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Hegemony of Harm: How 'Disciplining and Correction' Sustains Violence against Women in Tanzania

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Abstract

Violence against women (VAW) remains a pervasive public health, human rights, and gender equality concern globally. While extensive research has documented its prevalence and consequences, less attention has been given to how communities understand and normalize violence within everyday social life. This study explored community perceptions and experiences of VAW in Tanzania, with particular attention to the social and structural processes that sustain it.

This qualitative study was conducted in five regions of the Tanzanian mainland from December 2022 to February 2023. Twenty-five key informant interviews, twenty in-depth interviews, and five group discussions were conducted. Data were analyzed thematically, drawing on concepts of patriarchy, hegemony, and gendered power relations to interpret participants' accounts.

Participants recognized multiple forms of violence, including physical, sexual, psychological, and economic abuse, as well as neglect of responsibilities. Despite this awareness, many forms of violence were normalized and framed as legitimate means of disciplining or correcting women. Participants described a social order in which men were accorded authority, privilege, and decision-making power over women, reinforcing hegemonic masculine ideals and legitimizing women's subordination. Violence was therefore understood not only as an individual act but also as a socially accepted expression of patriarchal power. Participants further highlighted how poverty, alcohol use, and superstitious beliefs interacted with gender norms to exacerbate women's vulnerability to violence. Weak institutional responses, fear of stigma, and limited accountability for perpetrators contributed to underreporting and reinforced the persistence of violence.

Our findings suggest that violence against women is sustained through patriarchal hegemony, whereby domination is maintained through both coercion and consent. The normalization of violence, internalization of patriarchal norms, and institutional failures collectively reproduce gender inequalities and limit effective responses. Efforts to prevent VAW must therefore move beyond individual-level interventions and address the broader social, cultural, and institutional structures that legitimize and sustain violence against women.

Background

Violence against women (VAW) remains one of the most pervasive violations of human rights and a major public health challenge globally (Sardinha et al., 2022). The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life"(Nations, 2014). Violence against women encompasses a wide range of behaviors, including physical, sexual, psychological, and economic abuse, and is increasingly recognized as a multidimensional phenomenon that affects women's health, well-being, and social participation across the life course(WHO Team of Sexual and Reproductive Health and Research, 2021).

The consequences of VAW are profound and far-reaching. Women who experience violence are at increased risk of physical injury, reproductive health complications, sexually transmitted infections including HIV, mental health disorders, substance use, and premature mortality (Cools & Kotsadam, 2017; Khan et al., 2006; Pinto et al., 2022). Beyond its effects on individual women, violence undermines families, communities, and national development by perpetuating gender inequalities and limiting women's social and economic participation. Although VAW occurs across all societies regardless of socioeconomic status, culture, or geography, its burden remains disproportionately high in low- and middle-income countries, particularly in sub-Saharan Africa (Mehra et al., 2023; Sapkota et al., 2024).

Sub-Saharan Africa continues to report some of the highest levels of violence against women globally (Darteh et al., 2021; Dickson et al., 2023). Recent evidence indicates that prevalence rates exceed 50% in some settings (Gao et al., 2021), while analyses of Demographic and Health Survey data across 27 countries show substantial variation, ranging from 6.5% in Comoros to 43.3% in Gabon(Wado et al., 2021). Intimate partner violence remains the most common form of violence experienced by women, reflecting broader gender inequalities that shape intimate and family relationships(Krahé, 2018).

Studies have identified multiple factors associated with VAW, including poverty, alcohol use, low educational attainment, economic dependence, and harmful cultural norms (Melkam et al., 2024; Tewabe et al., 2024; Tsegaw et al., 2022). However, increasing scholarship suggests that violence against women cannot be understood solely through individual-level risk factors. Rather, it is embedded within broader social and cultural systems that normalize men's authority over women and legitimize the use of violence as a means of control(Behrman & Frye, 2021; Darteh et al., 2021). Indeed, societal acceptance of violence remains a critical driver of its persistence. Studies across sub-Saharan Africa have documented widespread justification of intimate partner violence among both men and women, suggesting that violence is often understood as a legitimate response to perceived transgressions by women (Antai & Antai, 2009; Darteh et al., 2021). Such attitudes reflect patriarchal social structures in which men are accorded authority, privilege, and decision-making power over women. Within these systems, violence may become normalized and viewed not as abuse but as a socially acceptable mechanism for disciplining, correcting, or controlling women. This perspective shifts attention from violence as an isolated act to violence as a social practice embedded within relations of power. Understanding how communities interpret and respond to violence is therefore essential for identifying the social processes through which violence is normalized, justified, and reproduced.

Tanzania reflects many of these regional patterns. Violence against women remains widespread, with many women experiencing abuse perpetrated by intimate partners, family members, friends, or other members of their communities (Nyato et al., 2019). National surveys indicate that approximately two in five women aged 15–49 years have experienced violence during their lifetime, while nearly half of ever-married women report experiencing physical and/or sexual violence from an intimate partner (Kapiga et al., 2017). Similarly, a study conducted in Dar es Salaam found that more than one-third of women had experienced physical, sexual, or psychological intimate partner violence within the previous 12 months (Mulawa et al., 2018). Regional disparities further indicate that some areas, including Mara, Kagera, Dodoma, Iringa, Arusha, Mwanza, Njombe, Singida, Geita, and Manyara, experience particularly high burdens of violence (Vyas & Jansen, 2018).

The consequences of violence for Tanzanian women are substantial. Experiences of violence are associated with physical injuries, depression, anxiety, post-traumatic stress, substance use, suicidal behavior, and increased vulnerability to HIV infection and other adverse sexual and reproductive health outcomes(Antai & Antai, 2009). In response, the Government of Tanzania has implemented a range of policy and programmatic initiatives aimed at preventing and responding to violence against women, including legal reforms, awareness campaigns, and the National Plan of Action to End Violence Against Women and Children (NPA-VAWC, 2016; Oppong et al., 2017). Despite these efforts, violence remains pervasive, suggesting that structural and sociocultural factors continue to undermine prevention and response efforts.

Although previous studies have documented the prevalence, risk factors, and consequences of violence against women in Tanzania, limited attention has been paid to how women, men, survivors, and communities themselves understand violence and the social norms that sustain it. In particular, there remains insufficient understanding of how violence becomes normalized within everyday life, how patriarchal beliefs shape community responses, and how institutional structures may reinforce rather than challenge gendered power inequalities. Examining these perspectives is critical because interventions that fail to address the social legitimacy of violence are unlikely to achieve sustainable change. This study therefore explored community experiences and perceptions of violence against women in Tanzania, with particular attention to the social, cultural, and structural processes through which violence is understood, justified, and reproduced.

However, there is limited documentation on the experiences and perceptions of VAW, including IPV, among the Tanzanian population, especially those residing in those regions reported to be highly affected by VAW (Ministry of Health (MoH) [Zanzibar] 2015). Therefore, his study aimed to fill the gap by exploring the experiences and perspectives of survivors of VAW on VAW and related services.

Methods

Study context

Data informing this study were collected from five out of twenty-six regions of the Tanzanian mainland, namely Arusha, Singida, Geita, Mara, and Simiyu. The regions were selected based on their prevalence of VAW cases, above the national average, based on 2015–2016 Tanzania Demographic Health Survey (TDHS) data, and/or their high Social Institutions and Gender Index (SIGI) scores (Ministry of Health (MoH) [Zanzibar] 2015). Tanzania has experienced steady economic growth as indicated by its Gross Domestic Product (GDP), which measured 7% (in 2016/2017), and this figure has remained stable in the last decade(Anon n.d.-c). Through development indicators, the country made notable progress towards achieving Millennium Development Goals related to gender equality. In 2017, about 37% of national parliamentary seats were held by women (Anon n.d.-c), and in 2012, the ratio of girls to boys enrolled in primary and secondary schools was almost parity (0.984), however, secondary schooling enrolment lagged behind (0.514) (Vyas and Jansen 2018). While the country has been progressing substantively, its GDP per capita income of $879 US in 2017 classified the country as low income, and the last poverty headcount ratio revealed that over one-quarter (28.2%) of its population lived below the poverty line (Afonso and Blanco-Arana 2024; Anon n.d.-c; Vyas and Jansen 2018). Tanzania also remains patriarchal, and gender inequality continues to exist despite efforts put in place to eradicate it. In 2017, Tanzania's gender inequality index score was 0.539, and the country ranked 130 out of 159 countries (Anon n.d.-c; Vyas and Jansen 2018). While urbanization and globalization are increasingly changing livelihoods and traditional norms, over two-thirds (68%) of Tanzania's population still resides in rural areas, with small-scale agriculture the predominant livelihood for both men and women (Afonso and Blanco-Arana 2024). Traditional norms are also strong in rural areas, favouring men over women. In addition to domestic duties, a very high proportion of women are engaged in productive work outside of the household, particularly subsistence work in small farms(Anon n.d.-b). Gradually, urbanization is weakening traditional norms by creating opportunities for women to get out of the household, own a business, and seek full-time employment. Such a situation challenges men's positions in society and the related privileges that have been enjoyed by men, hence creating avenues for conflicts and violence (Baraka et al. 2022)

Sampling techniques

Multistage sampling, as part of the larger quantitative study, was used to select regions, districts, wards, and villages where data collection was conducted. At the first stage, the selection of regions, districts, wards, and villages was done considering places with a high prevalence of VAW, as per the TDHS report. Then, a purposive sampling technique was used to recruit study participants into the study. Data collection was conducted from December 2022 to February 2023, using in-depth interviews and focus group discussions. To be selected for the interviews and focus group discussion, a participant had to be a woman aged 18 years and above, reside in a household, and have experienced VAW. Also, some men who were regarded as champions of VAWG were recruited for key informant interviews. The champions included fathers or relatives of VAWG survivors, male providers such as police at the gender desk, social welfare officers, legal aid clinics, and safe houses or shelters. These were purposively selected by researchers assisted by Regional or district VAWG coordinators

Key informant Interviews

We conducted a total of 25 (twenty-five) key informant interviews with men and service providers in all five regions. The target groups included representatives from shelters for abused women and girls, District social welfare officers, district community development officers, District GBV focal persons, healthcare providers, police gender and children desk, women's legal aid center, justice office, women and child protection committee, and community ward executive leaders (ward leaders). All the listed target groups represent the structures that deal with cases related to violence against women and girls in Tanzania, and it was important to learn from their experiences and perspectives related to VAW. Enrolment of participants in key informant interviews was done to increase variation in information about violence against women and was ongoing until saturation was reached. All KIIs were conducted in the Swahili language, audio recorded, and later transcribed verbatim and translated in English.

In-depth interviews

We conducted qualitative in-depth interviews with 20 survivors of violence against women and girls (VAWG), four in each region. Recruitment of participants in IDIs was done by the district and ward social welfare officers, as well as local leaders, respectively, in the respective districts and wards, who knew them well and had dealt with their cases in the past. The distribution of the interviews also considered participants from both rural and urban locations in order to increase variation in perspectives. Recruitment of study participants was ongoing until the researcher felt that saturation of information on the study topic was reached. All interviews were audio-recorded and lasted between 60 to 90 minutes. All interviews were conducted in the Swahili language and later translated into English after being transcribed verbatim.

Focus Group Discussions (FGD)

A total of five focus group discussions were conducted during the study. Participants for FGDs were purposively selected, with priority given to men aged 18 years and above who had perpetrated violence or had lived with survivors of violence. Recruitment of the participants was done by the first author, assisted by the district and ward social welfare officers, as well as local leaders, respectively, in the respective districts and wards. These are always employees of the government, and among other duties, they are charged with handling cases of VAW in their everyday operations. Participants in FGDs represented other groups in the community, such as motorcycle riders, indigenous men, local vendors, and local leaders. In each FGD, the number of participants ranged between six and ten to allow effective participation. Right after recruitment, participants were led through a consent process culminating in the collection of signed consent. Participants were also given a hard copy of a study information sheet and, if they agreed to take part, were reimbursed for their travel to the FGD. During the discussion, which lasted between 60–90 minutes, study participants were provided with refreshments. All FGDs were conducted by the first author in Swahili, assisted by one research-trained research assistant. The FGDs were audio-recorded and later transcribed verbatim and translated into English. After introducing the topic at hand, discussions were directed to reveal awareness and perspectives on women's violence, followed by questions asking participants to elaborate on their experiences with violent acts.

Table 1
Distribution of participants per location and data collection method.

Region	KII	IDI	FGD	Total participants
Arusha	5	4	1 (with 9 participants)	18
Simiyu	5	4	1 (with 10 participants)	19
Singida	5	4	1 (with 9 participants)	18
Mara	5	4	1 (with 10 participants)	19
Geita	5	4	1 (with 10 participants)	19
Total	25	20	5 (48 participants)	93

Analysis

We took a directed content analysis approach (Hsieh and Shannon 2005) to analyze the interview and FGD transcripts, with our interest in awareness and perspectives on women's violence guiding data coding. The first author applied open coding to identify emerging themes using NVivo software, which we then later subsumed into broader thematic categories. For this paper, we draw on portions of the material that fell into categories we referred to as ‘awareness and perspectives’, as well as acts of violence. While only the first author read all transcripts, co-authors coded material and took part in the selection of representative quotes. In what follows, we summarize participants’ perspectives on VAW ascribed to their perceptions.

Findings

Awareness and knowledge of violence against women (VAW)

Both men and women who participated in the study demonstrated an understanding of violence and the different forms through which it occurs. They pointed out that in its occurrence, violence could be passive, and also could be active in the sense that it could easily be noticed by not only the victim but also the community. They also noted that whether passive or active, the impacts of violence could be severe to the victim as well as the people around. Passive violence could be expressed in acts where one does not fulfill their responsibilities, even when he is reminded to do so. For instance, a husband in the family fails to provide money for the wife or family to get basic needs, even when he is reminded to do so. The rationale for regarding this behavior as violence is that members of the family are denied their rights to get basic needs and be cared for by the head of the family. This is indicative of the deep-rooted men's hegemonic power where men occupy top decision making position than women and children. Participants also alluded that active violence is more than passive violence, in the sense that actors take the initiative to harm the survivors in acts such as beating, raping, and so forth.

"[……] you know violence exists and takes different forms. It can be passive or active and sometimes we are victims of both. When your husband doesn't want to buy food or give you money to get family requirements, that is also violence. You can remind him several times and he doesn't provide anything. Sometimes he does all that intentionally. When the actor takes initiatives or actions that harm the victims, then it is active violence. For instance, if you keep reminding a husband to provide for the family, he can decide to beat you, a 33-year-old woman from Singida in ID

Some study participants, including men, pointed out clearly that whether expressed as passive or active, violence against women should simply be taken as all acts done to women against their will, and such acts violate women's basic rights. This is an indication that despite ben being favored by patriarchal hegemonic norms, and being the perpetrators of violent action, some men feel sympathy to women who are victims of violence. Participants further explained that violence against women (VAW) could be manifested in four main forms, namely physical violence, which is expressed through beating and excessive punishments to women and girls in homes, schools, and communities. Other forms of violence include sexual violence, psychological violence, and economic violence. Among other types, physical violence was mentioned by some study participants to be dominant among married women, particularly in regions found along the lake zone due to the strong roots of patriarchal systems

"Violence against women is all acts done to women against their will, the acts which violate their basic rights. Such acts are of different kinds. They mainly appear in four types. Physical violence, sexual violence, psychological violence, and economic violence. Through physical violence, we can look at beatings and the excessive punishments given to girls in school. Others could be beatings for the married women, for instance, here in our district." A female desk police officer from Simiyu in IDI

Condemning violence

Participants held a common view that violence against women and any person, including men and children, is something bad and should be condemned. Participants were of the view that even though men seem to be strong and deep-rooted in the social systems and structures, actions need to be taken to counter their violent actions. There were three main reasons provided for why VAW and associated effects need to be condemned. One was due to the fact that it violates the human rights of others, and the survivors in particular. Secondly, it leaves negative consequences for the survivors, and these could be far-reaching causing social, psychological, and physical disabilities. To elaborate on this point, participants stated that different communities have witnessed different members getting physical disabilities and mental health problems as a result of experiencing violence. They mentioned that women and children are always the survivors of violent acts due to the existence of patriarchal systems in most societies. Third, participants pointed out that if left unaddressed, violence would lead to a community and generation of violent people in the future because youngsters who are survivors, witnesses, and experience violent actions will be socialized into such behaviors and hence become actors of the same acts to other people in the same or next period or generation.

"Violence is bad in itself and due to the consequences it causes to the victims and the community. It is a bad thing not because it violates the rights of, but because of the harm it has to the victims. We have examples of people in our community who got disabilities as a result of violence," a male champion against VAW in Mara region in IDI.

"We need to fight against violence against women and other members of society if we need to have a violence-free society. You know the young generation we have today, they learn from the old generation and people they see and interact with within their community, they learn their actions and behaviours. So, if we allow violent people and actions to continue, then we are preparing the young generation to do the same in the future, and violence will always persist." A male champion of VAW in FGD in Arusha

Community perceptions of violence

Some study participants also pointed out that over the years in history, it has always been perceived by the community that violence is a normal way of disciplining. This is indicative of how patriarchal hegemony is deep-rooted in the community to the extent that victims of violence have normalized it as a way of life rather than being seen as a problem. In this study, participants, including the survivors of VAW, pointed out that violence does not necessarily have a bad intention behind it or that it always aims at harming the victim, but in most cases, it is done to correct and discipline the recipient. Picturing the traditional hegemonic patriarchal norms, participants gave an example that, unless it leads to severe injuries, physical beating exercised by a man or husband to his wife has been and still is considered as a way of correcting and disciplining a wife when she does something wrong. Such perceptions demonstrate the successful establishment of patriarchal hegemony, where men's interests as a dominant group are presented as universal or natural, thereby securing the consent of women and the community as the subordinate group.

"it is not correct to say that violent acts such as beating are always bad and have bad intention behind, sometimes they have good intentions. Most of these acts are not violence but ways of correcting and disciplining the recipients. These things have been there over history and are part of norms in most of African societies. Unless it leads to severe injuries, a husband beating his wife when she does something wrong, is not violence but a way of correcting her, and that's according to the African norms" Gender desk officer in Mara.

"I often experienced violence from my first husband, and when he died I got married to another husband and still experienced the same acts. I later came to realize that what I called violent actions were always done when I did something wrong. They were trying to correct and help me refrain from my mistakes. I can't say they were wrong because they were helping me." Survivor of VAW in Dodoma

Some study participants also pointed out that the experience of being beaten is due to women's fault and they must be blamed because they sometimes do actions such as being rude, abusing, and arguing with men, don't listen to their husbands, and have other forms of misbehaving, which trigger men to beat them. Additionally, participants pointed out that some women leave their husbands and male partners for sex work. They also alluded that due to such actions by women to me; community members do not intervene to help survivors of VAW since they know it's a woman's fault to experience VAW. However, this reveals the deep-rooted patriarchal hegemony where men try to justify their violent actions and make women who are victims view it as something they deserve.

"You know, some women in most cases are responsible for violent acts because of their actions and reactions to men. They use bad language, abuse, insult, and misbehave towards men instead of respecting them. All such actions trigger men to beat or do something bad to women. [..] and in most cases, there has been a lack of support from the community to victims of violence because they know it is the women's fault to experience violence" Woman in IDI in Simiyu.

Perspectives on primary drivers of violence

Study participants mentioned different root causes of VAW. These root causes dwell in the everyday life systems, societal structures, activities, socialization, and beliefs. Although participants did not rule out violent actions regarded as the result of mental health problems, for them such kinds of actions were very few and could be more easily controlled than those that

result from social systems, structures, beliefs, and everyday life. However, participants' perspectives on the causes of violence are a clear reflection of how patriarchal hegemony is deep-rooted and works with social systems and structures that govern everyday interactions. Regarding violent acts that are caused by social systems and structures, some participants blamed the patriarchal social systems and structures for putting in place and encouraging norms that favour men over women. This indicates that patriarchal hegemony grants men confidence in their superior positions, leading to different forms of violence. It is because of the patriarchal hegemony that most of the violent acts against women are done by men due to the understanding that they have the rights, privileges, and power to do so over women. Because of such perspectives, beatings and other acts of physical abuse have been experienced mostly by women. The patriarchal norms also deny girl children schooling opportunities and resource ownership. Study participants had the view that educating both women and men about their rights and equal distribution of privileges, power, opportunities, and other important resources could weaken the patriarchal hegemonic system and hence reduce or eradicate this form of violence.

"There are many beatings, and physical violence is very common because of patriarchy. You know the patriarchal systems value men more than women, so men have more rights, privileges, and power than women. They feel that they are superior over women and can do anything to women and still be favoured by the system. That is the reason we find that many if not all acts of physical violence are done by men over women," A survivor woman from Tarime

[…] If we are to end these forms of violent acts, especially physical ones which are dominant in this zone, we need to equally educate men and women about their rights, and make equal distribution of resources, power, and social rewards to all. That will slowly weaken the patriarchal system, and violence will gradually perish," a male service provider from Geita

Participants also revealed that the patriarchal system gives support to the existence of other forms of violence, including sexual violence, economic violence, and psychological or emotional violence. Due to the patriarchal systems that give confidence to men that they have more rights and power to exercise their will over women, sexual violence has been witnessed, experienced, and reported by some study participants during group discussions. Also, during discussions, some participants reported having had experiences of rape from husbands, boyfriends, and other men, both known and unknown on some occasions. Some also mentioned that they were unable to report these incidents because of being intimidated by actors and fear of shame. Also, others mentioned having taken initiatives to report the incidents to authorities, but no strong punitive measures were taken against the perpetrators.

"Many women get raped in this region, and they don't report it anywhere because of shame and fear of those who raped them. Some women are sexually penetrated by people they know and those they don't know, their husbands or boyfriends, without their will, and they don't report it. All these are forms of sexual violence. The legal system and authorities are sometimes weak; some victims have reported violent actions, but nothing was done to the perpetrators. Therefore, there is still much to be done in the area of sexual violence." Service providers from the Arusha region

Alcohol use and superstitious beliefs also played a great role in accelerating sexual violence in some areas, especially in places where mining activities take place and among people seeking wealth in illegal ways. Some participants alluded that most of the alcohol is used as a catalyst for violent acts among perpetrators. Even when these acts are engineered by superstition or other reasons, alcohol is used as an umbrella for committing such actions. Women and girl children (and currently male children) are survivors of these forms of violence.

Sexual violence is caused by superstitious beliefs when we look at children. [...]many people seeking wealth and those in mining use the raping of women and children in the belief of getting more wealth or minerals. But all that is done in consultations and instructions from the witchdoctors, and that is the reason the government is now bitter with these witchdoctors." A female participant in Simiyu region.

"When reported to authorities, perpetrators will always blame alcohol, saying that they did such actions when drunk, but some of them really know what they are doing. Alcohol is used as a fuel for the actions, but it is used as an umbrella to protect perpetrators," Female participant, in Geita

Among causes of VAW, poverty has also played a mediating role and contributed to the persistence of violent acts. It is because of poverty that girl children get married at a tender age, and some leave school in exchange for wealth, always in the form of money or cows from the marrying man. Participants reported that most of the women who were married in exchange for wealth experienced violent acts. In such situations, it becomes difficult to report such actions or choose to divorce because of fear of shame to her and her family and fear of being told to return the wealth taken to her parents at the time of marriage. Study participants also pointed out that it is due to poverty that most of the reported cases of violence are not forwarded to the higher levels in the sense that the perpetrators are likely to corrupt the victim (and relatives) or the authority (police) and hence the case is dismissed.

"[….] because of poverty, they are getting married at a tender age. People are willing to request permission at schools that their children are sick, and they are taking them to witch doctors. They may ask for three days' absence but then do not show up again in school, and after ninety days, they are no longer qualified as students. So, after being disqualified as students, they are married for the reason that they are no longer students. So the main reason is poverty," A service provider in the Singida region

"[….] it is because of poverty that these cases of violence will not end. In my case, I reported to the authority, and the case was investigated, and the perpetrator paid money to the case investigator, who came back to me and said that we could finish that case. Therefore, he paid me little money, and the case ended. I accepted because I also need the money. Maybe if it went further, it would be dismissed, and I could get nothing. Many cases have ended like this because of poverty; we can't blame the government, but we as members of society have to be blamed too." Survivor in Mara region.

Discussion

This study examined community understandings of violence against women (VAW) in Tanzania and revealed a paradoxical but important finding: although participants clearly recognized multiple forms of violence and were aware that such acts occur within their communities, many simultaneously viewed certain forms of violence as normal, acceptable, and even necessary. This finding challenges assumptions that violence persists primarily because it is hidden or unrecognized. Rather, our findings suggest that violence is often visible and acknowledged, yet tolerated because it is embedded within broader social and cultural systems that legitimize men's authority over women. We argue that the persistence of VAW in this context is best understood through the lens of patriarchal hegemony, whereby male dominance is maintained not only through direct acts of coercion but also through the normalization of beliefs and practices that make violence appear natural, justified, and socially acceptable. This interpretation represents the principal contribution of this paper to the literature by demonstrating that VAW functions not merely as an individual act of aggression but as a socially sanctioned expression of hegemonic power.

Participants identified violence in its multiple forms, including physical, sexual, psychological, and economic abuse, as well as neglect of responsibilities and other forms of relational harm. These findings align with studies from sub-Saharan Africa that conceptualize VAW as a continuum of behaviors extending beyond physical assault to encompass structural and relational forms of abuse(Jewkes et al., 2015). They also reflect global definitions advanced by the World Health Organization and the United Nations, which recognize violence against women as a multidimensional violation of health, human rights, and gender equality (Krahé, 2018; WHO Team of Sexual and Reproductive Health and Research, 2021). However, our findings extend this literature by demonstrating that recognition of violence does not necessarily translate into condemnation of violence. Participants frequently described acts of abuse as forms of "discipline," "correction," or legitimate responses to perceived transgressions by women. Such interpretations indicate that violence has become normalized within everyday social life.

The normalization of violence emerged as one of the most significant findings of this study. Normalization occurs when behaviors that cause harm are treated as inevitable, justified, or acceptable within a society (Mughal et al., 2024). Through processes of socialization, individuals learn what forms of behavior are considered legitimate, and these understandings are reinforced through families, communities, cultural narratives, religious teachings, media representations, and legal

systems(D Adıbelli, 2019; Mughal et al., 2024). In the present study, participants often framed violence not as abuse but as a socially sanctioned mechanism for regulating women's behavior. Such interpretations demonstrate how violence becomes embedded within the moral order of society, where harmful actions are redefined as acts of guidance, discipline, or protection. Consequently, women may fail to recognize their experiences as abuse, while communities may be reluctant to intervene because violence is viewed as a legitimate feature of intimate and family relationships. The fact that some participants could simultaneously acknowledge the harmful consequences of violence while justifying its use highlights the depth to which patriarchal norms have become internalized.

Understanding why violence becomes normalized requires attention to the operation of patriarchy and hegemony. Hegemony refers to the process through which dominant groups secure and maintain power by shaping social beliefs and norms so that existing inequalities appear natural, legitimate, and beneficial to society as a whole (Herrmann, 2017; Mumby, 1997; Purvis & Hunt, 1993). From this perspective, violence against women is not simply an individual behavior but an expression of broader patriarchal power relations. Participants repeatedly described a social order in which men were viewed as household heads, decision-makers, disciplinarians, and primary holders of authority. These privileges and entitlements constitute important elements of hegemonic masculinity, a dominant form of masculinity that legitimizes men's power over women and other subordinate groups. Violence functions within this system as a mechanism through which male authority is established, enforced, and reproduced. The findings therefore suggest that violence serves not only to punish perceived transgressions but also to reaffirm and protect gendered hierarchies when they are challenged.

Importantly, hegemony operates through both coercion and consent. Coercion is evident in the physical, sexual, psychological, and economic forms of violence reported by participants. However, the more enduring aspect of hegemony lies in its ability to generate consent among those subjected to unequal power relations. Participants' descriptions of violence as correction, discipline, or a normal aspect of marriage illustrate how patriarchal values become internalized by both men and women. In this way, domination is maintained not only because men exercise power but because social actors come to accept that exercise of power as legitimate. Such internalized oppression reduces resistance to violence, shifts responsibility onto women, and reinforces victim-blaming narratives. Similar findings have been reported elsewhere in Africa, where patriarchal socialization constructs male dominance as natural and women's subordination as desirable or necessary for social order (Kyegombe et al., 2014; Silberschmidt, 2001). The internalization of these norms contributes to the reproduction of gender inequality across generations and helps explain why violence persists despite increasing awareness of its harmful consequences.

The persistence of weak institutional responses further illustrates how hegemonic power is reproduced. Participants described multiple attempts to seek justice through legal and administrative structures, yet many reported dissatisfaction with outcomes or a lack of meaningful support. Others expressed reluctance to report violence because of fear of stigma, shame, retaliation, or disbelief. These findings suggest that institutions often fail to challenge dominant patriarchal norms and instead inadvertently reproduce them. Family structures, community leadership systems, and aspects of legal and judicial institutions may function as ideological mechanisms through which patriarchal values are maintained and legitimized. When survivors encounter indifference, delays, corruption, victim-blaming, or ineffective responses, institutions communicate that violence is not a serious violation requiring accountability. Such failures contribute to silence, underreporting, and impunity, thereby strengthening rather than disrupting existing hegemonic arrangements. Institutional inaction therefore becomes part of the process through which violence is normalized and sustained.

Participants also identified several structural conditions that reinforce violence, including poverty, alcohol use, and superstitious beliefs. These factors should not be understood as independent causes of violence but rather as contextual conditions through which patriarchal power is expressed and maintained. Poverty contributes to women's economic dependence on men, limits their ability to leave abusive relationships, and increases vulnerability to exploitation and early marriage. These findings are consistent with studies from Uganda and other sub-Saharan African settings that link economic insecurity to elevated risks of intimate partner violence (Abramsky et al., 2014; Kyegombe et al., 2014; Stoebenau et al., 2017). Similarly, alcohol use was widely perceived as a trigger for violent behavior, reducing self-control and

intensifying conflicts within households. Participants also described harmful superstitious beliefs, particularly in mining communities, where sexual encounters with women were believed to bring luck, wealth, or prosperity. Such beliefs create conditions that legitimize coercion and exploitation while further marginalizing women. Together, these findings illustrate how economic, cultural, and social factors intersect with patriarchal structures to increase women's vulnerability to violence.

At the same time, participants' accounts revealed evidence of broader social transformations occurring across Tanzania and much of sub-Saharan Africa. Urbanization, globalization, increased educational opportunities, and women's growing participation in the labor market have challenged traditional gender arrangements that historically positioned men as sole providers and unquestioned authority figures. Women are increasingly accessing education, generating income, owning businesses, and occupying leadership positions in both public and private spheres (Lawson et al., 2021). While these changes represent important progress toward gender equality, they also appear to generate resistance from some men who perceive women's empowerment as a threat to established gender hierarchies. Violence may therefore be understood not only as a mechanism of control but also as a response to perceived challenges to male privilege and authority. This interpretation aligns with scholarship suggesting that violence can emerge as a form of backlash when traditional gender relations are disrupted. Interestingly, some participants also reported experiences of violence perpetrated against men and described limited institutional support when seeking assistance. Similar observations have been reported in South Africa, where violence against men remains under-recognized despite increasing attention to changing gender relations(Richard Mphatheni & Edward Mlamla, 2022). Although violence against women remains overwhelmingly more prevalent and structurally embedded, these findings highlight the importance of understanding how changing social and economic conditions reshape experiences of violence for both women and men.

The broader implications of these findings extend beyond violence itself. Previous studies in East and Southern Africa have demonstrated strong links between violence against women and adverse sexual and reproductive health outcomes, including increased vulnerability to HIV infection(Abramsky et al., 2014; Kyegombe et al., 2014). The normalization of violence, coupled with weak institutional responses, creates conditions that undermine women's autonomy, limit their ability to negotiate safer sexual practices, and restrict access to support services. Addressing violence against women is therefore not only a matter of protecting women's rights but also an essential component of broader efforts to improve public health, gender equality, and social development.

Taken together, these findings underscore the need for multi-level interventions that address both the immediate manifestations of violence and the broader hegemonic structures that sustain it. Community-based educational programs should engage both women and men in critical reflection on gender norms, power relations, and women's rights. Legal and institutional systems must be strengthened to ensure effective reporting mechanisms, survivor-centered responses, accountability for perpetrators, and protection for survivors. Economic empowerment initiatives that increase women's access to resources and reduce dependence on abusive partners may also help mitigate vulnerability. Furthermore, interventions should address harmful cultural beliefs, alcohol misuse, and other contextual factors that contribute to violence. Most importantly, prevention efforts must move beyond changing individual attitudes to challenge the patriarchal ideologies and institutional arrangements that legitimize male dominance and normalize violence.

This study contributes to the literature by advancing a hegemonic interpretation of violence against women. While much existing research focuses on prevalence, risk factors, or consequences, our findings demonstrate how violence is embedded within systems of power that normalize and legitimize men's dominance over women. By highlighting the interconnected roles of patriarchal ideology, internalized oppression, institutional failure, and social change, the study provides a deeper understanding of why violence persists despite growing awareness of its harms. The inclusion of perspectives from women, men, survivors, and service providers further enriches understanding of the social and structural processes that sustain violence in contemporary Tanzanian communities.

Several limitations should be considered when interpreting these findings. As a qualitative study, the findings are context-specific and cannot be generalized to all settings within Tanzania. Discussions of violence are also highly sensitive, and

some participants may have withheld information or provided socially desirable responses. Nevertheless, the study offers important insights into the ways violence is understood, justified, and reproduced within communities and highlights critical entry points for interventions aimed at transforming gender relations and reducing violence against women.

Conclusion

Violence against women in Tanzania persists not because it is hidden, but because it is normalized and legitimized within patriarchal systems that sustain male dominance. Our findings show that violence is often viewed as a legitimate means of disciplining and controlling women, reflecting the operation of patriarchal hegemony through everyday social practices and weak institutional responses. Addressing violence against women therefore requires interventions that challenge patriarchal norms, promote gender-equitable relationships, strengthen institutional accountability, and empower communities to reject violence as an acceptable form of social control. Without transforming these underlying structures, efforts to prevent violence against women are unlikely to achieve lasting change.

Declarations

Data availability

The data used in the current study is very sensitive and is also under further analysis. They cannot be obtained except with a reasonable special request to the corresponding author.

Statement of informed consent and Ethical approval

Ethical approval was obtained from the Muhimbili University of Health and Allied Sciences (MUHAS)'s Institutional Review Board (Ref. MUHAS-REC-12-2022-1465), and permission to access the study participants was granted by the regional and district government authorities, respectively. The study was also carried out in accordance with the principles as stipulated in the Helsinki Declaration. All participants provided a signed informed consent before the study, and no direct personal identifiable information was recorded except the participants' voices. All data and recordings were stored in a secure offline computer.

Declaration of conflict of interest

Authors declare no conflict of interest

Consent for publication

All authors have consented for publication of this manuscript

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Authors' contributions

BS, MM, DM, EB, AK and AMI conceived of the study. AMI, EB, AK contributed to study design. AMI, EB, MM AK, and DM collected the data. AMI analyzed the data. AM, BS and MM interpreted the data. AMI drafted the manuscript. All authors revised the manuscript and approved the final version.

Consent to participate

All study participants who were recruited into the study consented to participate in the study

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Clinical trial number

Not applicable

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