

**MAGNITUDE AND IMMEDIATE OUTCOMES OF PHYSICAL  
PARTNER VIOLENCE AGAINST WOMEN IN KOFELE  
DISTRICT, ARSI ZONE, OROMIA REGION**

**By**

**Haji Kedir, (B.Sc. Public health)**

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## **List of Abbreviations**

BRHP: Butajira Rural Health Project

CTS: Conflict Tactics Scale

FGD: Focus Group Discussion

FGM: Female Genital Mutilations

FP: Family Planning

HTP: Harmful Traditional Practice

HIV/AIDS: Human Immuno- Deficiency Virus/Acquired Immuno- Deficiency Syndrome

ICPD: International Conference on Populations and Development

PA: Peasant Associations

SRS: Simple Random Sampling

STI: Sexually Transmitted infections

UN: United Nations

UNIFEM: United Nations Development Fund for Women

WHO: World Health Organization

## **ABSTRACT**

Abuse by an intimate partner (marital or spousal abuse) and coercion are the two most globally prevalent forms of violence against women. However community based studies on this subject is limited. In Ethiopia there is also little research work in the area of physical partner violence. The objective of this study is to measure the magnitude of physical violence experienced by married women; men own use of physical violence, factors associated with experience of physical violence, its immediate outcomes and describe cultural and societal perspectives of partner violence. Community based cross sectional survey was conducted with complementary Focus Group Discussions in Kofele district, Arsi zone, Oromia region. Households were selected with systematic random sampling from randomly selected Peasant associations. Married adult men age 15 years and above & women aged 15-49 years, living in the households sampled were included in the study. A field-tested, structured and pre-tested questionnaire was used to collect the information for the quantitative study and semi-structured guideline was used for focus group discussions. A total of 400 men and 396 women participated in the study. The majority of the study participants (99.75 % of men and 94.7% of women) belong to Oromo ethnic group. About 64% and 55% of women had experienced physical violence in their life time and last 12months before survey respectively and 59% and 22% of men reported to use physical violence against their most recent partners in lifetime and last year respectively. Women's experience of partner physical violence is associated with presence of other person in the household (OR & 95%CI=0.6(0.39, 0.92), family history of violence( OR & 95% CI= 1.54( 1.01, 2.35), type of marital arrangement with current partner by abduction (OR & 95%CI= 3.96(1.58, 9.96) compared with those married with their agreement), number of children less than five years age in the house hold (OR & 95%CI=3.6 (1.9, 7.0) for only one child & 1.89(1.1, 3.8) for three or more children relative to no child in household), parity of women(OR & 95%CI=2.5(1.4, 4.7) for 4-7 births relative to 0-3 births) and belief about whether battering woman who failed to complete her household works is acceptable (OR & 95%CI=2.0 (1.1, 3.5) for agreeing with the situation ). Physical partner violence is very high in the study area and is associated with avoidable factors. There are also important cultural practices useful in protecting women from violence in this study population. This calls for immediate interventions that include education on gender roles, family relations and improving women's reproductive health and supporting structures for cases of violence and encouraging and maintaining supporting useful cultural practices. **(Key words: Abuse, Partner, Physical Violence, Culture )**

# **1. BACKGROUND INFORMATION AND STATEMENT OF THE PROBLEM**

## **1.1 Introduction**

Violence against women is worldwide public health problem (1). According to UN declaration, Violence Against women includes “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 deprivations of liberty, whether occurring in public or private life (2)

Domestic Violence Also called Intimate Partner Violence or Spousal Abuse refers to the victimization of a person with whom the abuser has or has had an intimate or romantic relationship (3)

Sexual coercion and Abuse by marital or other intimate male partners are the two most globally prevalent forms of violence against women (4). However Gender based violence includes all other forms of violence such as: Trafficking in women, rape during war, female infanticide, honor killing, FGM and others (1, 4).

Research has differentiated violence against women from other forms of interpersonal violence. In general violence against men is different from violence against women with its nature and pattern. Men are usually victimized by a stranger or casual acquaintances whereas women are more likely than men to be victimized by family members or an intimate partner (1, 4, and 5).

What other feature makes violence against women easily distinguishable from other interpersonal conflicts is that it is universally and predominantly targeted only against women. It affects all women regardless of their educational status, age, occupation, health status or their color. Studies around the globe have documented the significance of the problem in different

categories of female population. The study conducted in South Africa documented the prevalence of child sexual abuse to be 1.6% the same study revealed that the rapist are not individuals with mental disorder as thought before (6). On the other segment one study in Canada has reported the existence of sexual harassment against female doctors by their patients (7), while another study from America pointed out that male physicians are also engaged in a coercive sexual relationship with their female patients. The same study reported different types of abuse in the health care institutions such as verbal violence, physical and sexual violence (8). The later reflects how the health workers can also be part of the problem. A given victim may face more than one type of violence. Physical violence in intimate relationships almost always is accompanied by psychological abuse and in one-third to over one half of cases, by sexual abuse (1).

Even though we passed a decade till violence against women was considered as a focus of international Community, there are global and national growing efforts to address the problems of Gender based violence.

UN general assembly has passed a declaration on ending violence against women in 1993. In the following two years, ICPD Cairo 1994 and Beijing 1995, women's organizations around the world have advocated that ending gender violence as "high priority".

Among recent global efforts, UNIFEM launched regional campaigns in Africa, Asia/Pacific and Latin America in 1998, to draw attention to the issue of violence against women globally while United Nations population fund has declared violence against women "a public health priority" in the following year (1).

In Ethiopia the problem was acknowledged and various attempts are being made to address the problem. This has resulted in creation of favorable policy environment at present for the work

pertaining to women's health problems. The efforts from the governmental side range from inclusion of articles to its constitution to ensure women's equal rights with men to revision and development of family law and penal code of criminals which is under progress (9). Besides the government, different non-governmental organizations work towards addressing women's right and gender based violence. One of these organizations is the Ethiopian women lawyers association dealing with the legal counseling of cases of violence in the country (10).

### **1.2 Problem Statement**

Ethiopian women have the greater share of the health and social problems and are more vulnerable to all health burdens due to their multiple roles & the strong cultural and customary influences that deny their right to promote their health and gain autonomy over their own life. They can not also reduce their exposure to Harmful Traditional practices (HTPS). As the result of various interacting problems the health conditions of Ethiopian women is poor which can be explained by perinatal mortality of 52/1000 and maternal mortality of 871/100,000 (11).

Violence against women can be considered as not only the effect but also as the cause of the existing poor status of women in the community.

It is understood from the review of world literatures on the issue of gender based violence that it has an add-on effect on the health burden of every nation with no exception. There is a need for generation of evidence-based information to appropriately respond to the problem. Given the magnitude and severity of the problem, there is a great need to enrich the field by the studies of this kind. Another global concern of the research in the violence against women is the inconsistency of the magnitude of the problem in various contexts. Most of the studies reviewed have focused on the victims' risk factors. To serve the intervention programs there is a need to generate information on both the perpetrators and victim's perspectives.

In the Ethiopian context, the research work on area of violence against women in general and household or family basis in particular is extremely limited.

The limitation of such research work in Ethiopia by no means implies the absence of the problem or insignificance of its magnitude in the country.

The policy environment in the area of women's health and women's right are current efforts of the government taken to address the problem. The study of this kind can help the policy makers to look in to the grassroots level whether the existing policy issues are well understood by the public at large and to make further adjustments whenever needed.

As already explained earlier due to limited community based survey the women activists and the government currently work on the basis of police reports which are the sever forms of the cases of violence. However these cases are only the visible forms of the problem, which cannot represent full magnitude of the problem. These cases can be symbolized as "Ears of Hippopotamus in water" or tips of an iceberg. Therefore in order to visualize the magnitude of the problem, studies at the household basis have paramount importance. Such studies can provide information on the root causes and consequences of violence against women. Among the various reasons that necessitate this study in the area of gender-based violence more importantly in the current period is the devastating global HIV/AIDS epidemic to which women are at an increased risk than men.

This study was the first of its kind in Ethiopia for involving men study subjects. It added information to global and national research work in the area of violence against women. In doing so the work of this paper is an attempt towards filling the existing information gap. Furthermore, it serves the purpose of identifying potential research areas for future studies.

## **2. LITRATURE REVIEW**

There is evidence from different parts of the world that violence perpetrated against women has increased and is beginning to draw global attention (4). Gender based violence was documented by various researchers as global phenomena with multifaceted causes and effects (1, 4, 5). According to more than 50 population-based surveys across the world about 10%-50% of women were physically beaten by their own intimate partners (1). Studies of Domestic violence conducted in different countries of the world have involved different target populations such as pregnant women, women of reproductive age at health institution (12, 13), Child bearing women at household basis, and population based involving women and men (1).

The study conducted on pregnant mothers by the use of AAS (Abuse Assessment Screen), simple three-question tool) revealed 17% prevalence of physical or sexual abuse (14).

Fifty-four percent of women from 648 women studied at an emergency department were victimized by their own husband or boy friend (12). Another study conducted in similar setting reported a much lower prevalence in Italy (13). Among 510 Italian women who had participated in the study, 10.2% had experienced physical or sexual violence in the past 12 months (13). However the former study defined and measured domestic violence in different way than the Italian study.

According to population-based study in Nicaragua involving 488 childbearing women, 40% (95% CI= 35%, 44%) experienced physical violence by current or former partner at some point in their lives (15). However 27% (n=97) of a Sub sample of mothers had experienced violence with in the past 12 months (15). Other population-Based study of violent victimization in both adult men and women reported 9.9% and 10.9% among women and men respectively, while

another study on older adults found sexual assault to be 12.7% and 5.4% in women and men respectively. (16, 17)

In the African region, 46% (n=73) of women in Uganda, 42% of 733 Kenyan women, 60% of 300 Tanzanian women, and 40% of 171 Zambian women were abused according to studies conducted between 1990 and 1992 (18).

In Ethiopia the magnitude of physical violence was documented to be 45% (n=673) for the women's lifetime and 10% for the three months period prior to the interview according to the study conducted in one of the woredas in the south central part of Ethiopia, (Meskanena Mareko) in Butajira rural Health project (19). The prevalence of sexual violence also assessed among street female adolescents and high school students. According to these studies 43% of street girls, 74% of high school girls in Addis Ababa and West Shewa and 63.3% of female students in Debarke have experienced at least one form of sexual violence (20, 21, and 22).

Violent cases are often under reported due to various reasons (1, 3). There are several barriers in diagnosing and treating family violence even at the health institutions. These include: Lack of knowledge and trainings, societal misconceptions that encompasses, domestic violence is rare, violence doesn't occur in the relationships that are seemingly "normal", domestic violence is a private matter that should be resolved without outside intervention and battered women are responsible for their abuse(3).

Research work in different regions of the world, Africa, Asia, Latin America and the United States found out some of the biggest barriers that block effective response to violence against women(1). Such studies had found out the following:

1. Lack of technical competence of the health workers, Practitioners with special training on violence are more likely to inquire about violence and to feel competent to address the needs of

abused women. Most of the professional schools worldwide don't address violence or do so minimally. 2. Cultural stereotypes and negative social attitude and thinking that dictate some women to deserve abuse as a corrective measure when they are disobedient to their husbands. Health care providers also share such cultural values and attitudes that are dominant in the society at large. 3. Institutional constraints which include feelings of inferiority among clinicians dealing with the violence victims in comparison with those working on other intervention types and 4. Women's reluctance to disclose violence: Unless asked directly many women don't volunteer information as the case in the Nicaraguan DHS 1998. Over one third of women abused by their own partner had never told any one, of 57% women suffered from injuries, only 13% had ever received medical attention. Only 7% of violent case reported to ever seek help at health institution (1). Due to the pain full nature of the subject of violence there is usually a challenge to convince people to speak openly about the intimate aspects of their life. Some of the conditions contributing to this problem as revealed by Heise and colleagues include partly study design issues such as whether questions are clearly worded and easy to understand how many times during the interview the woman is asked about violence and the level to which she felt comfortable during asking which in turn depends on sex of the interviewer, length of interview, presence of others and interest and attitude of the interviewer (23). Women are frequently reluctant to disclose their experience of abuse in intimate relationships due to feeling of self-blame, shame, loyalty to the abusers or fear and their socialization to accept physical and emotional chastisement as part of the husbands' marital prerogative which makes self identification of women as abused to be less likely

Different background information variables of the study subjects and their association with violence were also studied in previous studies in order to outline any preventive strategy for this

global public health burden. Different researchers has used various explanatory models for family violence among which socio structural model is said to be more important (24)

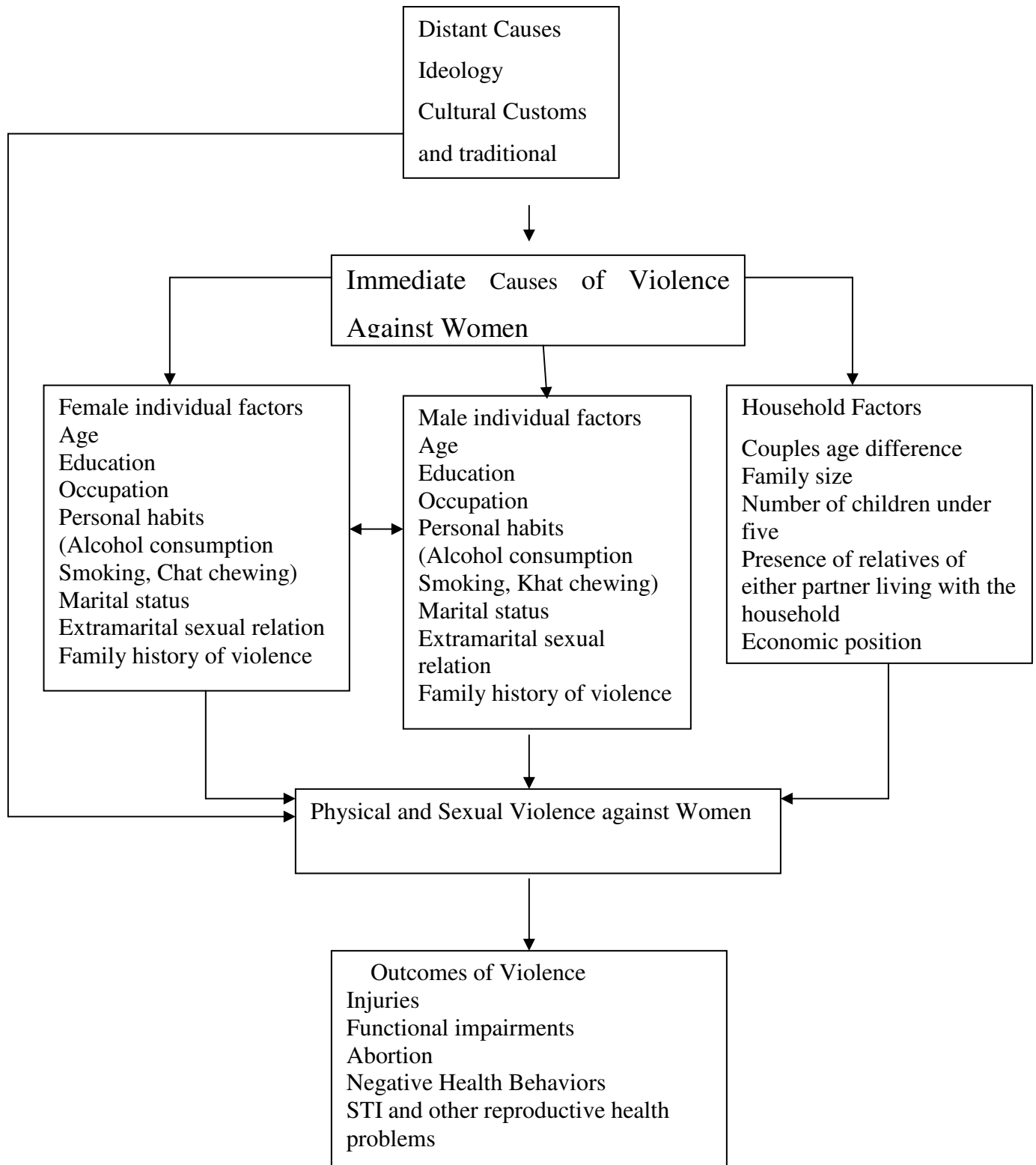
Gender based violence is the end result of various complex interacting factors. Male and female risk factors and the dynamics of relationship need to be considered. However this was accomplished in limited number of studies. Violence against women is significantly associated with poverty in all-available literatures. Number of children (4, 5) and history of violence among families of male partner (4, 25) are found to have association with intimate partner violence. Number of children under 7 years, parity of women and urban dwelling carry significant higher risk (25). Educational status was found to have no association in two studies (13, 25). The study in Italy found significant association b/n marital status and violence while studies in Nicaragua and America (4, 25) found no association.

Occupational category is associated with violence study of Italy while it is not in the Nicaraguan and United States studies (4, 25 and 26)

The dual role of culture in the dynamics of violence against women was well studied in different studies in different parts of the world. In all societies there are cultural institutions, beliefs and practices that undermine women's autonomy and contribute to gender-based violence. Certain marriage practices, such as dowry and bride wealth can disadvantage women and girls especially where these customs have been corrupted by western consumer culture (1). In recent years for example dowry has become part of marriage transaction in some countries, with future husbands demanding ever-increasing dowry both before and after marriage. Dowry demands can escalate into harassment, threats, and abuse and in some extreme cases the woman is killed or driven to suicide, freeing the husband to pursue another marriage and dowry (1). On the other parts of the world future husband are expected to pay "bride wealth" to compensate the bride's family for the

loss of labor in her leave. In parts of Africa and Asia this exchange has likewise become commercialized, with inflated bride wealth, leaving many men with the impression that they have “purchased” a wife. Eighty two percent of women currently surveyed in one province of South Africa witnessed cultural acceptance of the ownership of wife by a husband if he paid for bride wealth and 72% of themselves agree with the situation (1). Both types of marriage traditions compromise the ability of cultural attitudes towards female chastity and male honor. Culture also serves to justify violence against women. As a result women or girls are killed as a means of cleansing the family honor if she is raped or engaged in sex outside marriage. The magnitude of honor homicide against women was found that to be 47% in one study conducted in Egypt (1). Culture is neither static nor monolithic. Women’s right activists argue that communities must dismantle those aspects of culture that oppress women, while preserving what is good (1). On the other hand culture can be used to protect women against abuse. Some of the mechanisms include: Public shaming or community healing and other forms of cultural sentencing procedures. Many researchers use ecological model to explain factors associated with the causes of partner violence. The conceptual frame work in figure-1 better explains causes and outcomes of partner physical violence.

Fig-1 Conceptual Framework of causes and Outcomes of Partner Violence against Women



Source: Adapted and modified from ecological model in CHANGE

Gender based violence has far reaching short and long-term consequences. It endangers the physical psychological and mental well being of mother and well-being of the whole family in general and the health life of young children in particular various research findings identified different effect of violence against women in general and especially domestic violence. Among the devastating consequences of violence against women, complete separation family breakage, disability and impairment of the victims, and death in extreme cases of violence. Physical and sexual violence against women carries several negative consequences on the women's reproductive health. These include unwanted pregnancy, risks of HIV infection and other sexually transmitted infections and complication of pregnancy (1, 4). Sexual assault also has psychological and social manifestations on both short term and long term basis. Some of such consequences involve anxiety, isolation, depression phobias, mistrust of others hostility and somatic symptoms. Seventeen to nineteen percent of rape victims made suicidal attempt in one study (27)

There is a growing body of literature on the ways in which violence against women undermine women's sexual and reproductive autonomy and jeopardize their health. The consequences of violence against women are not limited to the women only rather it can affect greatly the well-being of their children in many different ways. A case referent study in Nicaragua has shown that children under five years of age have an increased risk of death if their mothers experienced violence than those children whose mothers are not abused (28). The observation of higher rates of death during early period of infancy was also documented by other study to be the result of indirect effect of violence against women that cause the delayed entry to prenatal care during pregnancy. According to this report women with an experience of physical violence are 1.8 times (95% CI=1.5-2.1) to delay their prenatal care (29). One study from America has also showed the

increased risk of alcohol abuse among victims of violence during pregnancy (30). The Direct and indirect effects of Domestic violence on the intellectual functioning of children was well studied by Alissa C and colleagues (31). The existence of violence in the children's home was proved to reduce the intellectual capability of young children (31).

### **3. OBJECTIVES**

#### **3.1 General Objectives**

To assess the prevalence, associated factors and immediate outcomes of physical partner violence against women and describe cultural and societal perspectives of it in Kofele district, Arsi Zone

#### **3.2 Specific Objectives**

- 1) Measure the magnitude of physical partner violence against women in their lifetime and in the past 12 months
- 2) Assess the proportion of men reporting their own use of physical violence against their partners
- 3) Assess socio demographic factors related with the cause of physical partner violence against women in intimate partner relationship
- 4) Assess the outcomes of physical partner violence against women
- 5) Describe societal perspectives and cultural factors associated with violence against women

## **4 MATERIALS AND METHODS**

### **4.1 Study Area**

This study was conducted in Kofele district which is one of the districts in Arsi zone, Oromia region. It is located in Southeastern part of Arsi zone 175kms away from the capital city of the zone, Asella. This district is bounded by Gedab asasa to the East, Shashemene district to the west, Limu and Bilbilo district to the north, Arsi Nagelle district to the North West and Southern people Nations and nationality to the south.

There are 55 Pas and 4 small rural towns. The total population of the district as projected from the 1994 census report is 253,693 out of which 48.30% are male and 51.70% are females. The majority of the population in the area belongs to Oromo ethnic group and Islamic religion. Hence Afan Oromo is the mother tongue for most 97% while 3% of population has Amharic and Sidamigna as their first language (32).

There are 5 different non governmental organizations working on the development in the district. Two of these mainly work on the area of reproductive health. One providing clinical service and the other one provides non-clinical community based services on HIV/AIDS, FP and Harmful traditional practices. Government also executes health services through one Health center in the district, health stations and health posts.

#### **4.2 Study Design**

A cross sectional, community based survey was employed with complementary focus group discussions.

#### **4.3 Source Population:**

All adult women and men residing in Kofele district

#### **4.4 Study Population**

All married adult women and men who full fill inclusion criteria (Those who live with in a selected household during the time of the survey, who were 15-49 years old for women and 15 and more years old for men) in the study area were the study population. Those who were not married, not a member in the sampled household, are not in the age range specified and physically and mentally unable to respond were excluded.

#### **4.5 Sample Size Determination**

The previous prevalence report on physical violence was 45% for women. There was previously documented data about men reporting own use of violence. Therefore 50% was considered for the calculation of sample size for men group. Precision of 5%, and confidence limit of 95% were assumed in the sample size calculation of both groups, and 10% was added to compensate for possible non-response. Single proportion sample size determination formula was employed for each male and female study subjects, and a total of 419 women and 423 men were needed.

#### **4.6 Sampling Technique**

The sampling procedure involved random selection of households from 11 Peasant Associations and one small rural town. The rural town and the PAs were randomly selected from the list of existing 59 Kebeles in the district. The Kebeles or the peasant associations were similar to each other in several aspects. The 12 Kebeles again randomly classified in to two for men women study subjects in order to ensure confidentiality and privacy. Only one eligible respondent will be considered per a household. In case there existed more than one eligible respondent in a sampled household one was selected with lottery method.

#### **4.7 Data Collection**

Structured questionnaire was originally developed in English and translated to Afan Oromo and then back translated into English by another person to ensure validity. To keep further validity and make the findings comparable with others, measurement of physical violence was adopted from WHO core questionnaire on domestic violence which was field tested in Ethiopian context in BRHP(33). The questionnaire was pre-tested on similar setting and appropriate modifications were made to have the final version. This final version of the questionnaire was used for data collection. Variables on the experience or witnessing of physical violence, socio demographic information, beliefs, social and cultural practices were included on both men and women questionnaire to achieve the objectives of the study. Due to the sensitivity of the information gathered the sequence of the items was made from the least sensitive to the most sensitive. Women were allowed to speak out also about their experiences that were not included in the survey tool. Notes were taken on all points the women expressed out of the questionnaire and finally debriefing discussions were held with the interviewers.

Six female high school graduates collected data for women, and six male high school graduates for men respondents. Two supervisors (one male and one female) who are Diploma graduates and have field experience with household surveys were recruited for the data collection process. Both data collectors and supervisors received training on data collection and the issue of violence for three intensive days. The data collection process took place between December 10 and 20, of 2003.

Two focus group discussions among the community members from both sexes were conducted to enrich the findings of the quantitative study and look the cultural aspects and perspectives of

society about physical violence in an intimate relationship. At the beginning of the discussion, the participants were informed about the discussion and use of data. Then participants of focus group discussions were given the core guiding points sequentially and discussions were made on each topic.

Each FGD involved about 8 participants who fulfill the inclusion criteria of the study. The selection of the eligible participants of the FGD was done conveniently by the local community leaders and other key informants. Place of FGD was selected as to the convenience to the participants. The principal investigator moderated the discussions by the use of semi-structured guiding outline. The discussions were entirely tape recorded after verbal consent was obtained. The recorded discussions were transcribed first to the language of the discussion and fully translated into English. Responses and comments were grouped according to the topics and finally writing up and description was performed (34).

#### **4.8 Data Quality Control**

In addition to appropriate recruitment and training of data collectors the quality of the data were monitored frequently both in the field and during data entry. This was done in the field through close supervision of interviewers. Data quality tables were utilized. All completed questionnaire were examined for completeness and consistency during interview. Data was double entered using a programmed computer software package.

#### **4.9 Data Analysis**

Data was entered in to computer soft wares using EPI -info version 6 and SPSS version 10.1 and cleaned. The data was analyzed descriptively for socio demographic and other study variables. Simple frequency, rates, proportions and ratio were employed. Associations of experiencing physical violence in the last year with other factors were investigated using multivariate logistic regression model. Ninety five percent confidence limits and chi square tests of significance with 5% level were employed where appropriate using both EPI- info and SPSS version 10.1.

#### **4.10 Study Variables**

##### **3.10.1 Dependent variables**

**Physical violence:** Violent behaviors experienced by the women or witnessed by men such as throwing objects; pushed, grabbed or shoved; slapped; kicked, bit or hit; hit or tried to hit with something; beat up; choked; burned or scalded; forced sex; threatened with a knife or gun; used a knife or gun.

#### **4.10.2 Independent Variables**

Socio demographic variables: age, educational status, occupational category, religion, ethnicity condition of marital relationship (monogamy or polygamy)

Maternal variables: parity, number of children under five

Household variables: family size, any other person living with the household (parents of wife, parent of husband, or other), number of oxen, presence of radio, history of violence in families of the couples, duration of relationship

Husband related Variables: socio demographic characteristics partners, substance use (alcohol, Khat, cigarette),

#### **4.11 Operational Definition of Terms**

Physical Violence was measured in terms of occurrence of physically violent behaviors adapted from Conflict Tactic Scale (CTS) to the woman's lifetime or past 12 months experience. These specific acts include Threw something; pushed, grabbed or shoved; slapped; kicked, bit or hit; hit or tried to hit with something; beat up; choked; burned or scalded; threatened with a knife or gun; used a knife or gun.

Lifetime experience of violence: The occurrence of violence in the intimate partner since they started to live together till the time of interview

Last 12-months prevalence of violence: Experience of violence in 12 months period before the date of interview.

#### **4.12 Ethical Considerations**

Ethical clearance for the research work was obtained from Addis Ababa University Faculty of Medicine, Department of Community Health. Letter of support was received from Oromia Health Bureau, Arsi Zone Health Department and other relevant offices

This study followed ethical recommendations for research on Domestic violence by WHO and also other ethical requirements related to research on human beings. Respondents had been provided with an informed consent and participation to each part or whole part of the interview was on voluntary basis (34). For details on safety and welfare of study participants see Annex-2

## **5. RESULTS**

### **5.1 Response Rate**

A total of 842 households, 423 for men and 419 for women were independently sampled for this study. From this, a total of 400 men (94.6%) and 396 women (94.5%) responded to the study. There was no refusal to respond to the interview. The reasons for not conducting all planned interviews include: temporary change of address for harvesting crops in other place (23 men), exclusion due to wrong age (18 women) and absence from home at the time of interview (5 women).

### **5.2 Socio Demographic Characteristics**

The mean age of the study participants was  $36.73 \pm 12.53$  years for men and  $28.33 \pm 6.64$  years for women respondents, and the median age was 35 years for men and 30 years for women. Only 14 (3.5%) men were 65 years or older while 3 (0.8%) women were in age range of 45-49 years.

Most of the study participants are Oromo. Accounting for all of men except one (99.75%) and 375 (94.7%) women. The majority of the respondents in both study groups are Muslims, while only 5 (1.25%) of men and 40 (10.10 %) of women were Christians. One hundred seventy-four men (43.5%) and 304 (76.8%) of women have no any kind of education. About 73 (18.30%) men and 31 (7.8%) women were with an educational level of grade 7 or above. Ninety nine percent of women and almost all men participants were in marital relationship at the time of the study. Concerning the type of marital relationship, 280 men (70.4%) and 248 women (62.6%) were in monogamous marital relation while 119 (29.3%) men and 146 (36.86%) women were in a polygamous marital relation (Table-1).

Mean duration of marital life was  $12.54 +14.38$  years for men and  $10.84 \pm 6.47$  years for women group.

Marriage arrangement with the current partner or the last spouse was family supported for most of women 278 (70.2%) and one half of men 204 (51%), abduction for 24 (6%) of men and 51 (12.9%) of women, common agreement in 143 (35.4%) of men and 40 (10.1%) of women, and coercion by male partner for 29 (7.3%) of men and 27 (6.8%) of women. The major traditions of marriage in the community according to the findings of this survey were bride wealth and sister or daughter exchange. Bride wealth was mentioned as the main type of tradition in setting the marital relation by 218 (55%) women while 145 (36.6%) of the women respondents were married through an exchange of a sister or a daughter. For men, both bride wealth and sister/daughter exchange were almost equally important cultural traditions used in settling marriage and 496 (49%) and 198 (49.5%) men settled their marriage with current or more recent partner through bride wealth and sister/daughter exchange respectively. For the remaining proportion of women and men different cultural traditions such as inheritance, sister's replacement "Biidha" and others were used as ways of settling their marriage (Table-1).

**Table 1: The distribution of Socio demographic characteristics of men and women study respondents, Kofele district, Arsi zone, Oromia region, May 2004**

characteristics		Men(n=400) percentages	Women( n=396) percentages
Age group	15-24	13.0	24.7
	25-34	33.0	51.3
	35-44	28.3	23.2
	45-54	14.7	0.8
	55-64	7.5	-
	65 and above	3.5	-
	Mean $\pm$ SD	36.7 $\pm$ 12.5 Years	28.3 $\pm$ 6.6 Years
Religion	Muslims	98.7	89.9
	Christians	1.3	10.1
Ethnicity	Oromo	99.7	89.9
	Amhara	0.3	10.1
Educational level	No education	43.5	76.8
	Grade 1-6 & read/write	38.3	15.4
	Grade 7 and above	18.3	7.8
Type of marital relationship	Monogamy	70.4	62.6
	Polygamy	29.3	36.9
	separated	0.3	0.5
Duration of marriage	0-5	16.0	24.5
	6-10	26.0	33.6
	11-15	20.8	21.2
	16 and above	37.3	20.7
	Mean $\pm$ SD	12.5 $\pm$ 14.4 Years	10.8 $\pm$ 6.5 Years
Arrangement of current marital relationship	Supported by family	51.0	70.2
	Abduction	6.0	12.9
	Agreement of both	35.8	10.1
	Pressurized by male partner	7.3	6.8
Traditions in marriage arrangement	Bride wealth	49.0	55.0
	Sister or daughter exchange	49.5	36.6
	Abduction	0.3	-
	Inheritance of wife	0.5	1.0
	Sister replacement	0.3	1.0
	“Bidha”	0.3	1.0
	Others	0.3	5.4

### **5.3 Some Selected Household Variables**

The average family size was  $7.25 \pm 5.45$  &  $6.94 \pm 2.92$  persons for men and women study groups respectively. Higher proportion of households in both study groups has family size that falls in the range of 6-10 persons, which is 43% for men and 56% for women. There was no one who lives with the households as a family member, other than couples and their children in 222 (55.5%) and 223(57.6%) of households among men and women study groups, respectively. The study pointed out that 108 (27%) men and 206 (52%) women respondents had no ox. One hundred and nineteen men (29.8%) and 117 (29.5%) women respondents reported the presence of radio in their households. One hundred ninety five (48.8%) men and 208 (52.5%) women study participants reported never to discuss about sexuality and reproductive health issues openly with their partners (Table-2).

Participants were asked in both study groups to put their perceived economic status relative to their neighbors. Accordingly, 87(21.75%), 89(22.25%) and 224(56%) men respondents reported to be in lower, average and higher economic levels as compared to their neighbors respectively. While 200(50.51%), 111(28%) and 85(21.46%) of women respondents reported perceiving to be in lower, average and higher economic level compared to their respective neighbors, respectively (Table-2).

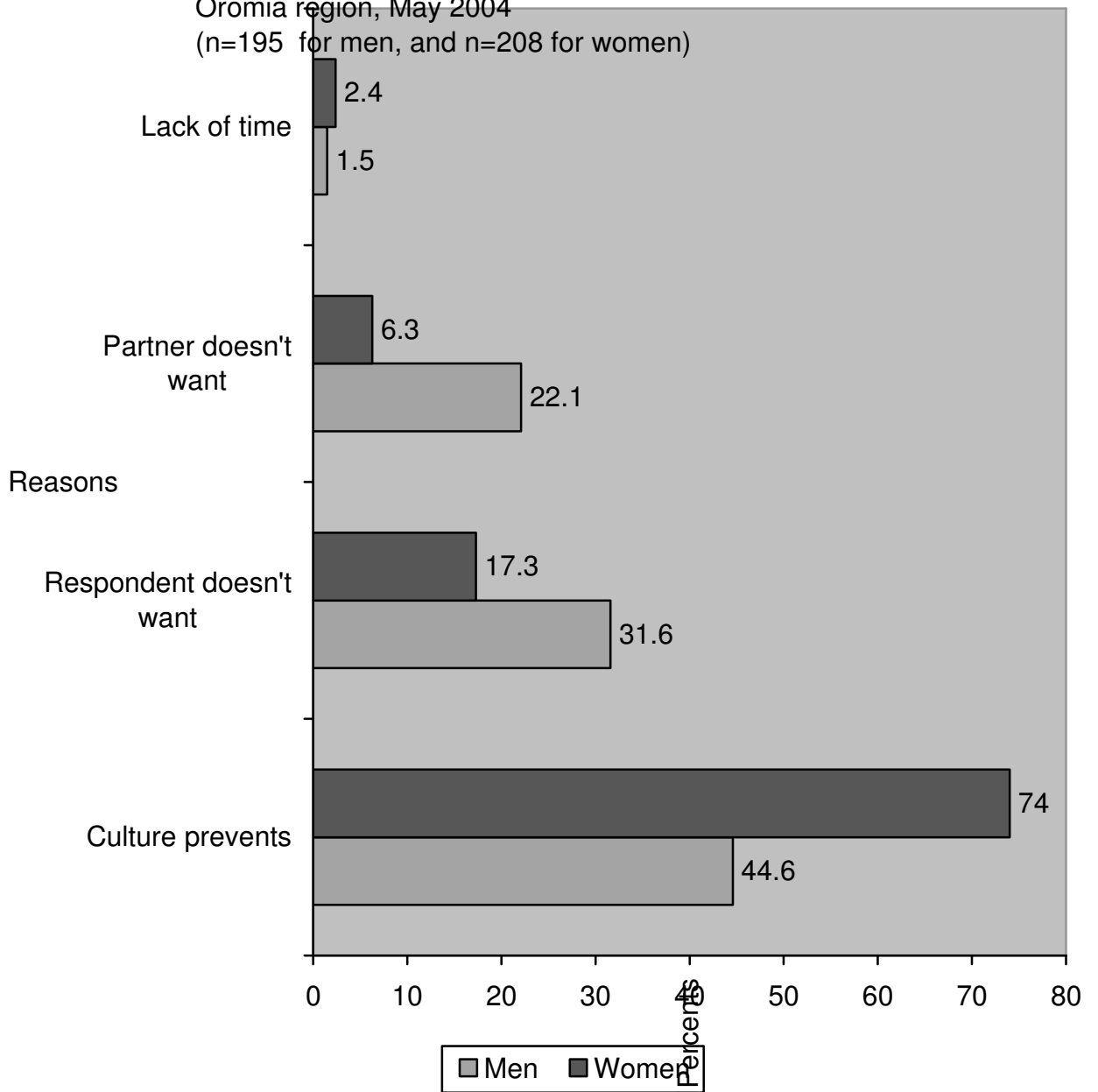
Respondents who reported of not discussing the sexuality and reproductive health issues were asked why they didn't do so and cultural sensitivity of the issue was observed to be the leading blockade (Figure-2).

**Table-2: Shows some selected household variables for men and women respondents**

**Kofele district, Arsi zone, Oromia region, May 2004**

Household characteristics		Men (n=400)	Women(n=396)
		Percents	
Family size	1-5	31.5	34.3
	6-10	43.0	56.3
	11 or more	25.5	9.3
	Mean $\pm$ SD	7.25 $\pm$ 5.45	6.94 $\pm$ 2.92
Other person living in household	No one lives	55.5	57.6
	At least someone lives	44.5	42.4
Perceived economic status as compared to neighbor	lower	21.8	50.5
	Same	22.3	28.0
	Better	56.0	21.5
Open discussion about sexuality and reproductive health issues	Yes	51.2	47.5
	No	48.8	52.5
Number of ox owned	No any	27.0	52.0
	Only one	38.8	27.8
	Two or more	34.3	20.2
Presence of radio in the household	Yes	29.8	29.5
	No	70.2	70.5

Figure-2 Reasons for not discussing about sexuality and reproductive health issues, Kofele district, Arsi zone, Oromia region, May 2004  
(n=195 for men, and n=208 for women)



#### **5.4 Some Selected Women's and Their Partners' Characteristics**

The average number of children born by women respondents is  $4.92 \pm 2.92$ . This study pointed out that for 174(43.9%) women respondents are with parity in the category of 4-7 births. According to the study findings, 68(17.2%) of women had no child, 108(27.3%) had only one child, 142(35.9%) had two children under five and the remaining 78(19.7%) had three or more children under five. Women respondents of this study reported that 70 (17.7%), of their partners ever use Khat, 42(10.6%) drink alcohol and 43(10.9%) smoke cigarettes. Higher proportion of the partners of women respondents 192 (48.5%) were within the age group of 35-44 years (Table-3).

**Table-3: some selected characteristics of women and their partners, Kofele district, Arsi zone, Oromia region, May 2004**

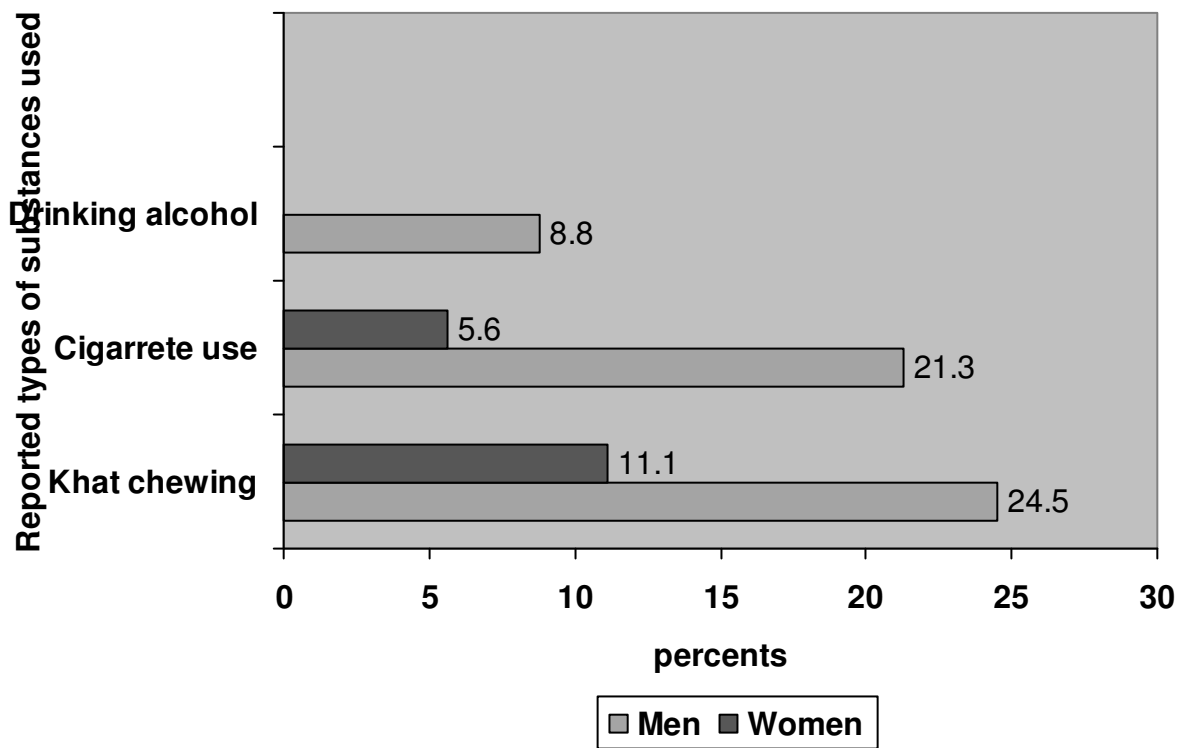
Characteristics	Percent(n=396)	
Women's parity	0-3 births	37.1
	4-7 births	43.9
	8 or more births	18.9
	Mean $\pm$ SD	4.92 $\pm$ 2.92
Number of children under five years	No child under five	17.2
	Only one child	27.3
	Two children	35.9
	Three or more	19.7
Age category of partners of women respondents	15-24 years	2.3
	25-34 years	27.5
	35-44 years	48.5
	45 or more years	21.7
Use of khat by partner	Yes	17.7
	No	82.3
Use of cigarette by partner	Yes	10.6
	No	89.4
Drinking alcohol by partner	Yes	10.9
	No	89.1

### 5.5 Social Habits of the Study Subjects

When the social habits of the participants were considered, 98(24.5%), 85(21.30%) and 35(8.85) of men reported to ever use Khat, cigarette and alcoholic drinks, respectively. Forty four (11.10%) and 22(5.60%) women ever use Khat and cigarette, respectively (Figure-3).

**Figure-3: Some social habits of the study subjects, Kofele district, Arsi zone, Oromia region, May 2004**

(n=400 for men n=396 for women)



## 5.6 Opinions about Gender Role and Family Relations

As shown in table-4 below higher proportion (98%) of men agree with the opinion that dictates “obedience of women to her husband even if she disagrees with his opinion”, compared to 93% women who agree to the same opinion ( $p < 0.001$ ). Ninety seven of men and 89% women reported the opinion that favors “resolving family problems only by the people in the family”, ( $p < 0.001$ ) and 98% of men and 85% of women accept the opinion that favors “importance of showing a wife who is the boss in the family” ( $p < 0.001$ ).

There are different acceptable situations for battering wives or being battered by husbands according to the opinion of the respondents (Table-5). According to the findings of this study larger proportion of the women themselves took physical violence to be an acceptable phenomenon under certain conditions when compared to their male counter-parts. Less than half of men in this study accept similar conditions as good reason to batter their wives.

Sixty seven percent of women study subjects reported that a woman should be battered if “she failed to complete her household work to the satisfaction of her husband” while only 39% of men respondents share the same opinion ( $\chi^2 = 63.35$ ,  $p < 0.0001$ ). Higher proportion (67%) of women accept the opinion that favors “a woman should be battered if she refused sex with her partner” than men respondents (30.5 %) ( $\chi^2 = 105$ ,  $p < 0.0001$ )

The study participants were also asked whether a woman can refuse sex under certain situations. About 83% of men have the opinion that favors “a woman can refuse sex with her partner if she was sick”, while only 47% of women study subjects accept the same opinion ( $p < 0.0001$ ). According to the opinion of 40% of women and 64% of men, woman can refuse sex with her husband if “he had drunk” ( $p < 0.0001$ ). See figure-4 for the details.

**Table-4 Distribution of some opinions about gender roles and family relations among men and women respondents, Kofele district, Arsi zone, Oromia region, May 2004**

Agree with the following statements opinions	Men (n=400) Percent***	Women (n=396) Percent***	$\chi^2$	P-value
“Good wife is obedient to her husband even if she disagrees to his opinion.”	98	93.4	10.14	0.001
“Family problems should be solved only by the people within the family.”	97	89.9	16.43	<0.0001
“It is good for a man to show his wife/partner who is the boss.”	98.3	85.4	44.13	<0.0001

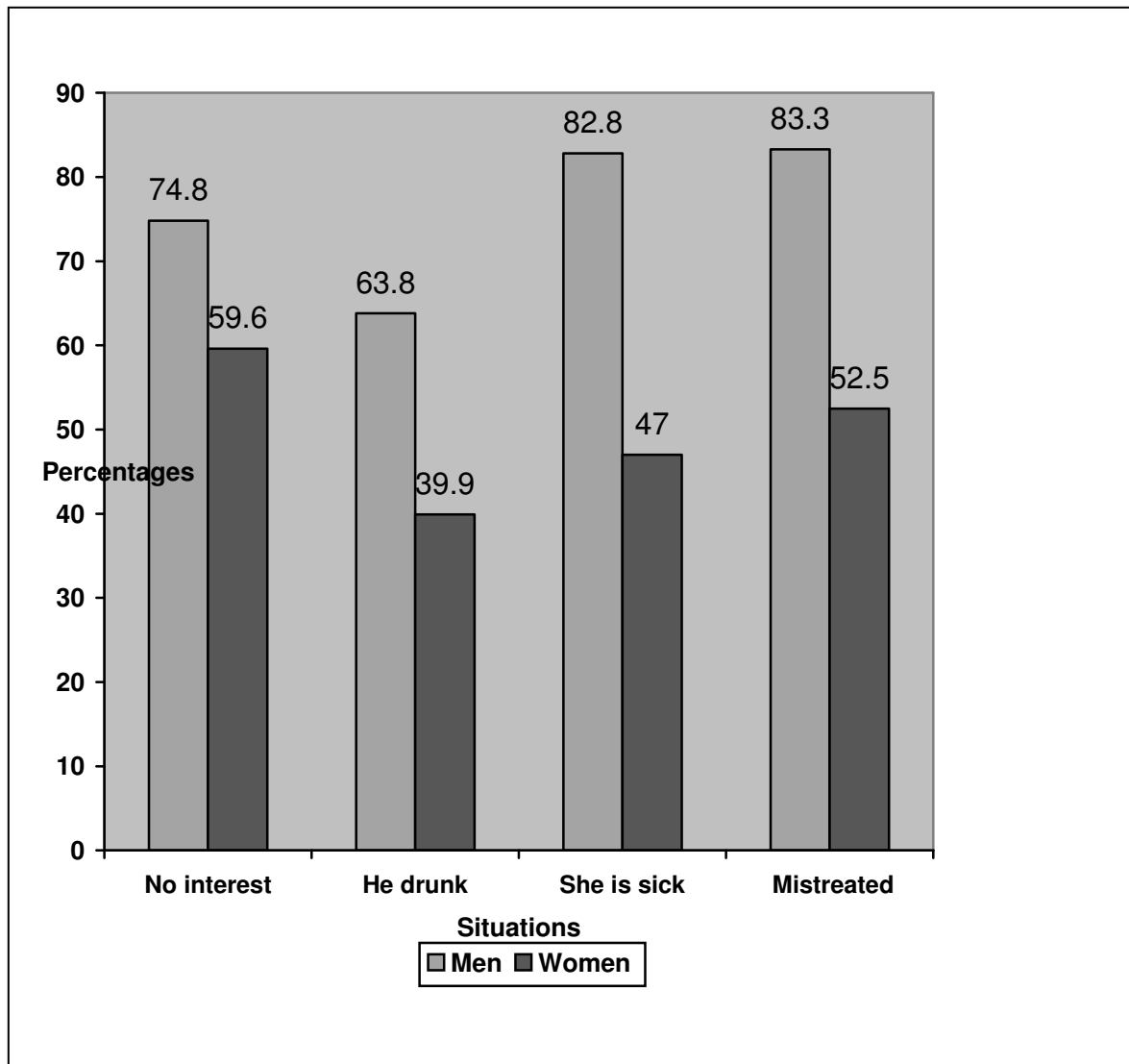
\*\*\* Percents total exceeds 100% due to multiple responses

**Table-5 Distribution of some opinions about good reason for wife battering among men and women respondents Kofele district, Arsi zone, Oromia region, May 2004**

Reasons	Men (Total=400) Percent***	Women (n=396) Percent***	$\chi^2$	P-value
Failure complete household work to his satisfaction	38.8	66.9	63.35	<0.0001
She disobeys him	43.8	71.7	63.76	<0.0001
Refuse sexual relation with him	30.5	66.9	105.66	<0.0001
Ask him weather he have other girl friends	25.8	60.1	95.89	<0.0001
He suspects that she is unfaithful	30	64.4	94.48	<0.0001
He founds that she has been unfaithful	31.8	64.4	84.98	<0.0001

\*\*\* Percents total exceeds 100% due to multiple responses

**Figure-4: Situations, at which a woman can refuse sex with her partner according to opinions of the study subjects, Kofele district, Arsi zone, Oromia region, May, 2004**  
**(n=400 for men, and n=396 for women)**



### **5.7 Magnitude of Violence Experienced by Women or Witnessed by Men**

Out of a total of 396 women who have participated in this study 255 (64.4%), and 218(55.1%) experienced any form of physical violence in their life time and in the last 12 months prior to the date of interview respectively (Table-6).

Two hundred thirty six (59%) and 88(22%) men have witnessed own use of intimate partner violence in their lifetime and last 12-months before the date of interview respectively. Sixty six percent of men and 55.3% of women have ever observed violence among their parents. In both study groups slapping is the most frequently reported act of violence. Only 37 (9.3%) of women experienced burning or scalding in their lifetime (Table 6).

**Table-6: Specific acts of violent behaviors experienced by women respondents in life time and last 12-months and overall magnitude of partner physical violence and proportion of men reporting their own use Kofele district, Arsi zone, Oromia region, May 2004**

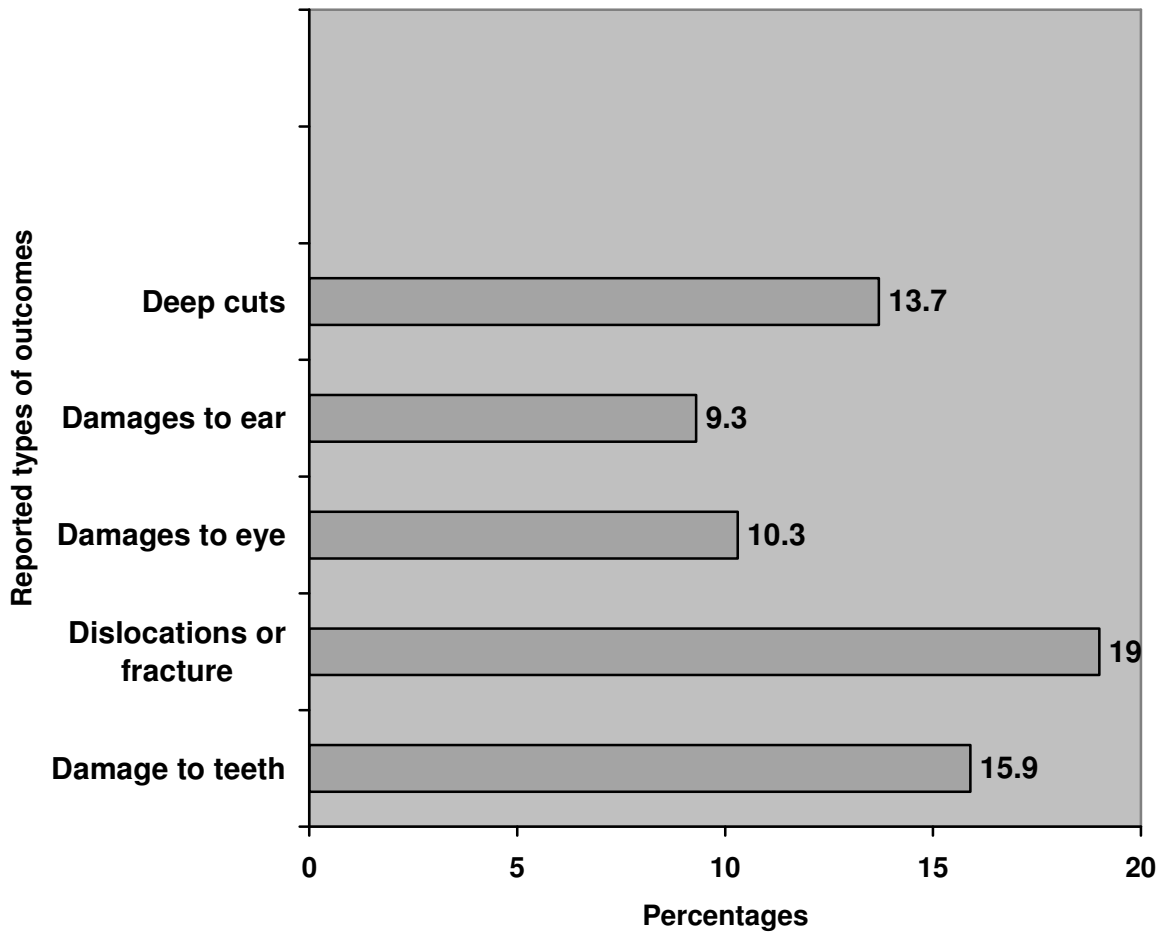
Acts of Violent behavior	Number and percent of women who report to experience violence	
	Life time	Last 12mths
	Prevalence (95% CI)	Prevalence (95% CI)
Throwing some thing at	43.2 (38.3, 48.1)	35.6 (39.9, 40.3)
Pushed or gripped/shoved	44.7 (39.8, 49.6)	35.3 (30.6, 40.0)
Slapped	54.5 (49.6, 59.4)	44.2 (39.3, 49.1)
Kicked , bit, or hit	47.5 (42.6, 52.4)	37.9 (33.1, 42.7)
Hit with some thing or try to hit	43.2 (38.3, 48.1)	32.8 (28.2, 37.4)
Beat up	27.8 (23.4, 32.2)	20.2 (16.3, 24.1)
Chocked	12.9 (9.6, 16.2)	10.9 (7.8, 14.0)
Burned or scalded	9.3 (6.4, 12.2)	8.1 (5.4, 10.8)
Threatened with a knife or gun	10.6 (7.6, 13.6)	8.6 (5.8, 11.4)
Use knife or gun	10.4 (7.4, 13.4)	9.6 (6.7, 12.5)
Overall Prevalence		
Women	64.4 (59.7, 69.1)	55.1 (50.2, 60.0)
Men	59.0 (54.2, 63.8)	22.0 (17.9, 26.1)

## **5.8 Immediate Outcomes of Violence**

Women who had experienced physical violence ever in their lifetime were asked about the immediate outcomes or consequences of violence they experienced. There were a considerable proportion of women who had experienced from simple to severe forms of outcomes from physical violence. The severity of the outcomes ranges from simple injury to the tissues to deep cuts of the body parts. Among 255 women who had lifetime physical violence 9.3% had injuries to their ear, and 13.7% had deep cuts of their body parts (Figure-5).

**Figure-5: Immediate outcomes of physical partner violence experienced in lifetime of women in marital relationship, Kofele district, Arsi zone, Oromia region, May 2004**

(n=255)



## **5.9 Assessment of Factors Related with the Causes of Physical Partner Violence**

In this study the association of different background factors of the respondents with experience of physical violence in the last 12 months was investigated at both univariate and multivariate levels. Though higher proportion of women in age group 25-34 years had experienced partner physical violence in last year than the women in age group of 15-24 years, there was no statistically significant difference of experiencing physical violence between different age groups. There was no significant difference of experiencing physical violence in the last 12 months among women with different educational background and economic position.

Women who reported to have an average economic position relative to their neighbors were less likely to experience physical violence than women reported to be in a lower economic position, but after adjusting for other socio demographic variables, the difference failed to show its significance.

From Socio demographic characteristics of women type of marriage arrangement with current partner and other person living with in the family other than the couples and their children are significantly associated with the women's experience of violence at both crude and adjusted analysis (Table-7).

The likelihood of experiencing physical violence in the last 12 months was higher among women in households where no one else expect the couples and their children lives, compared to those women having an extended family or where at least someone lives within the household (OR=1.70 (95% CI, 1.10, 2.70). Women for whom marriage arrangement was through abduction had suffered from higher risk of physical violence in the last 12 months compared with those women who arranged their marriage through common agreement (Table-7) .

**Table –7: Comparison of experience of violence among women with some selected socio demographic and household characteristics, Kofele district, Arsi zone, Oromia region, May 2004**

<i>Characteristics</i>		<i>Physical violence Odds ratio and 95 % CI</i>		
		<i>% with physical violence</i>	<i>Crude</i>	<i>Adjusted**</i>
Age category	15-24 years	51(52)	1	1
	25-34 years	117(57.6)	1.25(0.77, 2.0)	1.12 (0.67, 1.91)
	≥35 years	50(52.6)	1.02(0.6, 1.80)	0.89 (0.49, 1.62)
Education	No education	173(56.9)	1	1
	Primary education or more	45(48.9)	0.71(0.45, 1.2)	1.0 (0.61, 1.70)
Economic status	Poor	119(59.5)	1	1
	Average	53(47.7)	0.62(0.39, 0.99)	0.64 (0.39, 1.04)
	Rich	46(54.1)	0.8(0.48, 1.34)	0.85 (0.50, 1.50)
Other people live in household	No	139(61)	1	1
	Yes	79(47)	<b>0.57 (0.38, 0.85)</b>	<b>0.60 (0.39, 0.92)</b>
Arrangement of marriage	Agreement	15(37.5)	1	1
	Family supported	152(54.7)	<b>2.0(1.02, 3.98)</b>	1.84 (0.90, 3.77)
	Negotiation	14(51.9)	1.8(0.7, 4.8)	1.53 (0.55, 4.26)
	Abduction	37(72.5)	<b>4.4(1.8, 10.7)</b>	<b>3.96 (1.58, 9.96)</b>
Wititness family violence	Yes	130(59.4)	1.48(0.99, 2.2)	<b>1.54 (1.01, 2.35)</b>
	No	88(49.7)	1	1

Adjusted\*\* ⇒ Adjusted for age, education, economic position, presence of other person living in household, type of marriage arrangement, and reported history of violence

Although the difference is not statistically significant physical violence increases with years lived in marriage and drops after some point the line graph below shows the distribution of physical violence experienced by women and number of years lived in marriage (fig-6).

**Fig-6 Physical violence experienced by women accross number of years lived in marriage Kofele district, Arsi zone, Oromia region, May 2004**



Maternal variables such as number of children under five in a household and parity of women are significantly associated with physical violence in this study. Women who had only one child and 3 or more children under five were at an increased risk of physical violence in the last 12 months compared with women who don't had any child under five years of age ( OR and 95% CI =3.6 ( 1.90, 7.00) and 1.89 (1.10, 3.80) respectively. Women who gave 4 to 7 births were more likely to experience physical violence in the last 12 months compared to women who gave birth of less than 4 children (Table -8).

**Table-8: Comparison of experience of physical partner violence in last 12-months among women's parity and child number, Kofele district, Arsi zone, Oromia region, May 2004**

Maternal variables		Physical violence in last year	Odds ratios and 95% CI	
			Crude	Adjusted **
		Number & % with violence		
Parity of mothers	0-3 births	70(47.6)	1	1
	4-7 births	110(63.2)	<b>1.89(1.21, 2.96)</b>	<b>2.5(1.4, 4.7)</b>
	8 or more births	38(50.7)	1.13(0.65, 1.97)	1.0(0.45, 2.4)
Number of children under five	No child under five	25( 36.8 )	1	1
	One child under five	70(64.8)	<b>3.17(1.68, 5.9)</b>	<b>3.6(1.9, 7)</b>
	Two children under five	72(50.7)	1.77(0.978, 3.2)	1.74(0.93, 3.25)
	Three or more	51(65.4)	<b>3.25(1.65, 6.4)</b>	<b>1.89 (1.1, 3.8)</b>
Family size	1-5 persons	73(53.7)	1	1
	6-10 persons	104(46.6)	0.98(0.644, 1.5)	0.63(0.35, 1.12)
	11 or more persons	26(70.3)	2.0(0.93, 4.4)	1.9 (0.73, 5.04)
Age category of the respondents	15-24 years	51(52)	1	1
	25-34 years	117(57.6)	1.25(0.77, 2.0)	1.1(0.64, 1.86)
	35 years or more	50(52.63)	1.0(0.582, 1.80)	1.0(0.52, 2.12)

Adjusted\*\*⇒Adjusted for parity of women, number of children under five, family size and age of women

The experience of physical violence in the last 12 months didn't show statistically significant difference among women who were using and not using khat. According to the findings of this study there was no association between reported age, occupation and education. Reported use of cigarette and khat by their partners were found to be related with women's experience of physical violence in the last 12 months, but after it was adjusted for other variables the association failed to resist.

There is no significant difference of physical violence among women of different opinions about gender roles and family relations (Table-9). However women who justify physical violence to be an acceptable act if it is against woman "who failed to complete her household work to the satisfaction of her husband experienced significant higher risk of physical partner violence even after adjusted for other opinions of women (OR and 95% CI= 2.0 (1.10, 3.5)

**Table-9: Comparison of experience of physical violence in the last 12 month among women study subjects with different opinions, Kofele district, Arsi zone, Oromia region, May 2004**

		Physical violence		Odds ratio and 95% CI	
		Percent	with	Crude	Adjusted **
		Violence (%)			
“Good wife is obedient to her husband”	Agree	54.3		0.63 (0.27, 1.4)	0.67 (0.27, 1.6)
	Disagree	65.4		1	
“Family problems should be solved only by the people within the family.”	Agree	55.1		1.0 (0.5, 1.9)	1.2 (0.6, 2.4)
	Disagree	55.0		1	
It is good for a man to show his wife/partner who is the boss.”	Agree	53.6		0.65(0.37, 1.2)	0.65 (0.35, 1.2)
	Disagree	63.8			
Woman should be battered if failed complete household work	Agree	59.6		1.7 (1.1, 2.7)	<b>2.0 (1.1, 3.5)</b>
	Disagree	45.8		1	
Woman should be battered if “She disobeyed him”	Agree	58.5		1.6 (1.0, 2.5)	1.6 (0.84, 3.2)
	Disagree	46.4		1	
Woman should be beaten if she refused sex	Agree	55.5		1.05 (0.69, 1.6)	0.65 ((0.35, 1.2)
	Disagree	54.2		1	
Woman should be battered asked him whether he has other girl friends	Agree	54.6		0.96 (0.64, 1.4)	0.77 (0.44, 1.3)
	Disagree	55.7		1	
Woman should be battered if “suspected to be unfaithful”	Agree	54.9		0.98 (0.82, 1.20)	0.79 (0.42, 1.5)
	Disagree	55.3		1	
Woman should be beaten if “found to be unfaithful	Agree	55.9		1.0 (0.73, 1.7)	1.1 (0.61, 2.0)
	Disagree	53.6		1	
Age group of women	15-24	52.0		1	
	25-34	57.6		1.3 (0.77, 2.0)	1.2 (0.73, 2.0)
	35 or more	52.6		1.0 (0.58, 1.8)	0.96 (0.54, 1.7)

Adjusted \*\*  $\Rightarrow$  Adjusted for age of women, their opinions about gender roles such as “Good wife is obedient to her husband, Family problems should be solved only by the people within the family”, and Family problems should be solved only by the people within the family” and women’s opinions about good reasons for wife battering like “Woman should be battered if failed complete household work, Woman should be battered if “She disobeyed him” , Woman should be beaten if she refused sex Woman should be battered asked him whether he has other girl friends, Woman should be battered if “suspected to be unfaithful” and Woman should be battered if “suspected to be unfaithful”

### **5.10 Cultural and Societal Perspectives of Partner Violence against Women**

According to the participants of focus group discussions cultural traditions used in arranging marriage are mostly of two types. These are bride wealth and sister/daughter exchange. Others like inheritance of wife and sister replacement are also acceptable traditional ways of marriage at secondary basis up on death of husband and wife respectively. The other is abduction, which is a practice but not a culture as the opinion of most of the participants. It was also understood from the discussion that there exist two other forms of rarely practiced at present and are being vanished from the community. These are "**Bidha**" which is sudden coming of boy's parents to the family of the girl, and ask for a girl to be given to them as a crisis management following their disagreement with other family for different reasons. The other is "**Aseenna**" when a girl chooses her own future husband and goes to his family and enters to the compound showing cultural symbols of her coming. Under the process of **Aseenna** the chosen man (boy) has no choice but marry the girl. The participants have also discussed on type of the cultural traditions that are preferable for marriage arrangements according to the view of the society at large as to their perception. Most of the participants in both men and women group pointed out the importance of involvement of families in marriage arrangements. The main reason that most participants gave for this was that family knows very much about the backgrounds of the couples in both sides. According to most of the participants in both discussions the sister or daughter exchange is the most preferable type of cultural tradition in marriage arrangement. One participant explained "*Marriage through an exchange means a double rope tying the two families together.*" While most of the participants supported the same reason, some others also felt that it enables the newly establishing family particularly the bridegroom to be free of the

very expensive cost to be paid in the form of bride wealth (Gabbara) in their community to marry a girl on other way.

The participants of focus group discussion explained that wife battering cannot be expressed with a particular cultural tradition rather they have given different reasons particularly of gender role perceptions and family relationships attitudes.

According to the view of both men and women focus group discussions wife battering is an acceptable normal phenomena in an intimate partner relationship.

Different reasons were given from both focus group discussions.

The main reasons given by men are the following:

- A. When a woman is suspected or found to "look outside" other than her husband
- B. When a woman fails to return home from market or any place she went on time to look after home and children.
- C. When a woman fails to make foods sweaty and attractive.
- D. When a woman fails to keep herself attractive and clean
- E. When a woman does not make "bed" well comfortable.

On the other hand according to the participants of focus group discussion with women the main reasons to be battered by a partner include the following.

- A. When a woman made herself attractive and making herself different hair styles.
- B. Going where a husband prohibited to go
- C. Assuring or suspecting that a woman has extramarital relation with someone else.

Some of the participants in women focus group discussion pointed out that there are also occasions of battering with no known reason.

One woman in the group explained: "A woman should put her ears outside home when her husband is far out from the house and she should get out from house and welcome him by taking a horse or any thing he has carried. If a woman failed to do this, she would be battered"

In both men and women focus group discussions the participants felt that recently wife battering has decreased both in severity and magnitude in their community when compared to years back in their life. Men felt that it is decreasing or lowering in wealth that made them be less violent.

According to the participants in both focus group discussion, the society in the district like any community that belong to an Arsi Oromo, have a typical cultural traditions that are a means to protect women's right. As a cultural norm, it is not acceptable for any individual to bit a married woman except her husband. The cultural traditions that deal with violence against women including intimate partner violence are "**Qanefa**" a symbol of motherhood in Arsi Oromo, "**Sinke**" the Oromo stick of justice and "**Atete**" special cultural gathering and song by a group of women.

These cultural traditions have been assumed to protect women from physical and psychological harm in the community. In this qualitative study the participants discussed how the cultural traditions serve to do so.

Pregnant women, women who gave birth and in their first five months, elderly women and a group of women who are gathered for their cultural celebration receive particular advantage from these cultural practices.

"Qanefa" is an Oromo motherhood symbol that is usually tied over forehead by a mother who gave birth and in her first five months over their head. It is understood by any member of the society and such women are respected. Anyone who breach this cultural rule and insult or attack such women will severely punished by the society. Even a husband attacking his wife physically

or orally, while she is with her “Qanefa” will be punished by the society. On any incident of violence against woman, women will call each other and join together, all carrying their “Sinke” to make their cultural practice. They will sing a special song called "Atete" to draw the attention of the elderly men and accuse the violent husband. In their "Atete" they say: in their language (Afan Oromo):

"Atete hirqamuu baalaa

Mee jaaltoo waamaa

Dirmamuu laalaa"

This means ‘in Atete let’s call out our friend (beaten women) and look her injury bruise or laceration’. Following that, traditional leaders will gather together and a predetermined punishment will be carried out against the violent husband, on this occasion the husband will admit his violent acts and ask apology in public, and will accept any thing decided by the elderly and cultural leaders.

In Oromo ‘Sinke’ is considered as stick of justice and serve several purposes in addition to settling violence against woman. The details of the functions of all cultural practices in relation with violence are out of the scope of this paper.

It was understood from focus group discussion that an Oromo girl will learn about these traditions before she is married. Sinke is given to her by her mother on wedding ceremony so that she will fight for justice in her marital life.

The participants in both focus groups agreed that the functionality of such traditions is decreasing in recent days. It was thought that "modernization" and "education" affected the strength of these valuable cultural practices.

The participants also provided their own view on wife battering. Men participants of focus group discussion stressed on the importance of wife battering on controlling women. One participant in men focus group discussion explained; "There is no one who lives with his wife without beating (hitting) her. Do you know what should be done with the untrained horse for riding or strong horse? You need to train it, you need to control its power, and does a lazy horse go as fast as you need with out hitting? The same is true for women"

On the other hand the women participants look battering as a disgusting act in the intimate partner where the women are forced to accept as a norm with out being interested in the practice. A woman from the focus group discussion expressed her feeling about the intimate partner violence like this. "It is just like the life of a slave and we accept it because we can't do anything."

Finally the focus group discussion participants have discussed on other important cultural practice in the form of message which is delivered on the wedding ceremony of a girl by her parents. Different points were raised on its importance and implications.

The message stresses on the protection of three organs and in some places four from being damaged by a husband.

The translated statement of the message is as followed. "We here married our daughter to you but not her eyes, ears teeth and in some places her legs." The loss of each of the three or four major organs is called "Guma", something equivalent to the loss of the life (murdering) referring to the culture used to resolve conflicts of this highest level.

The participants put similar views about the implication of such a message according to the opinions. All the participants in both discussions thought that the message is to warn the new husband not to exceed the acceptable limit in an intimate life's. One implication of the message

is to show their responsibility on protecting their daughter from severe forms of the intimate partner violence.

One woman put her opinion about the issue in relation to the practical facts known in the community, by stating;

"In our culture once a woman is married, it is difficult to come out by her own decision and choice. When she comes back to her parents' home with the complaints that her husband beat her and she feared for her life, her parents will force her to return back to her husband and forced her to stay there. In such relationship severe damages may occur to the woman. Therefore the message is a compensation for such circumstances."

On the occurrence of damages that led to the loss of the said organs there is predetermined societal rules that govern the conflict.

The punishment as described by the participants is severe for eye when compared to other organs and it is in terms of cattle. It ranges from 5 cattle to 50 cattle based on the case scenarios is which case is simple and which one is severe will be based on the judgment by old men who handle the cases.

The said amount is for loss of one eye. In case of ear physical damage to the external ear where a woman wears her "armaments" is highly valued by the culture.

The loss of one tooth will result in punishment of around 500 Ethiopian birr for replacement of lost tooth by an artificial tooth.

## 6. DISCUSSIONS

Out of 423 men and 419 women 94.56% and 94.54% completely responded to this study, this is high in spite of the sensitivity nature of the subject under study.

The observed rate of response in this study could be partially due to the smooth relationship established between the research team and the community in the study area which was started by brief and effective communication made with the leaders at the District level which was extended down to the leaders of peasant associations selected for the study, in addition to careful design of the research methodology. Almost all of our study subjects are Oromo and Muslims. The ethnicity and religious background of the study participants more or less reflects the characteristics of the source population (32). The prevalence of physical partner violence was reported to be 64.4% (59.7%, 69.1%) in the lifetime of women and 55.1% (50.2%, 60.0%) in the last 12 months.

The finding of prevalence of experiencing physical violence in lifetime was higher than previous studies done in Butajira of 49% in 2003(35), and 45% done in 1996(18). The finding in current study was also higher when compared to study made 1990 in Kenya of 42% and study done in Zambia in 1992 of 42%, but it is consistent to the study done in Tanzania among 300 women in the year 1990 which reported the prevalence of 60% (54.5%, 65.5%). Other study conducted in Chile in 1993 on 1000 women, aged 22-55 years and involved in relation ship for 2 or more years which were selected through stratified random sampling, also documented the prevalence of 60% (57%, 63%) which is consistent with the finding of this study (18).

This finding of relatively higher prevalence of physical violence has several explanations out of which magnitude of higher rate of men reported own use of physical violence (59%) in lifetime may be one. The results of qualitative study such as focus group discussions and debriefing

meetings, that supported quantitative data in several aspects like women's explanations on own experience of violence in domestic relations, societal views and opinions that dictate men's dominance in the family relations suggest the observation of high prevalence of physical partner violence to be the reality for this particular study population.

Apart from methodological issues, the difference in magnitude of domestic physical violence among different body of literatures could be explained by socio cultural and societal perspectives and contexts of the population under study that differ between the nations and within the nations.

Large proportion of men witnessed on own use of physical violence. There is inadequate body of previous literatures to aid sound comparison with the findings of this study about men witnessed on own use of physical violence, since the study of on men respondents is the first of its kind in Ethiopian context. The prevalence of men witnessed own use of physical violence in this study for last 12-months is consistent with the results from previous studies in India (4).

According to the result of this research 22% of men reported to physically hit their wives in last 12-months prior to the interview date. The Indian study reported the prevalence on similar period that ranges from 10% in Kanpur Nagar district to 33% in Banda district (4).

The truth about physical partner violence in the study population was also better understood from the descriptions by women themselves about their heart breaking experiences as follows:

“My husband usually beats me, one day he hit me by his fist and broken my tooth. I am worrying about my life with him; I want to apply for all my problems but how can I do that? “

“.....I married him by my own agreement for love with out the knowledge of my parents. However he usually beats me, I told this to his parents and they advised him but didn't stop battering me. I also informed my parents about my problems even though it is too difficult to do so. They usually replay to me by saying “it is your own choice and your case is none of our

business.” On the other corner my husband was cruel and kept on severely beating me on different occasions. During other incident he kicked me on my abdomen while I was pregnant, I bleed and the pregnancy was also lost.”

The victims of partner violence described not only their incidents of violence experience but also about the issues related with supporting structures. One woman explained her experience like this:

“I am very much pleased that you asked me the problem I am nerve-racking about. I had been severely and frequently beaten by my husband in our life together, he broke my tooth, and he is threatening me with sword and one day he threw sword at me. Our case went beyond my patience and I accused him to the legal affairs but they returned my case to be seen first at the family level through old-men, it was seen by old-men but the result of that couldn't stop him from being violent to me.....”

It was understood that wife battering is a normal acceptable phenomena in an intimate partner relationship, which is learned in the society in relation with gender role by both male and female as part of their rite of passage. In a society it is believed that not beating (battering) wife for the sake of control in the family relation is shame for male. While both qualitative focus group discussions agree with the wide spread practice of physical violence against women (particularly) physical violence there is different opinion between men and women regarding the attitudes about its importance. Men belief that it is difficult to live with women without controlling them through battering, while women took it as a disturbing phenomena but it is what a woman is forced to accept in the society. However this is one of the interesting findings of this study in addition to exploring what situations in family relation leading to violence from both men's and women's perspectives.

Other important finding of this study in relation with the culture of the society was that physical violence is significantly associated with the way the relationship was established. Other forms of marriage arrangements carry higher risk of physical violence compared with marriages arranged through the agreement of women. Seventy two percent and thirty seven percent of women who were married through abduction and through their own agreement were physically abused in last 12-months. This could probably indicate the importance of consent of women in marriage arrangements. Other possible reasons for observing high rate of violence among women married through abduction include absence of chance of learning each other and make mental/psychological preparation for living together and psychological trauma that the women may suffered from that leave long lasting emotional problem. Women who live in households where at least some one else is also living are less likely to experience partner physical violence. This may explain the role of extended family in early resolution of disagreements before they changed to the level of physical abuse. In this study educational status of women was found to have no significant effect on their experience of violence. This was supported by previous authors (13, 25). However higher proportion of women in this study are with low educational level.

P.Romito and D. Gerin reported existence difference among women in different occupational category concerning their experience of physical violence (13). The findings in three other literatures documented that there exists no association between physical domestic violence and women's occupational status. The findings in the present study are in favor of the later groups that found no difference. However the women respondents in the current study are mostly housewives and don't exhibit adequate occupational grouping

In contrast with other studies economic status was not significantly associated with the prevalence of physical violence in this study. This could probably be due to homogeneity of this particular study subjects regarding their economic position in which case most of the women were housewives. The other probable reason for observing no association between economic position and partner violence unlike other studies could be due to the difference in methodologies of measuring economic status between the studies. Women who ever witnessed history of violence among their parents had higher likelihood of experiencing partner physical violence in this study. In this study parity of women and number of children under- five in the household are significantly associated with physical partner abuse. Similar findings were also reported by other researchers (4, 5). This could be due to the work load added to the women following increasing parity and number of children under five, which may in turn result in failure to complete all household work as expected by her partner and finally lead to violence.

In the current study experience of physical violence showed significant difference among women with different beliefs about just cause of violence. Women who believe that physical violence is acceptable corrective action if it was against women who failed to complete her household works to the satisfaction of her husband are more likely to suffer from physical partner violence when compared with those who don't agree with the fore-mentioned opinion. Recent community survey reported similar observation (35).

This study also described the double sword effect of cultural traditions and societal perspectives in the environment of domestic violence against women. In Arsi Oromo society there is a strong belief that a man should have a control over his wife that can be manifested in different ways including battering. On the other hand there exist colorful and powerful traditions that have been useful in preventing women in certain conditions and from the severe forms of physical violence.

The cultural traditions have been powerful and respected by the member of the society as explained in the summary of focus group discussions. However, they have been functioning in environment of men domination, and most of the powerful cultural traditions work for a certain segments of women population such as women in puerperium and up to her five months of giving birth pregnant ladies and elderly women.

The finding of no difference between experience of partner physical violence and different socio demographic characteristics of women such as education, age, perceived economic level and occupation in this study need precautions for their application to other population.

The present study found that different socio demographic characteristics of partners of women like age, education, occupation and different personal habits such as khat chewing, cigarette use and alcohol consumption do not have association with their experience of physical partner violence. This could be due to incorrect reporting of the variables of their partners by the women respondents which calls for further investigation using men as the source of information with larger sample size.

## **7. LIMITATIONS OF AND STRENGTH OF THE STUDY**

### **7.1 Strength**

1. This study has both qualitative and quantitative methodological components that help understanding of the findings.
2. The use of specific acts of physical violence adopted from the WHO core questionnaire which was field tested in Ethiopian context in Butajira rural health project, has double advantages in this study. It gave more chances to the respondents to disclose their experience of violence and enabled to make the comparison of findings with other national and international literatures to be valid.
3. This study explored cultural and societal perspectives of domestic violence and men's perspectives by including men respondents.

### **7.2 Limitations**

1. On sampling technique, even though the PAs in the district were assumed to be homogenous, it would have been better if the design effect of two was employed. This study didn't use the design effect due to the need for involving men study group and logistic constraints like money and time.
2. Even though multiple efforts were made to facilitate mechanisms to help cases of severe forms of violence, the study team of this research could not included psychiatric professional person, who might have helped women with heart breaking experiences of domestic violence in improving their coping mechanisms and the data collectors who can be affected by hearing such stories of women.
3. Generalization of the findings of this study in other settings needs precautions due to socio cultural differences.

## 8. C ONCLUSIONS

1. 3 women out of 5 had experienced physical partner violence in their life time and last year. Therefore Gender based violence in an intimate partner relation is not only a long lived practice but also the current public health problem for this study community.
2. There is high rate of men reporting on own use of physical partner violence in life time period since 3 men out of 5 had witnessed that they themselves had used physical violence against their own intimate partner.
3. Parity of women, number of children under five in a household, type of marriage arrangement with current partner, beliefs of women justifying physical violence if it is against women who failed to complete her household work to the satisfaction of her husband and presence of other people living in the household are important factors related with the cause of physical violence in domestic relationship.
4. Physical violence in domestic relation results in different physical health outcomes that ranges from simple tissue injury to deep cut of body parties.
5. Even though there are aspects of socio cultural traditions related with gender role opinions that compromise women's right and normalize partner physical violence, there are also important cultural traditions and community sentencing procedures that are helpful in promoting women's right and protect women from physical partner violence in this study community.

## **9. RECOMMENDATIONS**

1. There is a need to mobilize the local community and create awareness about violence against women through gender advocacy and formal/informal education using the evidences.
2. Both men and women members of the household should be involved in intervention activities at all levels.
3. Women's opinions about gender roles and family relations, their reproductive health and women's involvement in establishment of future partner relationship should be improved through health education.
4. The supporting structures such as health care services, women's affairs, legal authorities (police and court) and the traditional community leaders dealing with the conflicts in domestic relation should be strengthened through training and other possible ways of capacity building.
5. The cultural practices like Atete and Qanefa should be maintained and strengthened along with other community sentencing procedures, while the deep-rooted negative view of the society about women that normalizes physical violence in domestic relation should be changed through community based multi disciplinary approach.
6. Further research is needed to explore health-seeking behavior of cases of violence, other types of Gender based violence and long run consequences of violence.

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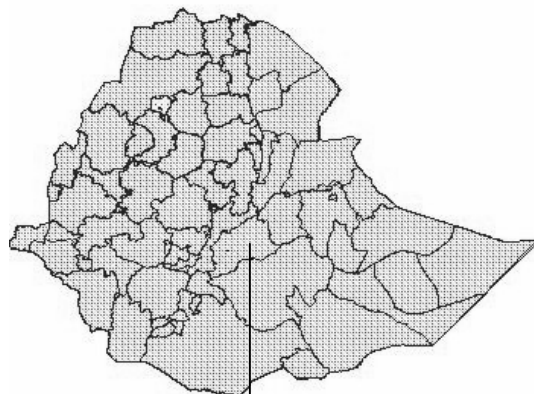
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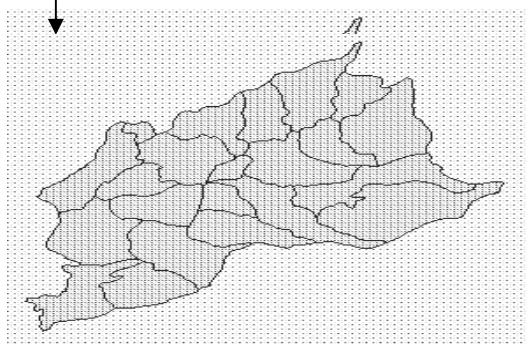
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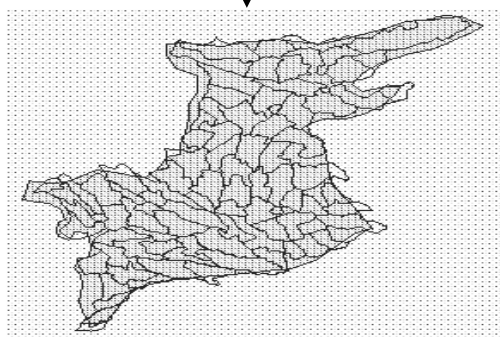
## Annex -1 Map of study area



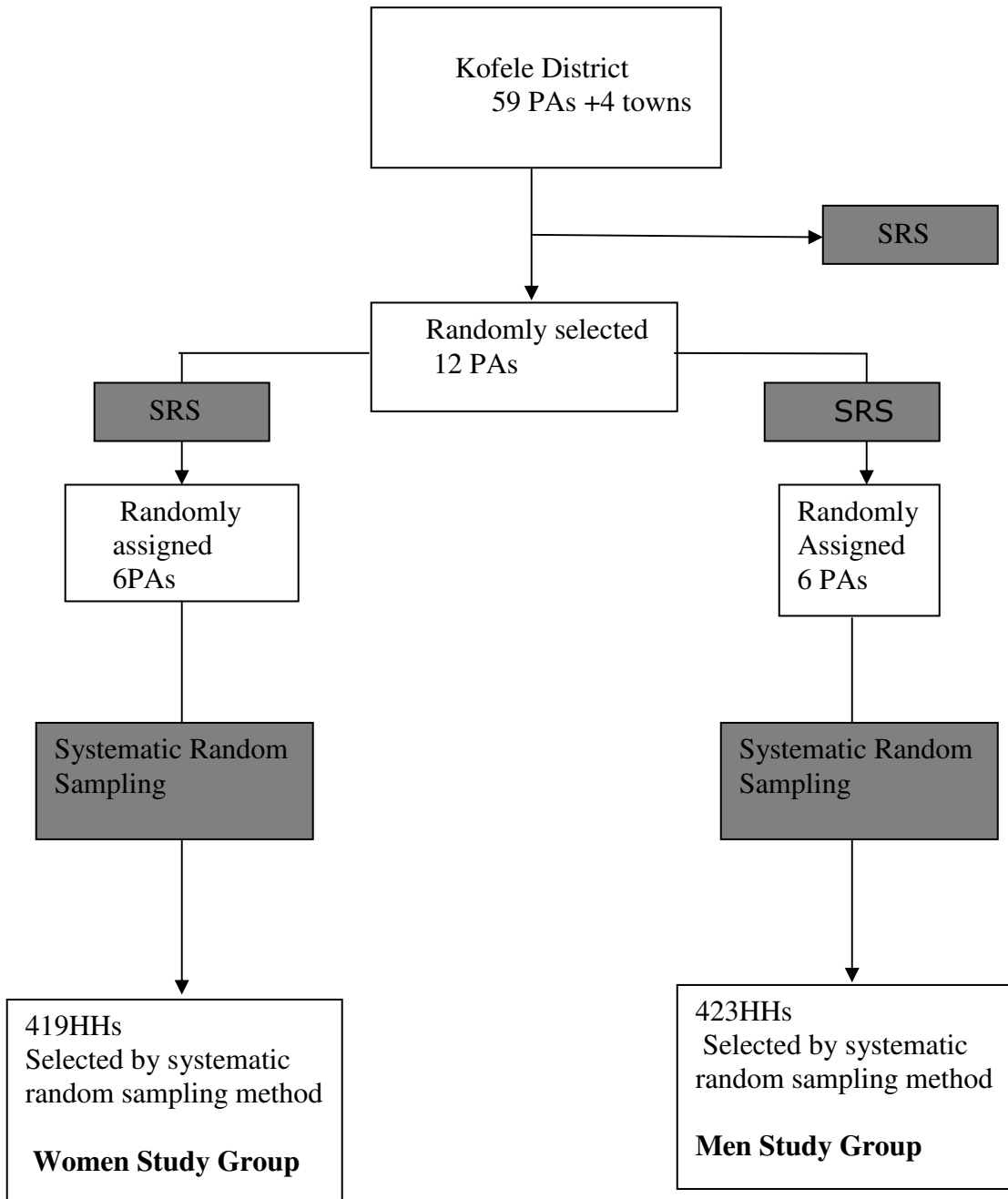
Map of Arsi Zone



Map of Kofele District



**Annex-2: Schematic Diagram of sampling framework**



### **Annex-3: Details about safety, confidentiality and privacy issues**

1. Safety of the respondents and the research team was insured in the following ways

- A) Each interview was conducted under strict privacy. The respondents were given the chance of relocating the place or time of the interview that they consider can be safe or convenient for them
- B) The study was formulated (reframed) as the study on "mothers health and life experience" to prevent it from being known to any member of the household or the community as study on violence that provoke another episode of violence to the study participants
- C) In cases of more than one eligible respondent in a household only one respondent was randomly selected for confidentiality
- D) The interviewers moved in groups and no interview was conducted during evenings

The Context and wording of questions were strictly observed not to contain loaded terms such as raped, abused or abuse rather asking whether respondents had experienced specific acts e.g. being hit, slapped etc.

2. Protection of Confidentiality and safety of respondents

- A) Strict instructions were given to all data collectors about how to maintain confidentiality. This was also part of interviewer training. Data collectors were selected from similar community in which they conducted the interviews. However none of them were from the community on which the research was conducted.
- B) No names written on the data collection instrument. Rather each questionnaire was distinguished by using unique code. This was included in the part of the consent process. Any identifier that was used to link the questionnaire to the household was kept separate from the questionnaire and destroyed up on completion of data collection

3. Tapes used in recording focus group discussions were used after the consent of the participants, the recordings were kept in separate locked cabinets. No names of the respondents recorded on the tapes. The taping will be erased after the write up and completion of the thesis work. The respondents were also told about the process.

At initial work of the interview full informed consent was received from the participants and option should be given for the participants in the course of interview either to withdraw or not respond to those Questions

4. Any distress to the participants was reduced by the design of the study. Questionnaire was structured in the way that they cannot judgmental, blaming or stigmatizing. Apart from training of the interviewers on understanding of the possible effects of questions on the participants, the length of each interview was kept to be minimal to avoid boring and loss of time of the participants.

5. Training of the fieldworkers involved how to refer those women requesting assistance to the available local services or source of support

#### **Annex-4: Guideline Questions for FGDs**

1. What cultural marriage traditions are known and practiced in this community?
2. Which cultural practices in marriage types are preferable? Why?
3. Which of the above mentioned cultural marriage types may have health problem to women or man?
4. How do you see the situation of polygamy in relation with marital life?
5. What is your own view and experience of wife battering?
6. What are the main reasons that lead to wife battering?
7. Are there any cultural traditions useful to safeguard the women from being battered in this community? How do these traditions function if any?
8. Are these traditions functional at the present period?
9. Why does the tradition non-functional at the period?

**Annex-5: English version of the survey questionnaire**

<b>QUESTIONNAIRE FOR THE SURVEY OF WOMEN'S HEALTH AND LIFE EVENTS (FOR WOMEN RESPONDENTS)</b>		
Name of PA _____	Code _____	Date _____

Section one: Socio demographic characteristics			
<p>101. What is your age in years? <input style="width: 30px; height: 20px;" type="text"/></p>	<p>102. What is your current religion?</p> <p>1. Islam <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>2. Orthodox</p> <p>3. Protestant</p> <p>4. Catholic</p> <p>5. others (specify _____)</p>	<p>103. To which ethnic group do you belong?</p> <p>1. Oromo <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>2. Amhara</p> <p>3. Sidama</p> <p>4. Others (specify _____)</p>	<p>104. Occupation</p> <p>1. Housewife- <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>2. Trading</p> <p>3. Employee</p> <p>4. Farmer</p>
<p>105. Educational level</p> <p>1. No education</p> <p>2. Primary school</p> <p>3. High school <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>4. Above high school</p>	<p>106. current marital status</p> <p>Not married yet <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Married</p> <p>Separated <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Widowed</p>	<p>107. How long did you live in marital relation? <input style="width: 30px; height: 20px;" type="text"/></p>	<p>108. Does your partner has other wife</p> <p>1. Yes</p> <p>2. No</p> <p>8. Don't know <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>9. No response</p>
<p>109. How was the marriage between you and your current partner arranged?</p> <p>1. Family supported</p> <p>2. Abduction</p> <p>3. Agreement of both <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>4. Negotiated by male partner</p> <p>8. Don't know</p> <p>9. No response</p>		<p>110. Which of the following cultural traditions were involved in your marriage?</p> <p>1. Bride wealth</p> <p>2. Sister/daughter exchange</p> <p>3. Inheritance of wife <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>4. Sister replacement</p> <p>5. Biidhaa.</p> <p>6. Other (specify _____)</p> <p>8. Don't know</p> <p>9. No response</p>	
<p>Name and signature of data collector _____</p>		<p>Name and signature of supervisor _____</p>	

Section 2: Household variables			
<p>201. How many persons live in your household?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>202. How many children did you give birth</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>203. How many children under five do you have?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>204. Which of the following individuals live with you?</p> <p style="text-align: right;"><input type="checkbox"/></p> <ol style="list-style-type: none"> <li>1. No one lives</li> <li>2. Mother /father of you</li> <li>3. Mother /father of your partner</li> <li>4. your sister/ brother</li> <li>5. Your partner's sister/ brother</li> </ol>
<p>205. How many oxen do have?</p> <ol style="list-style-type: none"> <li>1. No any</li> <li>2. Only one</li> <li>3. Two or more</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>206. Do you have radio in your</p> <ol style="list-style-type: none"> <li>3. Yes</li> <li>4. No</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Do you openly discuss about sexuality and reproductive health issues with your partner?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>208. If you answered 'yes' to Q 207, what is your main reason/</p> <ol style="list-style-type: none"> <li>1. Cultural reason</li> <li>2. You don't want</li> <li>3. Your partner doesn't want</li> <li>4. Lack of time</li> <li>8. Don't want</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>
<p>209. Relative to your neighbors how do you rate your economic position?</p> <ol style="list-style-type: none"> <li>1. Very poor</li> <li>2. Poor</li> <li>3. Average</li> <li>4. Better of than average</li> <li>5. Rich</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>210. Do you currently use tobacco?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>211. Do you chew khat?</p> <ol style="list-style-type: none"> <li>3. Yes</li> <li>4. No</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>212. What is the age of your partner in years?</p> <p style="text-align: right;"><input type="checkbox"/></p>

<p>213. What is your educational level</p> <p>1. No education <input type="checkbox"/></p> <p>2. can read and write</p> <p>3. Primary education (Grade 1-6)</p> <p>4. Secondary education (Grade 7-12)</p> <p>5. Higher education (Above grade 12)</p>	<p>214. What is the occupation of your husband?</p> <p>1. Farmer <input type="checkbox"/></p> <p>2. Merchant</p> <p>3. Employee</p> <p>4. Day laborer</p> <p>5. Other (specify _____)</p>	<p>215. Does your partner chew khat?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No</p> <p>8. Don't know</p> <p>9. No response</p>	<p>216. Does your partner drink alcoholic beverages like beer, Te and arake?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No</p> <p>8. Don't know</p> <p>9. No response</p>
<p>217. Does your partner use tobacco?</p> <p>1. Yes</p> <p>2. No <input type="checkbox"/></p> <p>8. Don't know</p> <p>9. No response</p>			
<p>Section-3: Opinions about gender roles and family relations</p> <p>In this community or else where people have different ideas about family and what is acceptable behavior for men and women. I would like to ask you some questions on this issue. I will read the statements one by one and you will tell me whether you agree or disagree on each of them. There is no wrong or right.</p>			
<p>301. Good wife is obedient to her husband even if she disagree to his opinion</p> <p>1. Agree</p> <p>2. Disagree <input type="checkbox"/></p> <p>8. Don't know</p> <p>9. No response</p>	<p>302. Family problems should be solved only by the people in the family</p> <p>1. Agree</p> <p>2. Disagree <input type="checkbox"/></p> <p>8. Don't know</p> <p>9. No response</p>	<p>303. It is good for a man to show his partner who is the boss</p> <p>1. Agree</p> <p>2. Disagree <input type="checkbox"/></p> <p>8. Don't know</p> <p>9. No response</p>	<p>304. According to your opinion good reasons for a husband to beat his wife is if;</p> <p><b>(1=Yes, 2=No, 8= Don't know, 9=no response )</b></p> <p>A. Fails to complete house work <input type="checkbox"/></p> <p>B. Disobeys her husband <input type="checkbox"/></p> <p>C. Refuse sex with him <input type="checkbox"/></p> <p>D. Asks whether he has other girl friend</p> <p>E. he suspects her to be unfaithful.</p> <p>F. He founds her to be unfaithful</p>
<p>305. As to your opinion when can a married woman refuse sex with her partner ( 1=Yes, 2= No 8= Don't know 9=No response)</p> <p>A. Doesn't feel like it <input type="checkbox"/></p> <p>B. He had drunk <input type="checkbox"/></p> <p>C. She is sick <input type="checkbox"/></p> <p>D. He mistreated her <input type="checkbox"/></p>			

Section-4: The respondent and her Partner

When two persons married each other or live together they will share bad or good things. Even though they pass much of their lives, some times they may be in different mood, and may disagree with each other. This is common in many families. I would like to ask you some questions about this point. Some of the questions may be personal any way I would ask you to answer honestly. If some one interrupts us I will change our topic of discussion.

Would I continue? *If no thank the respondent and terminate the interview*

*If Yes*



<p>401. Had you seen your Beating your mother?</p> <p>1. Yes 2. No 8. Don't know 9. No response</p> <input type="checkbox"/>	<p>402. The following acts happen to many women. Did your partner used made the following to you?</p> <p>A. Threw some thing B. Push, gripped/shoved C. Slapped D. Kicked/hit/bit E. Hit with something /try to hit F. Beat up G. Choked H. Burn/Scalded I. Threatening with knife or weapon J. J. Used knife/weapon</p>	<p>In your life time (1=Yes, 2=No, 8=Don't know)</p> <p>A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/></p> <p>H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/></p>	<p>In last 12 months (1=Yes, 2=No, 8=Don't know)</p> <p>A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/></p> <p>I <input type="checkbox"/> J <input type="checkbox"/></p>
<p>403. Had you ever been beaten by any man other than your husband?</p> <p>1. Yes 2. No 8. Don't know 9. No response</p> <input type="checkbox"/>	<p>404. If you answered yes for Q403 who was the perpetrator?</p> <p>1 Some one in the family 2. Friend 3. Unknown man 8. Don't know 9. No response</p> <input type="checkbox"/>	<p>405. Did your husband ever force you to sex when you don't want?</p> <p>1. Yes 2. No 8. Don't know 9. No response</p> <input type="checkbox"/>	<p>406. If you answered</p> <p>1. Yes 2. No 8. Don't know 9. No response</p>

<p>407. Did any man other than you husband forced to sex when you didn't want?</p> <p>1. Yes 2. No(<b>Go to 501</b>) <input type="checkbox"/></p> <p>8. Don't know 9. No response</p>	<p>408. If "yes" to Q407 who forced you?</p> <p>1. Someone in family <input type="checkbox"/> 2. Known person outside the family 8. Don't know 9. No response</p>
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Section -5 Out comes of physical violence

<p>501. Did you ever told your experience of violence to someone?</p> <p>1. Yes( <b>go to 503</b>) <input type="checkbox"/> 2. No</p> <p>8. Do not know 9. No response</p>	<p>502. If you answer yes to Q 501 what was the response</p> <p>1. Nothing <input type="checkbox"/> 2. Helpful 8. Do not know 9. No response</p>	<p>503. What efforts did you made to overcome t act of violence you experienced?</p> <p>1. Did nothing 2. Yeilling <input type="checkbox"/> 3. Run away 4. Fight back 8. Do not know 9. No response</p>
<p>504. Which of the following happened to you following violence you experienced (1= Yes, 2=No 8= Don't know, 9=No response)</p> <p>A. Injury/laceration <input type="checkbox"/></p> <p>B. Loss of teeth <input type="checkbox"/></p> <p>C. Fracture/dislocations <input type="checkbox"/></p> <p>D. Abortion <input type="checkbox"/></p> <p>E. Injury to eye <input type="checkbox"/></p> <p>F. Damage to ear <input type="checkbox"/></p> <p>G. Separation from partner <input type="checkbox"/></p> <p>H. Deep cut of body parts <input type="checkbox"/></p> <p>I. School interruption <input type="checkbox"/></p>	<p>505. Which of the following acts occurred to you? (1= Yes, 2=No 8= Don't know, 9=No response)</p> <p>Get pregnant <input type="checkbox"/></p> <p>Physically injured <input type="checkbox"/></p> <p>Punished by a husband <input type="checkbox"/></p> <p>Separated from family <input type="checkbox"/></p> <p>Acquired STI <input type="checkbox"/></p> <p>School interruption <input type="checkbox"/></p> <p>Punished by the family</p>	<p>506. How did t5he conflicts between you and you partner usually resolve?</p> <p><input type="checkbox"/></p> <p>1. By your selves 2. Old men 3. Through legal affairs 4. Other ( specify_____ ) 8. Do not know 9. No response</p>

**Annex-6 English version of male's questionnaire**

<b>QUESTIONNAIRE FOR THE SURVEY OF WOMEN'S HEALTH AND LIFE EVENTS (FOR WOMEN RESPONDENTS)</b>		
Name of PA _____	Code _____	Date _____

Section one: Socio demographic characteristics			
101. What is your age in years? <input style="width: 30px; height: 20px;" type="text"/>	102. What is your current religion? 6. Islam <input style="width: 30px; height: 20px;" type="checkbox"/> 7. Orthodox 8. Protestant 9. Catholic 10. others (specify _____)	103. To which ethnic group do you belong?  1. Oromo <input style="width: 30px; height: 20px;" type="checkbox"/> 2. Amhara 3. Sidama 4. Others (specify _____)	104. Occupation  1. Farmer <input style="width: 30px; height: 20px;" type="checkbox"/> 2. Merchant 3. Employee 4. Day laborer 5. Other (specify _____)
105. Educational level 5. No education 6. Primary school 7. High school <input style="width: 30px; height: 20px;" type="checkbox"/> 8. Above high school	106. Your current marital status?  1. single 2. Monogamously married 3. Polygamous married 4. Separated 5. Divorced 6. Widowed	107. How long did you live in marital relation? <input style="width: 30px; height: 20px;" type="text"/>	108. Is there any women who had separated from you? 1. Yes 2. No 8. Don't know <input style="width: 30px; height: 20px;" type="checkbox"/> 9. No response
109. How was the marriage between you and your current partner arranged? 1. Family supported 2. Abduction 3. Agreement of both <input style="width: 30px; height: 20px;" type="checkbox"/>		110. Which of the following cultural traditions were involved in your marriage?  1. Bride wealth 2. Sister exchange <input style="width: 30px; height: 20px;" type="checkbox"/> 3. Inheritance of wife	
4. Negotiated by male partner 8. Don't know 9. No response		4. Sister replacement 5. Biidhaa.  6. Other (specify____) 8. Don't know 9. No response	
Name and signature of data collector _____		Name and signature of supervisor _____	

Section 2: Household variables			
<p>201. How many persons live in your household?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>202. Which of the following individuals live with you?</p> <p style="text-align: right;"><input type="checkbox"/></p> <ol style="list-style-type: none"> <li>1. No one lives</li> <li>2. Mother /father of you</li> <li>3. Mother /father of your partner</li> <li>4. your sister/ brother</li> <li>5. Your partner's sister/ brother</li> </ol>	<p>203. How many oxen do have?</p> <p style="text-align: right;"><input type="checkbox"/></p> <ol style="list-style-type: none"> <li>1. No any</li> <li>2. Only one</li> <li>3. Two or more</li> <li>8. Don't know</li> <li>9. No response</li> </ol>	<p>204. Do you have radio in your</p> <p style="text-align: right;"><input type="checkbox"/></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>8. Don't know</li> <li>9. No response</li> </ol>
<p>205. Do you openly discuss about sexuality and reproductive health issues with your partner?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>206. If you answered 'yes' to Q 205, what is your main reason/</p> <ol style="list-style-type: none"> <li>1. Cultural reason</li> <li>2. You don't want</li> <li>3. Your partner doesn't want</li> <li>4. Lack of time</li> <li>8. Don't want</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>		
<p>207. Relative to your neighbors how do you rate your economic position?</p> <ol style="list-style-type: none"> <li>6. Very poor</li> <li>7. Poor</li> <li>8. Average</li> <li>9. Better than average</li> <li>10. Rich</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>208. How frequent do you currently use tobacco?</p> <ol style="list-style-type: none"> <li>0. Never</li> <li>1. Daily</li> <li>2. Some times</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>209. How frequent you chew khat?</p> <ol style="list-style-type: none"> <li>0. Never</li> <li>1. Daily</li> <li>2. 1-2 times / week</li> <li>3. 1-3 times /month</li> <li>4. less than 1 time times in a month</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>	<p>210 how frequent do you drinl alcoholic beverages like beer, Arake Tela</p> <ol style="list-style-type: none"> <li>0. Never</li> <li>1. Daily</li> <li>2. 1-2 times / week</li> <li>3. 1-3 times /month</li> <li>4. less than 1 time times in a month</li> <li>8. Don't know</li> <li>9. No response</li> </ol> <p style="text-align: right;"><input type="checkbox"/></p>

Section-3: Opinions about gender roles and family relations

In this community or else where people have different ideas about family and what is acceptable behavior for men and women. I would like to ask you some questions o this issue. I will read the statements one by one and you will tell me whether you agree or disagree on each of them. There is no wrong or right.

<p>301. Good wife is obedient to her husband even if she disagree to his opinion</p> <p>3. Agree 4. Disagree 8. Don't know 9. No response</p> <input type="checkbox"/>	<p>302. Family problems should be solved only by the people in the family</p> <p>3. Agree 4. Disagree 8. Don't know 9. No response</p>	<p>303. It is good for a man to show his partner who is the boss</p> <p>3. Agree 4. Disagree 8. Don't know 9. No response</p>	<p>304. According to your opinion good reason for a husband to beat his wife is if;</p> <p><b>(1=Yes, 2=No, 8= Don't know, 9=no response )</b></p> <p>A. Fails to complete house work B. Disobeys her husband C. Refuse sex with him</p> <p>D. Asks whether he has other girl friend E. he suspects her to be unfaithful. F. He founds her to be unfaithful</p>
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305. As to your opinion when can a married woman refuse sex with her partner

**1=Yes, 2= No 8= Don't know 9=No response)**

B. Doesn't feel like it

B. He had drunk

C. She is sick

D. He mistreated her

Section-4: The respondent and her Partner

When two persons married each other or live together they will share bad or good things. Even though they pass much of their lives, some times they may be in different mood, and may disagree with each other. This is common in many families. I would like to ask you some questions about this point. Some of the questions may be personal any way I would ask you to answer honestly. If some one interrupts us I will change our topic of discussion.

Would I continue? *If no thank the respondent and terminate the interview*

*If Yes*



<p>401. Had you seen your Beating your mother?</p> <p>1. Yes 2. No 8. Don't know 9. No response</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>402. The following acts happen to many women. Did you use the following to your partner?</p> <p>K. Threw some thing <input type="checkbox"/></p> <p>L. Push, gripped/shoved <input type="checkbox"/></p> <p>M. Slapped</p> <p>N. Kicked/hit/bit</p> <p>O. Hit with something /try to hit</p> <p>P. Beat up</p> <p>Q. Choked</p> <p>R. Burn/Scalded</p> <p>S. Threatening with knife or weapon</p> <p>T. J. Used knife/weapon</p>	<p>In your life time (1=Yes, 2=No, 8=Don't know)</p> <p>A</p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p> <p>F <input type="checkbox"/></p> <p>G <input type="checkbox"/></p> <p>H</p> <p>I <input type="checkbox"/></p> <p>J <input type="checkbox"/></p>	<p>In last 12 months (1=Yes, 2=No, 8=Don't know)</p> <p>A</p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p> <p>F <input type="checkbox"/></p> <p>G <input type="checkbox"/></p> <p>H</p> <p>I <input type="checkbox"/></p> <p>J <input type="checkbox"/></p>
<p>403. Had you ever beaten any woman other than your wife?</p> <p>3. Yes 4. No 8. Don't know 9. No response</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>404. If you answered 'Yes' to Q403 Was it also happened in last year?</p> <p>1. Yes 2. No 8. Don't know 9. No response</p>	<p>405. Did you ever force your wife to sex when she didn't want?</p> <p>1. Yes 2. No 8. Don't know <input type="checkbox"/></p> <p>9. No response</p>	<p>406. If you answered</p> <p>1. Yes 2. No 8. Don't know 9. No response</p>
<p>407. Did you force any woman other than your wife to sex when she didn't want?</p> <p>1. Yes 2. No 8. Don't know 9. No response</p>		<p>408. If "yes" to Q407 who forced you?</p> <p>3. Someone in family 4. Known person outside the family 8. Don't know 9. No response</p>	