my daughter. My daughter always feels lonely in this life watching other children being good and feels lonely. She has a lot of stress thinking about the situation occurred.

Also one member of the focus group discussion said that:

I feel disappointed when I remember that I going to be beaten soon to my guardians and family in general if I stay to school for safe studies, since I cannot escape from that I always stay there and have a lot of feeling about the situation.

From this finding it is noted that due to physical GBV to adolescents lead to depression and anxious. Also, due to such situation leads to adolescent being disappointment to varying levels and kinds of emotions which unless taken care of, can lead to mental illness, violent behaviour or suicide.

4.2.1.2 Stress

Life cycle risk to the adolescent which caused by physical GBV is revealed by the respondents from focus group discussion. Some of the adolescent are at the risk situation of being affected by bad behaviour from the community which stands as the dot to their life time. Also community responses to the adolescent affects their psychological well-being that leads them feeling violated, anxiety, depression, anger, isolation and sometimes not feel well and escape from social interaction. The finding supported by focus group discussion member which are revealed below;

Respondent from the focus discussion group said:

I can explain that physical gender based violence affect the adolescent throughout the life cycle since it can cause unexpected diseases like HIV, life physical disability, pregnancy, street children.

Also, another respondent from focus group discussion said:

"I know that GBV to adolescent can affect the life cycle of the affected like social isolation, humiliation, societal conflict and death.

Also, another respondent from focus group discussion said:

I did not have clear explanation but I can say that physical GBV lead to lose of people who can have a good support to the community and psychological torcher. Also,

physical GBV affect the national work force since many of the adolescent are affected psychologically.

4.2.1.3 Unintended Pregnancies

Data from responds revealed that many early pregnancies are from adolescents which are associated by physical GBV. The following respondents explained.

One of the parents revealed that:

Physical GBV to the adolescent is a very high in this period of ours, for example, my daughter got pregnant at the age of adolescent, which led her to drop out from school. Also affected her life cycle since she has a problem of feeling pain always at the back bone and sometimes not accepting to breastfeed the child.

From this finding it is true that due physical GBV to the adolescent, health and wellbeing is disturbed and the poor outcome is seen in the adolescents' life time related to the use of the brain such as academic ability since she cannot go to school and even if she is back to school it is not possible to copy with the study nature on time

4.2.2 Healthy Effects

The researcher wanted to know what were the risks experienced by adolescent who are affected by physical GBV. Data from respondents showed that adolescents who face physical GBV are mostly affected by health related problem such as reproductive health issues, sexually transmitted infections, unwanted pregnancies, depression, and anxiety.

One of the parents expressed the experience that occurred to her adolescent children that:

My child has been stopped to continue with studies due to pregnancy occurred due to someone raped her when she was on the way from school and she was at adolescent stage. I do not know until now since there is some situation to my daughter which I cannot control like feeling shire to the community, always being alone most of the time. Sometimes it occurs she talking bad always about men.

Then members from a focus group discussion pointed out that:

Being affected by physical GBV tends to bad experience throughout the life cycle in this world because is something which I did not expected to come and affect me while I'm in this age. And it affects my growth as a teenager because I feel very weak to the community because of the situation which occurred and my body is also not supper as I was before the violence which occurred to me.

Also other members of a focus group discussion revealed out that:

The person affected by physical GBV their confidence decrease to the community level since the person is termed as thug/prostitute while it was not a fort of the affected to do that situation and the community sometimes knows well about the situation which occurred and a person caused that harmful risk.

Similarly, the other Focus group discussion members revealed that:

Physical GBV to adolescents affect even education attainment since even if the students go to school tends to fear about what occurred at home or at the community. Also, I heard a story from my friend affected by the situation that he was raped by his uncle and always situation contributed until when the parent comes to realize the problem, so my friend was not happy and bad enough he died due to infections.

This finding shows that there are people experienced risk caused by physical GBV of the adolescents from the life time. This is because of the presence of many reports associated by physical GBV, and sometimes community lag behind to provide enough social and psychological assistance to the adolescent. Thus, adolescents express their unsatisfactory environment they find at home, school and community at large. Unless the situation is controlled, adolescents can be badly harmed.

4.2.2.1 Sexually Transmitted Diseases

One of the impacts of GBV was seen to be the prevalence of Sexually Transmitted Diseases (STD). The information was obtained from adolescents, SWO and Gender Desk Police Officer through interviews with adolescents and FGD with SWO and Gender Desk Police Officer as follows:

Large number of children and women who are attending our office have been highly victims of GBV caused by men, and most of GBV reported is sexual harassment which ended up causing STD to the victims like Gonorrhoea, Syphilis, Candidiasis and Human Immune Virus.

Another respondent said that: "GBV incidences have been a main topic in this area which has resulted to infections of STDs to the victims and mostly affected people of GBV are children, girls and women".

One respondent had the following to explain:

One parent came to report about how her child have been raped by the unknown person during the time when she travelled away from home for her business issues. After getting such information we advised the parent to report the incidence to the medical hospital for further diagnosis. The results from the diagnosis showed that her child was affected by syphilis.

One adolescent had the following to share:

I am also the victim of GBV. I had been cheated by a man leaving in nearby street where I used to go to his home because he was helping me a lot of things like moneys for my daily consumptions. At the end of the day, he wanted to have sex with me as a payment of his financial aid he used to provide to me, I had no alternative than agreeing with his request. After some time, I found myself affected by Gonorrhoea.

The quotations from the respondents above show that GBV has a long lasting effect on survivors and their families. Impacts can range from physical harm to long-term emotional distress, rape and sexual assault which can result into STIs including HIV.

4.2.3 Social Effects

4.2.3.1 Social Segregation

Most of the victims of GBV have been facing social effects which have caused them to experience difficult life within the society. One of the dominant effects observed is social segregation to survivors. The researcher had a time with SWOs, Gender Desk Police Officer and WEOs to share about their experiences on this aspect in different time through FGD and interviews, the respondents had the following to explain:

I remember once I slept with a man who forced me to do sex without using contraceptives like condoms. I got pregnancy and my parents chased me away from home and no one else from my family and in the society was ready to support me due to the condition I had during that particular moment.

One respondent said that:

Most of the victims of GBV are getting troubles when they are rejected by the members of the society in which they belong because GBV lowers personal status and respect in the society.

Another respondent had the following to add:

It is very common nowadays to see many street children roaming around the streets, mostly it is not because they don't have their homes to stay rather it is because of negative labelling done by the surrounding community once these children get encountered with GBV scenario and therefore they opt to isolate themselves from the community due to inferiority complex ideology they possess.

The quotations from the respondents above show that GBV makes people underachieve at work and in education, and it negatively affects their productivity. Many people who suffer from GBV cannot stay at home and need a place to stay, which sometimes results in homelessness.

The study findings show that the rate of gender based violence to the adolescent in Iringa Municipality is increasing, it is important to carefully consider that the consequences of growing up to the adolescence due to physical GBV has negative impact to their life development including embarrassment, stigma, and mental, emotional distress and reduction of their ability to enjoy and practice their life expectation.

4.3 Strategies towards Physical GBV among Adolescents

4.4.1 Policy formulation on GBV

The researcher had a time with the respondents to get their views about Policy formulation on GBV as one of Intervention Strategies towards Physical GBV among Adolescents. Through interviews and FGD, the respondents had the following to explain:

The government need to formulate strict policy which would make control of the issues concerning GBV in the country and this policy should be seriously implemented if we are to get rid of GBV events in our societies.

One respondent said that:

In my view, a policy which is responsible for observation of ethical issues including GBV should be created in order to rescue most vulnerable groups who are the most victims of GBV like children, girls and women.

Another respondent had the following to share:

Having a policy is one thing and its implementation is another thing else. I think that we should formulate a policy and the government should aid in implementing the formulated policy on GBV very seriously especially in taking actions against the people who violates it.

The quotations from the respondents above show that, formulating GBV policies is a critical step in stopping violence; however, countries often place little emphasis on translating policies into action and there is a dearth of evidence documenting how GBV policies are implemented or why progress is hindered.

4.4.2 Legal formulation on GBV

The researcher had a time with the respondents to get their views about legal formulation on GBV as one of Intervention Strategies towards Physical GBV among Adolescents. Through interviews and FGD, the respondents had the following to explain:

In my view the formulation of laws which would be used to take actions against the people who are highly engaging in GBV should be formulated because most of the people are afraid laws for they know the impacts of breaking the laws and therefore the problem of GBV will be reduced to a great extent.

One respondent said that: Laws are very important especially in the societies where GBV events are high. What I advise the government is the strict follow ups and implementation of the formulated laws on GBV.

Another respondent had the following to add:

You know people especially men are still going on committing GBV because there are no strict legal procedures which are present and if they are present, it is obviously that they are not strictly implemented. That is why the problem go on increasing day after day in our country and society in particular.

The above quotations from the respondents show that Laws can play an important symbolic role towards GBV prevention, by indicating that such behaviour is socially unacceptable. The associated sanctions may serve a deterrence function. Either or both levers may work in practice to reduce the incidence of violence.

4.4.3 Family and Community involvement

The researcher had a time with the respondents to get their views about Family and Community involvement on GBV as one of Intervention Strategies towards Physical GBV among Adolescents. Through interviews and FGD, the respondents had the following to explain:

“If the family and community members are involved in the issue of prevention of GBV, it is obviously that the members will exactly consider this challenge as theirs as compared to when they are not involved.

One respondent said that:

In my view, the sources of GBV originate from our families and communities we are coming from. Probably by involving family and community members even those engaging in GBV will be discouraged because they will think that they are openly realized by all people and hence the prevention of GDV can be successful.

Another respondent had the following to explain:

There is a famous saying which states that, the enemy of the person comes from the people of his/her house. This is to say most of the people committing GBV come from the families and communities we belong. Therefore, by involving family and community members, it will be easy for them to prevent other people from committing.

The quotations above show that, there is an importance of involving family and community members in the whole process of fighting against people who are committing GBV.

4.4.4 Provision of education

The study aimed to explore the strategies which can be applied to solve the existing physical GBV facing adolescent. In that matter the study mostly engaged to check the possibility ways which community apply to solve the GBV problems facing adolescent and if the risks occur the method used to solve. Respondents on this subject matter revealed as:

One of the welfare officers suggested:

I suggest that in order to intervene this problem of GBV to adolescent I think the peer groups should be given awareness training about the situation, should be allowed to participate in different ward/village/street meetings which provide training on how to recognize themselves and escape from the predators of the problem.

Another participant from focus group discussion suggested that:

I know government strategies are there to protect us, but I think in order to solve this problem is that, government should intervene by enforcing gender based training in different occasions, special laws which focus on protecting adolescent stage should be reinforced.

Other suggestions from focus group discussion participant are:

I suggested those who have been affected by physical GBV should be attracted to attend health services and counselling in which during that process becomes simple to note the source of the problem and action to be taken. Also government should enforce the presence of organization which focus on counselling and awareness provision to the people and family affected by the problem in one way or another.

Suggestion from police desk:

I suggest that due to persistence of the problem in Iringa municipality training and awareness strategies should be put in place among of it is to provide training to the bodaboda station by telling them the effect of the problem since are among of the causative agent, to provide community training about the problem by using Radios, Television and different concert program. Finally, I can say that the adolescent should be given an idea of sharing openly the problem they face which will be a cornerstone towards the problem solving.

The findings suggestions open a good way which the government, community, adolescent and other stakeholders can follow towards solving the problem. In that matter the suggested way towards solving the problem are training, awareness and counselling.

4.4.5 Engaging Men and Boys in GBV prevention

On the part of Engaging Men and Boys in GBV prevention as one of Intervention Strategies towards Physical GBV among Adolescents. The researcher had a time with the Gender Desk Policy Officer and the SWO to discuss about this strategy. Through FGD, the respondents had the following to explain:

Most of the people who are highly suspected of committing GBV are men and adolescent boys therefore there is a need to encourage and support men and boys to take responsibility of their Sexual and Reproductive behaviour and to abstain from all forms of discrimination against women and girls hence engaging them in the whole process of GBV prevention will be productive.

One respondent had the following to declare;

Men and Boys need to be engaged in GBV prevention for the reason that, they are the one who possess large number of cases about GBV in our community compared to other group of people like women and girls.

Another respondent said that:

It is quite open that men and boys should be engaged in GBV prevention process in our communities because they are the ones who are mostly engaging in unlawful issues like drug abuse, sexual harassment and alcoholism and that these behaviours can easily cause them to be involved in gender-based violence.

From the above quotations it shows that, there is importance of engaging men and boys in preventing GBV, their participation helps to avoid a backlash against a violence against women because men often hold more power and influence in a home or community. Therefore, by involving them, they can be more effective in prevention of GBV.

The study findings revealed that different intervention are needed to ensure the problem is well solved. Among of the strategies suggested are providing community training about the problem through Radios, Television and different concert program Adolescent should be given an idea of sharing openly the problem they face as a way of helping themselves towards solving the problem.

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