



**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
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**PREVALENCE AND EXPERIENCE OF SEXUAL COERCION AMONG FEMALE
STUDENTS OF AMBO UNIVERSITY IN ETHIOPIA**

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List of Abbreviations

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AOR	Adjusted Odd Ratio
CEP	Continuing Education Program
CI	Confidence Interval
COR	Crude Odds Ratio
DHS	Demographic and Health Survey
FGDs	Focus Group Discussions
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
MPH	Master of Public Health
NGOs	Non-Governmental Organizations
OR	Odds Ratio
PI	Principal Investigator
PPS	Proportional to Population Size
SPH	School of Public Health
SPSS	Statistical Package for Social Sciences
SSA	Sub-Saharan Africa
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Program on AIDS
UNICEF	United Nations Children's Fund
UN	United Nation
WHO	World Health Organization

Abstract

Background: Sexual coercion refers to a range of experiences that compel a person to have sex against her or his will, and it is a public health problem of concern throughout the world. This is not only because of physical injury that may result but also because of potentially harmful health behaviours that may be triggered in response to violence. The severity of the problem and inadequacy of the studies in this area has prompted the undertaking of this study.

Objective: The aim of this study was to determine the magnitude and factors associated with sexual coercion among female students of Ambo University in 2012.

Methods: A cross-sectional institution based study was conducted among female students of Ambo University from January, 2012 using the World Health Organization (WHO) multi-country self-administered standard questionnaire with minor modifications. Then 597 study participants were selected by simple random sampling method from selected departments using students' registration number. Data were entered using EpiData version 3.1 and analyzed using SPSS version 16.0 statistical software packages. Thematic analysis was used for focus group discussions (FGDs).

Results: About 77 (13%) of the female students were raped at least once in lifetime and 177 (30%) experienced an attempted rape in their lifetime. Most of the study participants 465 (78.8%) reported that they experienced sexual harassment in their lifetime. Among the victims of completed lifetime rape, 43 (55.4%) encountered unusual vaginal discharge, 29 (37.7%) had experienced unwanted pregnancy, 26 (33.8%) had abortion, 18 (23.4%) reported injury around the genitalia and 17 (22.1%) experienced swelling around the genitalia. Psychological outcomes like unhappiness, thinking that worthless person, suicidal ideation and suicidal attempt were reported by 70.1%, 64.9%, 22.1% and 2.6% of the rape victims, respectively. The odds of experiencing lifetime rape was higher among participants of 3rd year or more (AOR=2.97, 95%CI: 1.02, 8.62), 4th year (AOR=4.85, 95%, 1.38, 16.99), aged 24 years or more (AOR=3.92, 95%CI: 1.13, 13.55), female students who reported drinking alcohol (AOR=1.53, 95%CI: 1.63, 6.50), who had boyfriends (AOR=2.35, 95%CI: 1.71, 4.90), who had more than one sexual partner (AOR=2.64, 95%CI: 1.03, 6.77) and participants with history of divorced families (AOR=6.53, 95%CI: 1.38, 30.80).

Conclusion: This study shows that sexual coercion is common and serious problem among university female students in the study area. Therefore, it is recommended that sexual coercion needs due attention and remedial action by policy makers, university officials, parents, students, non-governmental organizations and other concerned bodies to promote a harassment free educational environment for female students.

1. Introduction

1.1. Background

Sub-Saharan Africa (SSA) is the worst affected region accounting for two-thirds of the HIV-positive population. Women accounts for half of the adult prevalence of HIV in SSA (1). Available evidence suggests that not all exposure to the risk of HIV infection and unintended pregnancy in SSA is voluntary (2).

World Health Organization (WHO) report on violence and health defines violence as “*an intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm and mal-development or deprivation (3).*” Violence against women is increasingly recognized as a health issue in nearly every country in the world, and attention is turning to the measurement of its health consequences for women and their families (4).

Violence is a worldwide public health problem. Sexual coercion exists along a continuum, from forcible rape to non-physical forms of pressure that compels girls and women to engage in sex against their will. According to the United Nation (UN) declaration, violence against women includes any act of gender-based violence (GBV) that results in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life (5).

There are many forms of violence against women; sexual violence is the most common form of it which include rape, coercion, abuse using physical force, verbal threats, harassment to have sex, unwanted touching or physical advances, forced participation in pornography or other degrading acts that often persist over time and are accompanied by threats on part of the perpetrator (6).

The experiences of sexual coercion include the use of violence, threats, verbal insistence, deception, cultural expectations and economic circumstances. The outcome is a lack of choice to pursue other options without any severe consequences (7). Most studies in different parts of the world have indicated that high rates of non-consensual sexual intercourse by an intimate partners (3,5, 8).

In Ethiopia, like any other developing countries, literature on sexual coercion is scarce. Institution based studies on high schools and technical school students mainly on sexual violence ranged from 5% to 44% (9). These studies, in their recommendation, strongly call for further elaborative investigations on the diverse socio-cultural and population groups which can provide rich information for prompt actions by concerned bodies in order to end-up the cycle of sexual violence (9).

1.2. Statement of the problem

Sexual coercion, whether in childhood or adulthood, has serious health consequences such as poor mental health, suicide, unwanted pregnancy, gynaecological complications, an increased risk of HIV and AIDS infection and other STIs (10).

Accurate information on the prevalence of sexual violence is difficult to obtain in any circumstances, as victims often underreport their experiences due to personal trauma, fear of reprisals, and societal stigma (11). These difficulties are exacerbated in conflict settings by general chaos and population displacements, safety fears, and a breakdown or lack of systems to collect and report information. In many African countries, law enforcement systems, state investigatory entities, and provisions for the protection of victims are almost absent, which inhibits accurate reporting (11). Due to these challenges, comprehensive population surveys are not generally available or feasible on the prevalence of sexual coercion.

Studies on experiences of sexual coercion in SSA are infrequent than in the developed countries. Thus, sexual coercion is a new area for researchers in developing countries, but there have been few opportunities for studies based on representative samples, and measurement of sexual coercion has not evolved. In many parts of the world, sexual coercion has been linked to risky sexual behaviour (7, 12) .

Ethiopia has one of the highest prevalence of both sexual and physical violence by an intimate partner. Several studies among youth of this country showed that they are affected by sexual violence and misconception about sexual violence and its consequence (9, 13). Sexual violence has a significant impact on physical, mental health and associated with an increased risk for sexual and reproductive health problems, with both immediate and long-term consequences among woman (14). Most shockingly, the perpetrators of violence in some cases are teachers, who are supposed to be guardians (15).

Data on sexual violence typically come from police, clinical settings, non-governmental organizations and research. Majority of the problems are hidden and undocumented due to different reason such as shame, fear of being blamed, not believed or lack of knowledge about sexual violence based on universal definition (16). Individuals may be stigmatized and ostracized by their families and others as a consequence. The larger section may be elucidated through survey research.

There is still a knowledge gap about sexual coercion against female university students in Ethiopia due to lack of adequate and reliable information on the prevalence, cause and consequences. Few studies among female high school students in the country showed that the physiological, psychological, emotional and social impacts of sexual violence among female students should be carefully assessed for guiding appropriate interventions (9). The other study done in AAU only focused on magnitude and its health outcomes but gaps found at what causes this problem was untouched area (17). This study area is chosen since the study subjects are more matured in age than high school adolescents and could possibly differentiate coercion from normal affection and may give a better response. Therefore, this study was conducted to assess sexual coercion and associated factors among female students in Ambo University. The finding of this study is helpful for policy makers to identify priority areas to focus on while designing youth reproductive programs in higher learning institutions.

2. Literature review

2.1. Magnitude of sexual coercion among adolescent girls

About 30 well-designed studies from around the world, including several from Latin America show that a male partner has beaten one-half of women interviewed. A survey from same area of 6000 college students found that 42% of women students reported some type of sexual assault including forcible sexual contact attempted rape and completed rape (18, 19).

Prevalence studies in University of Madrid indicated that at least 20% of adult women, 15% of college women, and 12% of adolescent girls have experienced sexual abuse and assault during their lifetimes (20). Rape or forced sex mostly perpetrated by individuals known to the victim seen as intimate partners, male family members, acquaintances and individuals in position of authority. Rape can occur while women are asleep, under the influence of alcohol and recreational drugs (21).

Surveys conducted among adolescent girls in Africa revealed that 46% in Uganda, 60% in Tanzania, 42% in Kenya, and 40% in Zambia reported regular physical abuse (22). The perpetrators of the sexual violence tend to be men or boys from the victim's neighbourhood, boyfriends or husbands and strangers. The violent episode most often takes place in the girl's home, in a public area or in the house of a friend, relative or neighbour. Roughly 43% of the girls affected have experienced not just one, but multiple incidents of sexual violence (10). A study conducted among secondary school students in three states of Nigeria showed that 36% of the students experienced at least one form of sexually coercive behaviours while unwanted touch of the body (breast and backside) accounts (31%) of reported sexually coercive behaviour which was followed by attempt to force the student to have sex (11%) and being tricked into having sex (9%) (23).

A study conducted among female students of Addis Ababa University revealed that the lifetime completed and attempted rape was 12.7% and 27.5%, respectively (17). The same study showed 58% and 41.8% of lifetime and 12 month period sexual harassment, respectively. Another study conducted among high school students in Addis Ababa showed that the prevalence of performed and attempted rape was 5% and 10%, respectively, and

harassment was 74.3% (24). Similarly, a study conducted among female street girls in Addis Ababa 15.6% of 3-month period rape, 20.4% attempted rape and 16.4% unwell-come kiss (25).

A study conducted in 2006 among female university students in Awassa showed that the prevalence of any form of GBV (physical or/and sexual) in lifetime, since college and in academic calendar of the study was reported by 59.9 %, 46.1% and 40.3% of the study participants, respectively (26). The lifetime, since college and current academic year's prevalence of sexual violence was reported by 54.9%, 40.8% and 35.3% of the girls participated in the study, respectively.

A cross-sectional conducted among female high school and technical school students in Butajira showed 8.2% lifetime and 2.5% current year prevalence of completed rape; likewise that of attempted rape was 23.2% and 10.7% while the case of sexual harassment being 28.2% and 15.4%, respectively (9). In North Gonder Zone, among high school female students, the 44% prevalence of GBV was reported as sexually harassed in 2003 (27). Of 11% sexually active students, 33.3% were rape cases. The same study reported 8.8% performed and 11.5% attempted rape.

About 45% and 28% of female students of higher learning institutions in Mekelle town reported prevalence of any form of sexual violence in lifetime and in the current academic year (28). A completed rape, attempted rape and sexual harassment in lifetime were reported by 10.4%, 33.7% and 35.4%, respectively. Completed rape, attempted rape and sexual harassment were reported 5.6%, 19.2% and 21.2% in the current year, respectively (28). A study conducted among high school students in Addis Ababa showed various forms of sexual violence such as completed rape (3%), attempted rape (11.6%), deceptive kiss (20.3%) and verbal harassment (35.3%) (24, 29).

Many studies in the above review were undertaken on sexual violence among students in general. However, there is still knowledge gap about sexual coercion and associated factors among female students in higher learning institutions in Ethiopia. Therefore, this study was conducted to address the experience of University female students towards sexual coercion and associated factors as main objective of this study.

2.2. Factors associated with sexual coercion among women

2.2.1. Substance use and sexual coercion

Not only male students but also female students use different types of substances through their lifetime; for instance, a study done among undergraduate medical students of Addis Ababa University revealed that 22.4% and 5.6% of female students were ever drunk alcohol and ever chewed khat, respectively (30). Several studies have found strong associations between consumption of alcohol or drugs and the risk of sexual coercion. In the study that assessed factors associated with sexual coercion among women, 18% female adolescents and 79% of the husbands of women who experienced abuse used alcohol and women drinkers were more likely to be victims of intimate partner violence (IPV) than non-drinkers (OR, 1.75; 95% CI, 1.39–2.20) (31).

Drinking alcohol may also place women in settings where their chances of encountering a potential offender are greater (32). Most of school based studies in Ethiopia also showed the strong association between alcohol consumption and sexual violence. Reports from Hawassa town among night school female students found significant associations between sexual violence and regular alcohol consumption (33). Another study conducted in Kofele district Arsi Zone showed 11% of women used khat (34).

2.2.2. Age and violence against women

The age of onset of intimate partner violence has received scant attention to date. Young women are usually found to be more at risk of rape than older women. Certain forms of sexual violence, for instance, are very closely associated with a young age, in particular violence taking place in schools and colleges (35).

According to the study among women attending antenatal care (ANC) clinics in Soweto, South Africa; the incidence of physical and/or sexual partner violence rose sharply at the age of 15 years and remained relatively constant through the late thirties (36). A population-based study conducted among 1,837 out-of-school females aged 10–19 in three urban areas of Ethiopia in 2008 revealed that 23% reported being sexually experienced and 27% of those who had first sex before age 15 coerced into having sex (37).

2.2.3. Poverty

Poverty increases people's vulnerabilities to sexual exploitation in the workplace, schools, in prostitution and sex trafficking (35). People with the lowest socio-economic status are at greater risk for violence. Poor women and girls may be more at risk of rape in the course of their daily tasks than those who are better off. Poverty forces many women and girls into occupations that carry a relatively high risk of sexual violence (35).

2.3. Consequence of sexual violence

Females who experience coerced or forced sex are more likely than those who do not to experience negative health outcomes (37, 38). This is to mean that; sexual coercion has profound immediate and long-term consequences. For every one who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive, and mental health problems (35). Physical consequences such as STIs including HIV, unintended pregnancy and subsequent unsafe abortion, and injuries including trauma to the reproductive tract are being common. Post-traumatic stress disorder and depression or other serious effects such as suicide attempts are some psychological effects of sexual coercion. The social impact can be stigma and face rejection by partners, husbands, families, and communities (35, 39).

2.3.1. Violence and pregnancy, abortion and STIs

A study from Rakai, Uganda revealed that significantly higher percentage of young women who had been coerced into first intercourse than of those who had not been coerced reported having ever been pregnant (81% vs. 65%) (8). A cross-sectional school based study in Jimma town on sexual violence against female youth showed that 15.3% experienced rape and 17.7% had experienced attempted rape (39). Among the victims of rape, 21% had experienced unwanted pregnancy. Many of the victims of rape and other sexual violence are deeply traumatized and exposed to life threatening health condition like abortion and STIs. Unwanted pregnancy, abortion and psychological disturbances were the immediate reported consequences of rape victims of female Addis Ababa University students (17). After their victimization 93.3% of them did not share the event with anybody. Victims reported about the perpetrator that 93.6 % was a person known to them (17). Research done on child sexual abuse and its outcomes among high school students in southwest Ethiopia reported 5.9% of STIs among victims of sexual abuse (40).

In Addis Ababa and West Shewa zone, 26% of the 72 girls who reported rape had encountered forced sex more than one occasion, 24% reported vaginal discharge, 17% reported an unintended pregnancy, and 14% reported an abortion (24). In the study in Addis Ababa University female students, vaginal discharge and unwanted pregnancy were reported, respectively, in (46.2%) and (30.1%) of students who reported completed rape. Abortion was reported in (88%) of the students who encountered unwanted pregnancy (17). In addition, study from Debarke among female high school students showed the prevalence of unwanted pregnancy, vaginal discharge and abortion as 21%, 10.5% and 5.3%, respectively (41).

In a study among female students of higher learning institutions in Mekelle town showed health related consequences of completed rape such as unintended pregnancy, swelling around the genitalia, and injury around the genitalia were reported by (22%), (13%), and (11%), respectively, in rape cases (28). Unusual vaginal discharge (11%) and abortion (8%) were also reported by rape victims.

2.3.2. Sexual violence, social and psychological outcome

Sexual violence may result in numerous psychological consequences like psychiatric disorders such as post-traumatic stress disorder and depression (39). The shame associated with domestic violence, rape and other forms of abuse may contribute to the fact that women often suffer it in silence, afraid of repercussions and stigma, and never tell anyone. Psychological outcomes like fear and anxiety, self-blame, low self-esteem and suicide attempt were reported by 68%, 53%, 41% and 8% of the rape victims; respectively (39).

In Addis Ababa and Western Shewa, 35% and 31% reported self-blame and anxiety respectively and 6% reported attempted suicide (24). Similarly the study participants in Addis Ababa University reported self-blame in 63% of the 78 cases who encountered sexual coercion, and suicidal attempt, suicidal ideation and hopelessness were reported in (1.3%), 22 (28.2%) and 35 (44.9%) of them respectively (17). In a study in Butajira High School and Technical School female students, among the seventy-five girls who reported to be raped 9.5% had abortion and 17.3% became pregnant. There was a tendency to self-blame and anxiety in (18.4%) and in (29.3%) of the victims respectively. Worthlessness, feel unhappy, thought of ending life, and bad sleep was reported in (13.3%), (14.7%), (9.3%), and (9.3%), respectively (9).

Different problems following rape were reported among the victims ranging from suicidal attempt (10%) to hopelessness (42%) and sense of fear (77%) (28).

2.3.3. Risky sexual behaviour

Young women whose first intercourse had been coerced were significantly more likely than those who had not been coerced to report having had two or more sexual partners (66% vs 51%) (8). A population based study of young people in Kenya showed that the risk of having multiple partners was doubled among those who had experienced sexual coercion (12). A similar finding was reported in a study from Ethiopia among women between the ages of 10 and 24 (18). Those who had experienced sexual coercion were three times more likely to have had more than one sexual partner during the year prior to the study, in comparison with other women. A young women who reported coerced first sex were less likely used condoms at last sex than those not coerced first sex with all sexual partners in the preceding six months (7% vs 25%) (8).

Sexual violence including rape, molestation, verbal harassment, sexual bullying and ‘raging’ by male students, faculty and members of the public, is reported on university and college campuses throughout different counties. By considering these background information there is a need of filling the gap regarding sexual coercion against young people in our country, which prompted the conduct of this study. **Annex I** shows the conceptual framework proposed to show the relationship between factors associated with sexual coercion.

3. Objectives

3.1. General objective

- To determine the magnitude and factors associated with sexual coercion among female students of Ambo University.

3.2. Specific objectives

- To determine the prevalence of lifetime and 12 months sexual coercion among female students.
- To assess the immediate and long-term health outcomes of sexual coercion among the study participants.
- To assess factors associated with sexual coercion among female students.

4. Subjects and methods

4.1. Study area and period

This study was conducted in January 2012 among undergraduate female students from year two and above at Ambo University, which is found 112km to the west of Addis Ababa in the Oromia Regional State. Ambo University is one of the oldest and foremost higher learning institutions in Ethiopia. After passing through various developmental stages it has recently (2007) become independent with a status of Ambo University. Now the university has two campuses (Ambo main campus and Waliso campus). Currently the university has eight colleges and thirty departments. In January 2012, the total number of enrolled students as undergraduate regular program from year two and above was 3841; where 18% (n=693) only accounted by female students. The university has also continuing education program (CEP) and postgraduate programs with different fields of specialization.

4.2. Study design

The study used a quantitative study design supplemented by qualitative methods. For the quantitative study, a cross-sectional survey was employed in order to assess experience of sexual coercion among female students. For the qualitative study, Focus Group Discussion (FGDs) was conducted to get deep insight about sexual coercion among female students.

4.3. Source population

The source population for the study was all Ambo University undergraduate female students.

4.3.1. Study population

The study population was all regular undergraduate female students registered as 2nd year or above for 2011/2012 academic year.

4.3.2. Sample population

The sample populations were **597** regular undergraduate female students of Ambo University randomly selected to be included in the study in 2011/2012 academic year.

4.3.3. Inclusion and exclusion criteria

The study included female students from 2nd to 4th year attending Ambo University who were willing to participate in the study at the time of survey. All first year female students enrolled into the University during the academic calendar (2011/2012) were excluded from the study because it was thought that they had no adequate experiences about the outcome variables of the study. Females participated in quantitative study were excluded from FGDs.

4.3.4. Sample size determination

To determine the minimum number of female students required for this study a single population formula was used based on the following assumptions:

- a) The level of confidence of 95%, which gives the percentile of the normal distribution, ($Z_{\alpha/2}=1.96$)
- b) The margin of error assumed to be= 4%.
- c) The proportion of population possessing the major attribute (i.e. prevalence of lifetime completed rape) was assumed to be 13% from previous study (17).
- d) Estimated non-response rate in university female students = 10%.
- e) Design effect of = 2

Accordingly:

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

$$n = [(1.96)^2 * 0.13 * (1 - 0.13)] / (0.04)^2 * 2$$

$$n = 543 + 54 = \mathbf{597} \text{ female students}$$

Where:

n = the required minimum sample size.

$Z_{\alpha/2}$ = 1.96 at 95% level of confidence

d = Margin of error, assumed to be= 4%

D_{eff} = design effect.

A total of four purposely selected focus group discussions (two from males and two from females) students. Females who did not fill the quantitative question were included in the FGDs.

4.3.5. Sampling procedures

Five hundred ninety seven (597) female students were selected by simple random sampling technique from the university through a process of stratified sampling. Of the total eight colleges at Ambo University, there were 30 departments at the time of the study. Since the number of female students across all colleges at the University was not very much larger than the desired sample size for the study, all colleges were involved into the study. From the total 30 departments, 25 were selected for this study. Students were stratified into three levels of study durations: second year, third year and fourth year. Year one (freshman) students were not included in this study because they might not have adequate experiences about the outcome variables of the study. Proportionate allocation to size according to the number of female students in each department was used to select the study participants in each department. Finally, in each class the study participants were randomly selected by using their registration number that was taken from the department head office (**Annex 2**).

Purposive sampling was used to select study participants for qualitative method. In order to establish homogeneity within the group, they were structured by sex. Boys were included because research on boys could provide important insight into the causes of violence, and impacts of different forms of intervention (19). Participants were purposively selected female and male students who expressed their willingness to share their ideas freely. Females not selected for the quantitative questionnaire were included in the FGDs. Accordingly; two FGDs from each sex containing 6 to 8 participants in were purposively selected for the study.

4.4. Study variables

4.4.1. Dependent variables

- ❖ Sexual coercion (rape and harassment)

4.4.2. Independent variables

- ❖ Socio-demographic characteristics: such as age, place of origin, education level, religion, marital status, etc;
- ❖ Family History: family near-by, family help, marital status and educational status of family, perceived income level, witness of parental violence, etc;
- ❖ Behavioural attributes: - such as drinking alcohols, chewing khat, drug abuse (cocaine, shisha and marijuana) and their frequencies, etc
- ❖ Sexual History: age at first sex, willingness at first sex and reasons for not willing, number of partners experienced, condom use at last sex, etc

4.5. Operational definitions

Sexual coercion: - is the act of forcing (attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against her/his will. It includes a wide range of behaviours from forcible rape to more contested areas that require young women to marry and sexually service men not of their choice.

Intimate partner violence/ Domestic violence: - is actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former girlfriend, or current or former dating partner.

Attempted rape: Efforts to rape someone which do not result in penetration.

Completed rape: is any non-consensual penetration of the vagina by physical or by threatening of body harm when the victim is incapable of giving consent.

Sexual abuse: denotes other non-consensual sexual acts, not including rape or attempted rape. Sexual abuse includes acts performed on a minor.

Sexual harassment: is unwanted sexual behaviour such as physical contacts or verbal comments, jokes, questions, kissing, hugging and suggestions.

Lifetime experience of sexual coercion: The occurrence of sexual coercion in the past life till the time of data collection.

Past 12 months experience of sexual coercion: Experience of sexual coercion in 12 months period before the date of data collection.

Risky sexual behaviour: in this study it is defined as one of the following: not using condoms (inconsistent use of condoms) and having multiple sexual partners.

Substance use: Lifetime use of alcohol or khat or other drugs

4.6. Data collection tools

Anonymous structured questionnaire was used to collect data for the quantitative study, which was prepared in English version first then translated into Amharic language (**Annex V**). The questionnaire was adopted from the WHO multi-country questionnaire on violence against women and on women's health with some modifications (42). This questionnaire is to collect socio-demographic data, factors associated, experience of sexual coercion of female students and consequences of sexual coercion. Sensitive questions such as sexual history and violence experiences were placed later in order to reduce some discomfort and for the minimization of non-response rates. The open-ended discussion guides were used during the focus group discussions (FGDs) that contain a list of questions on presence of sexual coercion in the university, the reason why female students face such problem, common factors contributing for sexual coercion, health outcomes of sexual coercion and its prevention methods (**Annex VII**).

4.7. Data collection

Data were collected by self-administered questionnaires after gathering students in the lecture rooms and explaining the purpose of the study. After the distribution of the questionnaire, the students were oriented on the questionnaire, the type of sections and the number of questions contained in it. Then instructions on how to properly fill the questionnaire and how to follow skip patterns were given to the students. In addition to the principal investigator, six data collection facilitators were assigned to control the data collection processes. Finally, the questionnaires were then collected back after they were completed by the end of the session and edited for completeness.

Focus group discussions (FGDs) were conducted among two groups of undergraduate students (males and females). Therefore, two FGDs were among girls and other two FGDs were among boys. It was conducted by moderator assisted by a note-taker and it was tape-recorded.

4.8. Data quality control

A questionnaire was carefully designed by reviewing relevant literature and previously used standardized instruments from the World Health Organization (WHO) multi-country questionnaire on violence against women. Then, it has been translated into *Amharic* languages by experts in both languages and back translated to English by another person to ensure consistency and accuracy. Adequate orientation was given for the data collection

facilitator. Study participants were clearly oriented about the purpose and usefulness of the study and thereby creating friendly atmosphere to reduce their stress as the study touches sensitive issues. Pre-testing the questionnaires and checking completeness of questionnaires and discarding incomplete ones. Finally, data cleaning was done by running the frequency of the variable and all hard copies of the questionnaires were re-examined and cross-checked for any inconsistency. The FGDs were moderated by principal investigator and assisted by note-taker. Tactical intervention was done to control dominant speaker and discussants were probed to speak more.

4.9. Data management and analysis

Quantitative data were entered, cleaned and processed by EpiData version 3.1 Statistical Software Packages and exported to SPSS 16.0 Statistical Software Packages for analysis. Descriptive analysis was done for each variable in the study. Prevalence's of lifetime and 12 month sexual coercion were determined (estimated) 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 positive estimates (female students who were experienced lifetime and 12 months sexual coercion) compared to those who did not come across coercive life events. For the associations and their statistical significance, Crude Odds Ratio (COR) and Adjusted Odds Ratio (AOR) with their 95% CI were calculated for each independent variable (socio-demographic characteristics, family history and substance use) against the dependent variable i.e lifetime rape using binary logistics. Differences in proportions were compared for significance using significance level set at $p < 0.05$.

Finally, multiple logistic regression model was used for categorical variables (containing all those variables having significant association in the crude odds ratio and variables considered as important factors) in order to account potential confounding factors and adjusted odds ratio to observe the relative effect of independent variables against the dependent variables. Variables with p-value < 0.05 were considered as significant factors.

The tape-recorded and reported discussions of the FGDs were transcribed carefully into Amharic language word-by-word and arranged with the written notes taken at the time of discussion. The information was translated in to English. Thematic analysis was employed in order to describe the ideas obtained from the FGDs. Through this process, the information

was reduced in to manageable themes. Finally, it was incorporated with the quantitative findings in order to provide comprehensive and complete ideas of the students towards sexual coercion as to why and how it occurs among the university female students.

4.10. Ethical considerations

Ethical clearance for this study was obtained from the Research and Ethical Committee of the School of Public Health at the College of Health Sciences, Addis Ababa University (AAU). An official letter of support by the School of Public Health was written to Ambo University for the ease of the study process. Written informed consent was obtained from the study participants after a brief explanation of the benefit of the study was made. Students were informed that questionnaires were anonymous and confidential and their right to refuse in filling the questionnaire or participate in group discussions any time they want to. In order to assure confidentiality and privacy of the participants, their name and identification number were excluded. Questionnaires were completed after getting informed consent. This was done before students start to respond to the questionnaires.

4.11. Dissemination of findings

The finding of the study will be disseminated to AAU, Ambo University and interested organizations in collaboration to plan intervention programs that would benefit students in preventing violence and reproductive health problems. Finally, the great effort will be done to publish the finding of this study.

5. Results

5.1. Socio-demographic characteristics of the study participants

Of the total 597 female students participated in the study, 590 completed the self-administered questionnaire, with a response rate of 98.8%. Only 7 study participants did not complete the questionnaire. About 55% (326) and 28.8 % (170) of the respondents were 2nd year and 3rd year students, respectively, followed by 15.9% (94) 4th year students. Table 1 shows the socio-demographic characteristics of the study participants. The mean age for the entire sample was 20.9 years (SD=1.88), ranging from 18 to 26 years, with the majority (91.4%) being below the age of 24 years. Only 9% of the respondents were married. About 49% and 36% of the sample were Orthodox and Protestant Christians, respectively, followed by Muslim (7.6%) and Catholic (3.7%). The majority of the participants were from Oromo ethnic group (68.1%) and grown up in rural areas (59.5%).

Table 1: Socio-demographic characteristics of the respondents, Ambo University, January 2012

Characteristics	Number (n=590)	%
Educational status		
2 nd year	326	55.3
3 rd year	170	28.8
4 th year	94	15.9
Age in years		
< 20	140	23.7
20- 24	399	67.6
>24	51	8.6
Mean \pm SD	20.88 \pm 1.88	
Marital status		
Unmarried	537	91.0
Married	53	9.0
Religion		
Orthodox	289	49.0
Protestant	212	35.9
Muslim	46	7.6
Catholic	22	3.7
Others	21	3.6
Ethnicity		
Oromo	402	68.1
Amhara	115	19.5
Tigre	25	4.2
Gurage	22	3.7
Others	26	4.4
Residence		
Rural	351	59.5
Urban	239	40.5

5.2. Family history

Among the study participants, 391(66.3%) of them were from parents living together. The parental education of the respondents revealed that 93% of the fathers and 81% of the mothers had attended at least formal education (grade one or above), while 7.1% of the fathers and 19% of the mothers were reported to be illiterate (**Table 2**). Before joining the University, 65.9% (389) of the respondents were living with both parents, 21.5% (137) lived with a single parent, 6.9% (41) lived alone and the remaining 5.6% (33) students lived with others (relative, husbands, etc). Of 557 students who responded, 78.6% (464) students had a family with an average monthly income of 700 Birr or more. About (40.8%) of respondents reported that the pocket money sent for them by their parents was inadequate. Among the study participants, 16.1% (95) reported their mothers were beaten by husbands or male partner.

Table 2. Ambo University female student's reported response about parental education, income, living status and history of violence, January 2012

Characteristics	Number (n=590)	%
Father's education		
Illiterate	42	7.1
Primary school	173	29.3
Secondary school	124	21.1
Certificate/diploma and above	251	42.5
Mother's education		
Illiterate	112	19.0
Primary school	237	40.2
Secondary school	99	16.8
Above high school	142	24.0
Parental living condition		
Living together	391	66.3
Divorced/separated	41	6.9
Only father/mother alive	134	22.7
Both father and mother not alive	24	4.1
Guardian before joining university		
Both parent	389	65.9
Single parent	137	21.5
Alone	41	6.9
Others	33	5.6
Family income monthly(n=557)		
< 700	93	16.7
700 -1600	273	48.8
> 1600	191	34.5
Money sent adequate		
Yes	349	59.2
No	241	40.8
History of mother's violence		
Yes	95	16.1
No	495	83.9
Total	590	100

5.3. Reported sexual history and reasons for sexual intercourse

About 31% (n=184) reported that they had boyfriends and 27.5% (95%CI=23.89, 31.11) reported that they had sexual intercourse (**Table 3**). Of those who reported the practice of sexual intercourse, the majority 86.4% were between the age group of 15-24 year, 7.4% were below the age of 15 and 5.6% were above the age of 24. The mean age at first sexual intercourse was 18.65 (SD=2.32) year. Of 162 (27.5%) who reported the experience of sexual intercourse, 37.7% (n=61) had more than one partner in their lifetime and 58% (n=94) did not use condoms at last sex. Desire to have sex (34.6%), forced sex (26.5%), marriage (13.6%), peer pressure (8%) and financial provisions (6.2%) were the main reported reasons to initiate sexual intercourse (**Figure 1**).

Table 3. Ambo university female students reported sexual history, January 2012

Characteristics	Number (n=590)	%
Boy friend presence		
Yes	184	31.2
No	406	68.8
History of ever sexual intercourse		
Yes	162	27.5
No	428	72.5
Age at first sexual intercourse (n=162)		
< 15	12	7.4
15-24	141	86.4
> 24	9	5.6
Mean ± SD	18.65 ±2.32	
Number of lifetime sexual partners (n=162)		
One	101	62.3
Two	39	24.1
Three	15	9.3
Four and above	7	4.3
Condom use at last sex (n=162)		
Yes	68	42.0
No	94	58.0

Figure 1: Reported reasons to initiate sexual intercourse among Ambo University female students, January 2012

5.4. Lifetime use of substances

Regarding the substance use 12.5% (74) of the study participants reported that they had drunk alcohol (**Table 4**). Among those who had drunk alcohol, 25.7% (19) had consumed alcohol frequently (users of alcohol on daily or more than two times a week basis) and 74.3% (55) consumed infrequently (users of alcohol on the basis of one to three times a month, fortnightly, monthly or less) in lifetime before the study. Majority 88.8% (524) of the respondents never chewed khat.

Table 4. Substance use among Ambo University female students, January 2012

Variables	Number (n=590)	%
Ever use alcohol		
Yes	74	12.5
No	516	87.5
Drinking frequency(n=74)		
Frequent*	19	25.7
Infrequent**	55	74.3
Ever chew khat		
Yes	66	11.2
No	524	88.8
Chewing frequency(n=66)		
Frequent	24	36.9
Infrequent	42	63.1

***Frequent** - users of the substance on daily or more than two times a week basis

****Infrequent** - users of the substance on the basis of fortnightly, monthly or less

5.5. Magnitude of sexual coercion

About 13% (95%CI=10.40, 15.80) of the female students reported that they were raped at least once in their lifetime, while 2% (95%CI=0.86, 3.14) of them reported were raped in the past one year before the study (**Table 5**). Overall, 83% (490) of the study participants reported the experience of at least one form of sexual coercive behaviors in their lifetime. The magnitude of lifetime attempted rape in this study was also high 30% (95%CI=26.28, 33.72), of which 6.3% (95%CI= 4.34, 8.26) reported attempted rape in the last 12 months.

At least one form of sexual harassment was reported by 78.8% (465) reported in their lifetime and 60.9% (359) in the past 12 months. Most of the respondents who experienced sexual harassment reported that they were invited to have sex in lifetime (71.2%) and in the past 12 month (48.8%) (**Table 5**). About 60% (355) participants reported unwelcome touching on genital area or breast in their lifetime and 38% (224) reported the in the past 12 months. Lifetime and the past 12 months unwelcome kissing were reported 54.7% (323) and 36% (213) respondents, respectively. Among those who escaped the attempted rape, the reported mechanism used to escape were mainly by false promise 46 (26%), shouting and getting help from others person 42 (23.9%), running away 38 (21.6%), 33 (18.8%) and 17 (9.7%) reported other mechanisms (**Figure 2**).

Table 5. Lifetime and 12 months experience of sexual coercion among Ambo University female students, January 2012

Sexual coercion	Frequency (n=590)	%	95%CI
Lifetime completed rape	77	13.1	(10.40, 15.80)
Completed rape in the last 12 months (n=77)	12	2.0	(0.86, 3.14)
Frequency of completed rape in lifetime (n=77)			
One time	52	67.5	(63.58, 71.42)
Two times	21	27.3	(23.70, 30.90)
Three times or more	4	5.2	(3.44, 6.96)
Lifetime attempted rape	177	30.0	(26.28, 33.72)
Attempted rape in the last 12 months (n=177)	37	6.3	(4.34, 8.26)
Lifetime sexual harassment*			
Asked to have sex	420	71.2	(67.48, 74.92)
Unwelcome touching	355	60.2	(56.28, 64.12)
Unwelcome kissing	323	54.7	(50.68, 58.72)
Sexual harassment in the last 12 months*			
Asked to have sex	288	48.8	(44.76, 52.84)
Unwelcome touching	224	38.0	(34.08, 41.92)
Unwelcome kissing	213	36.1	(32.18, 40.02)

***Multiple responses were possible hence the total percentage may be over a 100 %**

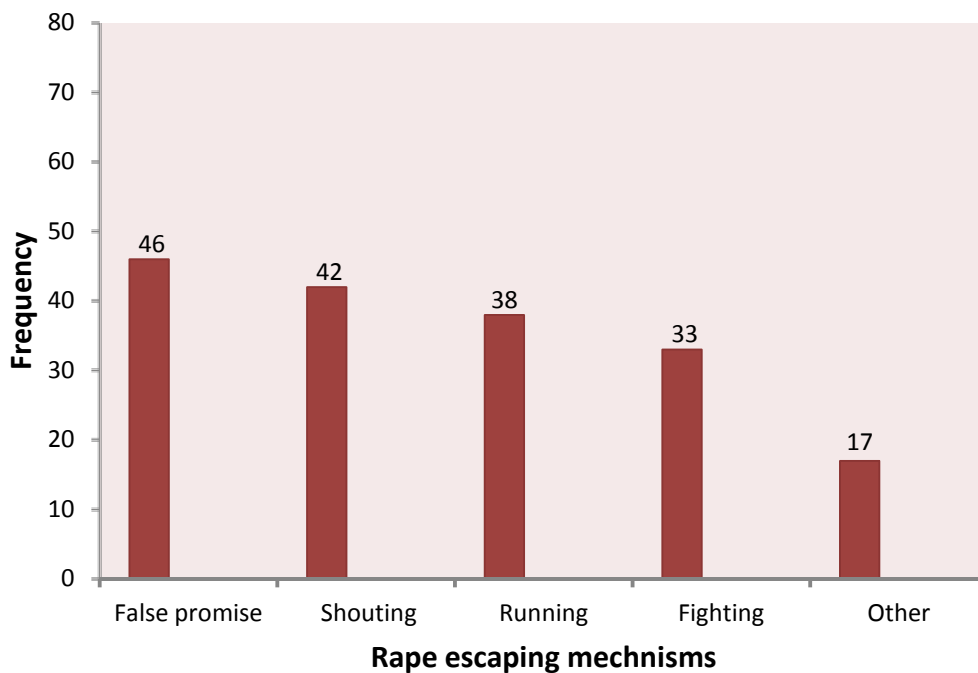


Figure 2: Mechanisms used in escaping attempted rape among Ambo University female students, January 2012*. *The percentage may exceed 100%, multiple responses were possible.

5.6. Perpetrators of rape and scene of the event

Regarding the perpetrator, 81.8% (63) of the victims were raped by person known by them. The reported mechanisms used to force the victims into sex included battering (37.7%), promise given to get money (29.9%), forced drinking (14.3%) and life threatening by knife or other weapon (11.7%) (**Table 6**). Students also reported that their teachers were also among the perpetrators that female students were promised to pass their examination. Majority of the rape victims 63.6% (49) reported the perpetrators were older in age.

With regard to the place where rape occurred, 53 (68.8%) respondents reported victim's home, followed by rapist's home (15.6%) and hotel (10.4%) (**Table 6**). Of those respondents who experienced rape in their lifetime, 57% (44) reported that it happened during day time. About 77% (59) of the female students who were raped did not inform to any body and only three victims reported to the legal body and only one perpetrator was sentenced. Of those who did not report to the legal body, the main reasons cited by the respondents for not reporting included do not know what to do (74.3%), fear of parents (36.5%), fear of public reaction (32.4%), concern that legal body was not helpful (25.7%) and fear of perpetrator (10.8%) (**Figure 3**).

Table 6. Reported perpetrators and conditions during completed rape among Ambo University female students, January 2012

Variables	Number (n=77)	%
Perpetrator		
Known	63	81.8
Unknown	14	18.2
Mechanism used to force		
Beating/force	29	37.7
Pointing a knife	9	11.7
Pointing a gun	1	1.3
Forced drinking	11	14.3
Intoxicated by drugs	1	1.3
To pass exam	2	2.6
To get money	23	29.9
Other	1	1.3
Age of perpetrators		
Same age	9	11.7
Older than me	49	63.6
Much older than me	19	24.7
Place perpetrated		
In rapist house	12	15.6
In victims house	53	68.8
In hotel	8	10.4
Others	4	5.2
Time perpetrated		
Day time	44	57.1
Night time	33	42.9
Sharing the event to somebody		
No body	59	76.6
For friend	15	19.5
For relatives	9	11.7
Other	3	3.9

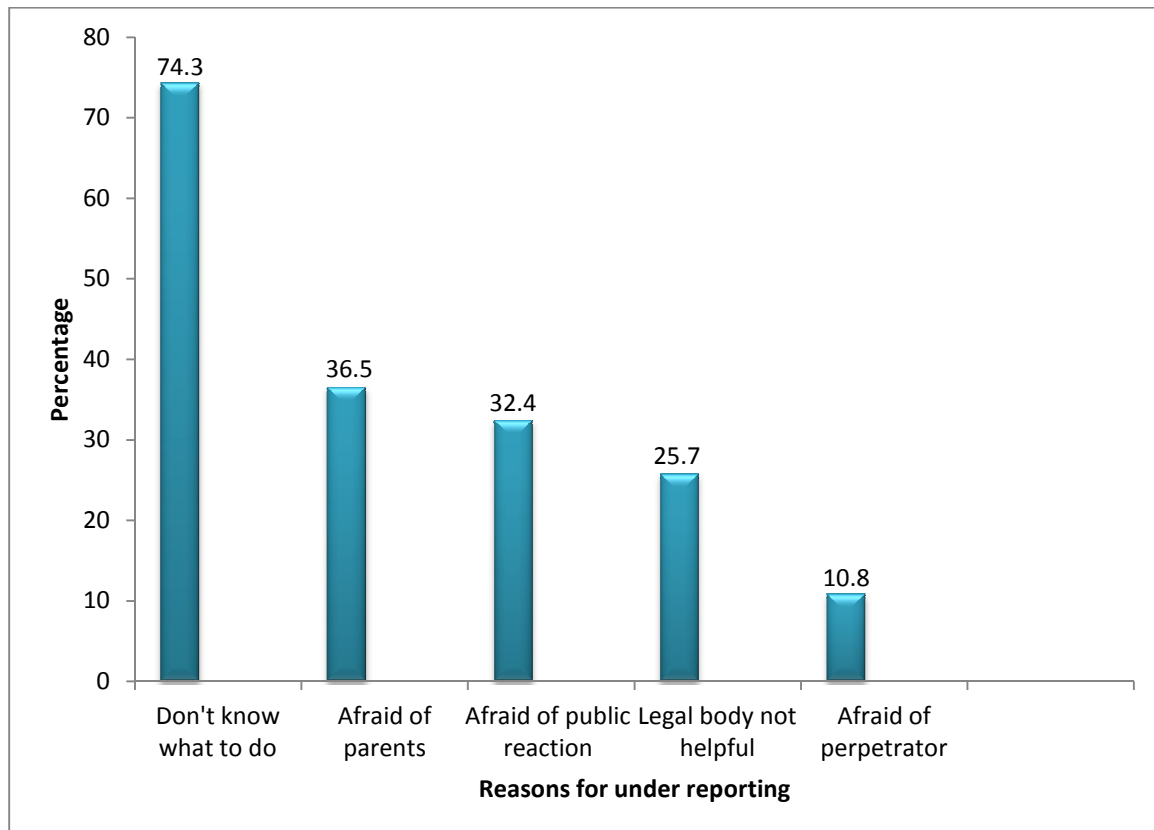


Figure 3: Reasons not to report the rape situation to the legal body among Ambo University female students, January 2012* * Multiple responses possible, cannot be added up to 100%

5.7. Consequences of sexual coercion

With regard to the immediate outcomes of completed rape, victims were asked about pregnancy, abortion and other health related outcomes of rape. Majority 43 (55.4%) of the victims experienced unusual vaginal discharge, 29 (37.7%) experienced unwanted pregnancy, 26 (33.8%) reported abortion, 18 (23.4%) reported injury around the genitalia and 17 (22.1%) reported swelling around the genitalia as an immediate outcomes out of the total 77 raped cases. Various forms of psychological problems such as unhappiness (70.1%), worthlessness feeling (64.9%), sleeping disorder (61%), fear (46.8%), self-blame (45.5%), hatred (39%), poor appetite (32.5%), headaches (26.0%), suicidal ideation (22%) and suicidal attempts (2.6%) were reported (**Figure 4**).

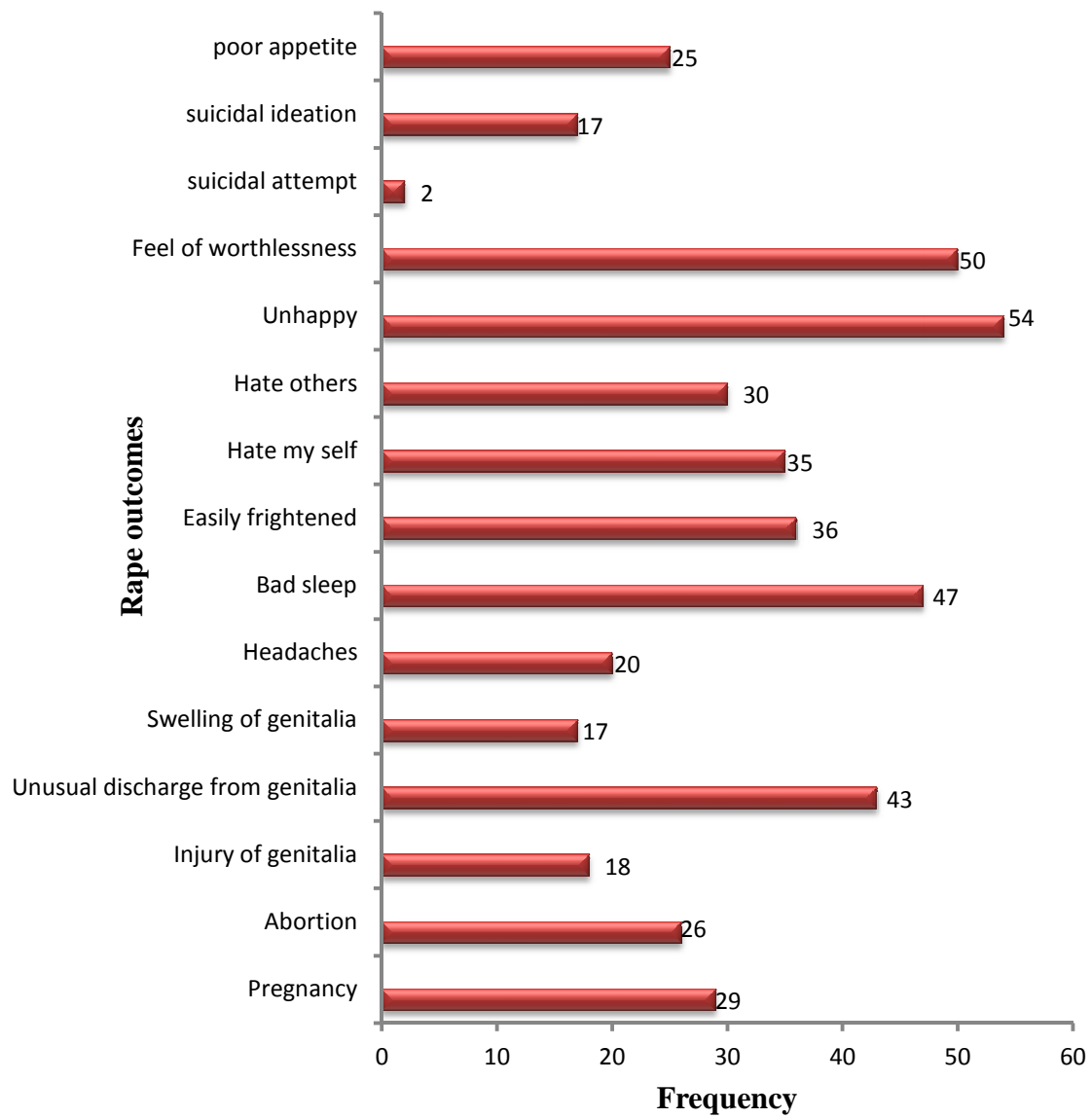


Figure 4: Reported physiological and psychological consequences of completed rape among Ambo University female students, January 2012*. * Multiple responses possible, can not add up to 100%.

5.8. Factors associated with completed rape

In this study, association of socio-demographic variables and substance use with rape were assessed. After adjusted for year of study, age, marital status, religion, substance use (alcohol and khat), witness of violence as child, having boyfriend, number of lifetime sexual partners and family history, multivariate logistic regression was done to determine the factors associated with lifetime rape. Thus, the likelihood of experiencing completed rape in their lifetime was significantly associated among 3rd year and 4th year female students than 2nd year female students as referent groups (Adjusted OR=2.97, 95%CI: 1.02, 8.62) and (AOR=4.85, 95%CI: 1.38, 16.99), respectively (**Table 7**). Females older than 24 years were more likely to experience lifetime rape (AOR=3.92, 95%CI: 1.13, 13.55) than female with age less than 20. The odd of experiencing lifetime rape was also higher among females who had history of their mother being attacked by her partner (COR= 6.29, 95%CI: 3.73, 10.62).

Alcohol drinking was significantly associated with rape (COR=2.98, 95%CI: 1.67, 5.34) at bivariate result, however, after controlling the effect of socio-demographic variables, victims who used alcohol were almost two times (AOR=1.53, 95%CI: 1.63, 6.50) more likely to face lifetime rape. Facing completed rape in their life time was also higher among students who had boyfriend than girls who did not have boyfriends (AOR=2.35, 95%CI: 1.71, 4.90) and also higher among students with more than one lifetime sexual partners (AOR=1.85, 95%CI: 1.40, 4.67).

Table 7: Comparison of lifetime completed rape by socio-demographic characteristics, substance use, history of mother violence and having boyfriend of Ambo University female students, January 2012

Variables (n=590)	Lifetime rape		Crude (95 %CI)	Odds ratio Adjusted (95%CI)
	No (%)	Yes (%)		
Educational status				
Year-2	278 (85.3)	48 (14.7)	1.00	1.00
Year-3	152 (89.4)	18 (10.6)	0.69 (0.39,1.22)	2.97 (1.02, 8.62)
Year-4	83 (88.3)	11 (11.7)	0.77 (0.38,1.55)	4.85 (1.38, 16.99)
Age				
<20	131 (93.6)	9 (6.4)	1.00	1.00
20-24	353 (88.5)	46 (11.5)	1.90 (0.90, 3.99)	2.57 (0.89,7.47)
>24	29 (56.9)	22 (43.1)	11.04 (4.61, 26.45)	3.92 (1.13, 13.55)
Marital status				
Married	25 (47.2)	28 (52.8)	1.00	1.00
Un married	488 (90.9)	49 (9.1)	0.1 (0.5, 2.17)	1.72 (0.65, 4.56)
Religion				
Christian	452 (86.4)	71 (13.6)	1.00	1.00
Non Christian	61 (91.0)	6 (9.0)	2.13 (0.89, 7.30)	2.34 (0.78, 10.06)
Alcohol				
No	459 (89.0)	57 (11.0)	1.00	1.00
Yes	54 (73.0)	20 (27.0)	2.98 (1.67, 5.34)	1.53 (1.63, 6.50)
Khat				
No	475 (90.6)	49 (9.4)	1.00	1.00
Yes	38 (57.6)	28 (42.4)	7.14 (4.04, 12.63)	1.64 (0.56, 4.66)
History of mother facing violence				
No	453 (91.5)	42 (8.5)	1.00	1.00
Yes	60 (63.2)	35 (36.8)	6.29 (3.73, 10.62)	1.24 (0.55, 2.80)
Having boyfriend				
No	374 (92.1)	32 (7.9)	1.00	1.00
Yes	139 (75.5)	45 (24.5)	3.78 (2.31, 6.20)	2.35 (1.71, 4.90)
Number of lifetime sexual partners				
One	59 (58.4)	42 (41.6)	1.00	1.00
Two	18 (46.2)	21 (53.8)	1.20 (0.45, 2.12)	1.85 (1.40, 4.67)
Three and above	8 (36.4)	14 (63.6)	2.86 (0.65, 9.56)	4.32 (1.10, 16.23)

The bolded numbers indicate the statistical significant variables at $p < 0.05$

Compared to the reference group, multivariate analysis revealed that the chance of experiencing lifetime rape is higher among females having divorced /separated guardians than married guardians (AOR=6.53, 95%CI: 1.38, 30.80) (**Table 8**). Facing completed rape in their life time was lower among students for those father's educational status of high school or above and among family with monthly income in birr greater than or equal to 700 (AOR= 0.17, 95%CI: 0.05, 0.64) and (AOR=0.23, 95%CI: 0.12, 0.50), respectively.

Table 8: Comparison of completed rape by family history of Ambo University female students, January 2012

Variables (n=590)	Lifetime rape		Odds Ratio	
	No (%)	Yes (%)	Crude (95 %CI)	Adjusted (95%CI)
Father's education				
Illiterate	22 (52.4)	20 (47.6)	1.00	1.00
Primary school	143 (82.6)	30 (17.4)	0.59 (0.21,1.67)	0.27 (0.06,1.31)
High school	113 (91.1)	11 (8.9)	0.11 (0.05, 0.26)	0.17 (0.05, 0.64)
Certificate/Diploma	235 (93.6)	16 (6.4)	0.08 (0.03, 0.17)	0.11 (0.03, 0.34)
Mother's education				
Illiterate	86 (76.8)	26 (23.2)	1.00	1.00
Primary school	199 (84.0)	38 (16.0)	1.28 (0.58, 2.84)	1.13 (0.30, 4.23)
High school	94 (94.9)	5 (5.1)	0.18 (0.07, 0.48)	0.41 (0.10,1.59)
Certificate/Diploma	134 (94.4)	8 (5.6)	0.20 (0.09, 0.46)	0.53 (0.15,1.93)
Parental living condition				
Living together	365 (93.4)	26 (6.6)	1.00	1.00
Divorced/separated	26 (63.4)	15 (36.6)	8.10 (3.83, 17.14)	6.53 (1.38, 30.80)
Only one parent alive	104 (77.6)	30 (22.4)	4.1 (2.29, 7.15)	2.63 (0.64,10.83)
Both parents not alive	18 (75.0)	6 (25.0)	4.68 (1.71, 12.80)	4.53 (0.76, 27.11)
Live with				
Both parent				
Single parent	362 (93.1)	27 (6.9)	1.00	1.00
Alone	101 (79.5)	26 (20.5)	3.45 (1.93, 6.18)	0.97 (0.25, 3.74)
Others	25 (61.0)	16 (39.0)	8.58 (4.10, 17.97)	1.16 (0.25, 5.45)
	25 (75.8)	8 (24.2)	4.29 (1.77, 10.42)	0.69 (0.12, 3.84)
Family income monthly				
< 700	54 (58.1)	39 (41.9)	1.00	1.00
≥ 700	442 (95.3)	22 (4.7)	0.13 (0.2, 0.43)	0.23 (0.12, 0.50)
Money sent adequate				
No	187 (77.6)	54 (22.4)	1.00	1.00
Yes	326 (93.4)	23 (6.6)	0.24 (0.15, 0.41)	0.92 (0.36,2.38)

5.7. Results of Focus Group Discussions

Four focus group discussions (FGDs) (two from males and two from females) were conducted among undergraduate students. The theme of the FGD was to distinguish the presence of sexual coercion, factors contributing and consequences of sexual coercion. It was conducted to obtain the necessary information to supplement the quantitative findings using a range of qualitative questions related to sexual coercion.

Most of the participants listed the types of sexual coercion the female students face. This is common problem of female students in University life. Majority of the discussants responded that they had knowledge of attempted rape, rape and harassments. Some of the discussants reported the knowledge of their friends or other girls who has been forced to have sex. Discussants were also asked about reporting of the events; most of the victims do not know what to do after event because of different reasons.

5.7.1. Being in love

Some females claimed that boys fall in love because of some activities reflected by female students. When they look at her, she may seem beautiful, her sound is ok and how she acts are reasons for boys to be in love. This was reported by one of the female participants as:

“...Yea, one day when my friend came back to her dorm from library after studying at 5:00 o’clock at night time, one boy was waiting her on the road to dorm; ‘I love you’ he said and tried to kiss her. During that time he doesn’t know what he was doing because he drank alcohol. Then, she shouted to somebody around and he tore her clothes and run away but he did not do anything other.” A 20-years girl said this.

5.7.2. Perceived as to be a girl friend

Male students most of a time wishes to have beautiful girl friend. As result, to get her they used different methods how to approach her. This was explained by one boy saying:

“Ok, some boys start by claiming that they are in love with a girl and is usually supported by his friends. If his friends support the friendship, they usually insist her to treat him (to be his girlfriend), so that to protect him from academic failure, and such communication usually performed in sexual harassment, if she refused to accept that may lead to rape.” 22 years old boy.

5.7.3. Common factors contributing for sexual coercion

Majority of the participants responded that one of the reasons for rape was male dominance, girls' clothing style, the way they act and being adolescent itself made them vulnerable to rape. According to female FGD participants, the most common cause of rape was being cheated by their boyfriends.

"...One day I went to my friend's home to borrow his exercise book, when I was grade eleven. He started fondling my breast and I asked him why he was doing that. He told me that he was just playing with me. Then all of a sudden he pulled me to the bed and had sexual intercourse with me. I did not tell the event to anybody because I was afraid to tell my parents. If I told my parents, my father will beat me." A 21 year old girl.

Most boys agreed that one of the factors for sexual coercion reported to be the greater physical power males have over females. Boys also raised that rape as revenge if girl refuses for the question of being a girlfriend. They also claimed that the girls dressing style, the act of trying to adopt the western countries culture, hair style, attraction/being adolescent and response to the issue all these were predispose her for harassment or end up with rape. There were also boys who said that females who consume alcohol were highly vulnerable to rape because alcohol affects girl's decision on incoming actions from the rapists. Almost all female respondents raised factors for both harassment and rape/attempt to rape such as male sexual aggression, poor understanding between both sexes, the intention to have boyfriend, alcohol consumption, culture of male dominance, dressing style of females, being adolescent, stigma and parental condition like divorced and living alone.

5.7.4. Consequences of sexual coercion

Almost all discussants rose that the serious consequences of sexual coercion included poor academic performance, unwanted pregnancy, abortion, HIV/AIDS infection; psychological problem (lack of confidence, unhappiness) suicidal ideation and suicidal attempt were few explained health outcomes of sexual coercion (rape) by FGD participants.

5.7.5. Prevention of sexual coercion

As a method of prevention both groups suggested the following: Giving education on behavioural change for the community. There should be a commitment by the government in improving and implementing the punishment on rapists (perpetrator). There should be a control system on provocative video showing rooms, khat chewing areas, and other substance uses. Curriculum based education about sexual violence at each school level.

6. Discussion

In this study, the prevalence, consequences and associated factors among female students of Ambo University were studied. The prevalence of all types of sexual coercion including completed rape and sexual harassment was found to be high. The present study showed that 26.5% of the female students initiated first sexual intercourse, which is higher than the study findings (15.8%) reported among female students of Addis Ababa University (17).

Our finding is consistent to 22.9% of forced first sexual intercourse among Addis Ababa high schools students (24). This indicates the severity of the problem where girls were forced into sex before they intended to do so. The prevalence of lifetime sexual coercion was found to be 83% which is inconsistent with the study done among secondary school students in three states of North Eastern Nigeria 36% (23). Our finding is higher compared to the studies done in Butajira, Hawasa university, Northwest Ethiopia and Mekele with the prevalence ranges from 35% - 65.3% (9, 26, 27, 28).

The prevalence of lifetime completed rape was reported to be 13.1% among the female study participants of Ambo University where 2% of in the last 12 months. The lifetime attempted rape was found to be 30% out of which 6.3% performed in the last 12 months. This result is found to be comparable with the study done in similar area in this country. For instance, the study conducted among female students of higher learning institutions in Mekelle town found out that the prevalence of lifetime completed rape was 10.4% and attempted rape was 33.7% (28). Another study from Addis Ababa among university female students reported comparable results with the prevalence of lifetime completed rape range between 12.7% and 20.4% for attempted rape (17). Similarly, the study conducted among high school and technical school girls in Butajira also showed a little bit low prevalence rate of completed lifetime rape and attempted rape to be 8.2% and 23.2% (9).

Though the lifetime prevalence lies within the range of other studies, our finding on attempted rape is much higher than the others. However, the prevalence rate in this study showed a considerable increase from other similar study conducted among school community. Studies among female high school students in Butajira, Addis Ababa and North Gonder Ethiopian, where the prevalence fell between the ranges of 3% - 10.4% for completed lifetime rape (9, 24, 27).

This could be our subjects are older than this age group and exposed to situation like having boyfriends which was one of the risk factor and the study subjects are also different. This is also explained by female FGD participants as more the girls grow older in age they have intention to have boyfriends and the situation exposed them for rape.

In this study, it was found out that 81.8% of the perpetrators were known to the victims. This finding is comparable to the result in Addis Ababa University 93%, Addis Ababa high school 70% and Mekele 75.6% of perpetrators of rape were known (trusted) by the victims (17, 24, 28). Many of the victims do not characterize their victimization as a crime and they may not want to expose somebody they know who victimized them as a perpetrator. Most (96.1%) rape victims did not report to the legal body and health institution, which was consistent with study conducted in Addis Ababa among female university students (17). Our finding is also higher from studies conducted in Jimma, Addis Ababa high schools and Debarq (15, 24, 41). This might be due to the difference in study population. Most perpetrators were known to the victims as a result they may afraid of rapists because they know the person, discrimination from parents and the fear of public reaction. The other possible explanation might be majority of rape victims did not know where to go and what to do about the situation. The same explanations were also raised by FGD participants.

The prevalence of sexual harassment in lifetime was 78.8% and 60.9% in the last 12 months which is higher than the study from Addis Ababa among female university students to be 58% and 41.8% rape in lifetime and last 12 month, respectively (17). This result is found to be comparable with the study done in Addis Ababa high school students which was 74.3% (24). Our finding is higher from the study conducted in Butajira, North Gonder and Mekele among higher institution female students (9, 27, 28). This could be due to the difference in the study population. Physical force (being battered and show knife) and false promise (get money help and to pass exam) contribute 49.4% and 32.5% of rape incidents in the present study compared to Addis Ababa university and Addis Ababa high school where physical force was 36%- 47% and false promise was 31%-45.7% (17, 24), respectively.

In this study, the immediate and long term health outcomes of rape was tried to be assessed and the majority were physiological and psychological. Therefore, the prevalence of unwanted pregnancy was found to be 37.7% and followed by abortion 33.8% among victims

of rape. This ensures that the victims did not have the chance to use condoms which can prevent STIs, including HIV, and unwanted pregnancy if used properly and consistently.

In this study about 55.4% of the victims reported unusual vaginal discharge and 22.1% reported swelling around the genitalia; which is also reported as health consequences by FGDs. This result is a little bit higher from the studies conducted in Addis Ababa high school, North Gonder and southwest Ethiopia (24, 27, 40). This could be due to the nature of study population, majority of the victims didn't share the situation to anyone and as a result they may not get an appropriate treatment at the time. Psychological outcome also reported in significant number of rape victims. Suicidal ideation and attempts were reported among 22.1% and 2.6% of the victims respectively. The finding is consistent with other literatures from Uganda and Ethiopia (8, 17, 24, 41).

In this study attempts was made to found out the most contributing factors for sexual coercion in the literature. Though, cause and effect relationship could not be established. Completed rape in the lifetime was significantly associated as risk factor with one of the stronger factors that predispose to sexual coercion is male honours/ masculinities linked to dominance and cultural in this study and comparable results were reported in other studies (17, 28). In our study, females in the age group greater than 24 years were more likely to experience sexual coercion than younger age. Similar finding was reported by the study conducted in Addis Ababa University among female students (17). Among those who were raped and not raped for factors like family education and having divorced family were statistically significant. These findings are comparable to a study conduct in Addis Ababa High Schools (24). The possible explanation was those who have an educated parents and stable family are less likely to find themselves in situation, where unwanted sexual activity might occur and they may also be less likely to find themselves with peers who would perpetrate such an act.

The prevalence of lifetime completed rape was significantly associated as risk factor with the consumption of alcohol which was also reported in the study in Jimma, in Addis Ababa High School, in North Gonder and in Mekele (15, 24, 27, 28). These factors might predispose females because alcohol use cause loss of judgment, self restrain in sexual intercourse and protective power of female from being raped. Alcohol may also inhibit judgment and behaviour via physiological mechanism and expose to loss of self control and ability to respond for incoming information, making drinkers more likely to expose sexual coercion. This is also supported by FGDs results.

On the other hand, the likelihood of being raped is found out to be consistently associated with having multiple sexual partners. This association was also observed in the study conducted among different high school female students in Ethiopia (15, 24). The possible explanation could be engaging in sexual risk behaviours increase women's vulnerability to forced sexual intercourse and the chance of getting abusive partners and peers among females with multiple sexual partners is by far higher than the referent groups.

7. Strengths and limitations

7.1. Strengths

- The study used both quantitative and qualitative study designs.
- The study used adopted standard and validated instrument of WHO multi-country study on violence against women.
- Privacy was secured for respondents to maximize disclosure of sexual coercion situations. Because of all these measures, it was found high response rate.

7.2. Limitations

- The study used a descriptive cross-sectional design that cannot establish trends and causality between sexual coercion and potential risk factors.
- The understanding of the female students about rape and attempted rape and the stigma associated with rape may underestimate the magnitude.

8. Conclusions

The study has found that sexual coercion is highly prevalent among university female students which showed female students in higher educational level are at high risk of STIs including HIV infection because of sexual coercion.

The study found out that the perpetrators of rape are mostly known to the victims who are trusted by the victims. Most of the cases of sexual coercion were under reported due to different reasons. Sexual coercion (rape) was shown to contribute to long and short term health consequences including STIs and HIV/AIDS, unwanted pregnancy, abortion, unusual vaginal discharge and other psychological problems like unhappiness, suicidal attempt and ideation.

Rape was associated with being greater than 24 year of age, alcohol consumption, having boyfriend, having divorced family and having more than one partner. Beside the parental factors both groups of FGD underscored the problem of alcohol use and negotiation power of female students in challenging unwelcome sexual relations.

9. Recommendations

The finding from this study confirmed that sexual coercion among university female students is very common which deserves the following interventions from concerned bodies.

1. University should secure effective education or awareness strategies in short and in the long run targeting both girls and boys with special emphasis on female students that help them in developing confidence and life skills useful to challenge or negotiate sexual relations. This can be done through developing curriculum on the education systems and by organizing and strengthening clubs, youth friendly services and via existing associations.
2. University should have its own policies and strategies that help in addressing the problem of sexual coercion at university level.
3. Concerned NGOs should tailor their programs in higher learning institutions to work on gender based violence free learning environment.
4. The government should make efforts on community based intervention and a need for coordinated violence and substance use prevention programs for youth in university and community settings including enhancing health sector responses for victims, parents, students, teachers and elderly people.

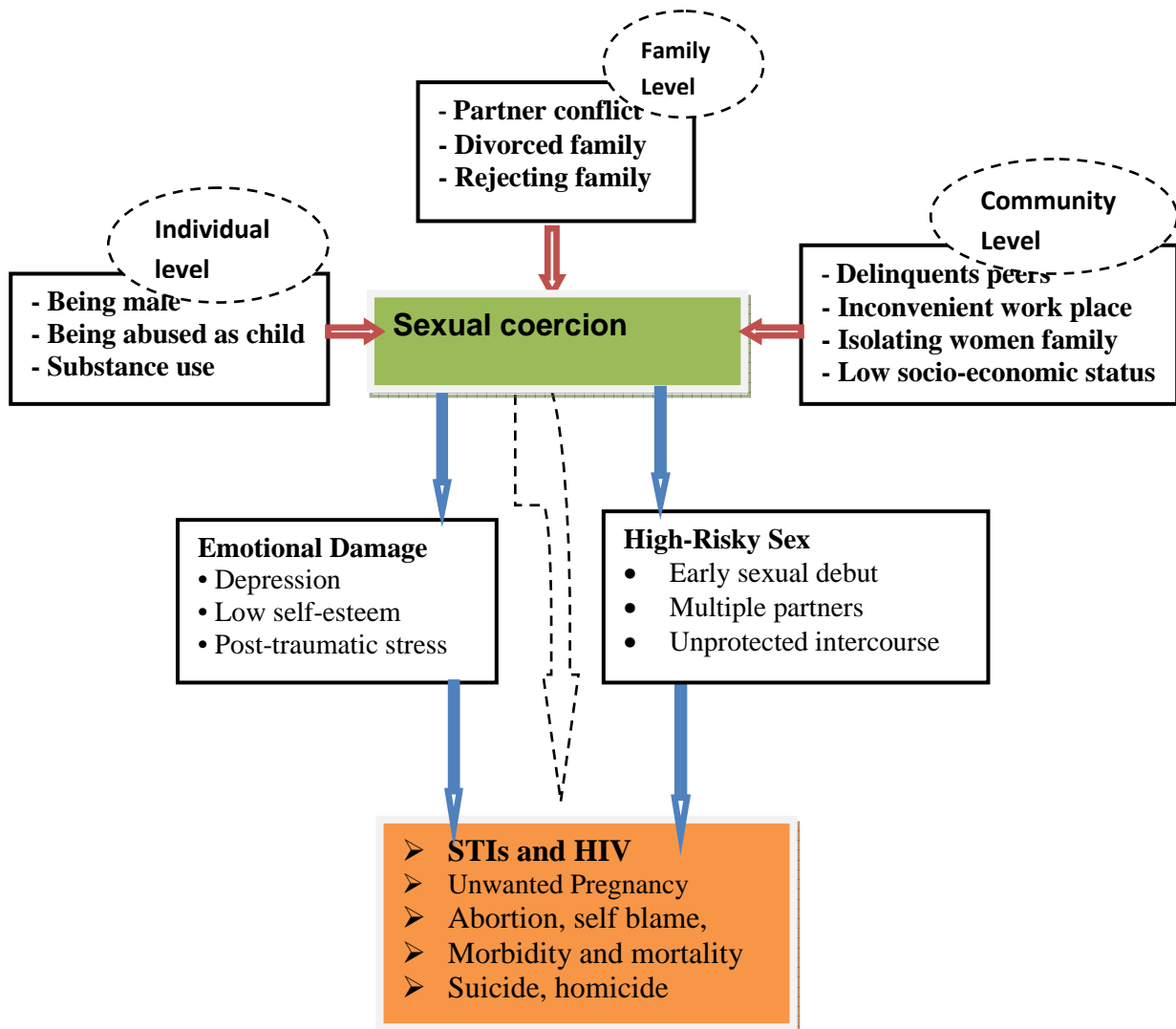
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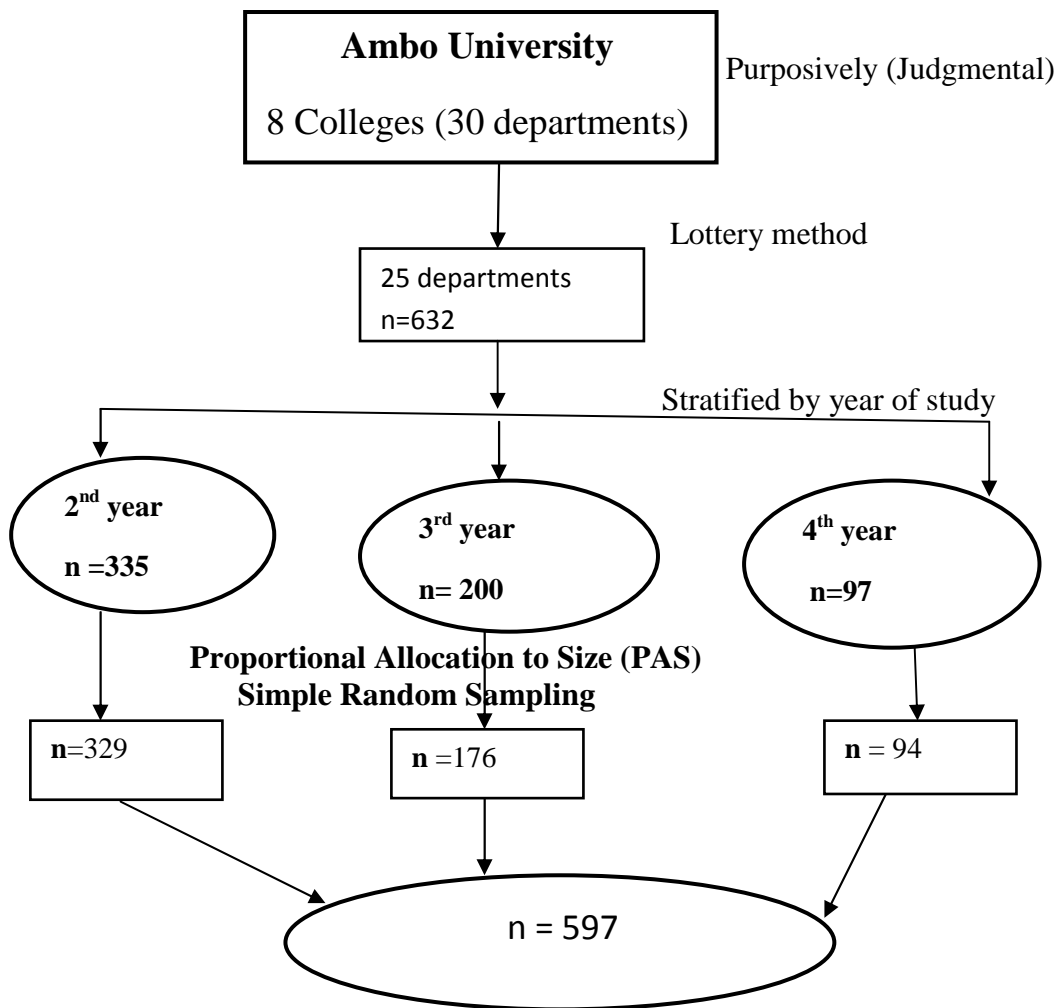
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11. Annexes



Annex1: Conceptual framework for sexual coercion, factors associated and its consequence
(Adapted from Ecological Framework in reference, 43)



Annex 2: Diagrammatic presentation of sampling procedure in Ambo University

Annex 3:- Individual information sheet:

CITY: - Ambo

REGION: - Oromia

SITE: - Ambo University

Dear student;

I am a Master of public health student in the School of Public Health, College of Health Sciences at Addis Ababa University. I am working with a research title entitled: “**Prevalence and Experience of Sexual Coercion among Ambo University Female Students**”. You have been selected to participate in this study. The finding of the study will be used for better planning and intervention of sexual violence against women in Ethiopia. Therefore, I am requesting you to fill this questionnaire by yourself. There are no rights or wrong answers. The question includes very personal questions and difficult to talk about, but many women have found it useful to have the opportunity to talk. Your response is completely confidential. You do not need to write your name and will never be used in connection with any of the information you give me. You are kindly requested to answer every question and you may stop filling the form at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about sexual coercion / violence on female adolescents. According to the questions it is allowed to have more than one answer. We would greatly appreciate your help in responding to these questions. **It will take you around 30 minutes to complete the whole questionnaire. We thank you in advance for taking your precious time to respond to our questions.**

Annex 4: Informed Consent Agreement

Good morning/afternoon. As I have tried to inform you in the above section; I came from Addis Ababa University, College of Health Sciences and School of Public Health. We are collecting information from female students about their experience of sexual coercion. The purpose of this study is to gather information to help us to promote the health of female students. I would like your permission to give me your ideas and experiences related to your reproductive health and sexuality. It is up to you if you wish to answer any or all of my questions. No one will charge you for your participation or force you, whether or not you agree to answer any of the information below. You may end your agreement at anytime. Everything you say will be kept private and confidential. If you have any questions you may ask me or contact:-

Name of investigator: Tolesa Bekele

Address: Tell: 09 10 65 20 69

E-mail: bekelet2013@gmail.com

If you agree to participate, please initial this page. Your name will not be used in any report, but your ideas and suggestions will help us to better meet the needs of boys/young men like you. If you do not wish to participate, thank you for your time.

_____ Yes, I agree to participate

_____ No, I do not agree to participate

Date of data collection-----Time started----- Time completed-----

Annex 5:- A questionnaire prepared to determine the experience of sexual coercion and factors associated among female students. For multiple choice questions circle the answer in front, for short answers write on the space provided. Many thanks for you!!

Part- I:- Socio-demographic data

No.	Question and filter	Alternative Choices.
Q101	How old are you?	_____ Year/ Month
Q102	What is your religion?	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Others (specify) -----
Q103	Where do you live?	1. In campus 2. Outside campus
Q104	Have you ever married?	1. Yes 2. No —————> Skip to Q 106
Q105	Are you presently married?	1. Yes 2. No
Q106	In which class year are you?	_____ Year
Q107	What is your ethnicity?	1. Amhara 2. Oromo 3. Tigre 4. Gurage 5. Others-----
Q108	Where is your original of residence?	1. Urban ----- 2. Rural -----

Part II Factors associated

Q201	Have you ever drunk alcohol (beer, areke, tella, tej)?	1. Yes 2. No —————> Skip to Q 203
Q202	How often do you drink alcohol (beer, areke, tella, tej)?	1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month
Q203	Have you ever chewed chat?	1. Yes 2. No —————> Skip to Q 205
Q204	How often do you chew chat?	1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month
Q205	Have you ever been used drugs or substances like cocaine/ shisha ?	1. Yes 2. No
Q206	How often do you use drug?	1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month

Q407	If encountered forced sex, at what time of the day was happened?	1. Morning 2. Afternoon	3. Evening 4. Late night 5. Other_____
Q408	If encountered forced sex in your lifetime, who was the perpetrator?	1. Boyfriend 2. Husband 3. Relatives 4. Teacher 5. Student 6. Stranger	7. Neighbour 8. Health professional 9. Family member 10. Priest 11. Other Specify ---
Q409	How old was the perpetrator/attacker?	1. Same age 2. Older than me 3. Much older than me 4. Other (specify)-----	
Q410	If you have ever been forced into unwanted sexual intercourse and escaped, how was your mechanism of escape?	1. By crying (somebody arrived) 2. Escaped 3. By fighting 4. By giving promising word (cheating) 5. Other specify -----	
Q411	How many times in your lifetime did you encountered such forced sex?	1. One times 2. Two times 3. Three time 4. Four times and above times	
Q412	How many sexual partners or boyfriends have you ever experienced until now?	1. Nothing 2. One 3. Two 4. Three	5. Four or more
Q413	If your answer for Q412 is more than one, did you or your partners use condom?	1. Yes 2. No	
Q414	Do you know of student girls who are raped ?	1. Yes 2. No	
Q415	If Q414 is yes , how many?	1. _____	
Q416	Who was the perpetrator or attacker	1. Her boyfriend 2. Her husband 3. Her relatives 4. Teacher 5. Student 6. Stranger	7. Her neighbour 8. Health professional 9. Family member 10. Priest 11. Other Specify -----

Part V Consequence of sexual coercion

No	Question and filter	Alternatives for Responses.																									
Q501	With whom did you share the event after you had unwanted sexual intercourse More than one answer is possible.	If unwanted sexual intercourse was NOT encountered on you, <i>leave these pages.</i>																									
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Nobody</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. A friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Sister</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Brother</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Parents</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Health Professionals</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. Police</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>8. Other (Specify) -----</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	1. Nobody	1	2	2. A friend	1	2	3. Sister	1	2	4. Brother	1	2	5. Parents	1	2	6. Health Professionals	1	2	7. Police	1	2	8. Other (Specify) -----
	Yes	No																									
1. Nobody	1	2																									
2. A friend	1	2																									
3. Sister	1	2																									
4. Brother	1	2																									
5. Parents	1	2																									
6. Health Professionals	1	2																									
7. Police	1	2																									
8. Other (Specify) -----																											
Q502	If yes , did you report the event to the legal body after the event ?	1. Yes 2. No																									
Q503	If your answer is yes to whom did you report?	1. To police 3. To court 2. To kebele 4. Other/specify																									
Q504	Is there any action taken to the perpetrator/attacker?	1. Sentenced 2. Financial penalty 3. Forced to marry 4. Other /Specify/----																									
Q505	If, for question no.504 is not reported to anybody, why you kept the secret?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">No</th> <th style="width: 20%; text-align: center;">Yes</th> </tr> </thead> <tbody> <tr> <td>1. Do not know what to do</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Afraid of parents</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Afraid the public reaction(shame)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Afraid of the perpetrator</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. The legal body is not helpful</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Others / Specify/ -----</td> <td></td> <td></td> </tr> </tbody> </table>		No	Yes	1. Do not know what to do	1	2	2. Afraid of parents	1	2	3. Afraid the public reaction(shame)	1	2	4. Afraid of the perpetrator	1	2	5. The legal body is not helpful	1	2	6. Others / Specify/ -----						
	No	Yes																									
1. Do not know what to do	1	2																									
2. Afraid of parents	1	2																									
3. Afraid the public reaction(shame)	1	2																									
4. Afraid of the perpetrator	1	2																									
5. The legal body is not helpful	1	2																									
6. Others / Specify/ -----																											
Q506	Did you have any of the following problems after the unwanted sexual intercourse? (more than one response is possible)	1. Pregnancy 2. Abortion 3. Injury around the genitalia 4. Unusual discharge from genitalia with different colour than usual, bad odour 5. Swelling around the genitalia 6. Other (specify)-----																									
Q507	Which of the following did you experience after forced sex in your lifetime?																										
	1. Often have headaches	Yes No																									
	2. Poor appetite	1 2																									
	3. Bad sleep	1 2																									

4. Easily frightened	→	1	2
5. Blame yourself for what happened	→	1	2
6. Hate others for what has happened on you	→	1	2
7. Feel unhappy	→	1	2
8. Feel that you are a worthless person	→	1	2
9. Thought of ending of your life	→	1	2
10. Thought better to die	→	1	2

Annex 6: Self-Administered Questionnaire (Amharic Version)

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የሕብረሰብ ጤና ት/ቤት

በሴት ተማሪዎች ለሜዲሽን የወሲባዊ ጥቃትና ትንኮሳ ለማከናወን ተዘጋጀ ማጠቃለያ

መተማመኛ ቅጽ

ወድ ተማሪ ! እንደምን ነሽ:-

በሴት ተማሪዎች ላይ የሚታዩት የሚበራዊና የጤና ችግሮችን አወቁ መፍትሔ ለመስጠት ይረዳ ዘንድ በአሁኑ ጊዜ በዩኒቨርሲቲ ሴት ተማሪዎች ስለሚኖሩት የወሲባዊ ጥቃት/ትንኮሳን በተመለከተ በአዲስ አበባ ዩኒቨርሲቲ ስር ጥናት እየተካሄደ ነው። አንቺም በዚህ ጥናት ላይ እንድትሳተፉ በዕጣ ተመርጠሽል። ስለዚህ ሙሉ ፍቃደኝነትሽን እንጠይቃለን።

ጥናቱ በርካታ የግል ህይወት ዙሪያ ጥያቄዎች ስለሚኖሩት አንዳዶቹን ሊከብዱ ይችላሉ። ነገርግን የሴት ተማሪዎችን ችግር በበለጠ ለመረዳት በጣም ጠቃሚዎች ናቸው። የህይወት ገጠሚ እንጂ ትክክለኛ ወይም ትክክል ያልሆነ መልስ የለም። ስለዚህ የግልሽን አወሳኝ የህይወት ገጠሚዎች በቅንነትና በታማኝነት ታስፍሪ ዘንድ ከፍተኛ ትብብርሽ እንጠይቃለን።

የምትሰጡት መልሶች በምስጢር የተጠበቁ ይሆናሉ። ለዚህም ስምሽን ወረቀቱ ላይ አይጻፍም። ይህንን ፎርም በምትሞይበት ጊዜም የግልሽን ሐሳብ ብቻሽን ሆነሽ መጫት ያስፈልጋል። አጠቃላይ ማጠቃለያን ለመጫት በግምት 30 ደቂቃ ለፈጅ ይችላል።

በዚህ ጥናት ለመሳተፍ ፍቃደኛ ነሽ ? አ ነ ለሁም

ፈቃደኛ ከሆነሽ ፎርም ሞልተሽ ካጠናቀቅሽ በኋላ ለዚህ በተዘጋጀው ሳጥን ወስጥ እንድትከታው ትብብርሽ እንጠይቃለን።

እና መስግናለን !!

ክፍል 1፤ - አጠቃላይ መረጃ

ተ.ቁ	ጥያቄ (ጥ)	መልስ / አሜራ
101	እድሜሽ ስንት ነው?	(_____) ዓመት
102	ሃይማኖትሽ ምንድን ነው ?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. መስጊድ 5. ሌላ _____
103	ባአሁኑ ጊዜ የት እየኖርሽ ነው ?	1. ካምፓስ ወስጥ 2. ከካምፓስ ወጭ
104	ከአሁን በፊት ባል ኖሮሽ ያወቃል?	1. አዎ 2. የለም → የለም ከሆነ ወደ 106 ይሄዱ
105	ባአሁኑ ጊዜ ባል አለሽ ?	1. አዎ 2. አይደለም
106	የስንተኛ ክፍል ተማሪ ነሽ ?	1. 2ኛ ዓመት 2. 3ኛ ዓመት

		3. 4ኛ ዓመት 4. 5ኛ ዓመትና ከዛ ነላይ
107	ከየትኛው በሐረሰብ ነው የመጣው ?	1. አማራ 2. አሮሞ 3. ትግሬ 4. ጉራጌ 5. ሌላ _____
108	ያደግሽበት አካባቢ የት ነው ?	1. _____ 2. ወረዳ _____

ክፍል 2: ሰብ ነገሮችን ስለመጠቀም/አለመጠቀም በተመለከተ

ተ.ቁ	ጥያቄዎች (ጥ)	መልሶች/አማራጮች
201	የአልኮል መጠጥ ተጠቅመኝ ታወቂያሽ	1. አዎ 2. አይደለም →ወደ ጥ203
202	ምንያህል ግዜ ትጠጣለሽ?	1. ሁል ግዜ 2. 1 ወይም2 ግዜ በሳምንት 3. 1-3 ግዜ በወር 4. ከ1 ግዜ በታች በወር
203	ጫታ ቅመኝ ታወቂያለሽ	1. አዎ 2. አይደለም →ወደ ጥ205
204	ምንያህል ግዜ ትቅምያለሽ?	1. ሁል ግዜ 2. 1 ወይም2 ግዜ በሳምንት 3. 1-3 ግዜ በወር 4. ከ1 ግዜ በታች በወር
205	ኮኬንና የመሳሰሉት አደንዛኝ ጸጾችን ወይም መድሀኒቶችን ተጠቅመኝ ታወቂያለሽ	1. አዎ 2. አይደለም →ወደ ጥ301
206	ምንያህል ግዜ ትጠቀምያለሽ?	1. ሁል ግዜ 2. 1 ወይም2 ግዜ በሳምንት 3. 1-3 ግዜ በወር 4. ከ1 ግዜ በታች በወር

ክፍል 3: ስለበተሰብ ሁኔታ በተመለከተ

ተ.ቁ	ጥያቄዎች (ጥ)	መልሶች/አማራጮች
301	ሀ) የአባትሽ የትምህርት ደረጃ ምን ይመስላል	1. መደበኛ ት/ት ያልተከታተሉ 2. ማንበብ እና መጻፍ የማይችሉ 3. ከ1ኛ-6ኛ ክፍል 4. ከ7ኛ-8ኛ ክፍል 5. ከ9ኛ-12ኛ ክፍል 6. ሰርተፊኬት/ድፕሎማ እና ከዚያ በላይ
	ለ) የእናትሽ የትምህርት ደረጃ ምን ይመስላል?	1. መደበኛ ት/ት ያልተከታተሉ 2. ማንበብ እና መጻፍ የማይችሉ 3. ከ1ኛ-6ኛ ክፍል 4. ከ7ኛ-8ኛ ክፍል 5. ከ9ኛ-12ኛ ክፍል 6. ሰርተፊኬት/ድፕሎማ እና ከዚያ በላይ
302	በአሁኑ ጊዜ እናትሽ እና አበዘትሽ አብረው (አንድ ላይ) እየኖሩ ነው?	1. አዎን

		2. ተፋተዋል/ተላያዩተዋል 3. እናቴ ብቻ በህወት አሉ 4. አባቴ ብቻ በህወት አሉ
303	እዚህ ዩኒቨርሲቲ ከመግባትሽ በፊት ከማን ጋር እየኖርሽ ነበር ?	1. ከአባቴ እና ከእናቴ ጋር 2. ከእናቴ ጋር 3. ከአባቴ ጋር 4. ከዜመዲቼ ጋር 5. ከባለቤቴ ጋር 6. ብቻዬን 7. ሌላ (ይገለጽ)
304	የቤተሰብሽ የገቢ ሁኔታ ምን ይመስላል/ምን ያህል ነው?	1. ----- -----ብብር 2. አላወቅም
305	በአሁኑ ጊዜ ለትምህርት መሳርያ እና ለመሳሰሉት ወጪ የሚሆን በቂ ገንዘብ እያገኘሽ ይመስልሻል?	1. አዎ 2. አይደለም
306	ከቤተሰቦቻሽ የምስጥሽ ገንዘብ በቂ ነው?	1. አዎ አይደለም
307	እናትሽ በባለቤታቸው ወይም ከፍቅረኛቸው ስደበደቡ አይተሽ ታወቂያለሽ?	2. አዎ 3. አይደለም

ክፍል 4: ወሲብ ነክ የህይወት ገመጃችን በተመለከተ

ተ.ቁ	ጥያቄዎች (ጥ)	መልሶች/አማራጮች						
401	በአሁኑ ጊዜ ፍቅረኛ ወይም ባል አለሽ ?	1. አዎ 2. አይደለም						
402	የግብረ ስጋ ግንኙነት አድርገሽ ታወቂያለሽ ?	1. አዎ 2. አይደለም						
403	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስትፈጽሟ መከደያቱ እንዴት ነበር ?	1. በጋብቻ መካንያት 2. በፍላጎቴ 3. በአቻ ወይም ጓደኞቼ ግፊት 4. ያልሆነ ተስፋ በመሰጠት 5. ገንዘብ ለማግኘት 6. ፈተና ለማለፍ ወይም ለማርክ 7. ተገድጄ ወይም ሳልፈልግ 8. በመጠየቅ ወይም ስካር ተገፋፍቼ 9. ሌላ ----- -----						
404	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስትፈጽሟ ዕድሜሽ በግምት ስንት ነበር	1. _____ ዓመት 2. አላወቅም						
405	የመክተሉትን ሁኔታዎች በብዙ ሴቶች ላይ የመክሰቱ ናቸው፡ ጓደኛሽ፣ ባለቤትሽ፣ ወይም ሌላ ሰው የመክተሉትን ነገሮች ፈጽሞሽ ያወቃል?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">ዩኒቨርሲቲ ከመግባትሽ በፊት</td> <td style="width: 50%;">በአሁኑ የት/ት ዓመት</td> </tr> <tr> <td>1= አዎ፣</td> <td>1= አዎ፣</td> </tr> <tr> <td>2= የለም</td> <td>2= የለም</td> </tr> </table>	ዩኒቨርሲቲ ከመግባትሽ በፊት	በአሁኑ የት/ት ዓመት	1= አዎ፣	1= አዎ፣	2= የለም	2= የለም
ዩኒቨርሲቲ ከመግባትሽ በፊት	በአሁኑ የት/ት ዓመት							
1= አዎ፣	1= አዎ፣							
2= የለም	2= የለም							
1	ከፈቃድሽ ወጪ ለግብረ ስጋ በሚያብዝ መልኩ ገላሽን የነካካሽ ወይም የለክፈሽ ሰው ነበር?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">1</td> <td style="width: 50%;">2</td> </tr> <tr> <td style="width: 50%;">1</td> <td style="width: 50%;">2</td> </tr> </table>	1	2	1	2		
1	2							
1	2							

2	ከፈቃድሽ ወጪ አላስፈላጊ መሳም ፈፅሞ በሽ ያወቃል?	1 2	1 2
3	ካለንቺ ፍቃድ ወጪ ሰውነትሽን የግብር ስጋ ግንኙነት ለመጸጸም የነካሽ ወይም የለከፈሽ ሰው ካለ ታስታወሽለሽ?	1 2	1 2
4	አስገድዶ የግብር ስጋ ግንኙነት ለመጸጸም የሞከረበት ጊዜ ሆኖም ግን ድርጊቱ ሳይፈጸም ያመለጥሽበት አለ ?	1 2	1 2
5	አስገድዶ የግብር ስጋ ግንኙነት ተፈጽሞበሽ ያወቃል ?	1 2	1 2
6	አስገድዶ የግብር ስጋ ግንኙነት በማስፈራርያ መሰርቶ ተፈጽሞበሽ ያወቃል?	1 2	1 2
		ምንም ካልደረሱብሽ ጭ ተ.ቁ 412	
406	አስገድዶ(ከፍቃድሽ ወጪ) መጸፈሩን ሲያጋጥምሽ ቦታው የት ነበረ ?	1. የቤተሰቤ ቤት 2. የፍቅሮ/ባለቤቱ/የማለወቀው ሰው ቤት 3. ቡና ቤት/ሆቴል 4. ዶርም ወስጥ 5. ሌላ _____	
407	አስገድዶ(ከፍቃድሽ ወጪ) መጸፈሩን ሲያጋጥምሽ ቀኑ ማጭ ነበረ ?	1. ጠዋት 2. ከዓት 3. ማታ 4. ለሊት 5. ሌላ _____	
408	የአስገድዶ(ከፍቃድሽ ወጪ) መጸፈሩን ያደረሱብሽ ማን ነበረ ?	1. ፍቅረኛዬ 2. ባለቤቱ 3. ሌላ ዘመድ 4. አስተማሪ 5. ተማሪ 6. የማለወቀው ሰው 7. ጎሮቤቱ 8. ጠፍ በለመጽ 9. የበተሰቤ አባል 10. አይማኖት አባት 11. ሌላ _____	
409	የአስገድዶ (ከፍቃድሽ ወጪ) መጸፈሩን ያደረሱብሽ ምን ዓይነት ሰው ነበረ ?	1. በእኔ እድመ ክልል ይሆናል 2. ታላቁ ነዉ 3. በጣም ታላቁ ነዉ 1. ሌላ _____	
410	አስገድዶ የግብር ስጋ ግንኙነት ለመጸጸም የሞከረብሽ ጊዜ ሆኖም ግን ድርጊቱ ሳይፈጸም ያመለጥሽበት ዘዴ ምን ነበረ ?	1. ነጭጭ 2. በመጸበቅ 3. በመጣሉት 4. ያልሆነ ተስፋ በመስጠት 5. ሌላ _____	
411	አስገድዶ(ከፍቃድሽ ወጪ) መጸፈሩን በህይወትሽ ለስንት ጊዜ ያህል አጋጥሞሻል ?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሦስት ጊዜ 4. አራት ጊዜና ከዛ በላይ	
412	የግብር ስጋ ግንኙነት ከጀመርሽ አንስቶ በጥቅሉ ከስንት ወንዶች ጋር የግብር ስጋ ግንኙነት ፈፅሞሻል ?	1. አንድ 2. ሁለት 3. ሦስት 4. አራትና ከዛ በላይ	
413	የግብር ስጋ ግንኙነት ስትፈፀሙ ኮንዶም ተጠቅሞቻቸዋል ?	1. አዎ 2. አይደለም	
414	በአሁኑ ጊዜ በዩኒቨርሲቲ ወስጥ አስገድዶ መጸፈሩን የተፈፀመላቸው ሴት ታማሪዎች	1. አዎ 2. አይደለም	

	ታስተወሻለሽ ?	
415	አስገድዶ የተደፈሩ ሴት ተማሪዎች ስንቶቹን ታስተወሻለሽ ?	1. _____ 2. አላውቅም
416	አስገድዶ የተደፈሩ ሴት ተማሪዎች ማክ ው ድርጊቱን የፈፀመባቸው ?	1. ፍቅሮቻቸው 2. ባለቤቷ 3. ሌላ ዘመድ 4. አስተማሪ 5. ተማሪ 6. የማላውቀው ሰው 7. ጎሮቤቷ 8. ጠፍ በለመዋ 9. የበተሰቧ አባል 10. አይማኙት አባት 11. ሌላ _____

ክፍል 5:- ከጾታዊ ትንኮሳዎች በተነሳ ጉዳዮች

501	ለደረሰብሽ የአስገድዶ መደፈሩን ለማን ተናግረሽ ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ጥቃቱ አልደረሰብኝም → ጥቃቱ ካልደረሰብሽ ጥያቄው እዚህ ላይ ያበቃል 2. ለማንም 3. ለጋራ/ለባሌ 4. ለአህጉር/ወንድሜ 5. ለቤተሰቦቼ 6. ለጠፍ በለመዋ 7. ለፖሊስ 8. ሌላ _____
502	ስለ አስገድዶ (ከፍቃድሽ ወጪ) መደፈሩን ለምሳክተው አክል/ፖሊስ አመልክተሽ ነበር?	1. አዎን 2. የለም
503	ለደረሰብሽ የአስገድዶ (ከፍቃድሽ ወጪ) መደፈሩን ለየትኛው ህጋዊ አካል ነው የተናገርሽው ?	1. ለፖሊስ 2. ለቀበሌ 3. ለፍርድ ቤት 4. ሌላ _____
504	ጥቃቱን ያደረሰብሽ ሰው ከቴክዘ ምን አይነት ቅጣት ተወስደበት ?	1. መስጠን ቀቅያ 2. አስገድዶ መግባት 3. የገንዘብ ቅጣት 4. ሌላ _____
505	አስገድዶ (ከፍቃድሽ ወጪ) መደፈሩን ስደርሰብሽ ለምንድን	1. ማድረግ የነበረብኝን ባለማወቅ

	ነበር ለማንም ያልተናገርሽው?	2. የቤተሰቦቼን ጭና ሰግቼ 3. ሐፍረት/ነወር መሰሎኝ 4. ፈፃሚ ስለስፈራራኝ 5. ህጋዊ አካል ድጋፍ ስለሌለ 6. ሌላ _____
506	ተገደሽ የግብረ ስጋ ግንኙነት ከተፈፀመሽ በኋላ የታየህ የጠፍ ችግር ምን ነበር? (ከአንድ በላይ መልስ ይቻላል)	1. እርግዝና 2. ፅንሰ ማስወረድ 3. ብልት አከባቢ መቆሰል 4. ያልተለመደና የማሻት ፈሳሽ ከመሆን 5. ብልት አከባቢ እብጠት
507	ከአስገደድ (ከፍቃድሽ ወጪ) መፈፈሩን የተነሳ ከሚከተሉት ሁኔታዎች ወስጥ የትኞቹ አጋጥመሽ ነበረ ?	1. እራስ ምታት ነተደጋጋሚ 2. የምግብ ፍላጎት ማቀነስ 3. እንቅልፍ መገት 4. ፍራህትና የመጨቆ ስሜት 5. እራሴን መጥላት 6. ሰውን መጥላት 7. የሀዘን ስሜት 8. በራስ ላይ ፍላጎት ማገት 9. ህይወቴን የማለፍ ሀሳብ 10. ሌላ _____

እናመሰግናለን #

Annex 7: SEMI-STRUCTURED FGD GUIDE

Semi –structured discussion guide prepared to assess sexual coercions among Ambo University female students.

Male **OR** Female Number [_____]

1. Introduction

- Greeting and introducing the moderator and note taker with participants
- Introducing the main objective of the study
- Introducing the main theme of the discussion
- Obtaining consent; and
- Creating conducive atmosphere:- life in university, education, relation with boys/girls, and the like.

2. Core Issues or Questions in the Discussion

1. List (Rank) five main problems for female students in the colleges. (provide paper and pen on which to write)
2. Have you ever heard about violence?
Sexual Violence (Rape, Attempted rape, Harassment) Probe, Probe, Probe...
3. Have you ever seen any such practices in this university? What? Why?
4. What do you think the main reasons why female students are facing such events? Probe, probe, probe.....Can you list or rank them?
5. Who do you think the commonest attacker?
6. Why do you think that victim girls don't report/tell about their problem of violence?
7. What consequences of violence do you know?
8. Do you think that these problems are preventable? How? Probe, Probe...

DECLARATION

I, the undersigned, declared that this is my original work, has not been presented for a degree in this or any other University, and that all sources of materials used for this thesis has been fully acknowledged

Name: TOLESA BEKELE

Signature_____

Place: ADDIS ABABA, ETHIOPIA

Date of Submission: June**13, 2012**

This thesis has been submitted for examination with my approval as University Advisor

Name: Dr. WAKGARI DERESSA

Signature_____

