

The Prevalence of Domestic Violence in Pregnant Women  
Attending Antenatal Care at the Selected Health Facilities in Addis Ababa

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in Addis Ababa, Ethiopia, 2013  
Ruman Abdurashid Ahmed

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## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Ante Natal Care
<b>CEDAW</b>	United Nations Committee on the Elimination of Discrimination Against Women
<b>DV</b>	Domestic Violence
<b>EC</b>	Ethiopian Calendar
<b>EDHS</b>	Ethiopian Demographic Health Survey
<b>HIV/AIDS</b>	Human Immune-Deficiency Virus/Acquired Immune-Deficiency Syndrome
<b>INGO</b>	International Non-Government Organization
<b>IPV</b>	Intimate Partner Violence
<b>NGO</b>	Non-Government Organization
<b>SPSS</b>	Statistical Package for Social Science
<b>STD</b>	Sexually Transmitted Disease
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>VAW</b>	Violence Against Women
<b>WHO</b>	World Health Organization

## **Abstract**

Domestic Violence (DV) is most prevalent in every sector of society, but less recognized and poorly addressed social stigma. DV is usually expressed in psychological, physical and sexual abuse inflicted by close partners. The objective of this study is to assess the prevalence, factors associated with Domestic Violence, and women perception on violence during pregnancy among currently pregnant women attending Ante Natal Care (ANC). For the purpose of this research, facility based cross sectional study was under taken among 360 pregnant women age 18-49 who came to three health facilities for antenatal visit (one Hospital and two Health Centers) Gandhi Memorial Hospital, Kolfe, and Nefas Silk Lafto Sub City Wereda -3 Health Centers from May13 to 24, 2013. Methodologically quantitative data collection tool were employed using structured questionnaires. Binary descriptive statistics and multivariate analysis were used to analyze the collected data. The finding indicates that the prevalence of violence in life time in one or another form is 109 (31.3%) and 102 (29.3%) during current pregnancy by their partners. The study revealed that undesired pregnancy and alcohol consumption by partner is significantly associated with violence. To conclude, most of the perpetrators of DV is male partners, it is paramount important to create awareness on violence against women via social interaction groups like “Idir” and through formal/informal education and policy makers.

***Keywords: Domestic Violence, Undesired Pregnancy, Empowerment***

## CHAPTER ONE: INTRODUCTION

### Background of the study

Domestic Violence (DV) is most prevalent in every sector of society, but gets less public concern and recognition. It is usually expressed in psychological, physical and sexual abuse inflicted by close partners. It is a mode of expressing self-supremacy over another. Most pervasive and common form of abuse is physical injury to a woman partner. Violence has probably always been part of the human experience. Its impact can be seen in various forms and in all parts of the world. Each year, more than a million people lose their lives and many more suffer non-fatal injuries, as a result of self-inflicted, interpersonal or collective violence (World Health Organization [WHO], 2002).

As mentioned above, most concerning form of physical violence during pregnancy is when an abusive partner targets a woman's abdomen, thereby not only hurting the women but also potentially jeopardizing the pregnancy (WHO, 2011).

Violence in the domestic sphere is usually committed by husband who is, or who has been, in positions of trust and intimacy and power; husbands, boyfriends, father, fathers-in-law and other close relatives residing under same shelter. Domestic Violence is in most cases violence perpetrated by men against women. Violence against women is often a cycle of abuse that manifests itself in many forms throughout their lives. During childhood, violence against girls may include lack of access to education, incest, female genital mutilation, early marriage, and forced prostitution. Some go on to suffer throughout their adult lives – battered, raped and even murdered at the hands of intimate partners. Other crimes of violence against women include undesired pregnancy, abortion or sterilization (UNICEF, 2000).

It is mentioned that violence may come in the picture since the very conception of a girl and may follow her until her adulthood time. However, outrageous timing of violence occurs to a woman at her pregnancy period. This scenario has become an interesting area and points for taking inspiration for this study because of the complications that follow and happen as a result of the biological complexities of a pregnant woman.

The researcher believes that identifying the cause of the problem is the first step to tackle and deal to resolve violence related problems. Accordingly, this research underlines the basic cause of Domestic Violence against pregnant women.

Thus, the purpose of this study is to examine the prevalence of Domestic Violence, there by indicating how the issue is national concern and to provide an overview of the current state of knowledge regarding the level of Domestic Violence and its social implication in the context of Addis Ababa Health facilities.

### **Statement of the Problem**

Violence against women affects their physical, psychological, sexual, spiritual and social well-being. Traditionally, society respects, cares for women during pregnancy and assumes that she has to be protected against any form of violence. Despite this general believe, several studies show that many women are attacked during pregnancy by husband that could results in emotional, physical, and sexual violence. A preliminary descriptive study conducted in Lebanon has revealed that DV against pregnant refugee women was common, 59% women had ever experienced physical violence, 19.1% experienced physical violence during the past year, 26.2% were subjected to sexual coercion, 16.8% experienced emotional violence, and 11.4% experienced physical violence during pregnancy (Hammoury, 2007, as cited in Hammoury, Khawaja, Mahfoud, & Madi, 2009).

From the above facts, it is evident that women are victim of violence during pregnancy. To assess the incidence of violence one of the intervention areas could be close

observation on pregnant women in antenatal clinic at the health facilities. Assessing pregnant women during ANC for act of violence is one step forward in the national effort to fight against violence.

Another study conducted in Australian states indicated that women have regular contact with the health system when they are pregnant and for up to a year afterwards which could be a unique opportunity to assess and intervene in the lives of victimized client and Taft (2002) recommend the health system, and birthing services in particular, to be safe, confidential, and should be conducted in a private setting so that pregnant women can have a good opportunity to get effective support and high quality care if they disclose abuse.

Although much of the research on pregnancy related violence suggests the importance of the health care provider in prevention and intervention, there is also some evidence to suggest that health care professionals do not receive enough information and training regarding incidence of violence during pregnancy (Naumann et al., 1999, as cited in Jasinski, 2004).

According to Ethiopian Demographic Health Survey (EDHS 2011), 34% of pregnant mothers who gave birth in the five years preceding the survey received antenatal care from a skilled provider, that is, from a doctor, nurse, or midwife, for their most recent birth. By comparison, in 2005, twenty eight percent received antenatal care from a skilled provider.

In Ethiopia, those pregnant women who came to the health facilities had a good opportunity to be assessed by health professionals during their antenatal visit for incidence of violence during pregnancy.

Despite the importance of this assessment, due to the cultural barrier, power imbalance, and many other reasons, the clients usually are not in a position to disclose the incidence of violence and getting reliable data on such issue might be difficult and unreliable (Haji, 2004). The low level of attention given by medical professionals and its subsequent

social implication of the problem had drawn the researcher's attention to study and assess the issue. The study will try to assess prevalence and factors associated with Domestic Violence and forward suggestion to health professionals to review pregnant women for incidence of violence during pregnancy.

### **Research Question**

The study will answer the following questions:

- Does female related behavioral factors could be a cause for Domestic Violence among pregnant women?
- Do family environment related factors contribute to Domestic Violence during pregnancy?
- Do health professionals screen pregnant women for incidence of Domestic Violence?

### **Objectives of the Study**

#### **General Objective**

To assesses the prevalence, factors associated with Domestic Violence and women perception on violence during pregnancy among pregnant women currently attending ANC at Selected health facilities.

#### **Specific objectives**

- To determine the prevalence of violence during pregnancy,
- To identify factors associated with violence during pregnancy,
- To provide recommendations for health professionals to assess and document/report for incidence of violence on women during pregnancy,

### **Significance of the Study**

Domestic Violence against women is a significant social and public health concern in both developed and developing countries of the world. Extent and prevalence of the problem is so deep despite social and economic status of the victim's community. In spite of the global effort on the elimination of DV, there are still violations of human rights in all parts of the world. In most part of the world, due to cultural domination or for some other reasons, women usually fail to report incidence of violence inflicted out them by the prevailing male dominance and control of household assets has added to the silence. Moreover, it is understood that women's health problems will be more exacerbated if they are abused during pregnancy (Shrestha, 2008, as cited in Pradhan, 2011).

The economic dependency of women on those who victimize them has contributed to the dynamics of abuse and the approaches in dealing with it. As the social implication of the issue of victims of violence is increasing, women's right movements/activists around the world have gradually started to draw attention to violence against women and to intimate partner violence in particular. Through their efforts, violence against women has now become an issue of international concern. Partner violence which is initially viewed largely as a human rights issue is increasingly seen as an important public health problem (WHO, 2002)

In spite of the fact that there are many indications that women in Ethiopia suffer disproportionate disadvantages in life as compared to men there are only few studies to provide strong evidence to this effect and very few research centers conducting studies on women's issues. Yegomawork, G., Negussie, D., Yemane, B., Ellsberg, M., Emmelin, M., Meaza, A.,... Hogberg, U. 2003 pp. 7).

To fill the gap on data acquisition on Domestic Violence against pregnant women in Ethiopia, this research will assist researchers to acquire data for the future demands on

Domestic Violence. The study also identified the basic relationship between the cause of violence and the means to combat the problem. Furthermore, the study will help policy makers in their effort to address this crucial social problem in the perspective of prioritizing area of national concern, supposing that the problem raised under this research has not yet found the proper attention.

WHO (2011) report states the importance of antenatal care which provides a window of opportunity for identifying women who experience intimate partner violence. Health care setting is not only point of contact for women to address violence, but also provision of health services and support through the duration of a pregnancy, and the possibility for follow-up. This makes antenatal care a suitable setting for addressing issues of abuses.

In view of this, the research could serve as an awakening tool to medical professionals and establishments by indicating areas that make women vulnerable, precautions to be taken before the violence and possibility of avoiding any further incidental consequences.

Although pregnant women seek medical help at hospital for physical illness, such as vaginal bleeding, they are not likely to report or talk about what happened to them instead they want to keep silent. In addition, Domestic Violence is not only recognized as a private issue by individuals, but also there are no special treatments in the health care settings, such as psychological or social support for the Domestic Violence victim. It is generally believed that role to be played by medical professionals is the most critical asset, if properly exploited taking advantage of their close relationship with pregnant women. In addition, the existing relationship between medical professionals and pregnant women should allow medical professionals to acquire reliable information on causes and incidence of the violence vis-à-vis the client's physical, psychosocial and spiritual dimension and there by establish complete data that could allow addressing the problem. Therefore, health care providers should not treat the patient's physical symptoms only (Phommachanh, 2007).

In Ethiopia, there are no or limited interventions that are aiming at addressing Domestic Violence during pregnancy. The problem is also compounded due to lack of information regarding its incidence among pregnant women and factors associated to it. To my knowledge, no study has been conducted by health professionals regarding routine screening for pregnant victims of Domestic Violence. This study tried to identify the prevalence of Domestic Violence among pregnant women in Addis Ababa and underlined the professional duty and responsibility that has to be exercised in the fight against Domestic Violence. The findings of the study could be used to design health system interventions that can help to address the problem. Besides, it will also create an opportunity for researchers to undertake further study on the issue of Domestic Violence.

## CHAPTER TWO: LITERATURE REVIEW

“Violence against women” has been defined as a form of discrimination in several documents. The World Human Rights Conference in Vienna, first recognized gender- based violence as a human rights violation in 1993 (Saravanan, 2000).

The United Nations Declaration on the elimination of violence against women (1993) defines violence against women as “any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering of women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in private or public life” (Nasir, 2003).

“Domestic Violence” can be defined as interpersonal violence that refers to a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Violence is a pattern of assaultive and coercive behaviors including physical, sexual and psychological attacks, as well as economic coercion used by adults or adolescents against their current or former intimate partners (United Nations International Children’s Emergency Fund [UNICEF], 2006).

Domestic Violence is becoming global challenge affecting every sector of society despite social and economic status. Cognizant of this fact, the United Nation Declaration on the Elimination of Violence against Women (CEDAW) (1993) gave universal interpretation defining violence as “any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering of women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in private or public life”

## **Prevalence of Domestic Violence**

Domestic Violence is one of the most prevalent and critical social problem affecting women worldwide. The number of women being affected in this inhuman and abusive act of violence is increasing from time to time. In this act of violence against women, almost 2 million women are physically assaulted annually and more than 50 million are assaulted in their lifetime Tjaden and Thoennes, 2000 (as cited in Jasinski, 2004).

According to the World Health Organization (WHO 2002), survey from around the world indicate that approximately 10%–69% of women report being physically assaulted by an intimate male partner at some point in their lives. The percentage of women who had been assaulted by a partner within 12 months varied from 3% or less among women in Australia, Canada and the United States to 27% of ever-partnered women (that is, women who have ever had an ongoing sexual partnership) in León, Nicaragua, 38% of currently married women in the Republic of Korea, and 52% of currently married Palestinian women in the West Bank and Gaza Strip. For many of these women, physical assault was not an isolated event, but part of a continuing pattern of abusive behavior.

Although the sheer prevalence of this problem has generated a great deal of interest on the part of the public health officials, academic communities, legal expertise, women and human right activists by giving significant attention to the intricacies of the relationship between pregnancy and violence (Jasinski, 2004).

In every part of the society, pregnancy is assumed and supposed to be a time of pleasure, happiness, peace and safety. It is a time when all the family members expect healthy outcomes for the mother, the newly coming baby, family, and society at large. Unfortunately, this is not true for many pregnant women (Phommachanh, 2007). Instead, pregnant women are get abused, physically attacked and denied their sexual and reproductive

rights. Such violence occurs all over the world, but the condition is worse for those pregnant women who live in developing countries and pregnancy can be the beginning of a cruelty and aggressive act.

A study conducted in Lebanon during the years 2005–2006 among pregnant Palestinian refugee women during their antenatal visit indicated that the prevalence of Intimate Partner Violence in the pre-pregnancy period reaches 23%–25% but increases to 52% during pregnancy (Hammoury, Khawaja, Mahfoud & Madi, 2009).

Facility based cross-sectional descriptive study conducted in Nepal by Pradhan N. (2011) indicated that pregnant women are violated during their pregnancy. Among 950 pregnant women at Paropakar Maternity and Women's Hospital, Kathmandu to determine prevalence of Gender Based Violence (GBV) among pregnant women found out 33% women suffered from GBV. 23% reported of physical violence, 13% of sexual violence and 47% reported of psychological violence. Husband was found to be the major perpetrator of violence followed by family members and others. A perpetrator outside the family was responsible for approximately 20% of cases.

Studies conducted in six developing countries (including India, China, Pakistan and Ethiopia) found that 4% to 29% of pregnant women experienced Domestic Violence during pregnancy and the main risk factors found for abuse during pregnancy were low income, low education, and undesired pregnancy (Nasir & Hyder, 2003).

The above figure indicates the prevalence of violence, both against pregnant and non-pregnant women throughout the globe. To see the range of Domestic Violence in African countries, reference is made to a research conducted in Malawi where 58.6% of the women were abused by their marriage partners during their current pregnancy. The highest percentage of the abused women (60.7%) comprised women whose relationship with the current marriage partner was less than 60 months. The women who were abused during

pregnancy experienced psychological/emotional (28.1%) physical (13.6%) and sexual (28.9%) violence as well as threats (8.9%) (Chasweka, Chimwaza, Maluwa & Odland, 2012 pp.17-21).

A cross-sectional community-based study on “Domestic Violence around Gondar in Northwest Ethiopia” conducted from March to April 2003 among 1104 women in Gondar Zuria District, Northwest Ethiopia, showed that the percentage of women who ever experienced physical, sexual, and/or psychological abuse was 50.8%. The prevalence of physical violence was found to be 32.2%, while that of sexual violence and physical intimidation amounted to 19.2% and 35.7%, respectively (Tegbar, Y., Anwar, Y., Yigzaw, K. 2004 pp.133-139).

Community based studies conducted in 1998 in Ethiopia indicated 50-60% of women had experience Domestic Violence in their life time. Perpetrators are mainly intimate partners and close family members. About 60% of rape cases documented in Adigrat Hospital involved children and adolescents. The study also indicated that 70% of the rape cases were students. Although 90% of the perpetrators were identified by the victims only 42% were arrested by police. A school-based study involving randomly selected 1401 female high school students in central Ethiopia clearly indicated the seriousness of the problem. According to study conducted by Yemane, 1998 Ethiopia has one of the highest prevalence of both sexual and physical violence by an intimate partner. In countries where the status of women is generally low younger women are more likely to suffer from Domestic Violence compared to older women. About 33% of Ethiopian women who participated in the survey reported that they were physically forced to have intercourse by a partner within the last 12 months, which is one of the highest among the participating countries. This high rate of forced sex seriously compromises women’s ability to protect themselves from HIV. Women

in Ethiopia reported probably the highest rates of emotionally abusive acts. The prevalence of injury (which is 19%) among those women ever abused physically is low in Ethiopia. The reason for such low level of injury among the Ethiopian women is not well understood. Although the overall level of physical violence in Ethiopia is very high violence during pregnancy was not correspondingly high, and the severity of injury was less compared to the countries that have an overall low level of physical injury (Yemane, 1998.p.131).

Another study conducted in South Central part of Ethiopia, Meskanena Mareko Woreda's in Butajira rural Health project indicated that among a total of 2261 women , the lifetime prevalence of physical and sexual violence were found to be nearly one half 49% and 59%, respectively. During the same study period, out of 2261 women, 214 (10%) of ever partnered women were pregnant at the time of the interview, and out of them, 164 (77%) reported physical violence by a partner during the current pregnancy. In almost all cases (98%), the perpetrator was the father of the child, and (84%) of them were still living with the victim at the time of the interview. In (87%) of cases, the women had also been beaten by their partners prior to the current pregnancy (Yegomawork et.al., 2003).

### **Conceptual Framework**

Many factors may contribute for the prevalence of Domestic Violence in a given community and it would be a difficult task to come up with an exhaustive list of the case. We recognize that there are multiple causes for Domestic Violence - some related to individual pathology of offenders, others related to a culture that in some ways condones or ignores violent messages and/or behavior. Political situation in the form of civil riots and war may also create a favorable situation for the offenders. Some biological factors that influence criminal nature of men can also add to the sum of the causes for Domestic Violence against females.

While it is impossible to agree on a single source for the cause of violence, it is multidimensional issues that require responses on several fronts.

That being said, factors that contribute for the occurrence and prevalence of Domestic Violence can generally be categorized as follows. However, it has to be noted that the mentioned factors below are not necessarily marked as violence contributory factors.

**a) Distant factors:** the social beliefs and values, culture, institutions and policies may be the cause for violence affecting the behavior of perpetrators and the victims. A society with patriarchal orientation beliefs appears to be more tolerant to violence against women (Persily & Abdulla, 2000). Typical example to refer to this kind of cause is the usual way of marriage (abduction), in most rural part of Ethiopian where the girl is abducted forcefully. This kind of arrangement takes place despite the fact that a girl's willingness for the marriage.

Institutional set ups may also contribute for the existence of violence. To take indications, legal frameworks that do not provide preventive punishments against perpetrators would be indirectly encourage commission of such a crime (UNICEF, 2002). For instance, the Criminal Code of Ethiopia does not recognize "marital rape" as a crime and therefore underestimating the violence that can be committed by a husband against his wife (Federal Democratic Republic of Ethiopia [FDRE], 2005).

**b) Intermediary factors:** is made up of female, household and male factors. Each is discussed below:

- **Female related behavioral factors:** age, economic status, education, undesired pregnancy, personal habits are the basic elements that generally make up female factors. It has to be noted that female factors are those elements that are independent from the male and contribute for the occurrence of the act of violence on the mere fact that they exist. For

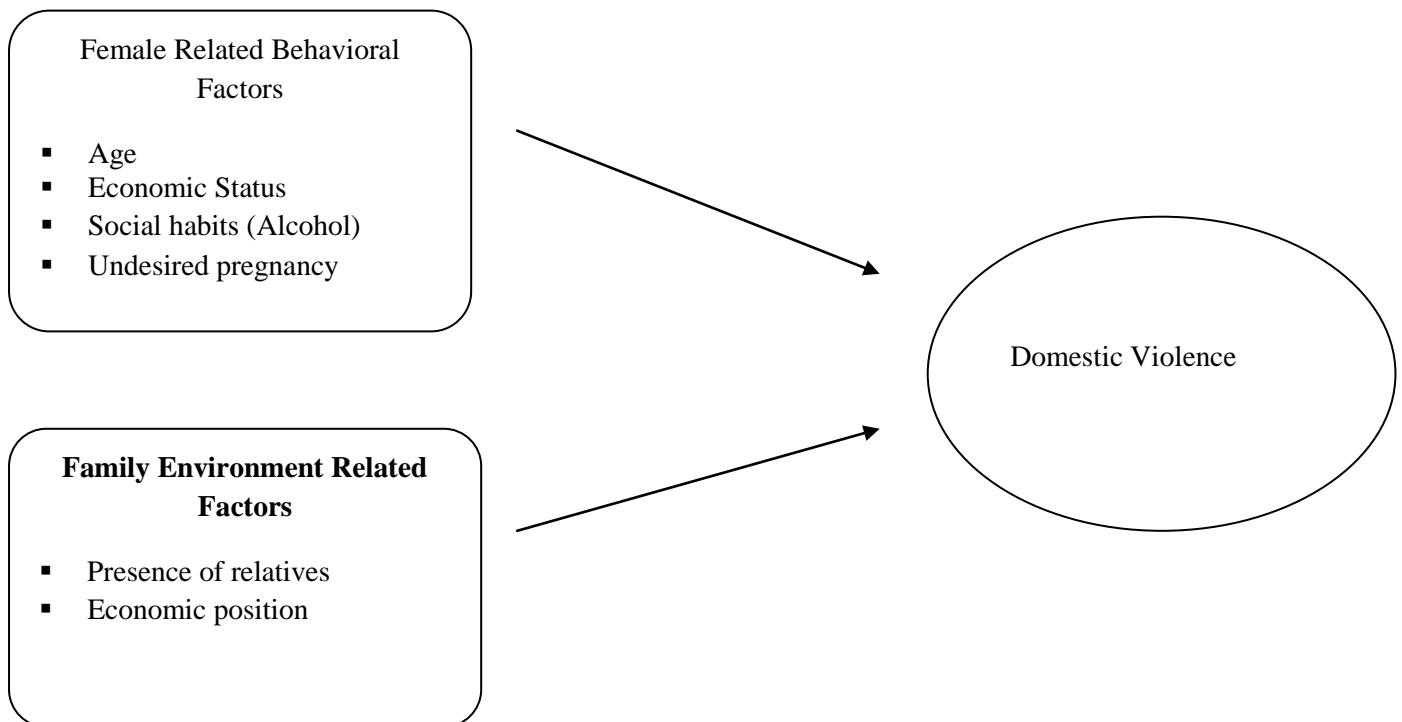
instance, a girl who is below 18 years age may be estimated to have lesser resistance and therefore easier to be attacked. Agreeing that access and control of economic resource by itself is a means to power and decision making. Women who is economically disadvantaged or marginalized and who is dependent on her husband to win her bread may be exposed to violence as this makes her more tolerant and leaves her with no other chance. By the same token, a woman who is with low level of educational background may not be able to defend herself for lack of awareness as to how to protect her rights from male violence. Family history is one of the elements that falls under the female factors. Children who are brought up by violent parents may consider violent acts as a norm and healthy phenomenon (Chasweka et al., 2012). Personal habits such as becoming alcohol and drug addict by a women or her partner may tend to become the cause of violent acts as it triggers anger on the side of the husband.

This paper mainly focuses on pregnant women who are victims of Domestic Violence. Accordingly, every relevant variable that may be associated with pregnant women was dealt with. On the other hand, some researchers have concluded that pregnancy is one variable that increases the prevalence of violence against pregnant women (Chasweka et al., 2012). In this study, the pregnancy phenomenon whether it is desired or not was examined as one variable for Domestic Violence against women.

- **Male factors:** the same elements outlined above are applicable under the male factors.
- **Family environment related factors:** family size, presence of relatives, house ownership, and economic position are the bricks for family level. The economic position may also have impact on the relationship of the spouses and will be one area of emphasis that this research has been given a special attention to analyze its effect on the occurrence of violence against women.

c) **Outcomes factors:** psychological/emotional, physical and sexual.

Existing studies on the issue, in general, explain cause and effect of Domestic Violence in different way, taking in to account the peculiarity of specific study area.



*Figure 1 Conceptual frame work for understanding Female Related Behavioral Factors, Family Environment Related Factors, and Outcome Factors - Domestic Violence.*

### Summary

To sum up what has been stated under the conceptual frame work was analyzed under the research, whether they are causes for Domestic Violence or not, are distant factors and intermediary factors. Culture, societal beliefs and institutions are categorized as distant factors. Whereas, **female related behavioral factors**, male factors and **family environment related factors** are summed up under intermediary factors. Distant factors for instance, pornography are far from altering and shaping the behaviors of both the victim and the

perpetrator. However, they contribute for the occurrence of violence to take place indirectly by facilitating the environment to be more comfortable. Each factor has its own distinct element. We may find that one element of a certain factor may be applicable for the other. To exemplify, family history is an element that falls under both female and male factor. Therefore, it has to be understood that the elements outlined may not be conclusive as to their factors and may have relationship with the other elements.

However, all of the elements may have the same outcomes as their common denominator. It is of a general consensus that violence caused as a result of age and a violence caused under the influence of social belief may result in emotional, physical and sexual outcomes. This is irrespective of the cause for the violence.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **Study Area**

The study area is located in Addis Ababa, the capital city of Ethiopia, considered as Africa's political capital. The capital is administratively subdivided into ten sub cities and one hundred one Urban Dwellers Association.

According to Addis Ababa city administration health Bureau 2004 E.C Annual Report, the population of the city was estimated 3,038,096. Among these, women constitute 52.4% and active work force of age 15 – 49 is estimated to be 65.5% of the total population. Apart from hospitals and health centers administered by NGO and private entrepreneurs, the city has 14 state owned hospitals, 6 under Addis Ababa city administration health bureau, 5 under Federal Ministry of Health, 2 under Ministry of Defense and 1 is administered by Federal police Commission. In addition, there are 27 previously established health centers administered under the health bureau and among the 33 health centers inaugurated in 2003 E.C and 23 health centers started to provide health service. This has made a total number of health centers to be 50 that could deliver basic health service for the population.

The criteria for evidence gathering coincide with the data collection site so the study conducted in three health facilities. (one Hospital and two Health Centers) which are run by the Addis Ababa City Administration Health Bureau vis-à-vis Gandhi Memorial Hospital, Kolfe, and Nefas Silk Lafto Sub City Wereda -3 Health Centers.

The two health centers were selected owing to their client flow, availability and willingness of health professionals, well equipped service delivery system and accessibility of the facility to the investigator.

Gandhi Memorial Hospital was selected as it is the only government owned Maternal and Child Health (MCH) hospital in Addis that primarily provide obstetrical and gynecological services. The hospital has recently established a specific departmental section

“Women and Child integrated Care and Justice Center” on April 22, 2004 for treating and managing those women and children who are victims of violent acts particularly sexual violence – raped victims. This section has its own work force not only composed of health professional but also other professionals including police, public prosecutor, psychiatrist, and psychologists.

As learned from the staffs of this section, this kind of arrangement for violence victims is one of its kinds in the country and second in Africa, next to South Africa. This unit provides round clock (24 hrs) comprehensive and holistic service through addressing bio-psycho-social and spiritual dimension. On the course of conducting this research, the attempt made by the researcher to link sexually assaulted clients with the unit for further care and support had failed because of less interest to the situation by the victims.

The study participants were pregnant women attending Antenatal Care at the 3 health facilities during the study period. To maintain privacy and confidentiality, appropriate site for the interview had been selected in the respective health facility.

Using standard formula, a total of 360 pregnant women were selected during their antenatal visit. The study tried to assess:-

- The prevalence of violence during pregnancy,
- Factors associated with Domestic Violence during pregnancy,
- Related literatures on Domestic Violence were reviewed on available secondary sources and were analyzed against the findings.

### **Study Design and Period**

Facility based cross sectional study design which employed quantitative study method was conducted from May13 to 24, 2013 in accordance to envisaged schedule to determine the

prevalence and investigate association of Domestic Violence and possible risk factors by targeting all pregnant women who came for ANC.

Cross sectional study design is well suited to achieve this purpose, because it does not suffer from recall bias and lost- to -follow up.

### **Study Population**

The study population were all mothers/women from the age of 18- 49 and currently pregnant (first trimester < 14weeks, second trimester 14-28weeks, and third trimester pregnancy more than 28weeks) and attending ANC at Gandhi Memorial Hospital, Kolfe, and Nefas Silk Lafto Sub City Wereda-3 health centers.

The study subjects were selected by using simple random sampling from those women whose age between 18-49 years. Even though childbearing age is 15-49, Ethiopian Family Law prohibits child marriage that is below 18 years and also needs consent from their parents or guardians. Due to these facts, they were excluded from the study.

### **Inclusion Criteria**

All currently pregnant women between the age of 18-49 years and attending ANC clinic for their first checkup or during a follow-up visit at Gandhi Memorial Hospital, Kolfe, and Nefas Silk Lafto Sub City Wereda-3 health centers from May 13 -24, 2013 were included.

### **Exclusion Criteria**

Pregnant women who can't speak Amharic, are not volunteer to provide information, and those pregnant women with known psychiatric illness or who have mental problems, as well as women who were accompanied by their husbands at the time of data collection were

excluded from the study. In addition, participants who were included in the pilot test were not included in the main study.

## Sample Size and Sampling Technique

### Sample Size Determination

Quantitative sample size was estimated scientifically using standard formula for single population proportion. It was assumed that studies conducted in six developing countries (including India, China, Pakistan and Ethiopia) showed the prevalence of Domestic Violence during pregnancy was about 4% to 29%. By considering the previous prevalence, 29% was taken and 15% was added to compensate for possible non-response rate.

The sample size was determined using 95% CI and prevalence of domestic violence in previous study 29% (0.29), marginal error (0.05%) used.

$n = p(1-P) Z^2/d^2$ , where,

Z= normal distribution standard at 95% C.I and with p= 0.5

P: Single population proportion for prevalence of Domestic Violence on pregnant women (0.29)

d= margin of error to be tolerated

$$n = 0.29 \times 0.71 \times 1.96^2 / 0.05^2$$

$$n = 0.205 \times 3.8416 / 0.0025$$

$$n = 0.787528 / 0.0025, n = 315 \text{ and adding 15\% non-response rate, } n = 360$$

The total required sample size was **360**.

## Sampling Techniques

### Quantitative sampling techniques

To get the required sample size, the study subjects were selected using systematic random sampling among pregnant women attending ANC. Considering average client who came to selected health facilities per day for ANC service is one hundred thirty women (fifty to Gandhi Memorial Hospital, forty to Kolfe and other forty women to Nefas Silk Lafto Sub City Wereda-3 health Centers).

Considering 20 working days for each health facility, the total number of pregnant women attending in each health facilities within a month was  $50 \times 20 = 1000$  for Gandhi,  $40 \times 20 = 800$  for kolfe and Nefas Silk Lafto Sub City Wereda-3 health Centers respectively. Therefore total number of women attending ANC in all health facilities was 2600 clients.

Total sample size was allocated proportionally using stratified sampling technique in each study area using the following formula:

$$n_i = \frac{N_i \times n}{N}$$

**Where  $n_i$** = Total sample size in each health facility

**$N_i$**  = Total Number of pregnant women attending ANC in each health facilities

**$n$** = Total sample size determined in the health facility

**$N$** = Total Number of pregnant women attending ANC in all selected health facilities

Using the above formula total sample size for Gandi hospital is

$$\frac{1000 \times 360}{2600} = 138$$

Total sample size for each - Kolfe health center and Nefas Silk Lafto Sub City Wereda-3 health center is

$$\frac{800 \times 360}{2600} = 111$$

Every other pregnant women coming for ANC in each stratum in the study period and who full fill the inclusion criteria were selected till the desired sample size fulfilled.

### **Data Collection Instrument**

The instrument used to collect data was structured questionnaire which was originally developed in English. The major tool for assessing the experience of Domestic Violence on pregnant women used was WHO a multi country study on women's health and Domestic Violence: core questionnaire and WHO instrument (WHO 2000). It has to be understood that the standard questionnaire was modified as per the requirement that will help the researcher fit to the objectives outlined herein under.

The instrument contains four sections. Section one: socio-demographic characteristics of the women, the next section is dealing on experiences regarding psychological (emotional), physical and sexual violence and section three housing conditions and, and the last section is devoted to other related issues. Based on the above materials, interviewer based structured questionnaire was conducted to the clients anonymously.

### **Measurement and Variables**

#### **a) Assessing socio-demographic characteristics:**

Data on socio-demographic characteristics include age, educational level, and marital status, number of pregnancies, monthly income and life style of her and her partner such as consumption of drugs.

**b) Assessing history of Domestic Violence:**

This section of questions on Domestic Violence explored the respondent's lifetime and current experience of Domestic Violence by intimate partner or any other person in a domestic life. The instrument contains 5 questions for psychological/emotional, 5 for physical, and 3 for sexual violence.

To assess the experience of psychological /emotional violence the interviewer ask the participant whether they had incidence of an insult or making her feel bad; humiliation in front of others; done things to scare or intimidate her on purpose; threatened when she wanted to visit her; threatened to hurt her or someone she cares about.

To assess the experience of physical violence, the questioner inquires whether a current or former partner or any other person in the house had ever slapped her or thrown something at her that could hurt her; hit her with a fist or something else that could hurt; hit her on her abdomen; choked or burnt her on purpose; threatened her with or actually used a gun knife or other weapon against her.

The questions developed for inquiring sexual violence include if the victim was physically forced to have sexual intercourse when she did not want to; if she had sexual intercourse she did not want because she was afraid of what might be done to her; if she was forced sexually in a way she did not approve by anyone in the house.

**c) Assessing house hold conditions:**

The questions developed under this category are; house ownership; number of members in the house; where does she live now after experiencing violence by the perpetrator; and number of children.

**d) Other issues:**

In this section, the women were asked if the pregnancy is desired or not; did she share Domestic Violence if she has faced it; if she did not share, what is her reason; had her reported to the legal system; and if her answer is yes, then what was the response; if she has faced violence both before and after pregnancy, how does she compare the degree of violence before and after pregnancy; if she has been asked about the violence by health care providers or if she took the initiative to inform them about the situation; does she consider a good wife as obedient to her husband in any aspect; what does she think as a good reason for her husband to be violent; and what does she think is the solution to stop violence.

**Variables****Dependent Variable**

- Domestic Violence

**Independent Variable**

- Age, educational status, marital status, socioeconomic status, and parity (number of children).
- Family size, any other person living with the household (mother in law, father in law, or others), undesired pregnancy, and social habits.

**Data Collection Procedure**

For the data collection procedure, support letters from Addis Ababa Health Bureau ethical clearance committee was collected and disseminated to the respective health facilities. Accordingly, self introduction and briefing on the research objective was carried out to facility officials and finally permission was obtained. The data collection instruments were pretested with 17 (5%) pregnant women in other health facility (Gullele Health center) which has similar setting with the study area. Based on the findings, the questionnaires were modified and become ready for use.

Data collection process was taken place from May13 to 24, 2013 in 3 selected health facilities of Addis Ababa city using ten female midwives with diploma and above working at maternal and child health (MCH) department. Besides, for better management of data collection process, one data collector who is working at the study area was recruited in consultation with their immediate supervisors based on their experience and good client relationship.

As the topic requires a good deal of closer attention and care, the researcher was involved in the data collection as a principal investigator in all study areas. In addition one female supervisor with BSC in midwifery was assigned. To assure data quality, the team was oriented for one day regarding the objectives, methods of data collection and other related ethical issues. Finally, the data collection process took place among pregnant women attending antenatal care. All pregnant women were invited to participate in the study while waiting to see a health care provider. Those pregnant women who are not eligible were excluded from the study.

### **Data Quality Assurance**

To ensure data quality, the questionnaire with original English version was translated to Amharic and then back translated into English by another person. Besides, the Amharic questionnaire was compared with WHO Study on Women's Health and Life Events in Ethiopia Amharic version (2002). To further maintain its quality and make the findings comparable with others, the primary tool for assessing the experience of Domestic Violence on pregnant women used was WHO a multi country study on women's health and Domestic Violence: core questionnaire and WHO instrument (WHO 2000). It has to be understood that the standard questionnaire was modified as per the requirement that will help the researcher fit to the objectives.

Before the data collection, questionnaires was pre-tested out of the study area to make sure that the questions are clear and could be understood by the study participants and 5% of pregnant women were requested to respond to this questionnaire. Accordingly, questionnaires were modified and constructive comments were incorporated.

In order to avoid response biases the participant in the pilot study was not included in the main survey. In addition, all completed questionnaires were checked, on a daily basis for completeness, consistency and debriefing sessions was held with the data collectors.

For easy and better understanding, the questionnaires were prepared in local language (Amharic).

### **Conceptual Definitions**

**Psychological or emotional violence:** includes physical intimidation, threats of abandonment, uttering, humiliating things (insulting) confinement to home and withholding money (Tegbar, 2004).

**Physical violence (beating):** any form of violent act which can result in physical harm including slapping, punching, kicking, beating with any object, twisting the arms, strangulation, using a knife or a gun against a woman (Tegbar, 2004).

**Sexual Violence:** is defined as acts that are done on a girl by intentional use of physical force or power, intimidation or threatening (making to fear) to have sex or to engage in acts of sex without the consent of the girl. It includes completed rape, attempted rape (this includes both marital rape and non-marital rape) and sexual harassment (Heise & Ellsberg, 1999).

**Primary/ intimate partner:** husband or regular male partner of woman. It also includes male family members like uncle, step father and any family who live under the same roof with the victim

**Unintended pregnancy:** pregnancy that is either mistimed or unwanted (Askew, 2006).

**Still birth:** is a birth after the 28<sup>th</sup> weeks of pregnancy in which the fetus do not breathe or show any sign of life after being completely expelled from the mother (Fraser, 2009).

**Abortion:** the termination of pregnancy less than 28 weeks of gestation (Fraser, 2009).

### **Operational Definitions**

**Domestic Violence:** A study participants who responds at least one **YES** response for the Likert Scale (sometimes, usually, and always) among thirteen items (five item for Psychological/emotional, five for physical, and three items for sexual) qualifies the respondent for being faced with any form of Domestic Violence

**Pregnancy:** when there is a growing fetus in a woman's body at the time of data collection.

**Gender-based violence:** refers to any act of gender-based violence that result in, or is likely to result in physical, sexual or psychological harm or suffering to women by her partner until the data collection periods.

**Psychological or emotional violence:** at least one **YES** response for the Likert Scale (sometimes, usually, and always) among five items qualifies the respondent for being faced with **psychological/ emotional** violence.

**Physical violence (beating):** at least one **YES** response for the Likert Scale (sometimes, usually, and always) among five items qualifies the respondent for being faced with physical violence.

**Sexual Violence:** at least one **YES** response for the Likert Scale (sometimes, usually, and always) among three items qualifies the respondent for being faced with sexual violence.

### **Data Analysis Procedure**

Data was entered, coded and cleared using computer software Epiinfo version 3.5.1 Statistical software package, and then translated in to SPSS version 20.0 Statistical Packages.

Descriptive analysis was done for each variable in the study by running frequencies. Prevalence of Psychological (emotional), physical or/and sexual violence was determined (estimated) by running frequencies with their 95% Confidence Interval (CI) estimates. The association and significance between violence and response variables was measured using chi square tests, *p*-values and 95% CI. To analyze significant difference among the responses, the *p* -value with  $> 0.05$  was taken as “no significant difference” and the *p* -value with  $< 0.05$  was considered as a sign of “significant difference” between violence and response variables. Further analysis was done using multivariate analysis to suppress confounding effect of other variables. In addition, data was analyzed using tables, graphs, and figures.

### **Ethical Consideration**

To ensure human subject, support letter for the research work was obtained from Addis Ababa University Faculty of Social Science, School of Social Work. Support letter obtained from School of Social Work was submitted to Addis Ababa Administration Health Bureau Ethical Clearance Committee. Finally, Addis Ababa Administration Health Bureau issued a support letter to the selected Health facilities that enable the researcher to commence the data collection process. Besides, informed consent which is free power of choice without undue force, fraud, and coercion was obtained from every study participant. The respondents who participated in the study were provided with information about the proposed research project verbally which was followed by their written consent for interview. Awareness on the significant of the study was given to the participants, emphasizing the importance of their input to successfully complete the study. Respondents were also briefed that their participation is on voluntary bases. The study participants were also informed that they are liberty to withdraw from the study at any time if they feel uncomfortable. Finally, understanding their role in the study process, the participant has signed by giving their

consent to take part in the study process. Names were not used in the questionnaire and instead the participants were identified by codes. Besides, privacy was maintained by interviewing the interviewee alone.

To clearly understand the proposed research proposal, written informed consent was developed and prepared in clear and simple local language and used during data collection process.

## CHAPTER FOUR: RESULT

In this cross sectional facility based study among pregnant women, a total 360 respondents participated in all three health facilities and among the sample size included, about 12 (3.3 %) dropped out due to incompleteness and inconsistency of the data.

### **Socio Demographic Characteristic**

Total number of respondents participated in all three health facilities were 360. The sample size from each health facility is proportional to the number of client load in each health facility. Mean age of the respondents is 26.787 and those of their partners are 32.78. The age distribution of the majority of respondents 211 (60.6%) is within the range of 25 -34 years. Respondents younger than 25years were 109(31.3%) and older than 34years were only 8% of the total respondents. On the other hand, age distribution of the majority (87.3%) of male partners was within the range of 25 – 44 years. Religious denomination of respondents includes all major religions of the country- Orthodox Christians (62.95%), Muslims (23%), Catholics (2.3%) and Protestant Christianity (11.5%). Among all respondents 320 (92.5%) are married, 18 (5.2%) are unmarried and 10 (2.9%) are divorced, separated or widowed.

Educational level of the respondents is up to high school level except 60(17.2%) who have above high school level and 56(16.1%) has no basic education, but the majority of respondents have 82(23.6%) and 150(43.1%) have educational level of grade 1-6 and grade 7-12 respectively. Regarding educational status of partners, about 22(6.3%) had no any kind of formal education and the majority 64(18.4%) and 171(49.1%) were with an educational level of grade 1-6 and grade 7-12 respectively. Whereas 91 (26.1%) of the partners were above grade 7. Compared to male partners, illiteracy level is higher by 9.8% on female partners. Regarding employment or occupational status of the respondents 204(58.6%) were

economically dependent on their partners or were unemployed, 134(38.5%) are employed, and 10 (2.9%) are students. On the other side their male partners 344(98.9%) are employed.

Income distribution of respondents is much lesser than their partners. Monthly income of thirty one (8.9%) respondents were less than 699 birr and 107(30.7%) of the respondents were 700birr and above. The study reveals 75(21.6%) of female partners do not know their male partners monthly income and 4(1.1%) of female respondents do not know the estimated amount of their own monthly income.

The duration of marital relation was up to one year for 70 (20.1%) and 278 (79.9%) were lived more than a year (*Table 1*).

**Table 1**  
*Socio Demographic Characteristics of Pregnant Women Attending Antenatal Care in Selected Health Facilities, Addis Ababa, Ethiopia, May 28, 2013*

Characteristics	Frequency	Percent	
<b>Age</b>	15-24	109	31.3
	25-34	211	60.6
	35-44	28	8.0
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Religion</b>	Orthodox	219	62.9
	Muslim	80	23.0
	Catholic	8	2.3
	Protestant	40	11.5
	Others	1	.3
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Marital Status</b>	Never Married	18	5.2
	Married	320	92.0
	Divorced	3	.9
	Separated	6	1.7
	Widowed	1	.3
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Educational Status</b>	No Education	56	16.1
	Grade 1-6	82	23.6
	Grade 7-12	150	43.1
	Above 12	60	17.2
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Occupation</b>	Unemployed	204	58.6
	Employed	134	38.5
	Student	10	2.9
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Estimated Monthly Income</b>	No income	206	59.2
	<699	31	8.9
	≥700	107	30.7
	Not know	4	1.1
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Duration of Relation</b>	Less than a year	70	20.1
	More than a year	278	79.9
	<b>Total</b>	<b>348</b>	<b>100.0</b>

Source: Researcher's Compilation

**Table 2**  
*Socio demographic characteristics of partner in selected health facilities, Addis Ababa, May 28, 2013*

<b>Characteristics</b>	<b>Frequency</b>	<b>Percent</b>	
<b>Age</b>	15-24	26	7.5
	25-34	187	53.7
	35-44	117	33.6
	45-54	18	5.2
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Educational Status</b>	No Education	22	6.3
	Grade 1-6	64	18.4
	Grade 7-12	171	49.1
	Above 12	91	26.1
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Occupation</b>	Unemployed	1	.3
	Employed	344	98.9
	Student	3	.9
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Estimated Monthly Income</b>	No income	2	.6
	<699	20	5.7
	≥700	251	72.1
	Not know	75	21.6
	<b>Total</b>	<b>348</b>	<b>100.0</b>

Source: Researcher's Compilation

### Household Variables

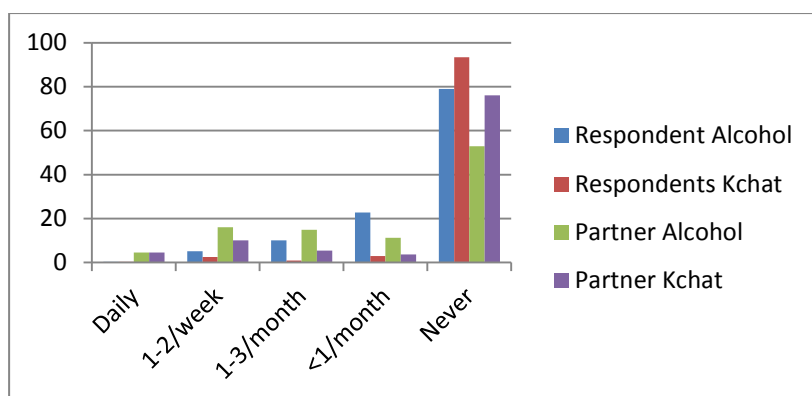
The majority of the study groups 60.9% live in a rented house and 27% have their own house. The remaining proportions 11.2% of the respondents live either with their family or in partner's family house. According to the study, the number of people living in a house varies from 1-6. The family size of 54% of respondents ranges from 1-3 and 34.2% had a family size ranging from 4-5 people and only 11.8% of the respondents have a larger family exceeding 6 and above. Despite the occurrence of violence most of the respondents 93.7% resides in the house they were victimized, but 6.3% evacuate their house and live with either friends, relatives and/or with other individuals. Average family size in the study group is

0.889±1.089. Families having no child accounts 46.8% and 52.3% have 1 -3 Children, but only 9% of respondents have more than 5 children.

### **Behavioral Pattern/Social Habits of the Respondents**

Extra marital relation is not common among the respondents, only 1.7% of respondents have witnessed their own extra marital relation and 3.2% respondents know their partners extra marital relations. The reaction to this sort of events 84.8 % of respondents takes no action.

Drinking habit is not predominant among the respondents and majority of the respondents 214(61.5%) have never consumed alcohol. Only 1(0.3%) of women and 16(4.6%) of male partners have daily drinking habit. Monthly consumption of alcohol among respondents were 79 (22.7%) and 35(10.1%) were consuming from 1-3 times monthly. Daily alcohol consumers among respondents were only 1(.3%) while 18(5.2%) consume 1-2 times/week. Consumption of kchat/Qat (a mildly stimulant shrub) among respondents are lesser compared to their partners. Comparing 325 (93.4%) of the respondent's against 265(76.1 %) their partners have never used. The daily consumers of kchat/Qat among respondents are 1(0.3%) and their partners are 16(4.6%). Once or biweekly consumers are only 3(0.9%), that of their partners is 35(10.1%) and 1 -3 times monthly consumers are 1(0.9) against 19(5.5%) of their partners.



**Figure 2.** *Some social habits of the study participants and her partner attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013*

**Table 3**  
*Some social habits of the study participants and her partner attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013*

Habits	Frequency	Percent
<b>Respondent's drinking habit</b>	Daily	.3
	1-2 times/wk	5.2
	1-3 times/month	10.1
	< 1 times/month	22.7
	Never used	61.5
	Others	.3
	<b>Total</b>	<b>348</b>
<b>Respondent's chewing kchat and smoking habit</b>	Daily	.3
	1-2 times/wk	2.6
	1-3 times/month	.9
	< 1 times/month	2.9
	Never used	93.4
	<b>Total</b>	<b>348</b>
<b>Partner's drinking habit</b>	Daily	4.6
	1-2 times/wk	16.1
	1-3 times/month	14.9
	< 1 times/month	11.5
	Never used	52.9
	<b>Total</b>	<b>348</b>
<b>Partner's chewing kchat and smoking habit</b>	Daily	4.6
	1-2 times/wk	10.1
	1-3 times/month	5.5
	< 1 times/month	3.7
	Never used	76.1
	<b>Total</b>	<b>348</b>

Source: Researcher's Compilation

## Reproductive History

According to the study findings, the average number of children born by respondents is 1.15+1.979. This study reveals that 185 (53.2%) of respondents are with parity in the category of 2 – 4 births. The majority 163 (46.8%) of respondents had not given any birth (nullipara). While 153 (44%) had only one child, 185 (53.2%) had two children and the remaining 10 (2.9%) had five or more children. With respect to current pregnancy, 27 (7.8%) on their 1<sup>st</sup> trimester (less than 14 weeks), 98(28.2%) on their 2<sup>nd</sup> trimester (14-28 weeks), 191 (54.9%) were on their 3<sup>rd</sup> trimester or greater than 28wks of pregnancy, and only 32 (9.2%) claimed that they do not know their gestational age (*Table 4*).

**Table 4**  
*Reproductive characteristics of pregnant women attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013*

Characteristics	Frequency	Percent	
<b>Gravidity</b>	1 <sup>st</sup> pregnancy	153	44.0
	2-4 pregnancies	185	53.2
	5 or more pregnancies	10	2.9
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Parity</b>	No child	163	46.8
	Only 1 child	102	29.3
	2-4 children	80	23.0
	5 and more	3	.9
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>GA in weeks</b>	Unknown GA	32	9.2
	1 <sup>st</sup> trimester (1-14wks)	27	7.8
	2 <sup>nd</sup> trimester(15-28wks)	98	28.2
	3 <sup>rd</sup> trimester(≥28wks)	191	54.9
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Undesired pregnancy</b>	Yes	104	29.9
	No	244	70.1
	<b>Total</b>	<b>348</b>	<b>100.0</b>

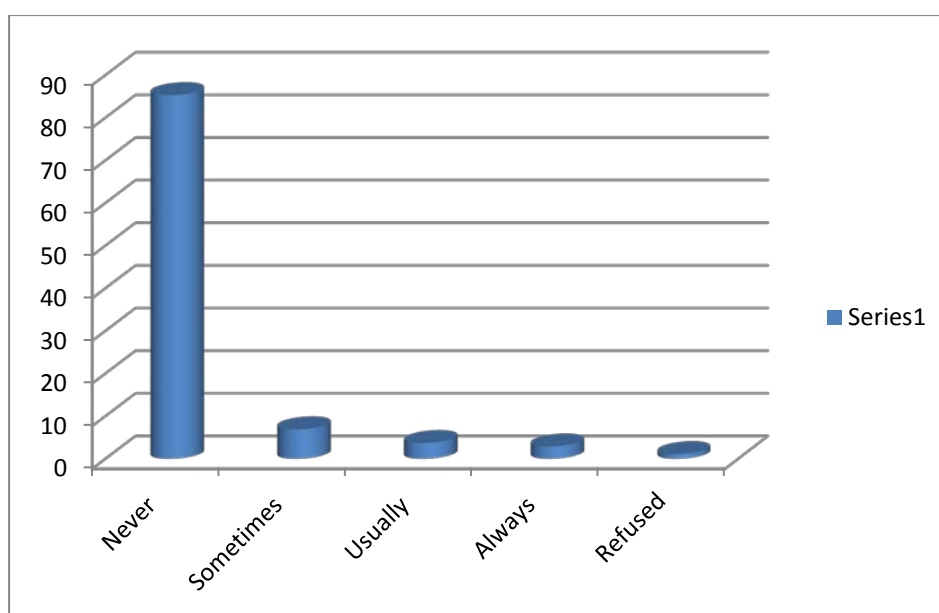
Source: Researcher's Compilation

### Psychological/Emotional Violence

Most of verbal violence relates to insult, belittling or humiliating in front of other people and intimidation. Among respondents from 83% - 86.8% have never been insulted or humiliated in front of other people, but 13.2 – 16% have experienced verbal violence during their current pregnancy. Respondents of this study reported that 12.3 % were intimidated on purpose or threatened when intended to visit friends or relatives. The remaining 4% of respondent have also threatened by their partners or threatened to hurt their loved one.

### Physical Violence/Battering

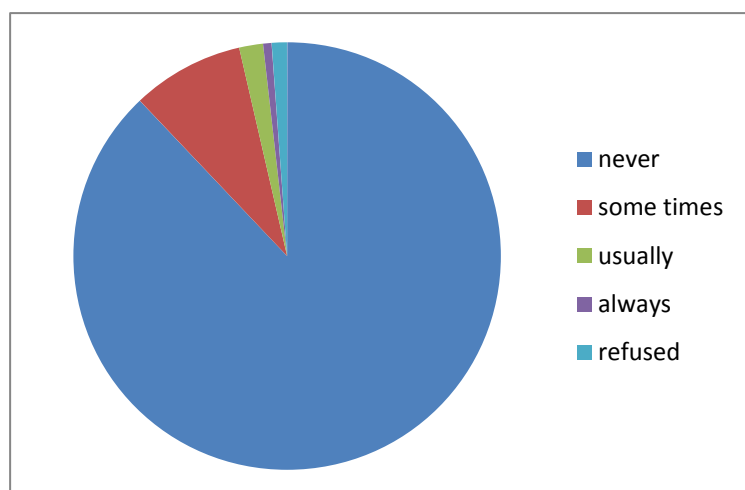
Data collected from all the three health facilities indicate that 297(85.3%) of respondents have never faced any form of physical violence during their current pregnancy. The data indicate that pregnant women who have occasionally battered were 24 (6.9%) while those who have usually faced are 13(3.7%). among respondent 10(2.9%) faced violence always and 4(1.1%) have refused to disclose.



**Figure 3.** Occurrence of current physical violence among pregnant women attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013

## Sexual Violence

During their current pregnancy 83.3% -87.6% of respondents have never faced forced sexual relation with their partners, never have sex in fear of consequential physical violence or never had sex by being persuaded seduction by their partners. 8 -10.1 % of respondents have faced sexual violence some times by force; fear of consequential physical violence and by unwanted seduction of partners. 0.6 – 2.9% have usually or always they face sexual violence during their current pregnancy.



**Figure 4. Response of respondents in the occurrence of sexual violence among pregnant women attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013**

The study findings reveals that 93(26.7%) have experienced violence in one or another form while 255(73.3%) have never experienced violence. Among victims of violence, only 21(6%) have shared the violence incident to others. 51(14.7%) of violence victims feel ashamed and only 26(7.5%) were not ashamed. According to this study, 32(9.2%) of victims of violence could not share their experience because of fear of the consequence or fear of the perpetrators (Table-5).

**Table 5**

*Distribution of some opinions about not sharing incidences of violence among pregnant women attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013*

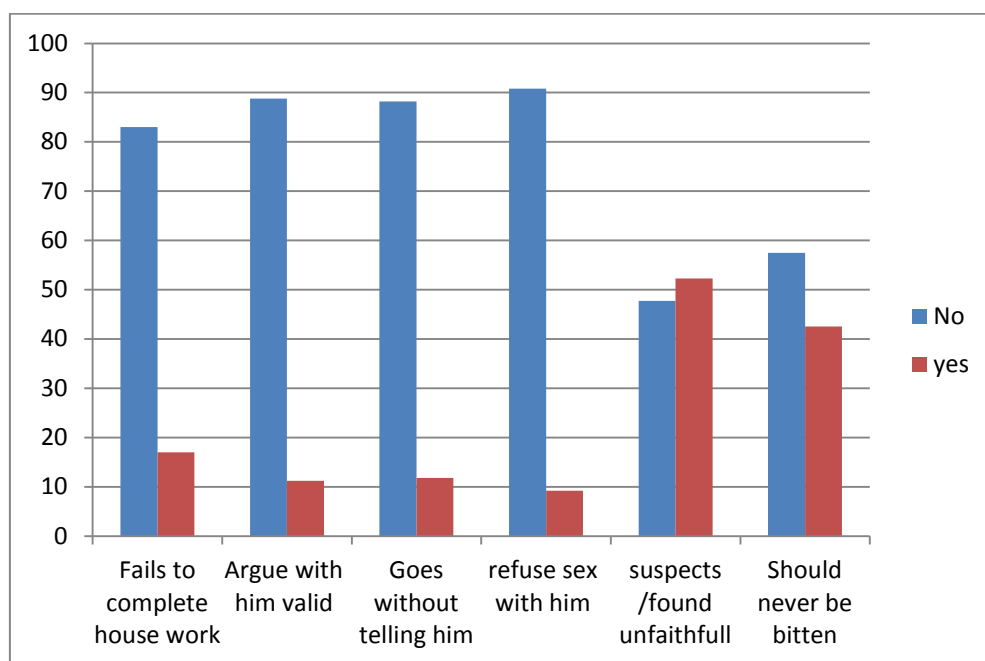
Characteristics		Frequency	Percent
Do you face incidence of violence?	Yes	93	26.7
	No	255	73.3
	<b>Total</b>	<b>348</b>	<b>100.0</b>
		252	72.4
Sharing of incidence of violence to others	Yes	21	6.0
	No	75	21.6
	<b>Total</b>	<b>348</b>	<b>100.0</b>
Reasons for not sharing		Frequency	Percent
		271	77.9
Feeling of shame	Yes	51	14.7
	No	26	7.5
	<b>Total</b>	<b>348</b>	<b>100.0</b>
		271	77.9
Afraid of consequences	Yes	16	4.6
	No	61	17.5
	<b>Total</b>	<b>348</b>	<b>100.0</b>
		271	77.9
Afraid of perpetrators	Yes	16	4.6
	No	61	17.5
	<b>Total</b>	<b>348</b>	<b>100.0</b>
		280	80.5
Afraid of public reaction	Yes	19	5.5
	No	49	14.1
	<b>Total</b>	<b>348</b>	<b>100.0</b>
		272	78.2
Other reasons	Yes	13	3.73
	No	63	18.1
	<b>Total</b>	<b>348</b>	<b>100.0</b>

Source: Researcher's Compilation

### Attitudes of Respondents Towards Violence

The attitudes of respondents towards violence were well addressed in this study. The findings indicate that to limited extent cultural and religious norms is supporting men's violent act against women. Supporting this idea, larger proportion of the women themselves

took physical violence to be an acceptable phenomenon. According to the findings of this study, 59(17.1%) of the respondents have justified man in hitting his wife or partner if a women fails to accomplish her housework. While 39(11.2%) of respondents were in favor violence if a women argues with her partner. Furthermore, 41(11.8%) of respondents accepted violence if a women goes without telling her partner and 32(9.2%) are also in favor if she refuses sex even if she is not intended to have sex, and majority 182 (52%) of the respondents opinion in the event of unfaithfulness of a women have also accepted violence, but the remaining 148 (42.5%) of the respondents did never accept any form of violent act as shown in Figure 5.



**Figure 5. Attitude of Respondents towards violence among pregnant women attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013**

As shown in table-6 below, half 141 (40.5%) and 36(10.3%) of respondents agree and strongly agree respectively with the opinion that favors “obedience of women to her husband even if she disagrees with his opinion”, the rest 142(40.8%) and 27(7.8%) disagree and strongly disagree to the same opinion and 107(30.8%) of respondents accept and the

remaining 240(69%) denied the opinion that favors importance of showing a wife “who is the boss in the family”.

**Table 6**

*Distribution of some opinions about family relations among pregnant women attending antenatal care in selected health facilities, Addis Ababa, May 28, 2013*

Characteristics		Frequency	Percent
<b>Women should be Obedient to husband</b>	Agree	141	40.5
	Strongly Agree	36	10.3
	Disagree	142	40.8
	Strongly Disagree	27	7.8
	No response	2	.6
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Men should Show his wife who is the Boss in the family</b>	Agree	82	23.6
	Strongly Agree	25	7.2
	Disagree	193	55.5
	Strongly Disagree	47	13.5
	No response	1	.3
	<b>Total</b>	<b>348</b>	<b>100.0</b>

Source: Researcher's Compilation

Table 7 depicts response of the participants on their relations with the health professionals. According to this research majority of the respondents 335(96.3%) were not asked by healthcare provider about their experience of violence during their antenatal visit and only 13(3.7%) of the women were asked while only 4(1.1%) of the respondents explained about their experience on violence to health professionals.

**Table 7**

*Response of participants to health professionals during their antenatal visit on their experience of violence, Addis Ababa, May 28, 2013*

Characteristics		Frequency	Percent
<b>Have you asked by healthcare provider about violence during pregnancy?</b>	Yes	13	3.7
	No	335	96.3
	<b>Total</b>	<b>348</b>	<b>100.0</b>
<b>Have you told to healthcare provider about violence during pregnancy?</b>	Yes	4	1.1
	No	344	98.9
	<b>Total</b>	<b>348</b>	<b>100.0</b>

Source: Researcher's Compilation

**Table 8**

*Association on factors affecting Domestic Violence among pregnant women attending antenatal care at selected health facilities, Addis Ababa, May 28, 2013*

Variables	Violence during pregnancy		X <sup>2</sup>	(P-Value)	
	No	Yes			
Age	15-24	74(67.9%)	35(32.1%)	2.186	0.335
	25-34	149(70.6%)	62(29.4%)		
	35-44	23(82.1%)	5(17.9%)		
Monthly Income (Respondent's)	No income	140(68.0%)	66(32.0%)	3.092	0.385
	<699	23(74.2%)	8(25.8%)		
	≥ 700	79(73.8%)	28(26.2%)		
	Not know	4(100%)	0(0%)		
Undesired Pregnancy	Yes	55(52.9%)	49(47.1%)	22.695	.000***
	No	191(78.3%)	53(21.7%)		
Drinking Habit (Partner)	Daily	1(6.2%)	15(93.8%)	44.048	.000***
	1-2times/week	32(57.1%)	24(42.9%)		
	1-3times/month	37(71.2%)	15(28.8%)		
	< 1times/month	30(75.0%)	10(25.0%)		
	Never	146(79.3%)	38(20.7%)		
Kchat, Smoking Habit(Partner)	Daily	6(37.5%)	10(62.5%)	15.594	.004
	1-2times/week	19(54.3%)	16(45.7%)		
	1-3times/month	13(68.4%)	6(31.6%)		
	< 1times/month	9(69.2%)	4(30.8)		
	Never	199(75.1%)	66(24.9%)		

Source: Researcher's Compilation

**Table 9**

*Binary logistic regression analysis of factors affecting Domestic Violence among pregnant women attending antenatal care at selected health facilities, Addis Ababa, May 28, 2013*

Characteristics	Violence during pregnancy		Crude OR(95%CI)	Adjusted OR(95%CI)	
	No	Yes			
Age	15-24	74(67.9%)	35(32.1%)	2.176(.673-6.201)	
	25-34	149(70.6%)	62(29.4%)	1.914(.696- 5.263)	
	35-44	23(82.1%)	5(17.9%)	1.00	
Educational Status	No Education	36(64.3%)	20(35.7%)	1.202(.565-2.555)	
	Grade1-6	55(67.1%)	27(32.9%)	.963(.478-1.939)	
	Grade 7-12	116(77.3%)	34(22.7%)	.630(.330-1.202)	
	Above 12	39(65.0%)	21(35.0%)	1.00	
Monthly Income	No income	140(68.0%)	66(32.0%)	1.00	
	<699	23(74.2%)	8(25.8%)	.738(.313-1.737)	
	≥700	79(73.8%)	28(26.2%)	.752(.447-1.266)	
	Not know	4 (100.0%)	0(0.0%)	.752(.447-1.266)	
Undesired pregnancy	Yes	55(52.9%)	49 (47.1%)	3.211(1.965-245)***	2.882(1.693-4.903)***
	No	191(78.3%)	53(21.7%)	1.00	
Partners Alcohol consumption (drinking habit)	Daily	1(6.2%)	15(93.8%)	57.632(7.379-450.132)***	44.661(5.477-364.189)***
	1-2times/week	32(57.1%)	24(42.9%)	2.882(1.522-5.456)***	2.594(1.321-5.096)**
	1-3times/month	37(71.2%)	15(28.8%)	1.558(.775-3.131)**	1.763(.848-3.666)
	<1 times/month	30(75.0%)	10(25.0%)	1.281(.576-2.850)	1.245(.537-2.885)
	Never	146(79.3%)	38(20.7%)	1.00	1.00
Partners Kchat consumption	Daily	6(37.5%)	10(62.5%)	5.025(1.759-14.356)	3.170(.949-10.595)
	1-2times/week	19(54.3%)	16(45.7%)	2.539(1.235-5.221)	2.113(.939-4.755)
	1-3times/month	13(68.4%)	6(31.6%)	1.392(.509-3.808)	1.576(.504-4.931)
	<1 times/month	9(69.2%)	4(30.8%)	1.340(.400-4.495)	.964(.248-3.749)
	Never	199(75.1%)	66(24.9%)	1.00	1.00

Statistically significant, \*P-value<0.05, \*\*P<0.01, \*\*\*P<0.001

## CHAPTER FIVE: DISCUSSION

### Prevalence of Violence

A total of 360 pregnant women attending antenatal clinics at selected three health facilities were asked about their experience in life time and current pregnancy of physical, sexual and psychological violence. The prevalence of ever-experienced Domestic Violence in life time in this study is 109 (31.3%) and 102 (29.3%) during current pregnancy by their partners or cohabitates. Among these women, 90(25.9%) have experienced psychological violence, 61(17.5%) experienced physical violence and 73(21%) have experienced sexual violence in their life time by their partners or cohabitates. Participants were also asked of their experience on violence during their current pregnancy and the findings showed that 75 (21.6%) experienced psychological, 51(14.7%) physical and 73 (21%) sexual violence.

The prevalence of ever-experienced Domestic Violence in life time in this study is 109 (31.3%) and 102 (29.3%) during current pregnancy by their partners or cohabitates which is comparable to the study conducted among pregnant women in Kwazulu Natal, South Africa with prevalence 31% which might be due to similar methodology employed (Hoque ME, Hoque, & Kader, 2009).

The prevalence of violence during pregnancy in one form or another form in age group 15 – 24, 24-34 and 34-44 is 32.1%, 29.4% and 17.9% respectively. The multivariate analysis of encountering violence showed that the probability of violence is higher in age group 15-24 compared to age group greater than 24 with an OR 2.176 (.673-6.201), but show no association with any form of violence during pregnancy. The prevalence of psychological, physical, and sexual violence in this study is 25.9%, 17.5%, and 21% in the lifetime of women and 21.6%, 14.7%, and 21% during their current pregnancy respectively

The findings of this study during current pregnancy with respect to psychological, physical, and sexual violence comparable to the study conducted in Malawi which is psychological (28.1%) physical (13.6%) and sexual (28.9%) . Physical violence in Malawi is similar to this study context owing to methodology employed but psychological and sexual violence lower to that of Malawi this difference might be due to the fact that DV is culturally viewed as inevitable and a private matter even among legitimately married couples.

The finding of this research on prevalence of experiencing violence in lifetime was found to be lower than previous studies done in Butajira in 2003, which showed 49% and 59% of physical and sexual violence respectively. In Butajira, the study was community based with study population of women in their reproductive age groups (15-49years) with 10% pregnant women. The low prevalence found in this study compared to the study conducted in Butajira might be due to the difference in urban and rural life style which is directly associated to the study population, socioeconomic, socio cultural and societal perspectives and contexts and other factors. Besides, there could be selection bias in facility-based study.

The findings of this study indicate that the prevalence of violence with respect to age, educational status, and monthly income have no association with Domestic Violence, but its occurrence among those who have no education is the highest (35.7%) compared to those respondents who have formal education contrary to the study conducted in Meskan and Mareko district in south central Ethiopia by Yegomaworke in 2003 showed that age, educational status and monthly income consistently been associated with partner violence. The multivariate analysis showed with educational level up to grade 6, 7-12 and above 12 grade are [Crudes OR 1.202(0.565-2.555, 0.963(0.478 – 1.939and 0.630 (0.333 – 1.939)], respectively has no association with violence.

In other parameter of this study regarding employment or occupational status, of the respondents 214(61.5) were unemployed comparably low to the study conducted in Malawi that 98.6% were unemployed but employment rate in this study is high compared to study in Malawi (Chasweka et al., 2012). This might be due to the recently adopted micro finance enterprises implemented in the study area.

High unemployment rate in this study might be owing to the fact that almost 2.9 % of the respondents were students and from the cultural point of view women in the study area were economically dependent on their partners.

### **Factors Associated with Domestic Violence**

Undesired pregnancy is significantly associated with violence [Crude OR= 3.211(1.965-5.245) and Adjusted OR (95%CI) = 2.882(1.693-4.903) P-value=0 .000]. Women who have undesired pregnancy before and after adjusting confounding variables three times more likely to be domestically violated compared to women with desired pregnancy during their current pregnancy. This is consistent with the study made in Palestinian Refugees that odds of abuse during pregnancy for women whose husbands did not desire their pregnancy were 3.80 (95% CI 1.5-9.7) and other considerable literature supports this association. One possible reason for this association is that women who experience violence and undesired pregnancy live in an environment of patriarchy and male dominance and this might be linked to forced intercourse and women who reported physical violence had an increased rate of undesired pregnancy (Hammoury, 2000).

Regarding alcohol consumption, before adjusting confounding variables, individuals with partner's alcohol consumption on a daily basis is 57 times more likely exposed to violence than never consumed. After adjusting confounding variables, partner alcohol consumption on a daily basis is 44 times more likely to be exposed to violence than never

consumed. The possible reason for high alcohol consumption in this study might be due to the fact that alcohol consumption is a means used to relieve stress.

According to the findings, attitude and perception of respondents is dominated by the prevailing cultural norms and societal perspectives that support men's act of violence. In this respect, the study pointed out that majority of the respondents 57.5% are accepting and justified men's violent act in the event of unfaithfulness, failing to complete house work and refusal of men's request for sex.

In General, Domestic Violence is perceived to be a private matter between husband and wife and should not be disclosed to others or discussed openly. In line with this cultural norms, among victims of violence 75 (21.6%) never shared and only 21(6%) shared incidence of violence to others. Moreover it is only 4 (1.1) % of pregnant women were disclosed their experience of violence to the health care provider. This was supported by other researchers as the 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 Haji K. (2004).

This study tried to assess the existing practice of the health professionals on screening practice for incidence of violence. On the course of the study, direct beneficiaries "pregnant women" were asked whether the health professionals were asked them about incidence of violence during their ante natal period. Majority of the respondents 335(96.3%) were never asked and only 13(3.7%) were asked by health care providers whether they were violated or not. Details are given in the table 7.

## CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

### Conclusion

Total number of respondents involved in this study is 360 pregnant women attending ante natal care in three health facilities in Addis Ababa. The effect of violence was assessed in all forms vis-à-vis emotional or psychological, physical and sexual. The respondents have faced all these forms of violence in different proportion. The study findings indicate that prevalence of violence is not significantly associated with income distribution, age, religion and educational status; but it is highly associated and statistically significant in a woman with undesired pregnancy and among those women of their partners who consume alcohol and kchat/Qat. Such conditions might be addressed and early detected in ANC so that the victims are given appropriate counseling.

Relationship between violence and antenatal care explained as women who experienced physical violence during pregnancy were less likely to receive prenatal care, and less likely to receive a home-visit from a health worker for a prenatal check-up, (Koski, Stephenson, & Koenig, 2011).

### Recommendations

1. Since perpetrators of all forms of violence are male partners, it is of paramount importance to create awareness about violence against women via social interaction groups like “Idir” and through formal/informal education.

2. Holistic and concerted effort from every sector of the society is crucial:

- **Family**

- Role model – witnessing violence as a child have some impact on the child.

- **Community**
  - Community mobilization through social interaction groups like “Idir”, “Mahiber”,
  - Widening of social networks,
  - Male participation and women empowerment,
- **Health institutions**
  - Available and accessible family planning services,
  - Health care providers should be alert by observing evidences of violence,
  - Training for health professionals on screening, management, and documentation of victim of abuse.
  - Appropriate referral, provision of holistic and client entered services.
- **Policy implementation**
  - Policy,
  - Laws and well organized legal systems,
  - Timely and appropriate protection.

3. Other major intervention area should be **breaking the culture of silence** so that the victim of violence can look for help.

### **Social Work Implications**

One of the major contributions of this study, from the social work perspective is addressing the fundamental principles of social work “human right and social justice” as Domestic Violence is violation of human rights. Besides, women are among the vulnerable, oppressed, and disadvantaged segment of the society and this research work pave the way to address and promote social justice and social change among individuals, families,

organizations, and communities. Other contribution of the study is as family is the basic unit of the society and the beginning of socialization; it will create public awareness and contribute for problem solving, women empowerment and social change. Besides, the data can be used as a base line assessment for future studies and interventions.

The study revealed that even though some factors such as educational and economic factors are not significant, they might be directly or indirectly contribute to violence and it could be difficult to demarcate the cause and effect relationship as many factors contribute for the violence. Hence, as a social worker, applications to social work theory and practice on theoretical models such as systems theory and ecological model based intervention for Domestic Violence will best suit. Providing bio-psychosocial and spiritual aspects of client should be viewed at micro, mezzo, and macro level is quite vital.

### **Limitations**

Due to cultural and religious reasons, during data collection some women were reluctant to disclose their experience even if they were abused in their domestic life. Domestic Violence in its nature is a sensitive issue that is alleged to be a private matter between husband and wife. Apart from the above, confidentiality of the issue is primary concern of the victims and the society as whole.

It has to be kept in mind that cultural influence is the basic cause for existence of Domestic Violence. Given that culture is relative and may have a varying degree of influence from place to place, the data collected at Addis Ababa may not represent the violence that are committed in the rural part of Ethiopia.

Other limitation during the data collection was suspension of all medical service for two consecutive days in one of the study area, Nefas Silk Lafto Sub City Wereda-3 Health

Center for meningitis immunization program which was conducted by the health professionals out of the health center had interrupted the data collection process.

Another limitation is related to the sample of pregnant women seeking ANC in public health facilities and may not be representative all other pregnant women including women in the community who doesn't have access to visit health facility and those pregnant women following ANC at private clinics and hospitals were not included in the study.

To obtain data on cultural and societal factors, further qualitative studies using in-depth interviews among victims of violence and their intimate partner are recommended.

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## Annexes

### Annex 1: English Questionnaire

#### Section 1: Socio-demographic Characteristics

Code No \_\_\_\_\_

No Q	Questions	Answers/ choices for respondent
101	How old are you on your last birthday?	_____ years
102	How old is your Partner?	_____ years
103	What is your religion?	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 8. Others( specify) -----
104	marital status	1. Never married 2. Married 3. Divorced 4. Separated 5. widowed
105	How many pregnancies do you have?  (number of total pregnancies)	_____ pregnancy/pregnancies
106	What is your gestational week?	_____ weeks  99. I don't know

107	What is your educational level?  (number of years in education)	<ol style="list-style-type: none"> <li>1. No education</li> <li>2. Primary school(Grade 1-6)</li> <li>3. Secondary (Grade 7-12)</li> <li>4. More than secondary(Abovegrade12)</li> </ol>
108	What is your Partner's educational level?  (number of years in education)	<ol style="list-style-type: none"> <li>1. No education</li> <li>2. Primary school(Grade 1-6)</li> <li>3. Secondary (Grade 7-12)</li> <li>4. More than secondary(Abovegrade12)</li> </ol>
109	Are you currently employed?	<ol style="list-style-type: none"> <li>1. Unemployed</li> <li>2. employed</li> <li>3. Student</li> <li>4. Retired</li> </ol>
110	Is your partner currently employed?	<ol style="list-style-type: none"> <li>1. Unemployed</li> <li>2. employed</li> <li>3. Student</li> <li>4. Retired</li> </ol>
111	What is your monthly income? (In birr)	<ol style="list-style-type: none"> <li>1. _____ETB</li> <li>8. Others( specify) -----</li> </ol>
112	What is your partner's monthly income?	<ol style="list-style-type: none"> <li>_____ETB</li> <li>8. Others( specify) -----</li> </ol>
113	How long did you live in marital  relationship with your boyfriend / husband	_____years

114	<p>How frequently do you drink alcoholic beverages like Areke, Tella, and Tej?</p> <p>If yes how often per month or per week</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Daily</li> <li>3. 1-2 times/ week</li> <li>4. 1-3 times / month</li> <li>5. less than 1 one times in a month</li> <li>7. Refused/ no answer</li> <li>8. Others( specify) -----</li> </ol>
115	<p>How frequently do you chew Kchat/Qat?</p> <p>If yes how often per month or per week</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Daily</li> <li>3. 1-2 times/ week</li> <li>4. 1-3 times / month</li> <li>5. less than 1 one times in a month</li> <li>7. Refused/ no answer</li> <li>8. Others( specify) -----</li> </ol>
116	<p>How frequently do your partner drink alcoholic beverages like Areke, Tella, and Tej? If yes how often per month or per week</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Daily</li> <li>3. 1-2 times/ week</li> <li>4. 1-3 times / month</li> <li>5. less than 1 one times in a month</li> <li>7. Refused/ no answer</li> <li>8. Others( specify) -----</li> </ol>

117	<p>How frequently do your partner chew Kchat/Qat?</p> <p>If yes how often per month or per week</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Daily</li> <li>3. 1-2 times/ week</li> <li>4. 1-3 times / month</li> <li>5. less than 1 one times in a month</li> <li>7. Refused/ no answer</li> <li>8. Others( specify) -----</li> </ol>
118	<p>Do you have more than one sexual partner?</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
119	<p>Do you think your partner has extra marital relations?</p>	<ol style="list-style-type: none"> <li>3. Yes</li> <li>4. No</li> <li>99. I don't know</li> </ol>
120	<p>If Yes, to Q 119 What was your response?</p>	<ol style="list-style-type: none"> <li>1. Did nothing</li> <li>2. Discuss with him</li> <li>3. Yelling</li> <li>4. Run away</li> <li>5. Fight back</li> <li>7. Refused/ no answer</li> <li>8. Others( specify) -----</li> </ol>

**Section 2: psychological (emotional), physical and sexual violence:** the next questions are about things that happen to pregnant women and that your partner or any other person in the house may have done to you. I want you to tell me if your partner or any other person has done the following things to you.

<b>psychological (emotional)</b>				
<b>Has your partner any other person in the house ever.....</b>				
<b>Q.N</b>	<b>Questions &amp; filters</b>	<b>In your life time (1=Never, 2=sometimes, 3= Usually, 4= Always, 7= refused/No response)</b>	<b>During current pregnancy (1=Never, 2=sometimes, 3= Usually, 4= Always 7= refused/No response) <b>(If the answer is 2/3/4 then go and ask the next column)</b></b>	<b>Who is the Perpetrator  (More than one answer is possible)</b>  1. Boyfriend / husband 2. Family member 3. Other relative 4. Stranger 7. Refused/ no answer 8. Other(specify)____
<b>201</b>	Insulted you or made you feel bad about yourself?	[    ]	[    ]	_____
<b>202</b>	Belittled or humiliated you in front of other people	[    ]	[    ]	_____
<b>203</b>	Done things to scare or intimidate you on purpose (e.g. the way he looked at you, by yelling	[    ]	[    ]	_____

204	Threatened when asking your friends/family)	[ ]	[ ]	_____
205	threatened to hurt you or someone you care about	[ ]	[ ]	_____
<b>Physical violence</b>				
<b>Has your partner or any other person in the house ever.....</b>				
206	Slapped you or threw something at you that could hurt you?	[ ]	[ ]	_____
207	Hit you with a fist or with something else that could hurt you?	[ ]	[ ]	_____
208	During pregnancy, hit your abdomen with a fist or with something else	[ ]	[ ]	_____
209	Choked or burnt you on purpose?	[ ]	[ ]	_____
210	d) Threatened to use or actually used a gun, knife or other weapon against you?	[ ]	[ ]	_____
<b>Sexual violence:</b>				
<b>Has your partner or any other person in the house ever...</b>				
211	Physically forced you to have sexual intercourse when you did not want to?	[ ]	[ ]	_____

212	Did you ever have sexual intercourse you did not want because you were afraid of what might be done to you?	[ ]	[ ]	_____
213	Did anyone ever forced you sexually in a way you did not approved	[ ]	[ ]	_____

### Section 3: Household Conditions

Q. No	Questions and filters	Answers/ choices for respondent
301	Housing condition (ownership)	1. Owned 2. Rented 3. Husband/partner family's house 4. My family's house 8. Others. specify_____
302	How many persons live in your household?	_____ persons
303	If you had incidence of violence, where do you live now (currently)	1. In my house 2. With relatives 3. With friends 8. Others. specify_____
304	Number of living children	_____ children
305	Which of the following individuals live with you?	1. My partner / children 2. Partner's family 3. My family 8. Others. specify_____

**Section 4: Other issues**

401	Did you desire this pregnancy?	1.Yes      2.No
402	Did you face Domestic Violence?( If No skip to	1.Yes      2.No
403	If you face Domestic Violence, did you share incidence of violence with anyone (family, friends....)?	1.Yes      2.No
404	If your answer is No to Q 403, why didn't you share to others? <b>(More than one answer is possible )</b>	1. Feeling of shame 2. Afraid of consequences 3. Afraid of the perpetrator 4. Afraid of parent's/ public reaction 8. Others( specify) -----
405	Have you ever reported to the legal system or police?	1.Yes      2.No
406	If your answer is yes to Q 405 what was the response?	1. Nothing 2. Helpful 3. Discouraging 8. Others( specify) -----
407	Have you experienced any of these conditions as the result of violence? <b>(More than one answer is possible )</b>	1. Self-blame 2. Fear 3. Hopelessness 4. Suicidal feeling/attempt 8. Other (specify)-----

408	How do you compare the degree of violence before and after pregnancy?	<ol style="list-style-type: none"> <li>1. less</li> <li>2. the same</li> <li>3. More</li> <li>99. I don't know</li> <li>7. Refused/ no answer</li> </ol>
409	What efforts did you made to overcome the act of violence?	<ol style="list-style-type: none"> <li>1. Did nothing</li> <li>2. Yelling</li> <li>3. Run away</li> <li>4. Fight back</li> <li>7. Refused/ no answer</li> <li>8. Other (specify)-----</li> </ol>
410	Have you ever asked by health care providers about incidence of Domestic Violence? (during pregnancy)	1.Yes    2.No
411	Have you ever told the health care providers about your incidence of Domestic Violence? (during pregnancy)( <b>If the answer is no skip to Q No 413</b> )	1.Yes    2.No
412	If your answer is yes to Q 411 what was the response?	<ol style="list-style-type: none"> <li>1. Nothing</li> <li>2. Helpful</li> <li>3. Discouraging</li> <li>8. Other (specify)-----</li> </ol>
413	Do you think a good wife is obedient to her husband even if she disagrees to his opinion?	<ol style="list-style-type: none"> <li>1. Agree</li> <li>2. Strongly agree</li> <li>3. Disagree</li> <li>4. Strongly disagree</li> <li>7. Refused/ no answer</li> </ol>

414	Is it good for a man to show his partner who is the boss?	<ol style="list-style-type: none"> <li>1. Agree</li> <li>2. Strongly agree</li> <li>3. Disagree</li> <li>4. Strongly disagree</li> <li>7. Refused/ no answer</li> </ol>
415	<p>According to your opinion what are a good reasons for a husband to beat his wife?</p> <p><b>(More than one answer is possible )</b></p>	<ol style="list-style-type: none"> <li>1. Fails to complete house work</li> <li>2. Argues with him</li> <li>3. Goes out without telling him</li> <li>4. Refuse sex with him</li> <li>5. He suspects / founds her to be unfaithful.</li> <li>8. Others Specify_____</li> </ol>
416	<p>What do you think are the solutions to stop violence against women?</p> <p><b>(More than one answer is possible )</b></p>	<ol style="list-style-type: none"> <li>1. Women empowerment</li> <li>2. Community awareness</li> <li>3. NGO/INGO involvement</li> <li>4. Legal support</li> <li>8. Others. Specify_____</li> </ol>

The End

Thank you!!!

Annex 2: Amharic Questioners

ክፍል1 : አጠቃላይ መረጃ

ኮድ:-----

ጥ.ቁ	ጥያቄና ማጣሪያ	መልስ መስጫ /አማራጭ
101	አሁን እድሜዎ ስንት ነው?	_____ አመት
102	አሁን የትዳር ጓደኛዎ እድሜ ስንት ነው?	_____ አመት
103	ሀይማኖትዎ ምንድን ነው?	<ol style="list-style-type: none"> <li>1. ኦርቶዶክስ</li> <li>2. ሙስሊም</li> <li>3. ክፍሊክ</li> <li>4. ፕሮቴስታንት</li> <li>8. ሌላ ካለ ይገለጹ-----</li> </ol>
104	የጋብቻ ሁኔታታ	<ol style="list-style-type: none"> <li>1. አላገባሁም</li> <li>2. አግብቻለሁ</li> <li>3. ተፋትቻለሁ</li> <li>4. ተለያይቻለሁ</li> <li>5. ባለቤቴ በህይወት የለም/በሞት ተለይቷል/</li> </ol>
105	ይህ ስንተኛ እእርግዝናዎ ነው?	-----ኛ እእርግዝና
106	የእርግዝናው እዕድሜ ምን ያህል ሆነው? ልኬት በሳምንት	-----ሳምንት 99. አላውቅም
107	የትምህርት ደረጃዎ ምን ድረስ ነው?	<ol style="list-style-type: none"> <li>1. አልተማርኩም</li> <li>2. 1ኛ ደረጃ (1-6)</li> <li>3. 2ኛ ደረጃ (7-12)</li> <li>4. ከ2ኛ ደረጃ በላይ(ከ12 በላይ)</li> </ol>
108	የትዳር ጓደኛዎ የትምህርት ደረጃ ምን ድረስ ነው?	<ol style="list-style-type: none"> <li>1. አልተማረም</li> <li>2. 1ኛ ደረጃ (1-6)</li> <li>3. 2ኛ ደረጃ (7-12)</li> <li>4. ከ2ኛ ደረጃ በላይ(ከ12 በላይ)</li> </ol>
109	በአሁኑ ወቅት ስራ አለዎት?	<ol style="list-style-type: none"> <li>1. ስራ የለኝም</li> <li>2. እየሰራሁ ነኝ</li> <li>3. ተማሪ ነኝ</li> <li>4. ጡረታታ ወጥቻለሁ</li> </ol>
110	በአሁኑ ወቅት የትዳር ጓደኛዎ ስራ አለው?	<ol style="list-style-type: none"> <li>1. ስራ የለውም</li> <li>2. እየሰራ ነው</li> <li>3. ተማሪ ነው</li> <li>4. ጡረታ ወጥቷል</li> </ol>
111	አማካይ የወር ገቢዎ ምንያህል ነው? (በ ብር ይገለጹ)	----- ብር 8. ሌላ ካለ ይገለጹ-----

112	የትዳር ጓደኛዎ አማካይ የወር ገቢ ምን ያህል ነው? (በ ብር ይግለጹ)	----- ብር 8. ሌላ ካለ ይገለጹ-----
113	ከትዳር ጓደኛዎ ጋር ወይም ከወንድ ጓደኛዎ ጋር ለምን ያህል ጊዜ ኖረዋል?	_____ አመት
114	በህይወትዎ አልኮል መጠጥ ጠጥተው ያውቃሉ/አረቁ፣ ጠላ፣ ጠጅ...../ መልሱ አዎ ከሆነ ይጠይቁ በሳምንት/በወር ስንት ጊዜ?	1. በየቀኑ 2. ከ 1-2 ጊዜ በሳምንት 3. ከ 1 እስከ 3 ጊዜ በወር 4. በወር ከ 1 ጊዜ በታች 5. ጠጥቼ አላውቅም 7. ለመመለስ ፍቃደኛ አይደለሁም 8. ሌላ ካለ ይገለጹ-----
115	በህይወትዎ አደንዛዥ እጽ ወይም ጫት ቅመው ወይም ተጠቅመው ያውቃሉ? መልሱ አዎ ከሆነ ይጠይቁ በሳምንት/ በወር ስንት ጊዜ ?	1. በየቀኑ 2. ከ 1-2 ጊዜ በሳምንት 3. ከ 1 እስከ 3 ጊዜ በወር 4. በወር ከ 1 ጊዜ በታች 5. ተጠቅሜ አላውቅም 7. ለመመለስ ፍቃደኛ አይደለሁም 8. ሌላ ካለ ይገለጹ-----
116	የትዳር ጓደኛዎ አልኮል መጠጥ ጠጥተው ያውቃሉ/አረቁ፣ ጠላ፣ ጠጅ...../ መልሱ አዎ ከሆነ ይጠይቁ በሳምንት/በወር ስንት ጊዜ?	1. በየቀኑ 2. ከ 1-2 ጊዜ በሳምንት 3. ከ 1 እስከ 3 ጊዜ በወር 4. በወር ከ 1 ጊዜ በታች 5. ጠጥቶ አያውቅም 7. ለመመለስ ፍቃደኛ አይደለሁም 8. ሌላ ካለ ይገለጹ-----
117	የትዳር ጓደኛዎ አደንዛዥ እጽ ወይም ጫት ቅመው ወይም ተጠቅመው ያውቃሉ? መልሱ አዎ ከሆነ ይጠይቁ በሳምንት/ በወር ስንት ጊዜ ?	1. በየቀኑ 2. ከ 1-2 ጊዜ በሳምንት 3. ከ 1 እስከ 3 ጊዜ በወር 4. በወር ከ 1 ጊዜ በታች 5. ተጠቅሞ አያውቅም 7. ለመመለስ ፍቃደኛ አይደለሁም 8. ሌላ ካለ ይገለጹ-----
118	በአሁኑ ወቅት ከአንድ በላይ የወንድ ፍቅረኛ አለዎት?	1. አዎ 2. የለኝም
119	ባለቤትዎ/የወንድ ጓደኛዎ በእርሶ ጋብቻ ላይ ሌላ ሚስት/የሴት ጓደኛ አላቸው/ነበራቸው?	1. አዎ 2. የለውም 99. አላውቅም
120	ቁጥር 119 ላይ ተገለጸው (አዎ) ከሆነ ምን እርምጃ ወስደዋል?	1. ምንም 2. በንግግር መፍታት 3. እጮሃለው/አቆጣለሁ 4. ቤቱን ለቅቄ እእሄዳለሁ 5. እደባደባለሁ 7. ለመመለስ ፍቃደኛ አይደለሁም 8. ሌላ ካለ ይግለጹ

**ክፍል 2 መልስ ሰጪዎ ስነልቦናዊ አካላዊ እና ወሲባዊ ጥቃትን በተመለከተ**

አሁን የምጠይቅዎት ጥያቄዎች ብዙ ሴቶች ስለሚያጋጥማቸው ጉዳዮች ይሆናል፡- አሁን አብረው ካሉት ወይም በቅርብ ጊዜ ከነበርዎት ወይም ከሌላ ማንኛውም እቤት ውስጥ ከሚኖር ሰው እርስዎን ጥቃት አጋጥሞዎት ሊሆን ይችላል። ስለዚህ አሁን ወይም በቅርብ ጊዜ አብረው የነበሩት ወይም እቤት ውስጥ አብረው ከሚኖሩት ሰው በዚህ በእርግጠና ወቅት ከዚህ በታች የተዘረዘሩት ገጥመዎት ከሆነ እንድትነግሩኝ እጠይቃለሁ።

**አእምሮአዊ ጥቃትን በተመለከተ**

ጥ.ቁ	ጥያቄና ማጣሪያ	ከዚህ በፊት (በሀይወቶ) ይህ ሁኔታታ ተፈጥሮ ነበር (1= በፍጹም 2= አልፎ አልፎ 3= ብዙ ጊዜ 4= ሁል ጊዜ 7= ለመመለስ ፍቃደኛ አይደለሁም)	በዚህ እእርግጠና ወቅት ይህ ሁኔታታ ተፈጥሮ ነበር (1= በፍጹም 2= አልፎ አልፎ 3= ብዙ ጊዜ 4= ሁል ጊዜ 7= ለመመለስ ፍቃደኛ አይደለሁም) (መልሱ 2/3/4 ከሆነ የሚቀጥለውን ጥያቄ ይጠይቁ)	ጥቃቱን ያደረሰው ሰው ማነው? /ከአንድ በላይ መልስ መስጠት ይቻላል/ 1. የትዳር ጓደኛዎ/ የወንድ ጓደኛዎ 2. የቤተሰብ አባል 3. ሌሎች የስጋ ዝምድና ያላቸው 4. የማላውቀው ሰው 7 ለመመለስ ፍቃደኛ አይደለሁም 8 ሌላ ካለ ይገለጹ-----
201	አንቋሽሾት ወይም ሰለ ራስዎ መጥፎ ስሜት እንዲሰማዎት አድርጎት ያውቃል	[ ]	[ ]	_____
202	ከሌሎች ሰዎች ፊት ሰድቦት፡ አሳፍሮት ወይም ክብርዎትን ለመጎነት ሞክሮት ያውቃል?	[ ]	[ ]	_____
203	ሆን ብሎ አስፈራርቶት ያውቃል ለምሳሌ በአይን አስተያየቱ ወይም አነጋገሩ?	[ ]	[ ]	_____
204	ጓደኞችዎን ወይም ቤተሰቦችዎን እእንዳይጠይቁ ከልክሎት ያውቃል?	[ ]	[ ]	_____
205	እእርሶን ወይም የሚያስቡላትን ስው ለመጉዳት ዝቶቦት ያውቃል?	[ ]	[ ]	_____

**አካላዊ ጥቃት በተመለከተ**

206	በጥፊ መትቶዎት ወይም የሚጎዳ ነገር ወርውሮቦት ያውቃሉ?	[ ]	[ ]	_____
207	በቦክስ / በሌላ በሚጎዳ ነገር መትቶዎት ያውቃል?	[ ]	[ ]	_____

208	በእርግዝናዎ ጊዜ ሆዶ ላይ ተረግጠው ወይም ተመተው ያውቃሉ?	[ ]	[ ]	_____
209	አንገትዎትን አንቆ አፍኖ/ ሆነ ብሎ በእሳት አቃጥሎዎት ያውቃል?	[ ]	[ ]	_____
210	በሽጉጥ በጨቤ በስለት ወይም በሌላ መሳሪያ አስፈራርቶዎት ወይም ጎድቶዎት ያውቃል?	[ ]	[ ]	_____

**ወሲባዊ ጥቃት በተመለከተ**

211	እርስዎ ሳይፈልጉ ጉልበት በመጠቀም የግብረ ስጋ ግንኙነት እንዲፈጽሙ አድርጎአል	[ ]	[ ]	_____
212	አንድ ነገር ያደርገኛል ብለው በመፍራት ፍላጎት ሳይኖርዎት የግብረ ስጋ ግንኙነት አድርገው ያውቃሉ?	[ ]	[ ]	_____
213	ከፍላጎት ውጭ ሰውነት በመነከከት ወይም የማሻሻት ሁኔታታ ገጥሞት ያውቃል	[ ]	[ ]	_____

**ክፍል 3 የቤት ውስጥ ሁኔታዎችን በተመለከተ**  
 ብዙ ሴቶች በህይወት ዘመናቸው ከዘመዶቻቸው ከተለያዩ ከሚያውቋቸው ሰዎች የተለያዩ የቤት ውስጥ ጥቃቶች ይደርስባቸዋል እነዚህን በተመለከተ የተወሰኑ ጥያቄዎችን አቅርብልዎታለሁ።

ጥ.ቁ	ጥያቄ እና ማጣሪያ	መልስ መስጫ/ አማራጭ
301	የሚኖሩበት ቤት ባለቤትነት የማነው	1) የግል 2) ኪራይ 3) የባል ቤተሰብ 4) የቤተሰቦቹ 8 ሌላ ከሆነ ይገለጽ _____
302	በቤቱ ውስጥ ስንት ሰው ይኖራል ?	_____ ሰው
303	ጥቃት አጋጥሞት ከሆነ በአሁኑ ጊዜ የሚኖሩት የትኑዎ? (ጥቃት ላልደረሰባቸው ሰዎች ይህን ጥያቄ ይገለጹ)	1. እዛው እቤት ውስጥ 2. ዘመድ ቤት 3. ጓደኛዬ በቤት 8 ሌላ ከሆነ ይገለጽ _____
304	ስንት ልጆች አሉት( በህይወት ያሉ)	_____ ልጆች

305	<p>ከሚከተሉት አብሮት የሚኖሩት እኔንምና ናቸው (ከአንድ በላይ መልስ ይቻላል)</p>	<p>1. ባለቤቴና ልጆቼ 2. የባለቤቴ ቤተሰቦች 3. የኔ ቤተሰቦች 8 ሌላ ከሆነ ይገለጽ</p>
<b>ክፍል 4 የተለያዩ ጉዳዮች</b>		
ጥ.ቁ	ጥያቄና ማጣሪያ	መልስ መስጫ /አማራጭ
401	ይህ እርግዝና ያልተፈለገ /ያልታቀደ ነውን?	1. አዎ 2. አይደለም
402	የታዊ ጥቃት አጋጥሞት ያውቃል? (መልሶ አይደለም ከሆነ ወደ ጥ.ቁ 410 ይለፉ)	2. አዎ 3. አይደለም
403	የቤት ውስጥ የታዊ ጥቃት አጋጥሞት ከሆነ ሁኔታውን ለሌላ ሰው ነግረው ያውቃሉ? ለቤተሰብ/ ለጓደኛ)	1. አዎ 2. በፍጹም
404	በ403 ለተጠየቀው መልሶ በፍጹም ከሆነ ለምንድን ነበር ለማንም ያልተናገሩት? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ሀፍረት ወይም ነውር መስሎኝ 2. የሚከተለውን ጣጣ በመፍራት 3. ፈጻሚውን/ዎቹን በመፍራት 4. የቤተሰብ /የህብረተሰቡን ጫና ሰግቼ 8 ሌላ ካለ ይገለጽ -----
405	ጉዳዩን ለፍትህ አካላት ገልጸው ያውቃሉ? (መልሶ በፍጹም ከሆነ ወደ ጥ.ቁ 407 ይለፉ)	1. አዎ 2. በፍጹም
406	በ405 ለተጠየቀው መልሶ አዎ ከሆነ ምላሹ ምን ነበር	1. ምንም አላገኘሁም 2. ጥሩ ምላሽ አገኘሁ 3. ተስፋ የሚያስቆርጥ ነበር 8 ሌላ ካለ ይገለጽ -----
407	በጥቃቱ የተነሳ ከተዘረዘሩት ሁኔታዎች ውስጥ የትኞቹን አጋጥሞዎት ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ራስን መጥላት 2. ፍርሀትና ድንጋጤ 3. ተስፋ መቁረጥ 4. ራስን የመግደል ስሜት/ ሙከራ 8 ሌላ ካለ ይገለጽ-----
408	ከማርገዝዎ በፊት የነበረውን ጠብ ባረገዙ ጊዜ ከሚደረገው እኔንም ያወዳድሩታል?	1. ቀንሷል 2. ያው ነው 3. ብሷል 4. አላውቅም/አላስታውስም 7. ለመመለስ ፍቃደኛ አይደለሁም
409	ጥቃቱን ለመቁቁም ምን ጥረት አድርገው ነበር (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ምንም 2. እጮሃለው/እቆጣለሁ 3. ቤቴን ለቅቄ እኔንምለሁ 4. እደባደባለሁ 7 ለመመለስ ፍቃደኛ አይደለሁም 8 ሌላ ካለ ይገለጽ-----
410	በእርግዝና ጊዜ በህክምና ባለሙያዎች ስለ ጾታዊ ጥቃት ተጠይቀው ያውቃሉ	1. አዎ 2. በፍጹም
411	በእርግዝና ጊዜ ለህክምና ባለሙያዎች ስለ ጾታዊ ጥቃት ነግረው ያውቃሉ (መልሶ በፍጹም ከሆነ ወደ ጥ.ቁ 413 ይለፉ)	3. አዎ 4. በፍጹም

412	በ411 ለተጠየቀው መልሶ አዎ ከሆነ ምላሹ ምን ነበር?	<ol style="list-style-type: none"> <li>1. ምንም አላገኘሁም</li> <li>2. ጥሩ ምላሽ አገኘሁ</li> <li>3. ተስፋ የሚያስቆርጥ ነበር</li> <li>8 ሌላ ካለ ይግለጽ -----</li> </ol>
413	ጥሩ ሚስት ከባለቤትዎ ጋር ስምምነት ባይኖራችሁ ታዛዥ መሆን አለባት ይላሉ?	<ol style="list-style-type: none"> <li>1. እስማማለሁ</li> <li>2. በጣም እስማማለሁ</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>7 ለመመለስ ፍቃደኛ አይደለሁም</li> </ol>
414	ባል ለሚስቱ የቤቱ የበላይ ማን መሆኑን ማሳየት አለበት ይላሉ?	<ol style="list-style-type: none"> <li>1. እስማማለሁ</li> <li>2. በጣም እስማማለሁ</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>7 ለመመለስ ፍቃደኛ አይደለሁም</li> </ol>
415	እንደ እእርሶ ሃሳብ ባል ሚስቱን ቢመታት ትክክል ነው የሚሉት መቼ ነው? (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> <li>1. ቤት ውስጥ መስራት ያለባትን ካልሰራች</li> <li>2. ከሱ ጋር ከተከራከረች</li> <li>3. ሳትነግረው ከሄደች</li> <li>4. የግብረ ስጋ ግንኙነት ለመፈጸም ፈቃደኛ ከልሆነች</li> <li>5. ታማኝ ካልሆነች /አይደለችም ብሎ ከጠረጠራት</li> <li>8. ሌላ ካለ ይግለጽ -----</li> </ol>
416	ጾታዊ ጥቃትን ለመከላከል መፍትሄዎቹ ምን መሆን አለባቸው ይላሉ?  (ከአንድ በላይ መልስ መስጠት ይቻላል)	<ol style="list-style-type: none"> <li>1. የሴቶችን ተሳትፎ መጨመር</li> <li>2. የህብረተሰቡን ግንዛቤ ማስፋት</li> <li>3. መንግስታዊና መንግስታዊ ያልሆኑ ድርጅቶችን ማሳተፍ</li> <li>4. የህግ ከለላ ማግኘት</li> <li>8. ሌላ ካለ ይግለጽ -----</li> </ol>

**ተፈጻሚ**

**ስለመልካም ትብብርዎ ከልብ አመሰግናለሁ**

**Annex 3: Information Sheet****Addis Ababa University, School of Social Work, Study on Domestic Violence during pregnancy among women attending ANC**

Women who should be excluded from the study:

- who are not volunteer
- who are below 18 years
- who are unable to give information
- who were accompanied by their husbands
- who have mental problem at the time of data collection
- participants who were included in the pilot/pretest

**Information sheet**

Welcome, my name is -----. I work for the master's thesis program in Addis Ababa University a study on Domestic Violence during pregnancy among women attending ANC. This is to understand the prevalence of violence that affects women in their daily life. You have been chosen randomly to participate in the study. I would like to assure you that everything you are about to tell remains strictly confidential. For the interview we don't need your name or address.

Some of the questions may be very personal and might be difficult to answer or talk about them but for many it is found to be helpful / useful opportunity to talk. There is no right or wrong answer. You are just kindly requested to share your experience; you may stop the interview or fail to answer questions that might make you uncomfortable. However your answers have their own contribution to understanding the issues and helping other women in the country. Some of the questions may have more than one answer as alternatives. The interview will take approximately 20-30 minutes. Do you have any questions? If you have further questions you can ask the principal investigator by the following address:

Ruman Abdurashid

Tel:+251911403889

School of Social Work, AAU

Email: [rabdurashid@yahoo.com](mailto:rabdurashid@yahoo.com)

Do you agree to be interviewed?

Yes  continue to the next page      No  Thank the participant, allow to go him/her

**Annex 4: Individual Consent Form**

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

I the undersigned participated in the study on “Domestic Violence during pregnancy among women attending ANC.” on my free will and interest after being oriented about the purpose of the study.

Can you sign for your voluntariness?

Yes -----

NO-----

Interviewer name: -----

Signature -----

Date -----

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

Ruman Abdurashid

Tel: +251911403889

Email: [rabdurashid@yahoo.com](mailto:rabdurashid@yahoo.com)

School of Social Work, AAU

Annex 5: Amharic Information Sheet

**አዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክት/ቤት**

**ማሳሰቢያ፡-**

- ቀጥሎ ያሉት ሴቶች በጥናቱ መሳተፍ አይችሉም በመሆኑም ጥያቄ ከማቅረብዎ በፊት የሚከተሉትን ያረጋግጡ
  1. እድሜዎ ከ 18 ዓመት በታች ከሆነች
  2. የአማርኛ ቋንቋ ተናጋሪ ካልሆነች
  3. ቃለመጠይቁን ለመመለስ አእምሮአዊ ብቃት ከሌላት
  4. ከባለቤቷ ጋራ አብራ ያለች/የመጣች

በጥናቱ ለመሳተፍ ብቁ ከሆነች ቀጥሎ ያለውን መተማመኛ ቅጽ ያንብቡላት

ጤና ይስጥልኝ እንዲሁ ደህና መጡ ስሜ ----- እንደሚሆን:: በአሁኑ ወቅት በነፍስ ጡር ሴቶች ላይ በአዲስ አበባ ዩኒቨርሲቲ ስር ጥናት እየተካሄደ ነው እርስዎም በአጋጣሚ በዚህ ጥናት እንዲሳተፉ ተመርጠዋል:: የጥናቱም ዋና አላማ በነፍስ ጡር ሴቶች ላይ የሚደርሰውን ጾታዊ ጥቃት ለማወቅና ለመረዳት ነው:: የምንገጋገርባቸው ጉዳዮች በሙሉ በሚስጥር የተጠበቀ ይሆናል:: በዚህ ጥናት ወረቀት ላይ ስምዎትም ሆነ አድራሻዎ አይመዘገብም::

በዚህ ጥናት ስለጤንነትዎ እና አንዳንድ የህይወት ገጠመኝዎን በተመለከተ ጥያቄዎችን አቀርባለሁ:: ከምንገጋገርባቸው ጉዳዮች አንዳንዶቹ ትንሽ ከበድ ያሉ ሊሆኑ ይችላሉ:: ነገር ግን በእንደዚህ ዓይነት ጥናት ላይ የተሳተፉ ብዙ ሴቶች በጤናቸው እና በህይወት ገጠመኛቸው ላይ መነጋገራቸው ጠቃሚ ሆኖ አግኝተውታል:: እነዚህ ጥያቄዎች ትክክል ነው ወይም ትክክል አይደለም የሚል መልስ የላቸውም አንዳንድ ጥያቄዎችን መመለስ ባይፈልጉ ልንተዋቸው እንችላለን:: ነገር ግን ስለጤናዎ እና የህይወት ገጠመኝዎ በተመለከተ የምጠይቆትን ጥያቄዎች እርስዎ የሚነግሩኝ ማንኛውም ነገር በኢትዮጵያ የሚገኙ ሌሎች ሴቶችን ለመርዳት እና ለማሻሻል ጠቃሚ ነው:: ከማቀርብልዎት ጥያቄዎች መካከል አንዳንዶቹ ከአንድ በላይ መልስ ሊኖራቸው ይችላል::

ቃለ መጠይቁ በአማካይ 20-30 ደቂቃ ይፈጃል:: ጥያቄ አልዎት? ጥያቄ ካልዎት ወይም ተጨማሪ መረጃ የሚፈልጉ ከሆነ በሚከተለው አድራሻ መጠየቅ ይችላሉ::

ሩማን አብዱረሺድ	ወይም	የጥናትና የስነ-ምግባር ኮሚቴ
ስልክ+251911403889		የሶሻል ወርክ ት/ቤት
አ.አ ኢትዮጵያ		አዲስ አበባ ዩኒቨርሲቲ
ኢ.ሜል <a href="mailto:rabdurashid@yahoo.com">rabdurashid@yahoo.com</a>		ስልክ -----

በዚህ ጥናት ለመሳተፍ ይስማማሉ?

አዎ ተስማምቻለሁ አልተስማማሁም-» ስለሰጡኝ ጊዜ አመሰግናለሁ

↓

ወደ ቃለ መጠይቁ ይለፉ

**Annex 6: Amharic Consent**

በመጀመሪያ ጊዜዎትን ሰውተው በጥናቱ ላይ ስለተሳተፉ አመሰግናለሁ።

ስለሆነም በጥናቱ ላይ በፍቃድዎ ለመሳተፍዎ በመግለጽ በዚህ ቅጽ ላይ በመፈረም እንዲተባበሩኝ በትህትና እጠይቃለሁ።

እኔ ከዚህ በታች የፈረምኩት በነፍስ ጡር እእናቶች ላይ በተደረገው ጥናት ላይ በፈቃደኝነት መሳተፌን አረጋግጣለሁ።

ፊርማ-----

የቃለ መጠይቁን ያደረገው ስም-----

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

ሩማን አብዱረሺድ  
ስልክ+251911403889  
ኢ.አ ኢትዮጵያ  
ኢ.ሜል [rabdurashid@yahoo.com](mailto:rabdurashid@yahoo.com)

ወይም

የጥናትና የስነ-ምግባር ኮሚቴ  
የሶሻል ወርክ ት/ቤት  
አዲስ አበባ ዩኒቨርሲቲ  
ስልክ -----

**Declaration**

I, the undersigned, Ruman Abdurashid, here by confirm that this thesis entitled Domestic Violence among pregnant women attending antenatal care during their current pregnancy, in selected health facilities is carried out by me, and materials used in this study is duly acknowledged

Ruman Abdurashid

Signature \_\_\_\_\_

Date June, 2011, Addis Ababa