ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

GENDER BASED VIOLENCE AND ADVERSE REPRODUCTIVE HEALTH OUTCOMES AMONG WOMEN WITH DISABILITIES IN SELECTED ASSOCIATIONS OF PEOPLE WITH DISABILITIES IN ADDIS ABABA, ETHIOPIA

BY

NIGIST SEBSBIE

A thesis submitted to the School of Graduate Studies of Addis Ababa University in partial fulfillment of the requirements for the Degree Master of Public Health in the school of public health, college of health science.

May, 2011

Addis Ababa, Ethiopia

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Advisor
DR Negussie Deyessa(MD,MPH,Ph.D)

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ACRONYMS

AAU……. Addis Ababa University

AIDS……. Acquired Immune deficiency syndrome

CI……Confidence interval

FGD……. Focus Group Discussion

GBV…….. Gender Based Violence

HIV…… Human Immunodeficiency Virus

PID……... pelvic inflammatory disease

PV …….. Physical violence

PwD…… People with Disabilities

SPH…… School of Public Health

SPSS…… Statistical Packages for Social Science

STI……...Sexually transmitted infections

SV……...Sexual violence

USA…… united states of America

VCT…… voluntary counseling and testing

WHO…….. World Health Organization

ABSTRACT

Background: Gender based violence targeting women hinder women's physical, psychological and social well-being. Despite the fact that, gender based violence has been given a great recognition at present time, studies that indicate its magnitude and impacts among disabled women remain scarce.

Objectives: The study was conducted in order to measure the magnitude of gender based violence and its association with adverse reproductive health outcomes among women with disabilities in Addis Ababa.

Method: A cross- sectional survey using an anonymous questionnaire supplemented by focus group discussion was conducted among women with disabilities in selected association of people with disabilities in Addis Ababa. A total of 528 women with selected disabilities were included in the study using Convenience sampling. Two focus group discussions were used for the deaf and physically impaired women in order to assess their belief and attitude towards the issue. The study also assessed experiences of physical and sexual violence using standard WHO Multi-country study questionnaire and its association with adverse reproductive health outcomes.

Result: Among the respondents, the prevalence of physical violence was 40.5% and 30.8% in life time and in the past 12 month respectively. Whereas the prevalence of sexual violence in this order being 42.1% in life time and 57.7% in the past 12 month. Both Physical violence (OR (Adj) =2.00 (95%CI: 1.21, 3.31) and sexual violence with OR (Adj) = 4.21 (95% CI: 2.44, 7.25) was associated with Adverse reproductive health outcomes (unwanted pregnancy, still birth and abortion).

Conclusion: Based on the findings of the survey, it can be suggested that gender based violence is a common and serious problem and highly associated with adverse reproductive health outcomes among women with disabilities. Therefore, it is recommended that GBV needs due attention and remedial actions and Programs aimed at preventing gender-based violence must address these identified factors or correlates of violence against women with disabilities.

1. INTRODUCTION

Currently, an estimated 33.4 million people are living with HIV/AIDS throughout the world. In sub-Saharan Africa, the region with 67% (22.4 million*)* of the total number of HIV infections women account 60% of the HIV infections [1]. Different factors which are contributing to an increase in the vulnerability of women, particularly young women—to HIV infection includes, biological, behavioral, and social factors. One factor that has been receiving increasing attention is gender-based violence (GBV)[2].

Violence against women is 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[3].

Gender inequality and poor respect for the human rights of women and girls are key factors in the HIV/AIDS epidemic. Different forums and conferences that were conducted all over the world contributed to addressing gender based problems and adopting different strategies to alleviate the problem. World Conference on Human Rights Declaration and Program of Action ("Vienna Declaration") in 1993, International Conference on Population and Development Program of Action in 1994 Cairo, Fourth World Conference on Women ("Beijing") Declaration and Platform for Action in 1995, Millennium Declaration and Development Goals, New York in 2000 and World Education Forum in 2000 Dakar. All these conferences have focused on elimination of violence against women and women's education [4-8].

Violence, and the fear of violence, severely limits women's contribution to social and economic development, thereby hindering achievement of the Millennium Development Goals and other national and international development goals [9].While girls are the most visible survivors of sexual violence, but they are not the only ones who suffer from the consequences: children of both sexes constitute the majority of abuse survivors,

and adult men and the handicapped are minority groups who are often neglected in research and interventions [10].

In rural Ethiopia, 49% of ever-partnered women have ever experienced physical violence by an intimate partner, rising to 59% ever experiencing sexual violence [11].

There are an estimated 7million (10%) of the total populations live with some kind of disability in Ethiopia. Visual impairment accounted about 42.2% of all disabilities while hearing impairment and disability from leprosy contributes 7.8% and 6.5% respectively. People with disabilities (PwDs) are among the most socially and economically disadvantaged segment of the population. Besides their physical suffering from pain and immobility, these individuals are socially distressed from various forms of stigma and discrimination, mental anxiety, dependency and rejection [12].

Despite increasing recognition given to gender based violence as a global public health problem, population-based studies that examine or indicate prevalence of violence against women and its determinants and impacts on women with disabilities in developing countries remains scarce; therefore this study will be conducted in order to investigate the problem further more and address research gaps among these special populations.

2. LITERATURE REVIEW

Gender-based violence refers to violence that targets individuals or groups on the basis of their gender. According to the United Nations' Office of the High Commissioner for Human Rights' Committee on the Elimination of Discrimination against Women defines gender-based violence against women as 'violence that is directed against a woman because she is a woman or that affects women disproportionately' [13]. Violence against women generally derives from cultures, norms, social structures, and gender norms that influence women's vulnerability to violence [14].

Various forms of gender-based violence include: physical, sexual, and psychological/ emotional violence within the family; child sexual abuse; dowry-related violence; rape and sexual abuse; marital rape; sexual harassment in the workplace and educational institutions; forced prostitution; trafficking of girls and women; and female genital cutting. [14]. Gender-based violence against women goes beyond immediate physical damage to the victim. Psychological damage, and the threat of further violence, erodes a woman's self-esteem, inhibiting her ability to defend herself or take action against her abuser. It also represents a violation of her human rights [14].

2.1 Prevalence/ magnitude of gender based violence

Prevalence estimates for GBV vary widely as a result of differing definitions of violence, data collection methods, and time periods used in different studies. Current estimates indicate that between 8% and 70% of women worldwide have been physically or sexually assaulted by a male partner at least once in their lives [15]

Gender-based violence and forced sex are highly prevalent in Africa. Adolescent girls in sub-Saharan Africa experience sexual violence on a regular basis. A Multi-country Study on Women's Health and Domestic Violence, undertaken in 2006 by The World Health Organization, found that, in countries such as Bangladesh, Ethiopia, Tanzania

and Peru, violence in the home is widespread and ranges upwards to just over 70 per cent [16].

In urban Namibia 31% of women responded that they have been physically violated by their partner and 17% of the women experienced sexual violence in their life time [16]. In Kenya, 43% of 15-49 year old women reported having experienced some form of gender-based violence in their lifetime [17]. According to a study conducted on women attending in four antenatal clinics in Soweto, South Africa 55% of the women reported that they were physically or sexually violated by their partners [18].

In a study conducted in south central Ethiopia, reported that 49% and 59% of women physically and sexually abused by their partners at some point in their life respectively [19]. On the other hand a study conducted on women attending VCT services in six health institutions in Addis Ababa the prevalence of lifetime intimate partner physical and sexual violence was 54.6% and 41% respectively [20]. A cross-sectional study conducted in Meskanena Mareko woreda, southern Ethiopia indicated that the prevalence of physical abuse among married women was 45% over their life time[21].

Rape, the most extreme version of forced sex occurs in many different settings and situations, including intimate relationships, schools, health-care facilities, refugee camps, and during periods of armed conflict [2]. Even though sources that indicate the prevalence of rape in Ethiopia are scarce, in one study conducted in Addis Ababa on women attending antenatal service 21.8% of women reported experiencing forced sex or rape at their first sex [20].

2.2 Impact of gender based violence on women

Exposure to gender-based violence and sexual coercion significantly increases girls' and women's chances of early sexual debut, experiencing forced sex, engaging in transactional sex, and non-use of condoms [10].The impact of sexual and gender-based violence resonates in all areas of health and social programming: survivors of sexual violence experience increased rates of morbidity and mortality, and violence has been shown to exacerbate HIV transmission, among other health conditions [14].

Gender-based violence affects the physical, psychological and social well-being of women and children, varying greatly depending on the situation. Abuse may cause permanent damage to a woman's physical health. It has been linked to different health outcomes like depression, anxiety, injuries, suicidal attempts/ committing suicide, STIs, HIV/AIDS and faces a number of reproductive health problems like infertility, pelvic inflammatory disease, unsafe abortion and unwanted pregnancy. Violence during pregnancy not only affect the women but also the growing fetus and has been associated with miscarriage, still birth, premature labor and birth, fetal injury and low birth weight which is major cause of infant mortality [22].

Sexual, physical and psychological violence may contribute directly and indirectly to unwanted pregnancy. Women who suffered from sexual violence during their youth may more often have unwanted/ unintended pregnancies. Abuses have been associated with loss of control, anxiety, fear and substance abuse which usually contribute to risky sexual behavior (e.g. unprotected sex). It also impairs women's ability to use or negotiate to use contraceptives with a partner[23].

According to a study done in five regions of Colombia, 31.1% of women experienced physical abuse in Atlántica and 53.7% of them had unintended pregnancy, similarly in Bogotá 42.1% and 53.9% reported experiencing physical abuse and unintended pregnancy respectively [24]. A study of adolescents in Ethiopia found that among those who reported being raped,17% became pregnant after the rape[25]. Violence may also be associated with induced abortion. Women who are coping with ongoing violence or rape may more often choose to terminate a pregnancy[23].

Some other problems which are usually faced by women who have experienced violence include dropping out of school or experience difficulty forming relationships with their children, divorce, whilst others may develop dependency on drugs or alcohol. Women experiencing these effects may not be aware that they are symptoms of post-traumatic stress resulting from the abuse[26].

Many kinds of psychosocial factors also increase a women's vulnerability to both sexual violence and HIV infection. These include age, alcohol or drug consumption, previous history of abuse, number of sex partners, involvement in sex work, educational level, and socioeconomic status [22].Several studies link a history of childhood sexual abuse to an increase in HIV risk-taking behavior, including drug abuse, having a male partner at risk for HIV, having multiple partners, and exchanging sex for drugs, money, or shelter [27, 28].

Other types of gender based violence which are common in Ethiopia include early marriage and marriage by Abduction(which usually results in rape), female genital mutilation, Inheritance of Wife (*Warsa:* having sex with brother-in-law) and polygamy [29].

2.3 Why women with disabilities are at a higher risk for violence?

As women with disabilities are one segment of the population their vulnerability for gender based violence is also high and different factors contribute to their vulnerability.

Violence against women with disabilities occurs due to **Social myths**: people with disabilities are often less recognized, seen by the society as if like they are as passive, helpless, child-like, nonsexual, and burdensome. These prejudices tend to make people with disabilities less visible to society, they think that they are unlikely to be abused, especially sexually abused. **Learned helplessness**: people with disabilities, particularly people with cognitive disabilities or those who have been living in institutions for a long period are dependent on their care takers, this can make it harder for women to defend themselves against abuse, **Lack of sex education:** the right to get sex education is usually not addressed and denied to people with disabilities especially those with intellectual disabilities [30].

Dependence: the woman may be dependent on her abuser for care because her disability limits her economic and environmental independence. **Misdiagnosis**: authorities may misinterpret a cry for help; for example, a woman's behavior might be diagnosed as anxiety rather than signs of abuse. In other situations, workers may not be

aware that domestic violence also includes financial or emotional abuse, or may not be sensitive to the signs [30].

Different studies confirm that women with disabilities are more physically and sexually violated than women who don't have disabilities. In September 1998 the U.S.A Department of Justice's *Office for Victims of Crimes Bulletin* indicated that 68% to 83% of women with disabilities will be sexually assaulted during their lifetime, this represents a 50% higher rate than the rest of the population [31].

Studies in Europe and North America, has shown that people with disabilities are more likely to be subjected to sexual abuse, physical violence and neglect than people without disabilities [32-35]. A retrospective study conducted on Norwegian deaf respondents reported three times more often that they were victims of sexual abuse than the respondents in a control group of non-disabled people [34]. The corresponding number for blind people was a doubled risk compared to the non-disabled [35].

3. OBJECTIVE

3.1GENERAL OBJECTIVE

To assess the magnitude of gender based violence and its associations with adverse reproductive health outcomes among women with disabilities in selected associations of people with disabilities in Addis Ababa, Ethiopia

3.2 SPECIFIC OBJECTIVES

- To determine the prevalence of gender based violence among women with disabilities
- To assess the association of gender based violence and adverse reproductive health outcomes in women with disabilities
- To determine factors that are associated with gender based violence in women with disabilities

4. METHODOLOGY

4.1 Study area and period

About 3 million people are currently living in Addis Ababa. According to Country Profile on Disability in 2002, 45,936 people with disabilities were living in the city. There are about six associations of people with disabilities in Addis Ababa, Ethiopian Federation of persons with Disabilities, Ethiopian National association for the Deaf, Ethiopian National Association for the Blind, Ethiopian National Association for the Physically disabled, Ethiopian National Association for Leprosy patients and Ethiopian National Association for Intellectually Disabled.

Among these associations the study was conducted on members of the Ethiopian National Associations of Women with Disabilities, Ethiopian National association for the Deaf and Blind.

The study was conducted starting from January to March 2011.

4.2 Study design

A quantitative survey, cross-sectional study design and a qualitative study (focus group discussion) was used to get a better insight about the women's attitudes and beliefs towards the issue.

4.3 Source population

The source population for the study was women with all types of disabilities (deafness, blindness, physical impairment and intellectual disability) who were active member of the selected associations.

4.4 Study Population

The study populations were women with these disabilities: deafness, blindness and physical impairment.

Inclusion criteria: all women with disability, who were aged 18 years or above, who could speak/hear Amharic language or knew sign language (for the deaf) and active member of the association were included in the study.

Exclusion criteria: all women with disability who were not permanent resident of Addis Ababa and those who are not mentally capable to answer the questions were not included in the study.

4.5 Sample size

To determine the sample size, proportion for single population formula was used, and the following assumption were taken. From previous study the life time prevalence of physical or sexual violence among women with disabilities was 13% [36], with confidence interval 95% and 3% for margin of error. To compensate for the non-response, 10 % of the sample was added.

$$n = \frac{[Z_{\alpha/2}]^2 * P(1-P)}{d^2}$$

Where n = the required sample size

$Z_{\alpha/2}$ = value of the standard normal distribution corresponding to a significant level of alpha (α) 0.05 which is 1.96

P= proportion of physical/sexual violence among women with disabilities was assumed to be 13%

d= marginal error of 3% and 10% for non response rate

The sample size (n) required for this study was n= 483 and for the non- response rate we added 10% the total sample size was n=532.

For the qualitative method two focus group discussions were conducted for the deaf and physically disabled, each group containing 6-10 participants.

4.6 Sampling procedure

From the total women who were present in the selected associations from January 2011 to March 2011, women who were eligible to the study were enrolled in the study. All eligible women during the study period were included (convenience sampling).

Purposive sampling was used to select the participants for the focus group discussions.

4.7 Data collection procedure

Anonymous structured questionnaire was used to collect data for the quantitative survey, which was prepared in English version first then translated into Amharic language. The primary tool which we used for this study was the WHO violence against women instrument developed for a multi -country study on women's health and domestic violence [37].

The questionnaires were designed to include different questions assessing the socio-demographic characteristics of the women, marital status or relationships, durations of relationships, history of alcohol consumption, khat chewing, multiple sexual partner), experience of any type of violence(physical and sexual violence), any experience of unintended pregnancy, still birth and abortion.

The pre-test was conducted on Yekatit 12 preparatory school for higher education and Tikur Amebessa high school, 10% of the students with disabilities was used. Data were collected by using six female data collectors, some of them with special skills like sign language and a diploma as minimum requirement for educational background and who had an experience of data collection. Three supervisors supervised the data collectors.

The qualitative method, focus group discussion was used. For the focus group discussion a semi-structured discussion guide (*Annex III*) was developed that contained relevant issues that were believed to be essential for exploring the beliefs and attitudes of women with disabilities. Those women who participated in the FGD were those who had not participated in the quantitative study. A tape recorder and a note taker were used to record the response of the participants.

4.8 Operational definitions

Disability: is defined as chronic physical, affective, and/or cognitive condition(s) that, to a significant extent, preclude normal activities of daily functioning.

Gender-based violence: is any act of gender-based violence that result 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

Physical Violence: is any form of violent act which can result in physical harm including **mild form** (slapping, and punching) or **sever form** (kicking/drugging, beating/hitting with any object, burning/chocking, and threatening using a knife or a gun etc) against women or girls

Sexual Violence: is defined as acts that are done on a girl by intentional use of physical force or power, intimidation or threatening (making to fear) to have sex or to engage in acts of sex without the consent of the girl. It includes Completed Rape, Attempted Rape and Sexual Harassment.

Completed Rape: is defined as any non-consensual penetration of the vagina, penetration obtained by physical body harm, by threatening or deception or when the victim is incapable of giving consent.

Adult sexual assault by non-intimate partner: physically forced or otherwise coerced penetrative sex (rape) by anyone apart from a husband or regular partner at and after age 15.

Forced first intercourse: experience of forced or coerced penetration at first sexual intercourse (first coitus) at and after age 15. It includes when the first sex was unwanted, unexpected, tricked or persuaded.

Sexual Harassments: are unwanted sexual behaviors including physical contacts, verbal comments, jocks, questions and suggestions that are intentionally done on women or girls.

Primary/ intimate partner: husband or regular male partner of woman

Transactional sex: experiencing of sex with men for material gains which includes provision of food, cloth, transportations, items for children or family, school fees, or cash

Substance use: life time use of alcohol or khat or drug

Unintended pregnancy: pregnancy i.e. either mistimed or unwanted

Still birth: is a birth after the 28th weeks of pregnancy in which the fetus do not breathe or show any sign of life after being completely expelled from the mother.

Abortion: the termination of pregnancy less than 28 weeks of gestation

4.9 Measurement and Variables

Assessing Socio-Demographic Characteristics

Data on socio-demographics included age, type of disability, marital status, educational level, religion, employment status of respondent and her current or most recent partner, ever been marrying or lived with male partner and duration of relationship.

Assessing Risk Behaviour /Risk Factor for Gender Based Violence

GBV Risk behaviours or risk factors were assessed using indictors such as current multiple sexual partners, ever engaging in transactional sex, alcohol or drug (Khat use).

Assessing History of gender based Violence

We assessed experience of violence from anyone using the WHO violence against women instrument and our version contains 4 questions for physical abuse and 4 questions for sexual abuse. To assess the experience of physical abuse, women were asked whether they were ever slapped; pushed or something thrown at them could hurt ; Kicked , dragged, beaten, hit with fist ; Choked, strangled or burnt on purpose; threatened or hurt by gun, knife, or other weapon. Then physical violence was computed by aggregating these four items using SPSS 11.00 transformation functions. At least one **YES** response among the four items qualifies the respondent for being faced with any form of physical violence[37].

Four items were inquired about sexual violence practices against women; being physically forced to have sex; having sex because of being afraid to refuse; forced to do something sexual which is degrading or humiliating and sexually harassed (unwelcome touches). All women who experienced the item in question were asked the perceived frequency (once, few times or many times) in the past 12 months and prior to the past one year. Then sexual violence was computed by aggregating these four items using SPSS 11.00 transformation functions. At least one **YES** response among the four items qualifies the respondent for being faced with any form of sexual violence[37].

To assess violence during women's experience of first sexual intercourse (first coitus), we asked women age at first intercourse and then asked how first sex happened and

made to choose the statement which most accurately describe experience of first coitus; 1) 'I was willing/wanted to have', 2) 'I Didn't want to have/ not willing.

Assessing adverse reproductive health outcomes

We assessed the experience of adverse reproductive health outcome of the women by asking if they ever had unwanted/unintended pregnancy, still birth and abortion in their lifetime.

Independent variables

- Socio-demographic characteristics – such as age, type of disability, religion, marital status, education level, employment status, ever lived with male partner and duration of relationships.
- Sexual History – current multiple sexual partner and transactional sex
- Behavioral attributes – alcohol drinking and Khat chewing

Dependent variables

- Physical violence
- Sexual violence
- Adverse reproductive health outcomes (unwanted pregnancy, abortion and still birth)

4.10 Data analysis procedures

The filled questionnaires were checked by supervisors and the principal investigator to make sure that they were complete and not missing any information. For data entry we used Epi-info version 3.5.1.Further cleaning was done at the end of data entry by running frequencies for each variable in order to identify and mange outliers, abnormal Values and missing values or incompleteness. Some abnormal and missing values especially on the dependent variables were excluded.

Data was analyzed by using SPPSS 16.0 Statistical Packages. Descriptive analysis was done for each variable in the study by running frequencies. Prevalence of physical or/and sexual violence was determined (estimated) by running frequencies with their

95% Confidence Interval (CI) estimates. Then cross tabulation was done for each independent variable against the dependent variables to observe the relative proportional difference of values of disabled women who have experienced physical or/and sexual violence compared to those who didn't come across violent life events. Further analysis was also done using multivariate analysis to suppress confounding effect of other variables.

Thematic analysis was used to analyze the data obtained from the FGD. First the responses were coded by paragraph and categorized them by using open code and then themes were used to describe the response of the participants.

4.11 Data quality management

To assure quality of data, training was given for the data collectors and supervisors, a pre-test was conducted to modify the questionnaire. The questionnaires were commented by different experts on the field in order to maintain the consistency in both versions. To assure the quality of data the principal investigator conducted regular meetings with both data collectors and supervisors.

4.12 Ethical consideration

Ethical clearance and approval was obtained from the School of Public Health, Addis Ababa University. Those associations for people with disabilities that have a link to the study were informed through a formal letter which was obtained from the School of Public Health. From all informed study participants, only those who were volunteer to participate were included in the study. By considering the sensitivity of the issue under study a care in designing and structuring the questionnaire was given to maintain confidentiality, identifications like names were not used in the questionnaire. Privacy was maintained by interviewing the interviewee alone.

Dissemination of results: The finding from this study was disseminated to the associations of people with disabilities, School of Public Health and relevant organizations who are interested in the issue understudy. A great effort will be taken to publish the finding of this study.

5. RESULT

5.1 Socio-demographic characteristics

For this study 532 women with different types of disabilities were selected to participate in the study, out of this 528 (99.25%) women have completed their interviews.

Out of the 528 study participants, 245 (46.4%) had physical impairment, 154 (29.2%) were deaf and 129 (24.4%) were blind. Two hundred twenty six (42.8%) were between the age group of 15-24 and 172 (32.6%) were between the age group of 25-34 *(Table 1).*

The majorities of the study participants 364 (68.9%) were Orthodox Christians and more than 80 % of the women had some kind of formal education. One hundred ninety six (37.1%) were gainfully employed. Among all study participants 103 (19.5%) were currently married, 75 (14.2%) were separated, divorced or widowed, the rest 350 (66.3%) had never been married. Overall 196 (37.1%) of them have ever been married or have lived with a male partner *(Table 1)*.

Table 1. Socio- demographic characteristics of women with disabilities in selected associations in Addis Ababa, 2011(n=528)

Characteristics	Number	Percent (%)
Age(in years)		
15-24	226	42.8
25-34	172	32.6
>=35	130	24.6
Mean ± SD	30.02±1.28	
Types of disability		
Blind	129	24.4
Deaf	154	29.2
Physical impairment	245	46.4
Religion		
Orthodox	364	68.9
Other	164	31.1
Marital status		
Never married	350	66.3
Married	103	19.5
Divorced/ separated/ widowed	75	14.2
Educational Level		
Illiterate	101	19.1
Primary (1-8)	141	26.7
Secondary &above	286	54.2
Employment status		
Employed	196	37.1
Unemployed	332	62.9
Ever been married/ lived with male partner		
Yes	196	37.1
No	332	62.9

5.2 Sexual behavior and substance use among women with disabilities

During the time of the survey, 287 (54.4%) women were sexually active. The mean age at first sex was 18.6± 4.5 years. Out of those study participants who were sexually active 70 (13.3%) had unwanted/ unintended pregnancy, 64 (12.1%) had Abortion and 17 (3.3%) had still birth in their lifetime.

Concerning their substance use 255 (48.3%) and 25 (4.7%) of them reported that they had drank alcohol and chewed khat sometime in their lifetime respectively. Eleven (2.1%) of the women had more than one sexual partner during the study and 21 (4.0%) reported that they have had transactional sex in their lifetime *(Table 2).*

Table 2. Sexual behavior and substance use among women with disabilities in selected association in Addis Ababa, 2011(n=528)

Variables	Number	Percent (%)
Ever had sex		
Yes	287	54.4
No	241	45.6
Age at first sex		
Mean ± SD	18.6±4.5	
Unwanted pregnancy		
Yes	70	13.3
No	458	86.7
Abortion		
Yes	64	12.1
No	464	87.9
Still birth		
Yes	17	3.3
No	511	96.7
Current multiple sexual partner		
Yes	11	2.1
No	517	97.9
Ever transactional sex		
Yes	21	4.0
No	507	96.0
Alcohol consumption		
Yes	255	48.3
No	273	51.7
Khat chewing		
Yes	25	4.7
No	503	95.3

5.3 Magnitude of Gender Based Violence

5.3.1 Physical Violence

From all study participants, 40.5% (95%CI: 36.4%, 44.8%) of the women had experienced at least one type of physical violence during their lifetime. This include moderate types of physical violence such as slapping, pushing, throwing something that could hurt and it accounts for 183 (34.7%) of the physical violence. While 113 (21.4%) of the respondents had experienced severe form of physical violence including hitting, chocking and use of weapon. Eighty five (16.1%) experienced two or more types of physical violence in their lifetime. Among those who had experienced physical violence 66 (30.8%) experienced some kind of physical violence in the past 12 month.

5.3.2 Sexual violence

Concerning sexual violence 128(42%; 95%CI: 37.9%, 46.3%) had experienced at least one type of sexual violence in their lifetime, out of these 57.7% (95%CI: 51.1%, 64.1%) had experienced at least one type of sexual violence in the past 12 month. Seventy five (14.2%) were sexually violated that involved completed sex. While 195 (36.9%) women reported that they were sexually harassed. From those who were sexually violated 56 (10.6%) of them had experienced two or more types of sexual violence in their lifetime. From all study participants 129 (24.4%) women had experienced both physical and sexual violence. Regarding first sexual initiation 211 (73.5%) were willing during their first sexual intercourse while the rest 76 (26.5%) were not willing during their first sexual intercourse.

Table 3. Gender Based Violence among women with disabilities in selected associations in Addis Ababa, 2011(n=528)

variables	Number	Prevalence (%)	(95%CI)
Physical Violence (PV) in life time			
Experienced at least one type of PV	214	40.50	(36.4, 44.8)
Physical Violence in past 12 month			
Experienced PV in past 12 month	66	30.80	(24.9, 37.3)
Type of physical violence			
Moderate type	183	34.70	(30.7, 38.8)
Sever type	113	21.40	(18.1, 25.1)
Overlaps in PV			
Never experienced PV	314	59.50	(55.2, 63.6)
Only one type of PV	129	24.40	(20.9, 28.2)
Two or more type of PV	85	16.10	(13.2,19.4)
Sexual violence (SV) in life time			
Experienced at least one type of SV	222	42.05	(37.9, 46.3)
Sexual violence in past 12 month			
Experienced SV in past 12 month	128	57.65	(51.1, 64.1)
Type of sexual violence			
Sexual harassment	195	36.93	(32.9, 41.1)
Completed sex	75	14.20	(11.4, 17.4)
Overlaps in SV			
Never experienced SV	306	57.95	(53.7, 62.1)
Only one type of SV	166	31.43	(27.5, 35.5)
Two or more type of SV	56	10.60	(8.2, 13.5)
Willing at first sex			
Yes	211	73.50	(68.2, 78.4)
No	76	26.50	(21.6, 32.1)

* Multiple responses are possible, percent may not add up to 100%

5.4 Overlap between physical and sexual violence

From all study participants 85 (16.1%) of the women experienced physical violence only and 93 (17.6%) experienced sexual violence only. One hundred twenty nine (24.4%) of them reported they experienced both types of violence and 307 (58.1%) experienced physical or sexual violence *(Figure 1)*.

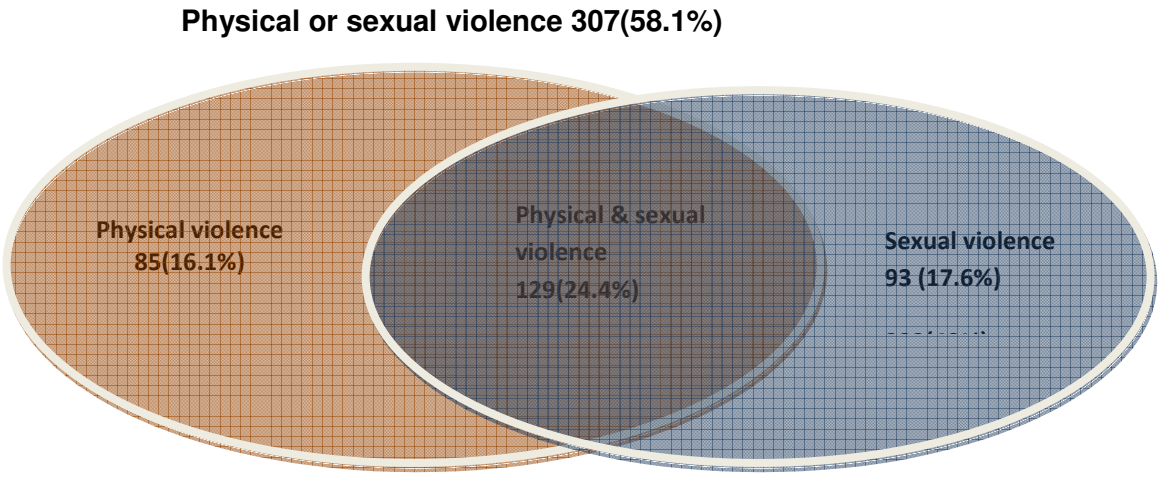

Figure 1. Overlap between Physical and Sexual Violence among women with disabilities in selected associations in Addis Ababa, 2011(n=528)

5.5 Consequence of forced first sexual initiation

As result of their forced first sex experience 34 (44.7%) reported that they felt fear and 22 (28.9%) felt hopelessness. Twenty two (28.9%) reported they drop-out from school, 18 (23.7%) had poor achievement from school or work, 11 (14.5%) experienced rejection from family and friends *(Figure 2).*

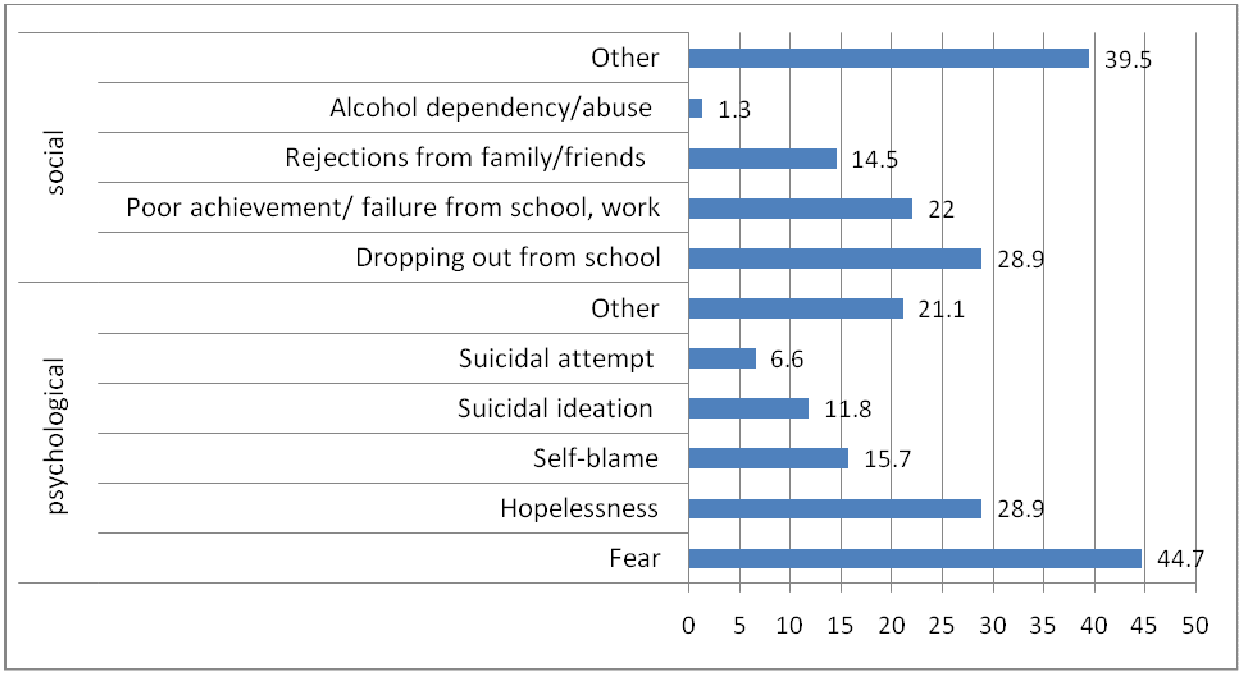

Figure 2. Social and Psychological consequence of forced first sexual initiation among women with disabilities in selected association in Addis Ababa, 2011 (n=76)

5.6 Perpetrators of Gender Based Violence

Among those who reported physical violence, the majority 74 (34.6%) of the women responded they were being physically violated by their intimate partner, followed by other people and family members which accounts 65 (30.4%) & 50 (23.4%) respectively. From those women who were sexually violated, the primary perpetuators were strangers, intimate partners and other people which accounts 145 (65.3%), 56 (25.2%), 50 (22.5%) respectively *(Figure 3).*

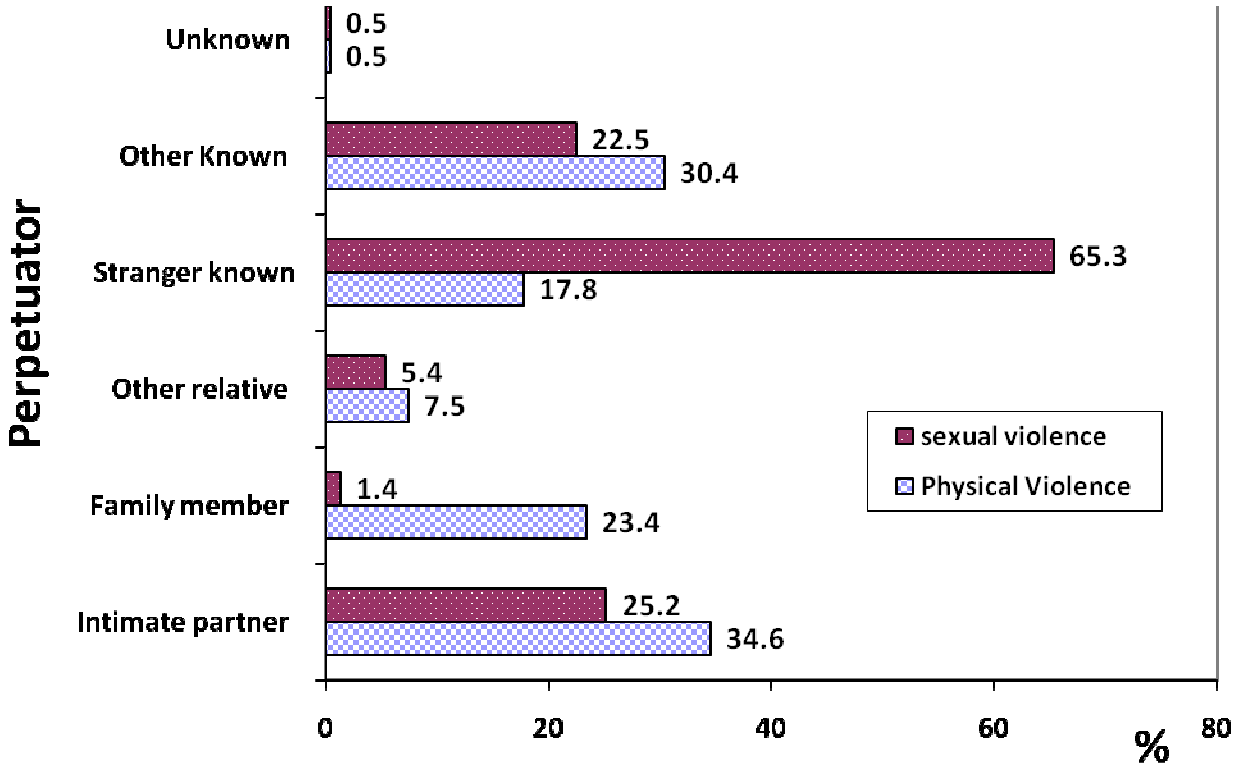

Figure 3. Perpetuators of Physical and Sexual Violence among women with disabilities in selected associations in Addis Ababa, 2011 (n= 214 for PV and n=222 for SV)

5.7 Physical and sexual violence in the past 12 month

In our study, experience of physical violence in the last 12 months was associated to statistically significant level with religion (X^2= 4.54; df= 1; p< 0.05), educational level (X^2= 9.08; df= 2; p< 0.05) and duration of relationship (X^2= 12.17; df= 3; p< 0.01). However, it was not associated with type of disability, marital status or ever been marrying, employment status and alcohol drinking habit *(Table 4).*

Similarly, experience of sexual violence in the last 12 months was significantly associated with age group (X^2= 23.9; df= 3; p< 0.001), type of disability (X^2= 34.2; df= 2; p< 0.001), educational level (X^2= 13.89; df= 2; p< 0.001), employment status (X^2= 4.43; df= 1; p< 0.05), religion (X^2= 4.48; df= 2; p< 0.05), and ever having transactional sex (X^2= 5.24; df= 2; p< 0.05). Nevertheless, it was not statistically significant with other socio-demographic characteristics *(Table 5).*

Table 4. Socio- demographic characteristics and physical Violence among women with disabilities in selected associations Addis Ababa, 2011(n=66)

Characteristics	Number	Prevalence (%)	X^2 (df)	p- value
Age group (in years)				
15-24	36	15.9	5.29	
25-34	20	11.6	(2)	0.07
>=35	10	7.7		
Type of disability				
Physical impairment	26	10.6	5.05	
Blind	13	10.1	(2)	0.08
Deaf	27	17.5		
Religion				
Orthodox	53	14.6	4.54	0.033
Others	13	7.9	(1)	
Marital status				
Never married	42	12.0	1.17	
Married	16	15.5	(2)	0.55
Divorced/Separated/Widowed	8	10.7		
Educational level				
Illiterate	5	5.0	9.08	
primary	24	17.0	(2)	0.019
Secondary & above	37	12.9		
Employment status				
Employed	21	10.7	0.66	0.41
Unemployed	45	13.6	(1)	
Ever been married/ lived with male partner				
Yes	25	12.8	0.0001	1.00
No	41	12.3	(1)	
Duration of relationship				
<1 year	5	41.7		
1 year	1	9.1	12.17	0.007
2-5 years	11	15.9	(3)	
>5 years	8	7.7		
Alcohol drinking				
Yes	31	12.2	0.010	0.81
No	35	12.8	(1)	
Khat chewing				
Yes	3	12.0	0.0001	1.000
No	63	12.5	(1)	
Currently have multiple sexual partner				
Yes	2	18.2	0.013	0.90
No	64	12.4	(1)	
Ever transactional sex				
Yes	6	28.6	3.74	0.05
No	60	11.8	(1)	

Table 5.Socio-demographic characteristics and Sexual Violence among women with disabilities in selected associations in Addis Ababa, 2011 (n=128)

Characteristics	n= 528	Prevalence (%)	X^2 (df)	P- value
Age group (in years)				
15-24	73	32.3	23.9 (2)	0.000
25-34	43	25.0		
>=35	12	9.2		
Type of disability				
Physical impairment	44	18.2	34.2 (2)	0.000
Blind	56	43.4		
Deaf	28	18.2		
Religion				
Orthodox	98	26.9	4.58 (1)	0.032
Other	30	18.3		
Marital status				
Never been married	93	26.6	5.89 (2)	0.053
Married	25	24.3		
Divorced/Separated/Widowed	10	13.3		
Educational Level				
Illiterate	12	11.9	13.89 (2)	0.001
primary	32	22.7		
Secondary & above	84	29.4		
Employment status				
Employed	37	18.9	4.43 (1)	0.03
Unemployed	91	27.4		
Ever been married/ lived with male partner				
Yes	40	26.5	2.17 (1)	0.14
No	88	20.4		
Duration of relationship				
<1 year	5	41.7	6.71 (3)	0.082
1 year	3	27.3		
2-5 years	17	24.6		
>5 years	15	14.4		
Alcohol drinking				
Yes	66	25.9	0.56 (1)	0.45
No	62	22.7		
Khat chewing				
Yes	10	23.5	2.70 (1)	0.10
No	118	40.0		
Currently have multiple sexual partner				
Yes	3	27.3	0.0001 (1)	1.000
No	125	24.2		
Ever transactional sex				
Yes	10	23.3	5.24 (1)	0.022
No	118	47.6		

5.8 Gender based violence and adverse reproductive health outcome

Multivariate analysis was employed in order to control potentially confounding factors (age, type of disability, marital status, educational level, ever been married/ lived with a male partner and transactional sex) putting, step by step, in a model consisting of all the variables considered to be important covariates for GBV (Physical violence or/ both Sexual violence). Those women who have experienced some form of physical violence were two times (AOR= 2.00; 95%CI; 1.21, 3.31) more likely to face some kind of adverse reproductive health outcome compared to those who did not experience physical violence. Similarly, those disabled women who were exposed to sexual violence were about four fold times (AOR= 4.21; 95%CI; 2.44, 7.25) more likely to experience some form of adverse reproductive health outcome compared to those who did not experience any type of sexual violence *(Table 6).*

Table 6. Association between Gender Based Violence and Adverse reproductive health outcomes among women with disabilities in selected associations in Addis Ababa, 2011(n=214 for PV & n=222 for SV)

Adverse reproductive health outcome(Unwanted/ unintended pregnancy, Still birth & Abortion)				
Characteristics	**N**	**Prevalence (%)**	**(OR 95% CI)**	
			Crude	**Adjusted**
Physical violence in lifetime(n=214)				
Never	40	12.7	1	**1**
Present	58	27.1	2.55(1.63,3.99)	**2.14(1.21, 3.31)**
Sexual violence in lifetime (n=222)				
Never	36	11.8	1	**1**
Present	62	27.9	2.91(1.84,4.58)	**4.21(2.44, 7.25)**

Adjusted* = after adjusting for age, type of disability, marital status, ever been married/lived with male partner, educational level and transactional sex

5.8 Factors that are related with gender based violence

After adjusting for age, type of disability, religion, marital status, educational level, employment status, duration of relationship, khat chewing and transactional in multivariate analysis using logistic regression model, young women in the age group of 15-24, were more likely to experience physical violence than the old age group, in the age of group ≥35 years (AOR= 6.96; 95%CI;1.31,37.14.). However, observed association found between physical violence and potential contributing factors like type of disability, religion, educational level, duration of relationship and presence of transactional sex during bivariate analysis was refuted after adjusting for the above factors *(Table 7).*

Similarly, adjusting for the above list of potential confounders, women in the age group, between 25-34 years (AOR= 4.85; 95% CI; 1.62, 14.59) have still higher odds of experiencing sexual violence compared to middle age group of 35 or more years. Moreover, women who have blindness disability (AOR=3.37, 95%CI: 1.35, 10.34) and women who ever have transactional sex (AOR= 5.29; 95% CI; 1.29, 27.13) were more likely to be sexually violated compared with their referents. However, factors like alcohol abuse, chat chewing, having multiple sexual partners did not have any association with both sexual violence *(Table 8).*

Table 7. Factors associated with Physical violence among women with disabilities in selected associations in Addis Ababa, 2011(n=66)

Characteristics	Prevalence (%)	Crude OR (95% CI)	Adjusted* OR (95% CI)
Age group (in years)			
15-24	15.9	2.27 (1.09, 4.75)	**6.96 (1.31, 37.14)**
25-34	11.6	1.58 (0.71, 3.5)	3.75 (0.92, 15.32)
>=35	7.7	1	1
Type of disability			
Physical impairment	10.6	1	1
Blind	10.1	0.94 (0.47, 1.91)	0.72 (0.19, 2.66)
Deaf	17.5	1.79 (1.00, 3.20)	0.53 (0.14, 1.94)
Religion			
Orthodox	14.6	1.98 (1.05, 3.74)	1.82(0.54, 6.16)
Other	7.9	1	1
Educational Level			
Illiterate	5.0	0.35 (0.13, 0.92)	0.27 (0.05, 1. 33)
primary	17.0	1.38 (0.79, 2.4)	1.64 (0.57, 4.69)
Secondary & above	12.9	1	1
Duration of relationship			
<1 year	41.7	8.57 (2.21, 33.26)	4.98 (0.90, 27.44)
1 year	9.1	1.2 (0.14, 10.6)	0.32(0.03, 3.53)
2-5 years	15.9	2.28 (0.87, 5.99)	0.99 (0.29, 3.31)
>5 years	7.7	1	1
Ever transactional sex			
Yes	23.3	2.98 (1.11, 7.96)	2.28(0.42, 12.49)
No	47.6	1	1

Adjusted*= age, type of disability, religion, educational level, duration of relationship and transactional sex

Table 8.Factors associated with Sexual Violence among women with disabilities in selected associations in Addis Ababa, 2011 (n=128)

Characteristics	Prevalence (%)	Crude OR (95% CI)	Adjusted* OR (95% CI)
Age group (in years)			
15-24	32.3	4.69 (2.44, 9.04)	3.51(0.83, 14.96)
25-34	25.0	3.27 (1.65, 6.52)	**4.85 (1.62, 14.59)**
>=35	9.2	1	1
Type of disability			
Physical impairment	18.2	1	1
Blind	43.4	3.50 (2.18, 5.65)	**3.37(1.35, 10.34)**
Deaf	18.2	1.02 (0.60, 1.71)	0.48 (0.14, 1.65)
Religion			
Orthodox	26.9	1.65 (1.04, 2.60)	2.73 (0.89, 8.32)
Other	18.3	1	1
Marital status			
Never been married	26.6	2.35 (1.16, 4.77)	1.22 (0.30, 4.89)
Married	24.3	2.08 (0.93, 4.65)	1.73 (0.65, 4.59)
Divorced/Separated/Widowed	13.3	1	1
Educational Level			
Illiterate	11.9	0.32 (0.17, 0.62)	0.57 (0.19, 1.68)
primary	22.7	0.71 (0.44, 1.13)	0.82 (0.29, 2.34)
Secondary & above	29.4	1	1
Employment status			
Employed	18.9	1	1
Unemployed	27.4	1.62 (1.05, 2.49)	0.89 (0.39, 2.00)
Duration of relationship			
<1 year	41.7	4.24 (1.19, 15.11)	2.56 (0.49, 13.49)
1 year	27.3	2.23 (0.53, 9.35)	2.49 (0.43, 14.51)
2-5 years	24.6	1.94 (0.89, 4.21)	1.86 (0.67, 5.18)
>5 years	14.4	1	1
Khat chewing			
Yes	23.5	2.18 (0.95, 4.97)	1.95 (0.37, 10.20)
No	40.0	1	1
Ever transactional sex			
Yes	23.3	2.99 (1.24, 7.23)	**5.29 (1.29, 27.13)**
No	47.6	1	1

Adjusted* = age, type of disability, religion, marital status, educational level, employment status, duration of relationship, khat chewing and transactional sex.

Predisposing factors for GBV

Even though only age, type of disability and transactional sex were associated with violence in the quantitative data, in the Focus Group Discussion (FGD) factors that were believed to be Predisposing factors for gender based violence in women with disabilities were:

Financial problems

Jobs that fit people with disabilities are difficult to find, even if they get some they are not given equal chance to compete with people without disabilities. They are usually judged by their looks or disability. This leads them to be economically dependent on others this creates an opportunity to be violated by those who provide support.

> *"For example I didn't finish school because I left home came to Addis, but life is expensive so I drop-out from school to earn my living by doing some other things. I consider myself as lucky coz I tried by myself to learn but I have disabled friends who did not attend school in their life." (A1)*

Inability to protect self

Due to disability, women with disabilities are at higher risk for violence compared to non- disabled women. They are unable to protect themselves due to their disability especially with those with limited movement or cognitive disabilities. Families also don't pay more attention to protect children with disabilities from violence. Family's treatment towards children with disabilities is also different from those without disabilities.

> *"The girl was intellectually disabled and there was no one to attend her at home so a man who read electricity consumption (kotari Anbabi) raped her. I think the extent and type of our disability also determine out risk for violence for example a woman with a wheel chair is at greater risk compared to those who has mild physical impairment."A2*

> *"If a father raped his daughter with disability the mother will not protect the child's right or report to the police because people will know that she have a daughter with disability but if he raped a child without a disability then she will do anything to protect her because she have a dream for her. This is due to the perception of the family or the community towards disability." A3*

Availability or limited movement

Women with disabilities usually stay home because they may not have jobs to go to, or due to their disability type and family influence, this usually create an opportunity to be exposed to violence especially sexual violence. Families have a great role in controlling the life of disabled children. They have their own expectations and values. They restrict their movement and participation. Family may even treat children with disability differently from non-disabled children.

> *"Sometimes just because you are disabled your family does not want you to go out they just expect you to stay home and do house work. I know families who have a daughter with physical impairment they don't want her to go out they just want her to work house work they don't even want her to join or come to the association."(A2)*

Perceived as sexually inactive, virgin, healthy

People with disabilities are often less recognized, seen by the society as if like they are as passive, helpless and non-sexual. These prejudices tend to make people with disabilities less visible to society, they think that they are unlikely to be abused, especially sexually abused.

> *"Men perceive that women with disabilities are healthy not sexually active and virgin. They don't even consider that we may even have HIV or other diseases because they perceive us differently."(A3)*

6. DISCUSSION

Gender based violence among women with disabilities in Addis Ababa was found to be very common phenomenon. The prevalence of physical violence in our study was 40.5%. This finding is comparable with cross-sectional studies done in Butajira, among married women, 45% in 1998 and 49% in 2003 [19, 21]. lifetime prevalence of physical violence was higher than the finding from a study conducted around Gondar, North West, Ethiopia which was 32.2% [38].The difference may be due to the nature of the study participants, women with disability, may be at greater risk for violence compared with those without disability.

On the other hand the sexual violence from our study was 42%, this result was lower compared to a study conducted in Debark, North West Ethiopia, 65.3% and Butajera, 59% in 2003 [19, 39]. This may be because of the age of the participants included in the study and residential area difference between the two study populations. Whereas our lifetime sexual prevalence was higher compared to a study conducted around Gondar which was 19.2% [38]. This may be due to the nature of our study participants (with disability).

Similarly, a study conducted in USA involving women with physical and physical and cognitive disabilities in which 67% of the women reported having experienced physical abuse and 53% of the women reported having experienced sexual abuse [40] which was higher compared to the findings of our study. This may be due to the socio-demographic and socio-cultural difference between the two target populations and the type of disability included in the study; those with cognitive disabilities have a greater risk for violence compared to other disabilities.

In our study, physical violence was associated with adverse reproductive health outcomes; similar association was obtained from Bangladeshi and in the five regions of Colombia among ever married women[24, 41]. On the other hand sexual violence was highly associated with adverse reproductive health outcomes, which was similar to the

finding from a study conducted on high school students in Addis Ababa and Debark town in North West Ethiopia[25, 39].

The association between physical and sexual violence with adverse reproductive health outcome may be because women who are physically and sexually violated have limited usage of contraception which leads to unwanted pregnancies and usually these unwanted pregnancies end up in abortion. Violence during pregnancy also results in the loss of the pregnancy in the form of miscarriage or still birth.

Based on the ecological frame work (literatures), our study has assessed some associated factors which are stated as contributing factors for gender based violence. Though cause and effect relationship could not be established, physical violence in the past 12 month was significantly associated with women who were younger (in the age group of 15-24). Similar finding was obtained from a study done in Bangladeshi in which women older than 20 years were more likely to experience physical violence in the absence of sexual violence[41]. This may be because women who are young and are in relationship or marriage are more likely to be physically violated by their intimate partner.

In case of our study finding, women in the age group of 25-34 years were more likely to experience sexual violence than the middle or older age group. Similar finding was indicated by a study conducted in Tanzania in which odds of reporting violence was higher among younger women (< 30 years) [42].

In our study being blind was strongly associated with sexual violence. Similarly a retrospective study conducted on Norwegian deaf respondents reported three times more often that they were victims of sexual abuse than the respondents in a control group of non-disabled people [34]. The corresponding number for blind people was a doubled risk compared to the non-disabled [35]. This may be because blind women may not be able to identify their perpetuators and protect themselves against violence.

Transactional sex was highly associated with sexual violence in the past 12 month in our study. Similar finding was obtained from a study conducted in south Africa in which

transactional sex was associated with broad intimate partner violence [18]. The association may be due to, when women have sex for exchange of money men usually have control and while women lose their power to negotiate to safe and consensual sex.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength

Combination of quantitative and qualitative methods of data collection was the strength for this study, which capture a more complete and complementary picture of the problem under study. The study is internally valid for the following major reasons: The questionnaire was pre-tested and designed based on standard WHO Multi-country study (dealing about theoretical frame work), the questionnaire was closed ended and anonymous. The study also included all types of disabilities except intellectual impairment (cognitive disability). All women who were >=18 years were included in the study.

7.2 Limitation

Researches that were conducted on violence against disabled women in Ethiopia were limited. This was difficult for the principal researcher to review and discuss documents towards the issue. The nature of the study participants and time provided for the study were the main reasons for using convenience sampling, which limits the generalization of the finding.

The magnitude of gender based violence might be underestimated, because the information was collected only from the survivors during the data collection time. Members may discontinue their membership in the association or it might be underestimated as a result of under–reporting of violence by respondents, given the culturally sensitive nature of this behavior and the possible reluctance of many respondents to acknowledge its occurrence.

The study only included those women who came to the associations between the data collection period. As any cross sectional study cause and effect relationship was not possible to establish for the factors dealt in the study because it is difficult to know which occurred first the exposure or outcome variable.

8. CONCLUSION AND RECOMMENDATION

8.1 CONCLUSION

This study examined prevalence of gender-based violence and its association with adverse reproductive health outcome among women with disabilities in selected associations of women with disability in Addis Ababa City.

- More than half of the women with disabilities interviewed reported physical or sexual assault at some point during their lifetime, and almost one fourth of them had experienced such violence in the past 12 months.
- Broad lifetime experience of gender based violence was significantly associated with odds of adverse reproductive health outcome even after adjustment of risk behaviors known to increase women risk to experience violence.
- Factor such as age, was associated with physical violence whereas age, type of disability and transactional sex were associated with sexual violence. Risky behaviors like alcohol drinking habit, chat chewing and having multiple sexual partners were not associated with both physical and sexual violence

8.2 RECOMMENDATION

Finding from this study confirmed that gender based violence among women with disabilities is very common which deserves the following interventions from concerned bodies.

- Disability associations should build strong collaboration and integration mechanisms with community, policy makers, non-governmental organizations parents and disabled people in order to minimize traditional harmful gender norms and to put legal actions in to practice.
- Secondary prevention measures such as victim support programs should be started to take care of women (especially women with disability) affected by GBV from the immediate physical and psychological sufferings

- Health care takers assessing women with disability coming for abortion or miscarriage service should assess their experience of gender based violence for better management of the core cause.

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APPENDICES

Addis Ababa University, school of public health, Study on gender based violence and adverse reproductive health outcomes among women with disabilities

Women who should be excluded from the study

- Less than 18 years
- Who do not speak Amharic language
- Who are not active member of the association
- Who cannot speak sign language if she is deaf
- Who are not mentally capable to answer the questions
- Not permanent resident of Addis Ababa(<6 month)

Information sheet

Welcome, my name is ----------. I work for the master's thesis program in Addis Ababa University a study on gender based violence among women with disabilities. This is to understand the violent experience that women face daily in their life time. You have been chosen randomly to participate in the study. I would like to assure you that everything you are about to tell remains strictly confidential. For the interview we don't need you real name or address.

Some of the questions may be very personal and might be difficult to answer or talk about them but for many it is found to be helpful / useful opportunity to talk. There is no right or wrong answer. You are just kindly requested to share your experience; you may stop the interview or fail to answer questions that might make you uncomfortable. However your answers have their own values and contribution to understanding the issues and helping other women in the country.

Some of questions may have more than one answer as alternatives. The interview will take approximately 30 minutes. Do you have any questions? If you have further questions you can ask the principal investigator by the following address

Nigist sebsbie or Research and Ethics Committee

Tel:0911707713 school of public health, AAU

P.O.Box 19668, Addis Ababa, Ethiopia Tel: 0115157701

Email: nigistsbsebie@yahoo.com P.O.Box 9086

Email:

Do you agree to be interviewed?

Yes ☐ continue to the next page No ☐ Thank the participant, dismiss him/her

Individual consent form

First I would like to thank you for taking your time and participating in our study.

I the undersigned participated in the study on “gender based violence and adverse reproductive health outcomes among women with disabilities” on mine free of will and interest after being oriented about the purpose of the study.

Can I sign for your voluntariness?

Yes ---------- NO----------

Interviewer name: ---------- signature ----------

Date ----------

If you have any questions or need further information regarding this study you can contact the principal investigator at the following address

Nigist sebsbie or Research and Ethics Committee

Tel:0911707713 school of public health, AAU

P.O.Box 19668, Addis Ababa, Ethiopia Tel: 0115157701

Email: nigistsbsebie@yahoo.com P.O.Box 9086

Email:

Annex 1: English questionnaire

Section 1: Socio-demographic characteristics code No----------

Q. No	Questions	Answers/ choices for respondent
101	How old are you on your last birthday?	[ ] [ ] year
102	What is your disability?	1. Visual impairment 2. Hearing impairment 3.Physical impairment
103	What is your religion?	1.Orthodox 2.Muslim 3.Catholic 4.Protestant 5.Other(specify) ----------
104	What is your marital status?	1.Never married 2.Married 3.Divorced 4.Separated 5.Widowed
105	What is your educational level? (number of years in education)	Grade [ ] [ ] • *00 if illiterate*
106	Are you currently working? Looking for a job? Student? retired	1.Unemployed 2.employed 3. Student 4.Retired
107	Have you ever been married or lived with male partner?	1. Yes 2.No
108	How long have you been married or	1.[ ][ ]

	in relationship currently? (number of completed years)	2. Less than a year
109	How often do you drink alcohol (such as Areke, Tella, and Tej)? If yes how often per month or per week	1. Never 2. Sometimes/ occasionally 3. Somewhat regularly
110	How often do you use Khat? If yes how often per month or per week	1.Never 2. Sometimes/ occasionally 3. Somewhat regularly
111	Do you have more than one sexual partner currently	1.Yes 2. No
112	Have you ever had sex with another person in exchange of money or material?	1. Yes 2. No

Section 2: physical and sexual violence: the next questions are about things that happen to many women and that your current or any other partner may have done to you. I want you to tell me if your current husband / partner, or any other person, has ever done the following things to you.

Q.	***Questions & filters***	*A)* *(**If YES continue with B. If NO skip to next item**)* *YES NO*	*B)* *Has this happened in the past 12 months?* *YES NO*	***Perpetrator*** (*More than one answer is possible)* 1. Boyfriend / husband 2. Family member 3. Other relative 4. Stranger 5.Other(specify)------ 6.Refused/ no answer
Physical violence				
Has anyone ever….				

201	a). Slapped you or threw something at you that could hurt you?	1.Yes 2.No	1.Yes 2.No	
202	c) Hit you with a fist or with something else that could hurt you?	1.Yes 2.No	1.Yes 2.No	
203	e) Choked or burnt you on purpose?	1.Yes 2.No	1.Yes 2.No	
204	f) Threatened to use or actually used a gun, knife or other weapon against you?	1.Yes 2.No	1.Yes 2.No	
Sexual violence: Has anyone ever….				
205	a) Physically forced you to have sexual intercourse when you did not want to?	1.Yes 2.No	1.Yes 2.No	
206	b) Did you ever have sexual intercourse you did not want because you were afraid of what might be done to you?	1.Yes 2.No	1.Yes 2.No	
207	c) Did anyone ever force you to do something sexual that you found degrading or humiliating?	1.Yes 2.No	1.Yes 2.No	

208	d) did anyone ever touched you sexually in a way you did not approved	1.Yes 2.No	1.Yes 2.No	

Section 3: Other experiences

Many women experience different forms of violence from relatives other people that they know and /or from strangers. If you don't mind I would like to briefly ask you about some of these situations.

Q.No	Questions & filters	Answer/ choices for respondent
301	How old were you when you had sexual intercourse for the first time?	1. [ ][ ] year 2.Don't know/don't remember
302	How older was the person with whom you had the first sexual intercourse compared to your age?	1.Equal 2.<5 year 3. >5year 4. Don't know/don't remember
303	Have you been willing when you have the first sexual intercourse?	1. Yes --- skip **Q.304 –Q.309** 2.No
304	Who was the person who forced you for that unwanted sex?	1. Boyfriend / husband 2. Family member 3. Other relative 4. Stranger 5. Other(specify)---------- 6.Refused/ no answer
305	Did you share your forced sex experience with anyone (family, friends….)?	1. Yes: skip **Q.307** 2. No
306	Have you ever reported to the legal system or police?	1.Yes 2.No
307	When you faced with forced sex, why didn't you share or tell anyone?	1.Didn't know what to do? 2. Feeling of shame

	(***More than one answer is possible***)	3. Afraid of the perpetrator 4. Afraid of parent's/ public reaction 5. Other (specify)----------
308	Have you experienced any of these conditions as the result of having forced sex? (***More than one answer is possible***)	1.Self-blame 2. Fear 3.Hopelessness 4.Suicidal ideation 5.Suicidal attempt 6.Other (specify)----------
309	Have you ever experienced any of these conditions as the result of having forced sex? (***More than one answer is possible***)	1.Poor achievement/ failure from school, work 2.Dropping out from school 3.Rejections from family/friends 4.Alcohol dependency/abuse 5.Other (specify)----------

Section 4: Adverse reproductive health out comes

Q.No	Questions and filters	Answers/ choices for respondent
401	Have you ever had unintended/ unwanted pregnancy?	1.Yes 2.No
402	Have you ever had still birth?	1.Yes 2.No
403	Have you ever had an abortion?	1.Yes 2.No

The End

Thank you very much for your cooperation!!!

ANNEX 2: AMHARIC QUESTIONNAIRE

<u>አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት</u>

ማሳሰቢያ፡-

- ቀጥሎ ያሉት ሴቶች በጥናቱ መሳተፍ አይችሉም በመሆኑም ጥያቄ ከማቅረብዎ በፊት የሚከተሉትን ያረጋግጡ
  1. እድሜዋ ከ 18 ዓመት በታች ከሆነች
  2. የአማርኛ ቋንቋ ተናጋሪ ካልሆነች
  3. በአሁኑ ወቅት በየትኛውም የአካል ጉዳተኞች ማህበር አባል ካልሆነች
  4. መስማት የተሳናት ከሆነች የምልክት ቋንቋ መጠቀም የማትችል ከሆነ
  5. ቃመለጠይቁን ለመመለስ አእምሮአዊ ብቃት ከሌላት
  6. ቋሚ የአዲስ አበባ ነዋሪ ካልሆነች
- በጥናቱ ለመሳተፍ ብቁ ከሆነች ቀጥሎ ያለውን መተማመኛ ቅጽ ያንብቡላት
- ጤና ይስጥልኝ እንኳን ደህና መጡ ስሜ ---------- እባላለሁ፡፡ በአሁኑ ወቅት በሴቶች አካል ጉዳተኞች የጤናና የህይወት ገጠመኞች ላይ በአዲስ አበባ ዩኒቨርሲቲ ስር ጥናት እየተካሄደ ነው እርስዎም በአጋጣሚ በዚህ ጥናት እንዲሳተፉ ተመርጠዋል፡፡ የጥናቱም ዋና አላማ ስለሴቶች ጤናና የህይወት ገጠመኞቻቸው በበቂ ሁኔታ ለማወቅና ለመረዳት ነው፡፡ የምንነጋገርባቸው ጉዳዮች በሙሉ በሚስጥር የተጠበቀ ይሆናል፡፡ በዚህ ጥናት ወረቀት ላይ ስሞትም ሆነ አድራሻዎ አይመዘገብም፡፡

በዚህ ጥናት ስለጤንነትዎ እና አንዳንድ የህይወት ገጠመኝዎን በተመለከተ ጥያቄዎችን አቀርብልዎታለሁ፡፡ ከምንነጋገርባቸው ጉዳዮች አንዳንዶቹ ትንሽ ከበድ ያሉ ሊሆኑ ይችላሉ፡፡ ነገር ግን በእንደዚህ ዓይነት ጥናት ላይ የተሳተፉ ብዙ ሴቶች በጤናቸው እና በህይወት ገጠመኛቸው ላይ መነጋገራቸው ጠቃሚ ሆኖ አግኝተውታል፡፡ እነዚህ ጥያቄዎች ትክክል ነው ወይም ትክክል አይደለም የሚል መልስ የላቸውም አንዳንድ ጥያቄዎችን መመለስ ባይፈልጉ ልንተዋቸው እንችላለን፡፡ ነገር ግን ስለጤናዎ እና የህይወት ገጠመኝዎ በተመለከተ የምጠይቆትን ጥያቄዎችና እርስዎ የሚነግሩኝ ማንኛውም ነገር በኢትዮጵያ ለሚገኙ ሌሎች ሴቶች ጤና ለመረዳት እእና ለማሻሻል ጠቃሚ ነው፡፡

ከማቀርብልዎት ጥያቄዎች መካከል አንዳንዶቹ ከአንድ በላይ መልስ ሊኖራቸው ይችላል፡፡ ቃለ መጠይቁ በአማካይ 30 ደቂቃ ይፈጃል፡፡ ጥያቄ አልዎት? ጥያቄ ካልዎት ወይም ተጨማሪ መረጃ የሚፈልጉ ከሆነ በሚከተለው አድራሻ መጠየቅ ይችላሉ፡፡

ንግስት ሰብስቤ ወይም የጥናትና የስነ-ምግባር ኮሚቴ

ስልክ 09 11 70 77 13 የህብረተሰብ ጤና ት/ቤት

ፖ.ሳ.ቁ 19668 አ.አ ኢትዮጲያ አዲስ አበባ ዩኒቨርስቲ

ኢሜል nigistsbsebie@yahoo.com ስልክ 0115157701

ፖ.ሳ.ቁ 9086

በዚህ ጥናት ለመሳተፍ ይስማማሉ?

አዎ ተስማምቻለሁ አልተስማማሁም-» ስለሰጡኝ ጊዜ አመሰግናለሁ

↓

ወደ ቃለ መጠይቁ ይለፉ

ክፍል1 ፡ አጠቃላይ መረጃ **ኮድ----------**

ጥ.ቁ	ጥያቄና ማጣሪያ	መልስ መስጫ /አማራጭ
101	አሁን እድሜዎ ስንት ነው?	እድሜ /ግምት [ ] [ ]
102	ያልዎት የአካል ጉዳት ዓይነት?	**1.** ማየት የተሳናት **2.** መስማት የተሳናት **3.** የአካል ጉዳት
103	ሀይማትዎ ምንድን ነው?	**1.** ኦርቶዶክስ **2.** ሙስሊም **3.** ካቶሊክ **4.** ፕሮቴስ□ንት **5.** ሌላ ካለ ይገለጽ----------
104	በአሁኑ ሰዓት አግብተዋል?	**1.** አላገባሁም **2.** አግብቻለሁ **3.** ተፋትቻለሁ **4.** ተለያይቻለሁ **5.** ባለቤቴ በህይወት የለም/በሞት ተለይቷል/
105	የትምህርት ደረጃዎን ምን ድረስ አጠናቀዋል?	[ ][ ] ክፍል • *00 አልተማርኩም*
106	በአሁኑ ወቅት ስራ አለዎት? ስራ እየፈለኩኝ ነው ጡረታ ወጥቻለሁ ተማሪ ነኝ	**1.** ሥራ እየፈለኩኝ ነኝ **2.** እየሰራሁ ነ ነኝ **3.** ተማሪ ነኝ **4.** ጡረታ ወጥቻለሁ
107	በህይወትዎ አግብተው ወይም ከወንድ ጋር በትዳር መልክ በአንድ ቤት ኖረው ያውቃሉ?	**1.** አዎ **2.** አይደለም
108	ከትዳር ጓደኛዎ ጋር ወይም ከወንድ ጓደኛዎ ጋር ለምን ያህል ጊዜ ኖረዋል?	**1.** [ ][ ] ዓመት **2.** ከአንድ ዓመት በታች/ያነሰ

	(ያጠናቀቁት አመት)	
109	በህይወትዎ አልኮል መጠጥ ጠጥተው ያውቃሉ/አረቄ፣ ጠላ፣ ጠጅ...../ መልሱ አዎ ከሆነ ይጠይቁ በሳምንት/በወር ስንት ጊዜ?	1. አልኮል መጠጥ ጠጥቼ አላውቅም 2. አልፎ አልፎ 3. ሁልጊዜ
110	በህይወትዎ አደንዛዥ እፅ ወይም ጫት ቅመው ወይም ተጠቅመው ያውቃሉ? መልሱ አዎ ከሆነ ይጠይቁ በሳምንት/ በወር ስንት ጊዜ ?	1. አልኮል መጠጥ ጠጥቼ አላውቅም 2. አልፎ አልፎ 3. ሁልጊዜ
111	በአሁኑ ወቅት ከአንድ በላይ የወንድ ፍቅረኛ አልዎት?	1. አዎ 2. አይደለም
112	በህይወትዎ ለጥቅማጥቅሞች /ሥራ ለመቀጠር ለገንዘብ እና ለሌሎች ጥቅማጥቅሞች ብለው ከወንድ ጋር የግብረስጋ ግንኙነት ፈጽመው ያውቃሉ?	1. አዎ 2. አይደለም

ክፍል 2 መልስ ሰጪዋ የአካል ወይም የወሲብ ጥቃት በተመለከተ				
አሁን የምጠይቅዎት ጥያቄዎች ብዙ ሴቶች ስለሚጋጥማቸው ጉዳዮች ይሆናል፡- አሁን ካለዎት ወይም በቅርብ ጊዜ ከነበርዎት ወይም ከሌላ ማንኛውም የወንድ ጓደኛዎ ከነበረ ሰው እርስዎንም አጋጥሞዎት ሊሆን ይችላል፡፡ ስለዚህ ከዚህ በታች የተዘረዘሩት ገጥመዎት ከሆነ እንድትነግሩኝ እፈልጋለሁ፡፡				
አካላዊ ጥቃት በተመለከተ				
ጥ.ቁ	ጥያቄ ማጣሪያ	ሀ	ለ	ሐ

	አሁን አብርዎት ያለው ወይም ከዚህ በፊት የነበረዎት ማንኛ ውም የወንድ ጓደኛዎ/ማንኛ ውም ሌላ ሰው	መልሰ አዎ ከሆነ ወደ ለ ይሂዱ መልሱ አይደለም ከሆነ ወደሚቀጥለው ጥያቄ ይለፉ **አዎ አይደለም**	ባለፈው አንድ አመት ውስጥ ይህ ገጥምዎታል? **አዎ አይደለም**	ጥቃቱን ያደረሰው ሰው /ከአንድ በላይ መልስ መስጠት ይቻላል/ 1. ፍቅረኛዬ /ባለቤቴ/ 2. የቤተሰብ አባል 3. ሌላ ዘመድ 4. የማላውቀው ሰው 5. ሌላ ካለ ይገለጽ--------- 6. መልስ መስጠት አልፈለጉም
201	በጥፊ መትቶዎት ገፍትሮዎት ወይም ሊመታዎ የሚጎዳ ነገር ወርውሮብዎት ያውቃሉ?	**1.**አዎ **2.** አይደለም	**1.** አዎ **2.**አይደለም	
202	በቦክስ በርግጫ በዱላ ወይም በሌላ የሚጎዳ ነገር መትቶዎት ወይም ደብድቦት ያውቃሉ?	**1.**አዎ **2.**አይደለም	**1.**አዎ **2.**አይደለም	
203	አንገትዎትን አንቆ አፍኖ ወይም ሆነ ብሎ በእሳት አቃጥሎዎት ያውቃሉ?	**1.**አዎ **2.** አይደለም	**1.**አዎ **2.**አይደለም	
204	በሽጉጥ በጩቤ በስለት ወይም በሌላ መሳሪያ አስፈራርቶዎት ወይም ጎድቶዎት	**1.**አዎ **2.**አይደለም	**1.**አዎ **2.**አይደለም	

	ያውቃሉ?			
ወሲባዊ ጥቃት በተመለከተ ማንኛውም የወንድ ጓደኛዎ/ ማንኛውም ሌላ ሰው.....				
205	እርስዎ ሳይፈልጉ ጉልበት በመጠቀም የግብረ ስጋ ግንኙ ነት እንዲፈጽሙ አድርገው ያውቃሉ?	**1.አዎ 2.አይደለም**	**1.አዎ 2.አይደለም**	
206	አንድ ነገር ያደርገኛል ብለው በመፍራት ፍላጎት ሳይኖርዎት የግብረ ስጋ ግንኙ ነት አድርገው ያውቃሉ?	**1.አዎ 2.አይደለም**	**1.አዎ 2.አይደለም**	
207	አንድ የማይፈልጉት ዓይነት የግብረ ስጋ ግንኙነት ለመፈጸም አስገድዶዎት ያውቃሉ?	**1.አዎ 2.አይደለም**	**1.አዎ 2.አይደለም**	
208	ከፍላጎትዎ ውጪ ሰውነት የመነካካት ወይም የማሻሸት ሁኔታ ገጥሞዎት ያውቃሉ?	**1.አዎ 2.አይደለም**	**1.አዎ 2.አይደለም**	

ክፍል3 የተለያዩ ገጠመኞች በተመለከተ ብዙ ሴቶች በህይወት ዘመናቸው ከዘመዶቻቸው ከተለያዩ ከሚያውቋቸው ሰዎች የተለያዩ ጥቃቶች ይደርስባቸዋል እነዚህን በተመለከተ የተወሰኑ ጥያቄዎችን አቅርብልዎታለሁ፡፡		
ጥ.ቁ	ጥያቄ እና ማጣሪያ	መልስ መስጫ/ አማራጭ
301	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ሲጀምሩ እድሜዎ በግምት ስንት ነበረ?	1. የግብረ ስጋ ግንኙነት ፈጽሜ አላውቅም 2. [ ] [ ] ዓመት 3. አላውቅም /አላስታውስም
302	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት አብርዎ የፈጸመው ሰው እድሜው በወቅቱ በግምት ስንት ነበረ ወይም እድሜው እርስዎን በስንት ይበልጥዎታል ?	1. እኩል ነበርን 2. 5 ዓመት በታች 3. 5 ዓመት በላይ 4. አላውቅም /አላስታውስም
303	የመጀመሪያዎ የግብረ ስጋ ግንኙነት የፈጸሙት በፍላጎትዎ ነበር?	1. አዎን፡ - ከጥ.ቁ 304-309 ያሉትን ጥያቄ ይዝለሉ /ይለፉ 2. አይደለም
304	አስገድዶ /ከፍቃድዎ ውጪ/ የመደፈሩን ገጠመኝ ማን ነበር ያደረስብዎ?	1. ፍቅረኛዬ /ባለቤቴ/ 2. የቤተሰብ አባል 3. ሌላ ዘመድ 4. የማላውቀው ሰው 5. ሌላ ካለ ይገለጽ---------- 6. መልስ መስጠት አልፈለጉም
305	ተገደው (ከፍቃዶት ውጪ) መደፈርዎን የነገሩት /የገለጹለት ሰው ነበር?	1. አዎ፡- ጥ.ቁ 307ን ይዝለሉ/ ይለፉ 2. አይደለም
306	ተገደው /ከፍቃዶ ውጪ /የመደፈርዎን አጋጣሚ ለሚመለከተው ክፍል /ፖሊስ/ አመልክተው ነበር?	1. አዎ 2. አይደለም

307	ተገደው /ከፍቃዶት ውጪ/ መደፈር ሲደርስብዎ ለምንድን ነበር ለማንም ያልተናገሩት? /ከአንድ በላይ መልስ መስጠት ይቻላል/	1. ማድረግ የነበረብኝ ባለማወቁ 2. ሀፍረት ወይም ነውር መስሎኝ 3. ፈጻሚው/ዎቹ ስላስፈራኝ/ሩኝ 4. የቤተሰብ /የህብረተሰቡን ጫና ሰግቼ 5. ሌላ ካለ ይግለጽ ----------
308	አስገድዶ /ከፍቃድ ውጪ / መደፈሩ የተነሳ ከተዘረዘሩት ሁኔታዎች ውስጥ የትኞቹን አጋጥሞዎት ነበር? /ከአንድ በላይ መልስ መስጠት ይቻላል	1. ራስን መጥላት 2. ፍርሀትና ድንጋጤ 3. ተስፋ መቁረጥ 4. ራስን የመግደል ስሜት 5. ራስን የመግደል ሙከራ 6. ሌላ ካለ ይግለጽ----------
309	ከአስገድዶ /ከፈቃድ ውጪ/ መደፈሩ የተነሳ ከተዘረዘሩት ሁኔታዎች ውስጥ የትኞቹን አጋጥሞዎት ነበር? /ከአንድ በላይ መልስ መስጠት ይቻላል/	1. ት/ቤት ወይም ከመ/ቤት ዝቅተኛ ውጤት ማስመዝገብ 2. ከት/ቤት ማቋረጥ 3. ከቤተሰብ/ከጓደኛ መገለል 4. የአልኮል ሱሰኛ መሆን 5. ሌላ ካለ ይግለጽ----------
	ክፍል 4 የሥነ ተዋልዶ ጤናን በተመለከተ	
ጥ.ቁ	ጥያቄና ማጣሪያ	መልስ መስጫ /አማራጭ
401	በህይወትዎ ያልተፈለገ /ያልታቀደ እእርግዝና አጋጥሞዎት ያውቃል?	1. አዎ 2. አይደለም
402	በህይወትዎ ሞቶ የተወለደ ህጻን አጋጥሞዎት ያውቃል?	1. አዎ 2. አይደለም
403	በህይወትዎ ውርጃ / ጽንስ አቋርጠው ያውቃሉ	1. አዎ 2. አይደለም

ተፈጸመ

ስለመልካም ትብብርዎ ከልብ አመሰግናለሁ

የመተማመኛ ቅጽ

በመጀመሪያ ጊዜዎትን ሰውተው በጥናቱ ላይ ስለተሳተፉ አመሰግናለሁ፡፡
ስለሆነም በጥናቱ ላይ በፍቃድዎ ለመሳተፍዎ በመግለጽ በዚህ ቅጽ ላይ በመፈረም እእንዲተባበሩኝ በትህትና እእጠይቃለሁ፡፡

እኔ ከዚህ በታች የፈረምኩት በሴት አካል ጉዳተኞች የጤናና የህይወት ገጠመኞች ላይ በተደረገው ጥናት ላይ በፈቃደኝነት መሳተፌን አረጋግጣለሁ፡፡

ፊርማ----------

የቃለ መጠይቁን ያደረገው ስም----------

ጥናቱን በሚመለከት ጥያቄ ካልዎት ወይም ተጨማሪ መረጃ የሚፈልጉ ከሆነ በሚከተለው አድራሻ መጠየቅ ይችላሉ፡፡

ንግስት ሰብስቤ
ስልክ 09 11 70 77 13
ፖ.ሳ.ቁ 19668 አ.አ ኢትዮጲያ
ኢሜል nigistsbsebie@yahoo.com

ወይም

የጥናትና የስነ-ምግባር ኮሚቴ
የህብረተሰብ ጤና ት/ቤት
አዲስ አበባ ዩኒቨርስቲ
ስልክ 0115157701
ፖ.ሳ.ቁ 9086

Annex 3: Semi – Structured FGD Guide

This semi-structured discussion guide prepared to assess practice, attitude and beliefs of women with disabilities towards Gender based violence in selected association of people with disabilities in Addis Ababa.

Number of participants ---------- Type of disability ----------
-

1. **Introduction**

- Greeting and introducing the moderator and note taker with participants
- Introducing the main objective/ purpose of the study
- Introducing the main theme of the discussion
- Obtaining consent from the participants
- Creating conducive atmosphere

2. **Core issues or Questions in the discussion**

- List down or give ranks for five main problems of women with disabilities
  - *Provide a pen and paper on which they can write their answers*
- Have you ever heard about gender based violence?
  - *From where did you hear about the issue?*
  - *Physical violence (kicking, beating, pushing) probe, probe…..*
  - *Sexual violence (rape, sexual harassment, attempted rape) probe, probe…..*
  - *Psychological violence (insulting, humiliating) probe, probe……*
- Have you heard/ seen such kind of violence on women with disabilities?
- What do you think the main reasons are for women with disabilities do face/ counter such kind of events? Probe, probe…... can you list them down or give them rank?
- Do you think that these problems are preventable?
  - How? Probe, probe…..?
- What do you think the mechanisms to prevent these problems? Probe, probe…. Can you list them down or rank them?

- Is there a system of safeguarding women with disabilities from such kind of violence?
    - *What are they? How?*

3. **Summarizing the discussion**

- Accepting any questions, comments or suggestions
- Showing appreciation for participants and closing the discussion

Information sheet and Informed consent for FGD

Welcome, my name is ---------- I'm a postgraduate student in Addis Ababa University. I'm conducting a study on gender based violence among women with disabilities. This is to understand the violent experience that women face daily in their life time. You have been chosen randomly to participate in the study. I would like to assure you that everything you are about to discuss remains strictly confidential. For the focus group discussion we don't need you real names or addresses

The discussion will take approximately 1hr. Do you have any questions? Do all of you agree to participate in the discussion?

Yes → continue to the next page **No**→ Thank the participant, dismiss him/her

If you have any questions or need further information regarding this study you can contact the principal investigator at the following address

Nigist sebsbie
Tel:0911707713
P.O.Box 19668, Addis Ababa, Ethiopia
Email: nigistsbsebie@yahoo.com

or

Research and Ethics Committee
school of public health, AAU
Tel: 0115157701
P.O.Box 9086
Email:

የቡድን ዉይይት መመሪያ

ይህ የቡድን ዉይይት መመሪያ የተዘጋጀዉ ሴት የአካል ጉዳተኞች ስለሚያጋጥሟቸዉ ፆታዊ ጥቃት በተመለከተ ያላቸዉን አመለካከት ለመፍተሽና ለመረዳት ነዉ

የተሣታፊዎች ቁጥር---------- የጉዳት አይነት ----------

1. **መግቢያ**

- የዉይይቱን መሪና ተሳታፊዎችን ማስተዋወቅ
- የጥናቱን ዋና አላማ መግለፅ
- የዉይይቱን ክፍሎች በዝርዝር መግለፅ
- የተሳታፊዎችን የተሳትፎ ፍቃድ መጠየቅ
- ምቹ የሆነ የዉይይት ሁኔታ መፍጠር

2. **ዋና ዋና ሀሳቦችና የዉይይት ጥያቄዎች**

- የሴት አካል ጉዳተኞች ዋና ዋና ችግሮችን ለይታችሁ አዉጡና በደረጃ አስቀምጡአቸዉ
  - ለተሳታፊዎቹ ወረቀትና እስክሪብቶ ይስጧቸዉ
- ስለ ፆታዊ ጥቃት ስምታችሁ ታዉቃላችሁ?
  - ስለ ጉዳዩ የት ነበር የሰማችሁት?
- ፆታዊ ጥቃት ስንል ምን ማለታችን ነዉ? ምን አይነት ጥቃትን ያካትታል?(ማወጣጣት ማወጣጣት …….)
- ሴት አካል ጉዳተኞች ላይ ፆታዊ ጥቃት ሲፈፅም አይታችሁ ወይም ስምታችሁ ታዉቃላችሁ?
- ሴት አካል ጉዳተኞች ላይ ፆታዊ ጥቃት የሚደርስባቸዉ ለምን ይመስላችል? (ማወጣጣት ማወጣጣት……..)
  - ምክንያቶቹን በመዘርዘር ደረጃ ስጧቸዉ
- እነዚህ ችግሮችን መከላከል የሚቻል ይመስላችኋል?
  - እእንዴት? (ማወጣጣት ማወጣጣት……..)
- ችግሮቹን ለመከላከል የሚያስችሉ መንገዶች ምንድን ናቸዉ? (ማወጣጣት ማወጣጣት……..)
  - የመከላከያ መንገዶቹን በመዘርዘር ደረጃ ስጧቸዉ
- የሴት አካል ጉዳነኞችን ደህንነትን የሚያስጠብቅ መዋቅር /ሲስተም አለ?
  - ምንድን ናቸዉ? እንዴት?

3. **የዉይይቱ ማጠቃለያ**

- ጥያቄና አስተያየት ከተሳታፊዎቹ መሰብሰብ
- ተሳታፊዎቹን ማመስገንና ወይይቱን ማጠቃለል

ለቡድን ውይይት የመግባቢያ እና የመተማመኛ ቅጽ

ጤና ይስጥልኝ እንኳን ደህና መጣችሁ ስሜ ---------- እባላለሁ፡፡ በአዲስ አበባ ዩኒቨርሲቲ የድህረ ምረቃ ተማሪ ነኝ፡፡ በአሁኑ ወቅት በሴቶች አካል ጉዳተኞች የጤናና የህይወት ገጠመኞች ላይ በአዲስ አበባ ዩኒቨርሲቲ ስር ጥናት እየተካሄደ ነው እርስዎም በአጋጣሚ በዚህ ጥናት እንድትሳተፉ ተመርጣችሁል፡፡ የጥናቱም ዋና አላማ ስለሴቶች ጤናና የህይወት ገጠመኞቻቸው በበቂ ሁኔታ ለማወቅና ለመረዳት ነው፡፡ የምንነጋገርባቸው ጉዳዮች በሙሉ በሚስጥር የተጠበቀ ይሆናል፡፡ በዚህ ጥናት ወረቀት ላይ ስማችሁም ሆነ አድራሻችሁ አይመዘገብም፡፡

ውይይቱ በአማካይ 1ሰአት ይፈጃል፡፡ ስለሆነም በውይይቱ ላይ ለመሳተፍ ሁላችሁም ፈቃደኛ ናችሁ ?ጥያቄ አላችሁ ?

አዎ ተስማምተናል አልተስማማንም-» ስለሰጡኝ ጊዜ አመሰግናለሁ

↓

ወደ ቃለ መጠይቁ ይለፉ

በመጀመሪያ ጊዜያችሁን ሰውታችሁ በውይይቱ ላይ ለመሳተፍ ስለመጣችሁ አመሰግናለሁ፡፡
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እኛ የዚህ ውይይት ተሳታፊዎች በሴት አካል ጉዳተኞች የጤናና የህይወት ገጠመኞች ላይ በተደረገው ጥናት ላይ በፈቃደኝነት መሳተፋችንን እናረጋግጣለን፡፡

ውይይቱን ያደረገው ስም----------

ፊርማ---------- ቀን----------

ጥናቱን በሚመለከት ጥያቄ ካልዎት ወይም ተጨማሪ መረጃ የሚፈልጉ ከሆነ በሚከተለው አድራሻ መጠየቅ ይችላሉ፡፡

ንግስት ሰብስቤ
ስልክ 09 11 70 77 13
ፖ.ሳ.ቁ 19668 አ.አ ኢትዮጲያ
ኢሜል nigistsbsebie@yahoo.com

ወይም

የጥናትና የስነ-ምግባር ኮሚቴ
የህብረተሰብ ጤና ት/ቤት
አዲስ አበባ ዩኒቨርስቲ
ስልክ 0115157701
ፖ.ሳ.ቁ 9086

DECLARATION

I, the under signed, declare that this is my original work has never been presented in this or any other university and that all the source material used for the thesis have been duly acknowledged.

Name: Nigist sebsbie

Signature----------

Place: Addis Ababa

Date of submission: July 7, 2011

This thesis has been submitted for examination with my approval as a university Advisor:

Name----------

Signature----------

Date----------