Mediating Role of Social Support on the Relationship Between Gender-Based Violence and Mental Health among Women Domestic Workers in Dar es Salaam, Tanzania

Sunday Isdory Mkama
Department of Gender Studies

Mwalimu Nyerere Memorial Academy

sundayisdory@gmail.com

Abstract

This study examined the mediating role of social support in the relationship between gender-based violence (GBV) and mental health among women domestic workers in Dar es Salaam, Tanzania. A cross-sectional study design was employed, and data were collected from 385 women domestic workers using a structured questionnaire. Data were analysed using partial least squares-structural equation modelling (PLSSEM) to test hypothesised relationships between variables. Gender-based violence was significantly positively associated with social support (β= 0. 629; t-value = 18. 779; p < 0. 000); social support was significantly positively associated with mental health (β= 0. 293; t-value = 6. 290; p<0. 000); and social support partially mediated the relationship between GBV and mental health (β= 0. 184; t-value = 6. 067; p< 0. 000); in other words, it was protective against the negative effects of GBV on mental health. The results indicate that social support acts as a buffer to mitigate the psychological effects of GBV on this vulnerable group. This study recommends targeted interventions to strengthen social support networks and policy interventions to address GBV and improve mental well-being among women domestic workers. This study contributes to the literature on GBV and mental health in low-resource settings by highlighting the need for context-specific interventions for marginalised groups.

Keywords: gender-based violence, mental health, social support, women domestic workers, domestic work

1.0 Introduction

GBV is a global, persistent and gendered phenomenon that disproportionately affects women (Ogbe *et al*. 2020). Domestic workers are at the highest risk of GBV in Tanzania because of precarious working conditions, economic dependence and lack of legal protection (Winter *et al*. 2020). Women exposed to physical, emotional and sexual violence are at an increased risk of developing mental health conditions such as depression, anxiety and post-traumatic stress disorder (Algovia *et al*. 2020). Although GBV is regarded as a major public health crisis, little research is available on domestic workers in Dar es Salaam and on effective prevention mechanisms for GBV and its mental health consequences in this setting (John *et al*. 2020).

Domestic workers are at particularly high risk of GBV in Tanzania, where they are isolated and unable to access formal support systems (Ostadtaghizadeh *et al*., 2023). Many domestic workers in Dar es Salaam work in informal settings where they are not covered by labour protections and are vulnerable to exploitation (Chung & Mak, 2020). The absence of legal and social protections increases the risk of exposure to GBV and limits the ability to seek help and escape abuse (Kahan *et al*., 2020). As a result, these women are at high risk of experiencing severe and long-term mental health problems, which are further compounded by the lack of access to mental health services in the region (Hasan *et al*., 2021).

There is a growing body of literature on the mental health consequences of GBV, yet few studies have examined how social support might buffer these consequences, particularly in low-resource settings like Tanzania (Veronese *et al*., 2023). Types of social support (e.g., emotional, instrumental and informational support) have been shown to increase resilience and improve mental health among survivors of GBV (Tonsing *et al*., 2021). However, the quality and source of social support vary in their ability to buffer the mental health consequences of GBV (Bedaso *et al*., 2021). For domestic workers in Dar es Salaam, informal sources of support (e.g., family, friends and community groups) are critical sources of support, yet their capacity to buffer the mental health consequences of GBV remains understudied (Gyasi *et al*., 2020).

Social support is also predicted to buffer stress-induced negative mental health outcomes through the provision of coping resources and increased perceived control, as outlined in the stress-buffering model (Bauer *et al*., 2021). In GBV, social support has been found to help survivors (e.g., reframing experiences, decreasing self-blame, and accessing recovery resources) (Sinko & Arnault, 2020). However, little research has examined social support in GBV and mental health, particularly in sub-Saharan Africa, where cultural norms and structural barriers influence the availability and effectiveness of social support (Okedare & Fawole, 2024). Understanding these factors is critical to developing interventions for domestic workers in Dar es Salaam. Existing research on GBV and mental health has been limited to high-income countries or urban settings with formal support and has largely excluded marginalised populations in low-resource settings (Alcantud *et al*., 2021). Domestic workers in Dar es Salaam are particularly vulnerable because of their socioeconomic status, gender, and occupation, but are underrepresented in the academic literature on GBV and mental health (Pickover *et al*., 2021). This research gap limits targeted interventions for this population's mental health needs and GBV vulnerability (Narbaeva *et al*., 2020).

Contextual factors, such as cultural norms, gender inequality and structural barriers, also play a critical role in explaining relationships between GBV, social support and mental health, as demonstrated by Molina *et al*. (2020). In Tanzania, patriarchal norms and gender inequality often contribute to GBV, as well as limit women's access to social support, which in turn impacts their mental health (Miller *et al*., 2024). Addressing these structural barriers is critical for domestic workers to access support to recover from GBV and improve their mental health (Cao *et al*., 2021). However, little evidence exists on the extent to which these factors interact to affect the mental health of domestic workers in Dar es Salaam.

There is little evidence on the mediating role of social support in the association between GBV and mental health among domestic workers in Dar es Salaam (Bdier and Mahamid 2021). Until we understand the mechanisms through which social support operates among this population, interventions to improve mental health among this group will remain elusive (Sewalem and Molla 2022). This study addresses this gap by investigating the mediating role of social support in alleviating the burden of GBV on mental health among domestic workers in Dar es Salaam to inform interventions that enhance community resources to promote wellbeing (de ParPrats and PérezMarfil 2024).

Gender-based violence (GBV) and its severe mental health consequences among domestic workers in Dar es Salaam are an urgent concern. Until now, the lack of research on the mediating role of social support hinders the development of effective interventions to improve the mental health of domestic workers (Angehrn *et al*., 2022). By investigating the relationship between GBV, social support and mental health in detail, this study contributes to a better understanding of the factors that influence the well-being of domestic workers and contributes to the design of targeted

interventions that can improve the mental health outcomes of domestic workers (GuaitaFernández *et al*., 2024). Addressing this issue is not only a matter of social justice but also an important step towards gender equality and better public health in Tanzania.

2.0 Literature Review

2.1 Women Domestic Workers

Domestic workers, in particular, are a large portion of the informal labour force in cities such as Dar es Salaam (Tanzania). Domestic work—cleaning, cooking, childcare, and eldercare—is often characterised by low wages, long hours, and limited legal protections, as the International Labour Organisation [ILO] noted in 2018 (see also Chen (2020)). Gender, economic dependence, and isolation from other workers make women particularly vulnerable to exploitation and abuse, as Chen (2020) noted.

Full- and part-time domestic workers in Tanzania are often excluded from formal labour regulations that apply to other workers and thus are exposed to workplace violations such as gender-based violence (GBV) and psychological abuse. Their gender, class and occupation make them particularly vulnerable to these violations, and thereby at risk of GBV and mental health problems. In this study, women domestic workers are defined as those engaged in paid domestic work in private households, often in informal and precarious conditions. This definition highlights the common problems faced by these workers, particularly GBV and mental health problems, which are the main focus of our study.

2.2 Ecological System Theory

Urie Bronfenbrenner's (1979) Ecological Systems Theory provides a suitable theoretical framework for the study of the effect of GBV on the mental health of women domestic workers in Dar es Salaam, Tanzania and the role of social support. According to this theory, individuals are rooted in multiple and interconnected systems, which range from the microsystem, including the immediate environment such as the family and the workplace, to the macrosystem, including wider cultural and societal norms, that collectively influence individuals' experiences and outcomes. According to Heise (1998) and Jewkes *et al*. (2015), ecologies have been used in the study of GBV to explore how interactions across systems perpetuate violence and influence mental health. Cohen and Wills (1985) have employed an ecological framework to explain how social support serves as a protective factor within systems, alleviating stressors such as GBV. Ecological Systems Theory is suitable for the current study as it allows for a holistic examination of individual, relational and societal factors influencing the mental health of women domestic workers.

This emphasis on multiple levels of influence is central to the theory proposed here. This study is well-positioned to utilise this feature, as GBV is considered a macrosystem phenomenon with strong links to cultural and gender norms (McCaw, 2011) that interact with microsystem factors, such as the workplace and social support networks (see also below). Isolation of domestic workers, for example, is a microsystem factor that can exacerbate the mental health effects of GBV; social support networks can buffer these effects (Taylor, 2011). The mesosystem focuses on microsystem relationships, such as family and workplace, important for understanding domestic workers' dual roles and support from multiple sources (Burns, 2015). Using this theory, the study will systematically analyse GBV and social support across related systems, providing a holistic view of mental health impacts. This is particularly important in Tanzania, where women domestic workers face cultural norms and economic vulnerabilities.

Compared to Social Learning Theory or Trauma Theory, Ecological Systems Theory offers a more comprehensive and holistic theory that can better capture the complexity of GBV and its effects

on mental health. Social Learning Theory focuses on individual behaviour and learning processes concerning violence, whereas Trauma Theory examines the psychological consequences of violence. However, neither theory adequately addresses broader contextual and environmental factors. Ecological Systems Theory bridges these perspectives by considering GBV and mental health as influenced by relational, community and societal factors. Ecological Systems Theory is an appropriate theory for research on the direct mental health effects of GBV and the mediating role of social support in the ecological context. It provides actionable insights for designing interventions to address GBV and promote mental health at both the individual and societal levels.

2.3 Gender-Based Violence and Social Support

GBV encompasses physical violence, sexual violence and psychological violence against women and girls (Ogbe *et al*., 2020). The World Health Organisation (WHO, 2013) define gender-based violence as a human rights violation occurring in public and private spaces and affecting women's physical and mental health (WHO, 2013). GBV is a major impediment to gender equity (Jewkes *et al*., 2015) and is widespread and socially accepted in many cultural contexts (Jewkes *et al*., 2015). This study defines GBV as an act of violence, whether physical, sexual or psychological, perpetrated against women because of their gender and within sociocultural contexts that sustain inequality.

Gender-based violence (GBV) is common in many communities, including Tanzania, where cultural norms and socioeconomic factors influence GBV prevalence and responses (Afemo *et al*., 2015). Social support is critical for reducing the negative consequences of GBV for survivors, yet greater levels of GBV may be associated with greater social support in some contexts (Bennett *et al*., 2015; Ishimaru *et al*., 2015), reflecting the complexities of relationships between cultural norms, community cohesion, and support dynamics (Lee *et al*., 2017). In contexts where GBV is normalised or tacitly accepted, social support networks may prioritise familial or communal harmony over addressing the causes of violence (Bennett *et al*., 2015), with the result that survivors receive support while GBV structures remain intact (Afemo *et al*., 2015).

There are also problems with the link between GBV and social support relating to economic dependency and stigma. GBV survivors are dependent on social networks in areas where there are limited economic alternatives (such as Tanzania), even if those networks do not address violence. This dependence creates a feedback loop in which the support of society appears strong but actually supports the status quo by allowing abuse to continue. The stigma of GBV leads to underreporting and silence, which obscures the link between social support and violence. Social support is a coping mechanism for GBV, not a transformative one.

Evidence suggests that social support can both reduce and perpetuate harm in GBV situations. Ogbe *et al*. (2020) and Bebanic *et al*. (2017) discovered that social support improves the mental health of GBV survivors while not decreasing violence. In traditional Tanzanian communities, social support mitigates the acute impacts of GBV but does not address the root causes (Krug *et al*., 2002; Jewkes *et al*., 2015). Higher GBV is connected with increased social support, not by reducing violence, but by mobilising in reaction to its prevalence. Given the cultural and structural elements that influence these processes in Tanzanian communities, this proposition warrants additional investigation.

Hypothesis 1 (H1): Gender-based violence is positively and significantly associated with social support among women domestic workers in Dar es Salaam.

2.4 Social Support and Mental Health

Social support is considered one of the most important determinants of health, and there is a large body of evidence on its protective role against psychological morbidity following stressful life events such as GBV (Uchino, 2009). Taylor (2011) states that social support is critical for resilience and buffers against poor mental health outcomes during adversity, such as GBV. This study conceptualises social support as emotional, instrumental and informational resources from family, friends and community networks that help women cope with symptoms of GBV.

Mental health is a state of well-being in which people can realise their full potential, cope with the normal stresses of life, work productively and make a contribution to their communities (Hasan *et al.*, 2021). According to the World Health Organisation (WHO) in 2022, mental disorders such as depression, anxiety and post-traumatic stress disorder (PTSD) are often caused by adverse experiences, such as violence, discrimination and poverty. This study explores the mental health of women domestic workers with a focus on the influence of gender-based violence (GBV) and social support on the mental health of women domestic workers.

Research has consistently shown the role of social support in improving women's mental health and well-being. Women who have more social support from family, friends, and communities have better mental health outcomes, particularly in the context of stressors like GBV, as observed by Coker *et al*. (2003). This protective effect is important for women who have experienced trauma, as having a supportive social network reduces feelings of loneliness and hopelessness. Social support is important for women, as it increases their autonomy and resilience in the face of adversity.

Alternatively, a lack of social support can exacerbate mental health difficulties and make women who have experienced GBV more vulnerable. Bebanic *et al*. (2017), for example, studied the long-term effects of partner violence on women's psychological well-being and discovered that those with fewer social networks were more likely to experience anxiety and despair. The negative effects of reduced social support intensify over time; thus, early intervention to create supportive networks for survivors is crucial. These findings highlight the crucial need for mental health interventions that focus on and include social connections.

Furthermore, the coping techniques used by women in the face of GBV demonstrate a reciprocal relationship between social support and mental health. Women with access to strong social support networks may use more adaptive coping methods that aid in processing and positive adaptation (Machisa *et al*., 2018). Women who lack social support, on the other hand, may engage in maladaptive behaviours that cause psychological anguish and impede healing. This emphasises the need for mental health programs that meet therapeutic needs while actively building social support networks. From these factors, the current study hypothesises that:

Hypothesis 2(H2): Levels of social support are associated with better mental health outcomes for women domestic workers in Dar es Salaam

2.5 Gender-Based Violence, Social Support, and Mental Health

The intersection between gender-based violence, social support and women's mental health has been increasingly investigated in recent years. A large number of studies have demonstrated that

women's mental health is negatively impacted by gender-based violence, but that social support buffers this impact (Veronese *et al*., 2023). For example, in a study among Palestinian women, higher perceived social support was associated with lower mental health problems among women who experienced gender-based violence, emphasising social support's mediating role in mental health outcomes among violence survivors.

Besides that, processes of resilience due to social support are important in the process of understanding how women recover from GBV. Catabay *et al*. (2019) determined that socially connected women with good support groups were likely to speak about what happened and receive the assistance that healed them. Social support empowers women and makes them feel united during healing. Peer understanding, family, and community advocacy help women re-take charge of their narratives and lives post-violence.

In addition, culturally sensitive models that consider and validate the experienced realities of women experiencing GBV are essential to developing effective interventions. Cultural norms in some societies can serve as a hindrance to seeking help or reporting incidents, and therefore further strengthen feelings of disempowerment and isolation (Gevers & Dartnall, 2014). An understanding of the cultural dimensions of social support can guide policymakers and practitioners in the allocation of resources that are suitable to the particular contexts of women. This is especially important in a transitional society such as Tanzania, where culturally attuned approaches to community outreach are required. Based on this study, it is hypothesised that:

Hypothesis 3 (H3): Social support mediates between gender-based violence and the mental health of women domestic workers in Dar es Salaam.

Conceptual framework

Figure 1: Conceptual Framework

3.0 Research Methodology

3.1 Research Approach and Design

A quantitative research design was used in this study to investigate the association between GBV and mental health among domestic workers in Dar es Salaam, Tanzania, as well as to test the mediating effect of social support. A cross-sectional design was used to collect data at a single point in time, to explore relationships and mediation effects (Hair *et al*., 2021). Quantitative approach was used in this study because it allows measurement and correlation analysis of variables, which are important for mediation analysis and testing the mediating effect of social support. This is in line with Creswell's (2018) recommendation on quantitative methods for hypothesis testing and mediation analysis. Although the research is conceptualised within the ecological system theoretical framework, which provides an integrative perspective on GBV and its influence on mental health (as explained by Hesse-Biber, 2014), the methodological focus remains on quantitative analysis to ensure valid and generalizable findings.

3.2 Study Population, Sample Size, and Sampling Techniques

The target population for this study was all women aged 18 and older who work as domestic workers in the city of Dar es Salaam, Tanzania. Cochran's formula for the calculation of sample size for large populations with unknown sizes was employed to arrive at a sample size of 385 (Cochran, 1977). The use of this formula was with a confidence level of 95%, a margin of error of 5%, and an estimated proportion (p=0.5) for maximum variability to ensure a representative and statistically valid sample in line with best practices for social science research when working with hard-to-reach or vulnerable populations (Bartlett *et al*., 2001). Furthermore, stratified sampling was adopted to represent different types of domestic work, such as full-time and part-time jobs, to ensure that mitigatory measures against the risk of sampling bias and participant diversity were met (Etikan *et al*., 2016). Purposive sampling was carried out so that women who had experienced or were at risk of GBV were included as a core part of the objectives of this study.

3.3 Data Collection Tools, Data Analysis Tools (PLS-SEM), and Measurement Variables

Data were collected with a standardised questionnaire from well-established measures of study variables with minimal adaptation. Goldberg and Williams' (1988) general health questionnaire (GHQ12) was used to assess outcomes of mental health; Straus *et al*.'s (1996) conflict tactics scale for assessing GBV; and the multidimensional scale of perceived social support from Zimet *et al*. (1988) was used to assess social support. Data were analysed utilising Partial Least Squares Structural Equation Modelling since it is a multifaceted procedure for testing mediating effects as well as studying complex variable interactions (Hair *et al*., 2021).PLS-SEM is appropriate for this investigation because it allows small to medium sample sizes and models latent variables relevant to GBV, social support, and mental health (Henseler *et al*., 2016). PLS-SEM thus synthesises the most recent advances in quantitative research by providing a consistent framework for assessing mediation and retrieving actionable results (Hair *et al*., 2022, 2024).

4.0 Findings

4.1 Measurement Model

The measurement model results indicate strong psychometric properties for all three constructs: gender-based violence, women's mental health and social support. The results in Table 1 indicate that Gender-based violence Internal consistency (Cronbach's alpha = 0. 837; composite reliability (CR) = 0. 88) is very good, exceeding the 0. 70 threshold. The AVE = 0. 551 indicates convergent validity, which is above the recommended level of 0. 50. Indicator loadings range from 0. 664 (GBV_2_Physical Violence) to 0. 806 (GBV_4_Coercive Control), indicating that important items are making important contributions. Psychological abuse (GBV_1) and economic abuse (GBV_5) have strong loadings above 0. 75 indicating important contributions. These results confirm the reliability and validity of the gender-based violence construct in capturing its multidimensional aspects.

Similarly, the results in Table 1 indicate that the Women's Mental Health construct showed good reliability and validity with a Cronbach's alpha of 0. 854, a rho_a of 0.859, and composite reliability of 0. 892. The AVE value of 0. 579 supports convergent validity. Loadings for Women's Mental Health indicators are high ranging from 0. 687 (MH_2_Depressive Disorders) to 0. 808 (MH_3_Interpersonal Relationships), with indicators for emotional (MH_4) and cognitive impairment (MH_5) loading strongly above 0. 77. These findings indicate the construct reliably measures mental health aspects such as anxiety, depression, and interpersonal problems and self-harm and provides a comprehensive measure of women's mental health in the study context.

In addition, the results in Table 1 indicate that the Social Support scales demonstrated excellent psychometric properties, including a Cronbach's alpha of 0. 86, a rho_a of 0. 876 and a composite reliability of 0. 896 all above recommended levels. The AVE for the Social Support scales is 0.

591 supporting convergent validity. Loadings for the Social Support indicators range from 0. 672 (SP_4_Network Size and Diversity) to 0. 893 (SP_6_Social Cohesion), with emotional support (SP_1) and perceived supportiveness of others (SP_5) displaying strong loadings above 0. 76. These findings indicate that Social Support captures emotional, practical, informational dimensions and general social network and cohesion aspects. The measurement model demonstrates strong reliability and validity across all constructs, providing a solid foundation for further analysis and interpretation of the study's findings.

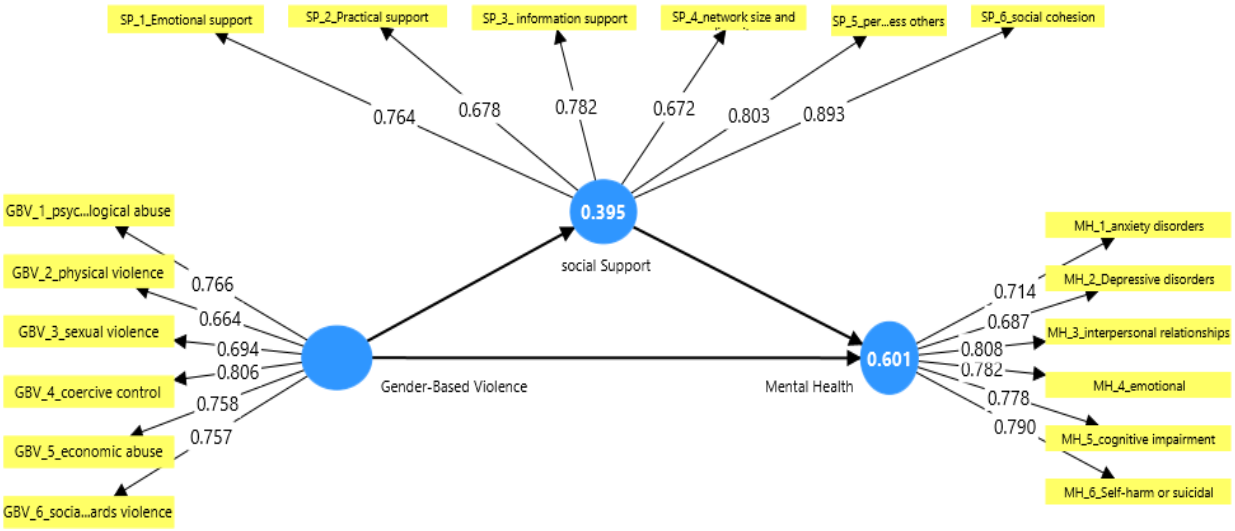

Figure 2. Measurement Model

Table 1. The Validity and Reliability

Construct	Indicators	Loadings	Cronbach's α>0.70	rho_a >0.70	CR>0.70	AVE >0.50
Gender-Based Violence			0.837	0.848	0.88	0.551
	GBV_1_Psychological Abuse	0.766				
	GBV_2_Physical Violence	0.664				
	GBV_3_Sexual Violence	0.694				
	GBV_4_Coercive Control	0.806				
	GBV_5_Economic Abuse	0.758				
	GBV_6_Social Attitude Towards Violence	0.757				
Women Mental Health			0.854	0.859	0.892	0.579
	MH_1_Anxiety Disorders	0.714				
	MH_2_Depressive Disorders	0.687				
	MH_3_Interpersonal Relationships	0.808				
	MH_4_Emotional	0.782				
	MH_5_Cognitive Impairment	0.778				
	MH_6_Self-Harm Or Suicidal	0.79				
Social Support			0.86	0.876	0.896	0.591
	SP_1_Emotional Support	0.764				
	SP_2_Practical Support	0.678				

	SP_3_ Information Support	0.782
	SP_4_Network Size and Diversity	0.672
	SP_5_Persived Supportiveness Others	0.803
	SP_6_Social Cohesion	0.893

GBV=Gender-based violence, MH=Mental health, SP= Social Support

4.2 Discriminant Validity (HTMT)

Discriminant validity in the current study, which examines the influence of gender-based violence (GBV) on the mental well-being of female domestic workers in Dar es Salaam city, Tanzania, was verified using the Fornell-Larcker criterion. The criterion verifies whether the square root of the average variance extracted (AVE) for each construct exceeds the correlations of the respective construct with the other constructs in the model. In the present study, the result in Table 2 shows the square roots of the AVE for the constructs as: Gender-Based Violence (0.743), Mental Health (0.761), and Social Support (0.769). The correlation coefficients between the constructs were found to be: Gender-Based Violence and Mental Health (0.741), Gender-Based Violence and Social Support (0.629), and Mental Health and Social Support (0.644). The results indicate that the square roots of AVE are higher than the correlations between each pair of constructs, indicating strong discriminant validity.

More specifically, the 0.743 figure for Gender-Based Violence and 0.761 for Mental Health show that these constructs are sufficiently different from one another, as they aren't overshadowed by their correlation with AVE square roots. Similarly, the Social Support construct, with the square root of 0.769, demonstrates that it is also different from Gender-Based Violence and Mental Health, as evidenced by the 0.629 and 0.644 figures for their correlations, respectively. These findings confirm that the constructs measured in the present study are adequately distinct from one another, which lends support to the validity of the model and relationships being tested. Overall, Fornell-Larcker analysis reveals strong discriminant validity, which enhances the trustworthiness of conclusions drawn regarding GBV's impact on the mental health of women and social support's contribution thereto.

Table 2. Discriminant Validity

Construct	GBV_	MH	SP
GBV_	0.743		
MH	0.741	0.761	
SP	0.629	0.644	0.769

SP= Social support, MH= Mental health, GBV=Gender-based violence

4.3 Structural Model

Table 3 presents the results in a reasonable and comprehensible manner and shows the strength of the proposed model as well as the complexity of gender-based violence, social support, and mental health. The results are presented by presenting the hypotheses tested, the R-square values, the F-square values, and the Q-square values.

The results in Table 3 indicate that gender-based violence and social support were positively related to each other among female domestic workers in Dar es Salaam. The beta value was 0.629, and the t-value was 18. 779, and the p-value was 0.000, which showed a very strong statistical correlation. The results indicated that the higher the gender-based violence, the higher the social support. The model explained 39. 5% of the variance in social support, R2 = 0.395, which

represented moderate explanatory power. The large effect size, f2 = 0.653 and high predictive power, Q2 = 0.389, indicate the significant relationship between the two measures.

Hypothesis 2 (H2), social support is related to mental health, was proven by the results outlined in Table 3, where it is shown statistically with a significant association of a standardised beta coefficient of =0.293, t = 6.290, and p 0.000, indicating the significance of social support in improving mental health among women domestic workers. The model's explanatory power was very high, with an R2 of 0.601, indicating that social support explains 60.1% of the variation in mental health. The effect size (f2 = 0.132) indicates that social support has a moderate effect on mental health, and Q2 = 0.545 confirms the model's ability to predict changes in mental health when social support variables vary. These findings underscore the buffering functions of social networks and social support systems for mental health.

Hypothesis 3 (H3) related to the mediating function of social support between GBV and mental health. Table 3 results showed a statistically significant mediation effect with a standardised beta coefficient of =0. 184, t = 6.067 and p 0.000, which confirmed the hypothesis extremely well. This suggests that social support mediates the negative impact of GBV on mental health partially, highlighting its important role as a protective buffer. The R2 value for the mediation effect is not reported in the table, but it can be reasoned from the hypotheses above that social support significantly affects mental health outcomes in the GBV context. The results from the full path analysis also unveiled the complex GBV, social support and mental health relationship that shows that even though GBV is negatively correlated with mental health, social support is an important moderator. The results emphasise the need to intervene in GBV and enhance the social support structures to improve the mental health status of women domestic workers in Dar es Salaam, Tanzania.

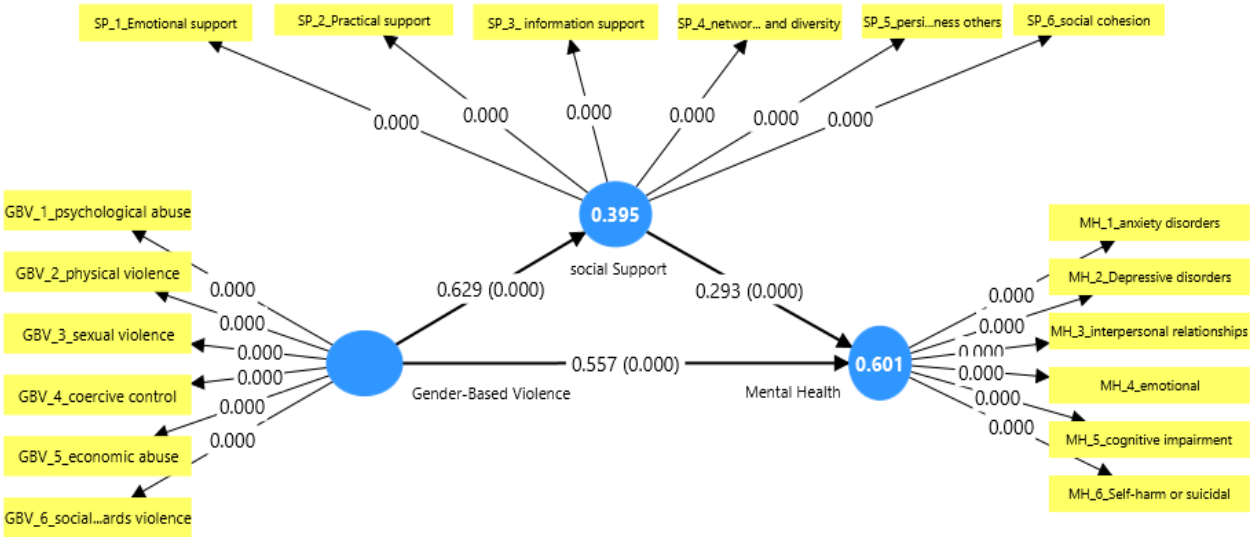

Figure 3. Structural Model

Table 3. Direct and Indirect Path Coefficient

Hyp	Relation	STD Beta(β)	t-Values	P-values	Findings	R2	f2	Q2

H1	Gender-Based Violence_ -> Social Support	0.629	18.779	0.000	supported	0.395	0.653	0.389
H2	Social Support -> Mental Health	0.293	6.290	0.000	supported	0.601	0.132	0.545
H3	Gender-Based Violence_ -> Social Support -> Mental Health	0.184	6.067	0.000	supported			

5.0 Discussion of the Findings

The large-scale findings of this study supported the hypothesised relationships between gender-based violence and social support, and between gender-based violence and mental health. They extended and built upon previous research in this specific area. This study provides strong support for the significant effects of gender-based violence on social support and mental health and for the mediatory role of social support in attenuating the negative psychological consequences of gender-based violence. The results are discussed below concerning existing literature and theoretical frameworks developed in this study area.

Hypothesis 1 (H1): GBV and social support are positively related. Contrary to the literature where GBV is associated with loss of social support due to stigma, fear and mistrust, as observed by Ogbe *et al*. 2020, here we found a positive relationship between GBV and social support. In Tanzania, the explanation for this finding may lie in the unique social dynamics where communities increase collective support in the face of high levels of GBV. Solidarity norms and kinship relationships accentuate social support in violent settings (Veronese *et al*. 2023; Kahan *et al*. 2020). This is consistent with community resilience studies by Bdier & Mahamid 2021 that emphasise collective action in adversity. It also raises questions about whether social support serves as a protective mechanism or a coping mechanism for systemic problems. More research is needed on cultural norms, community resilience, and long-term social cohesion and well-being. These findings guide targeted interventions for GBV among women domestic workers in Dar es Salaam, Tanzania, to build sustainable support systems.

Hypothesis 2 (H2) results support existing social support literature that emphasises the importance of social support as a protective factor for mental health outcomes among women domestic workers in Dar es Salaam who are frequently exposed to GBV (see Beeble *et al*., 2009; de Par-Prats & Pérez-Marfil, 2024). The significant positive association between social support and mental health outcomes underscores the importance of social networks in fostering resilience and the psychological consequences of GBV (Fielding-Miller *et al*., 2024). The high R2 value of 0. 601 underscores the importance of social support in mental health, consistent with studies demonstrating social support's critical role in improving coping mechanisms and reducing psychological distress among survivors of intimate partner violence (Bonilla-Algovia *et al*., 2020). These findings suggest that interventions to enhance social support among women domestic workers in high-risk areas would be highly effective. Future research should examine mechanisms of social support and develop culturally relevant strategies to strengthen its protective effects.

Hypothesis H3 was also supported by a significant standardised beta coefficient for the mediation effect (see Figure 2). These findings provide strong support for H3 and the finding that social

support mediates the relationship between GBV and mental health. These results are consistent with the extensive social support and mental health literature (see Veronese *et al*., 2023–2024; Fielding-Miller *et al*.,2023–2024 Findings: GBV is associated with poor mental health, but social support buffers against adverse effects and promotes resilience and well-being in GBV contexts. Although not measured directly, social support likely accounts for much of the variance in mental health in GBV contexts. These findings are consistent with social network coping mechanisms and violence reduction through support, as shown by Beeble *et al*. (2009) and de Par-Prats & Pérez-Marfil (2024). They highlight the need for GBV interventions and social support for domestic workers in high-risk areas such as Dar es Salaam, Tanzania. Future research should examine mechanisms of social support and develop culturally relevant interventions for these issues.

R-square values improve the model by adding a measure of robustness, which is crucial for evaluating its reliability and validity. For social support, the R-square value is 0.395, and for mental health, it is 0.601. Both indicate that the model captures variable relationships well. These values are higher than the thresholds proposed by Hair *et al*.2019) and Fornell and Larcker (1981), indicating strong explanatory power. F-square values highlight the practical significance of each predictor. Hypothesis 1 has a large effect size of f2 = 0.653, which supports the role of gender-based violence in social support systems. Hypothesis 2, which has a small but still meaningful effect size of f2 = 0.132, supports the critical importance of social support for mental health as proposed by Cohen (1988).

Q-square values show that the model is quite predictive. The Q-square value for social support is 0. 389, and for mental health, it is 0. 545. These values reflect a high predictive power overcoming the threshold of 0. 35 proposed by Henseler (2018). Thus, the model is theoretically sound and practical for predicting outcomes in the social support and mental health domains.
These findings have theoretical and practical implications. First, and most importantly, this study contributes to the growing body of literature on the psychosocial consequences of gender-based violence, including recent studies by John *et al*. (2020) and Ostadtaghizadeh *et al*. (2023), which emphasise the critical importance of interventions that emphasise social support to mitigate the adverse consequences of gender-based violence on mental health. For example, Melgar Alcantud *et al*. (2021) and Kahan *et al*. (2020) have provided important insights. Melgar Alcantud *et al*. (2021) and Kahan *et al*. (2020) have provided important insights. One such intervention is trauma-informed approaches, which include strengthening social support networks. Trauma-informed approaches have been shown to significantly improve mental health outcomes for survivors of gender-based violence (e.g.). g., Wathen *et al*. (2021); Sinko & Saint Arnault (2020).

6.0 Conclusion and Recommendations

The findings of the study reveal that gender-based violence (GBV) is associated with social support among women domestic workers in Dar es Salaam, Tanzania, and social support is protective of mental health among women domestic workers in Dar es Salaam, Tanzania. Further, the study reveals that social support is important in buffering the psychological effects of violence and is protective of mental health among survivors.

The implications of these findings are wide-ranging, including the fact that interventions to reduce GBV and improve mental health outcomes need to be holistic and should not be limited to providing direct support to survivors, but should also focus on strengthening social support networks. This could include a range of community-based interventions aimed at fostering an enabling environment, empowering women and engaging men and boys in the prevention of GBV. In addition, policies and programmes should address the systemic and structural drivers of violence

against women, including through appropriate legal reforms, education and economic empowerment measures.

This study contributes to the understanding of GBV, social support and mental health by providing compelling evidence from the Tanzanian context. It underscores the need for a complex response to GBV that addresses the immediate needs of survivors and the longer-term goal of establishing a society in which violence against women domestic workers is not tolerated. It calls for concerted efforts by governments, civil society organisations and community leaders to implement effective strategies that support survivors, prevent future GBV, and promote women's mental health and well-being in Tanzania and beyond.

References

Afemo, J. F., Haruna, U., & Estelle, A. A. (2015). Gender-based violence in Tanzania: A review. *BMC Public Health*, 15, 1108.

Angehrn, A., Vig, K. D., Mason, J. E., Stelnicki, A. M., Shields, R. E., Asmundson, G. J., & Carleton, R. N. (2022). Sex differences in mental disorder symptoms among Canadian police officers: The mediating role of social support, stress, and sleep quality. *Cognitive Behaviour Therapy*, 51(1), 3-20.

Bartlett, J. E., Kotrlik, J. W., & Higgins, C. C. (2001). Organisational research: Determining the appropriate sample size in survey research. *Information Technology, Learning, and Performance Journal,* 19(1), 43–50.

Bauer, A., Stevens, M., Purtscheller, D., Knapp, M., Fonagy, P., Evans-Lacko, S., & Paul, J. (2021). Mobilising social support to improve mental health for children and adolescents: A systematic review using principles of realist synthesis. *PloS one*, 16(5), e0251750.

Bebanic, D., Roller, D. M., & Servati, L. (2017). The role of social connections in mediating the effects of gender-based violence on mental health. *Journal of Interpersonal Violence*, 32(15), 2241-2261.

Bedaso, A., Adams, J., Peng, W., & Sibbritt, D. (2021). The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis. *Reproductive health*, 18, 1-23.

Beeble, M. L., Bybee, D., Sullivan, C. M., & Adams, A. E. (2009). Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence. *Journal of Consulting and Clinical Psychology*, 77(4), 718-729.

Bonilla-Algovia, E., Rivas-Rivero, E., & Vázquez, J. J. (2020). Impact of gender-based violence on psychological distress and happiness in León (Nicaragua). *Health Care for Women International*, 41(6), 673-689.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Harvard University Press.

Catabay, C. J., Stockman, J. K., Campbell, J. C., & Tsuyuki, K. (2019). Perceived stress and mental health: The mediating roles of social support and resilience among black women exposed to sexual violence. *Journal of Affective Disorders*, 259, 143-149.

Chen, M. A. (2020). Informal work and livelihoods: A global perspective. *International Labour Review*, 160(2), 231–252.

Chung, R. Y. N., & Mak, J. K. L. (2020). Physical and mental health of live-in female migrant domestic workers: A randomly sampled survey in Hong Kong. *American behavioural scientist*, 64(6), 802-822.

Cochran, W. G. (1977). *Sampling techniques* (3rd ed.). Wiley.

Cohen, J. (1988). *Statistical Power Analysis for the Behavioural Sciences* (2nd ed.). Lawrence Erlbaum Associates.
Cohen, S., & Wills, T. A. (1985). Stress, Social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
Creswell, J. W. (2018). *Research design: Qualitative, quantitative, and mixed methods approach* (5th ed.). Sage.
Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1–4.
Fielding-Miller, R., McDougal, L., Frost, E., Masuku, S., & Shabalala, F. (2024). Association between sexual violence and depression is mediated by perceived social support among female university students in the Kingdom of Eswatini. *BMC Public Health*, 24(1), 2526.
Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1), 39-50.
Gevers, A., & Dartnall, E. (2014). Singing about sexual violence: Empowering women through music in Ghana. *Gender and Development*, 22(2), 339–353.
Gracia, E., & Herrero, J. (2006). Public attitudes toward reporting partner violence against women and reporting behaviour. *Journal of Marriage and Family*, 68(3), 759-768.
Goldberg, D., & Williams, P. (1988). General health questionnaire.
Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2019). *A Primer on Partial Least Squares Structural Equation Modelling (PLS-SEM).* Sage Publications.
Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2021). *A primer on partial least squares structural equation modelling* (PLS-SEM) (3rd ed.). Sage.
Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, 31(1), 2–24.
Hasan, S. I., Yee, A., Rinaldi, A., Azham, A. A., Mohd Hairi, F., & Amer Nordin, A. S. (2021). Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *PloS one*, 16(12), e0260221.
Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, 4(3), 262–290.
Heise, L. L., & Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: An analysis of data from population-based surveys. *The Lancet Global Health*, 3(6), e332-e340.
Henseler, J. (2018). Partial least squares path modelling: Quo Vadis? Quality & Quantity, 52(1), 18.
Henseler, J., Ringle, C. M., & Sarstedt, M. (2016). Testing measurement invariance of composites using partial least squares. *International Marketing Review*, 33(3), 405–431.
Hesse-Biber, S. N. (2014). *Feminist research practice: A primer* (2nd ed.). Sage.
International Labour Organisation (ILO). (2018). *Women and men in the informal economy: A statistical picture* (3rd ed.).
Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *The Lancet*, 385(9977), 1580–1589.
Kahan, D., Lamanna, D., Rajakulendran, T., Noble, A., & Stergiopoulos, V. (2020). Implementing a trauma-informed intervention for homeless female survivors of gender-

based violence: Lessons learned in a large Canadian urban centre. *Health & Social Care in the Community*, 28(3), 823-832.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. World Health Organisation.

Kuehner, C. (2017). Why is depression more common among women than among men? *The Lancet Psychiatry*, 4(2), 146–158.

McCarthy, M. (2020). Gender-based violence and mental health: A global perspective. *Journal of Women's Health*, 29(5), 567–569.

Melgar Alcantud, P., Campdepadrós-Cullell, R., Fuentes-Pumarola, C., & Mut-Montalvà, E. (2021). 'I think I will need help': A systematic review of who facilitates the recovery from gender-based violence and how they do so. *Health Expectations*, 24(1), 1-7.

Narbaeva, T., Latipova, N., Ganiyeva, M., Nurmatova, M. A., & Omonkul, Z. H. (2020). *Mechanisms of improving social protection of women: risk indicators and statistics (in the context of gender-based violence)*.

Ogbe, E., Harmon, S., Van den Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and/mental health outcomes of survivors. *PLoS one*, 15(6), e0235177.

Okedare, O. O., & Fawole, O. I. (2024). Perceived social support and the experience of intimate partner violence among married and cohabiting young women in urban slums, Ibadan, Nigeria: A descriptive study. *BMJ Public Health*, 2(1).

Ostadtaghizadeh, A., Zarei, M., Saniee, N., & Rasouli, M. A. (2023). Gender-based violence against women during the COVID-19 pandemic: recommendations for the future. *BMC women's health*, 23(1), 219.

Pérez-Tarrés, A., & Pérez-Marfil, M. N. (2024). Gender-based violence and its long-term impact on women's mental health in Andalusia (Spain): Risk and protective factors. *Journal of Gender-Based Violence*, 8(2), 162-178.

Pickover, A. M., Bhimji, J., Sun, S., Evans, A., Allbaugh, L. J., Dunn, S. E., & Kaslow, N. J. (2021). Neighbourhood disorder, social support, and outcomes among violence-exposed African American women. *Journal of Interpersonal Violence*, 36(7-8), NP3716-NP3737.

Rees, S., & Silove, D. (2011). Sakit hati: A state of chronic mental distress related to resentment and anger amongst West Papuan refugees exposed to persecution. *Social Science & Medicine*, 73(1), 103-110.

Sewalem, J., & Molla, A. (2022). Mental distress and associated factors among women who experienced gender-based violence and attended court in South Ethiopia: a cross-sectional study. *BMC women's health*, 22(1), 187.

Sinko, L., & Saint Arnault, D. (2020). Finding the strength to heal: Understanding recovery after gender-based violence. *Violence against women*, 26(12-13), 1616-1635.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17(3), 283–316.

Taylor, S. E. (2011). Social support: A review. In H. S. Friedman (Ed.), The Oxford Handbook of Health Psychology (pp. 189–214). Oxford University Press.

Tonsing, K. N., Tonsing, J. C., & Orbuch, T. (2021). Domestic violence, social support, coping and depressive symptomatology among South Asian women in Hong Kong. *Journal of loss and trauma*, 26(2), 134-152.

Uchino, B. N. (2009). Understanding the links between social support and physical health: A lifespan perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science*, 4(3), 236–255.

Veronese, G., Mahmid, F. A., & Bdier, D. (2023). Gender-based violence, subjective quality of life, and mental health outcomes among Palestinian women: The mediating role of social support and agency. *Violence against women*, 29(5), 925-948.

Wathen, C. N., MacGregor, J. C., & Beyrem, S. (2021). Impacts of trauma-and violence-informed care education: A mixed-method follow-up evaluation with health & social service professionals. *Public health nursing*, 38(4), 645-654.

Winter, S. C., Obara, L. M., & McMahon, S. (2020). Intimate partner violence: A key correlate of women's physical and mental health in informal settlements in Nairobi, Kenya. *PloS one*, 15(4), e0230894.

World Health Organisation (WHO). (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.*

World Health Organisation (WHO). (2020). *Gender and women's mental health*.

World Health Organisation (WHO). (2022). *Mental health: Strengthening our response.*

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41.