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Assessment of Sexual and Reproductive Health problems among prisoners aged 15-29 years in Addis Ababa.

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Acronyms

A.A.U…...Addis Ababa University

AIDS……Acquired Immune Deficiency Syndrome

CORHA…Consortium of Reproductive Health Associations

CSWs……Commercial Sex Workers

DALYs….Disability Adjusted Life Years

GUD…….Genital Ulcer Disease

HIV……..Human Immunodeficiency Virus

ICPD……International Conference on Population and Development

MDG…..Millennium Development Goal

STD……..Sexually Transmitted Disease

SRH…….Sexual and Reproductive Health

STI……...Sexually Transmitted Infection

US……United States

USA…….United States of America

WHO…...World Health Organization

ABSTRACT

Death and disability caused by Sexual and Reproductive Health accounted for 18 percent of the total disease burden globally in 2001, though there is considerable regional variation. And STIs, excluding HIV/AIDS, accounted for 0.9 percent of all DALYs lost in this year. Prisoners aged 15-29 years are more vulnerable for STIs because of their high risk behaviours and Sexual Violence. Sexual violence occurs in every culture, in all levels of society and in every country of the world and it is a serious public health and human rights problem.

In Ethiopia, though various researches have been made to assess SRH problems of youths, still there are no studies that address the SRH needs of youth in prison. This cross sectional survey conducted in 2008/2009, tried to investigate the magnitude and factors associated with SRH problems among youth prisoners in Kaliti Maremia-Bet, Addis Ababa, Ethiopia.

This study was conducted among a total of 358 youth inmates participant, with a response rate of 99.7% and among 18 discussants in quantitative and qualitative part of the study, respectively. Among 306 sexually active respondents, 31 (10%) had consensual sex in prison, 28 (9.2%) reported symptoms of STIs in prison. History of STI before detention was positively associated with STI in prison [AOR) = 4.3 95%CI: (1.8, 10.2)]. And, among 357 respondents 15 (4.2%) reported sexual victimization.

The prevalence of STIs and sexual victimization among inmates in Kaliti Maremia-Bet is considerable. Therefore, Sexual health programmes in prisons should include STIs screening, education about STI risk reduction and awareness raising program about sexual violence is needed for prisoners and prison staff.

1. Introduction

Sexual and Reproductive health (SRH) is important to all human being, and the social and economic development of communities and nations (1). However; lack of access to this is a major public health concern, especially in developing countries. For instance, death and disability caused by SRH accounted for 18 percent of the total disease burden globally in 2001, though there is though there is considerable regional variation. And STIs, excluding HIV/AIDS, accounted for 0.9 percent of all DALYs lost in this year (2). Besides, services regarding to SRH are absent or of poor quality and underused in many countries for the reason that people have unpleasant feeling on discussing issues related to sexual intercourse and sexuality (3).

Sexually transmitted infections (STIs) is one of the major global acute illness with its complications, as well as long term disability and death, with severe medical and psychological consequences for millions of peoples**.** 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis have occurred throughout the world in 1999 in men and women aged 15-49 years. Additionally, the peak incidence of STDs is seen in the 15-29 year group from age-specific data taken from several countries. STIs are significantly infections of the young, mainly because their sexual relations are often unintentional, sometimes a result of pressure or force, and typically happen before they have the experience and skills to defend themselves (3-6).

Another, major public health problem that affect millions of people globally is Sexual violence, and it deeply impacts on its victims' physical, mental and social well-being (7-9). Each year, more than 1.6 million people worldwide lose their lives to violence and available

data suggest that nearly one in four women may experience sexual violence by an intimate partner in their lifetime in addition, up to one-third of women describe their first sexual experience as being forced. Although majority of victims are women, men, young adult, prisoners and children of both sexes also experience sexual violence (8-10).

Many more victims of violence are injured and suffer form SRH problems and some of the potential health consequences of sexual violence are STIs and increased risky sexual behaviours (8-11).

STIs and sexual violence occur in many settings and prison is one of those. Prison is a factor leading to deterioration of health and well being, and becoming breeding grounds for communicable diseases and facilitate unhealthy behavior. Additionally it forms high risk settings because of: unprotected sexual relations, prostitution, rapes, high turnover of populations (5,9,12-14).

Globally, an estimated 9 million people are in prison per year. Prisoners are vulnerable group of population often to the sexual and other demands. And this population is constantly changing so they are not permanently sealed off from the community. Additionally, most of them return to the community by contracting disease inside prison. Therefore, the poor health status of this population impacts on society, through contact with staff, family and others in the community and increases the risk of re-offending. And it has huge negative economic implications for all societies. Besides, if they do not included in the health system, it is dangerous for the health of people living in prison as well as for the whole society (13-15).

In Ethiopia, the National Reproductive health strategy 2006-2015 and Adolescent and Youth Reproductive Health Strategy 2007-2025 do not address SRH needs of prisoners like other marginalized groups. Therefore in the absence of clear strategy and practical activities towards addressing youth prisoner’s SRH needs, the rising health problems of youths including HIV/AIDS can not be addressed effectively.

Thus, this study will help for appropriate interventions among prisoners aged 15-29 in Kaliti Maremia-Bet.

2. Literature review

2.1. Sexual and reproductive health

Reproductive health and reproductive rights has got wide variety of meanings that have been given by people and communities, and understandings may vary even among individuals within a community (16). International consensus definition for SRH was given at the International Conference on Population and Development (ICPD) in 1994 and one of the major ICPD's innovations was the elaboration of a definition of a rights-based approach to SRH, "at its core is the promotion of healthy, voluntary and safe sexual and reproductive choices for individuals and couples….". Since, all through human history, sexuality and reproduction have been fundamental aspects of personal identity and key to creating fulfilling personal and social relationships within diverse cultural contexts, such promotion is very important to human health (2).

Again the significance of reproductive health in the attainment of the Millennium Development Goals (MDGs) was endorsed by World Summit held in September 2005 as countries committed for Achieving universal access to reproductive health by 2015, as explained at the ICPD (2).

Ethiopia, has a National Reproductive Health and National Adolesent and Youth reproductive health strategy that shows the nation's commitment to achieve the MDGs to garner the multisectoral support needed to meet the reproductive and sexual health needs of it's culturally diverse population (17-18).

2.2. Sexual and reproductive health problems, prevalence and factors contributing to these problems

2.2.1. Problem faced by adolescent and youth:

Youth (15-29 years of age) comprised 26 percent of the global population (19). And according to world youth report 2007, 1.2 billion youth aged 15-24 years constituted 18 per cent of the world's population as well as 25% of working age population. Since this stage is an essential and critical part of the development process of our societies, these population group deserve better and investing in them is an investment in the future leaders of families, communities and nations. However, adolescents and young adults (within or out side prison) are more vulnerable for STIs and Sexual Violence (7,15,20).

Sexual activity and early sexual debut put both youths (within or outside marriage at risk of sexual and reproductive health problems. These include sexually transmitted infections (STIs), sexual coercion and other problems (17,20).

In Ethiopia, trends in sexual debut have altered little over the last five year and 16 and 20 are the median age for sexual debut for girls and boys, respectively. Young women age 15-24 are more likely to have had sexual intercourse than young men in the same age (17).

Sexually Transmitted Infections: STIs cause considerable mortality and morbidity of acute illnesses, infertility, long-term disability with severe medical and psychological consequences (4-6,21). And, young people are the most to lose from getting STIs, because they will suffer

the consequences the longest, and might not reach their full reproductive potential (1, 3, 5-6, 21-23).

In Ethiopia, adolescents and youth are most likely to contract STIs because of the risky, often unprotected and non-voluntary nature of their sexual activities (18).

Sexual violence: Sexual violence occurs in every culture, in all levels of society and in every country of the world and it is a serious public health and human rights problem and impacts profoundly on its victims' physical, emotional, mental and social well-being, even long after the assault itself. Most significantly perhaps, sexual abuse can have devastating long-term psychological effects, influencing and radically altering a person's entire life course. Additionally, it is associated with a number of sexual and reproductive health problems, with consequences that are seen both immediately and many years after the assault, including sexually transmitted diseases and increase risk of adoption risky sexual behaviors (e.g. early and increased sexual involvement, and exposure to older and multiple partners) (7-11).

Sexual violence is not limited to age and sex and takes place in many settings including prison. Besides, prisoners are more vulnerable for sexual violence and STIs. (4-6,9).

2.2.2. Prevalence of STIs and Sexual Violence

Death and disability due to SRH accounted for 18.4 percent of the overall global disease burden and STIs, excluding HIV/AIDS, accounted for 0.9 percent of all DALYs lost in 2001 (2). Moreover**,** unsafe sex is the second most important risk factor for disability and death in the world's poorest communities and the ninth most important in developed countries (1,3).

Sexually Transmitted Infecrions: one third of new cases of curable STIs each year are among people aged under 25. STIs are to a large extent infections of the young, because according to US data, 48% of all such infections are acquired by young adults aged 15 to 24 years.

Besides, age-specific data from many countries indicated that the peak incidence of STIs is seen in the 15-29 year group (1,3,5-6,21-24)

STIs prevalence may vary widely within countries and between countries in the same region, between urban and rural population, and even in similar population groups and these differences reflect a variety of social, cultural, and economic factors (6).
In Ethiopia, adolescents and youth are most likely to acquire STIs, because of the risky, often unprotected and non-voluntary nature of their sexual activities, due to that, the highest infection rates are currently seen among young women between the ages of 15 to 24 (18).

Prisoners are vulnerable group of population often to the sexual demands (15). A cross sectional study was conducted at 4 correctional institutions of Maputo, Mozambique, to determine the prevalence and risk factors for sexually transmitted diseases between September 1990 and February 1991. Among 1284 male and 54 female respondents, before detention, 32% of men reported having a history of sexual relations with prostitute; 41% and 17% of men and women reported a history of STDs, respectively; 9% of men and no women reported ever having used condoms; the men and women reported having a mean of 1.6 and 1.2 sex partners per week, respectively. 70 (5.5%) men reported having sexual intercourse in jail and one hundred and four (7.8%) inmates had positive serological tests for syphilis (25).

In Malawi, a study was conducted between January 2000 and December 2001 in order to determine the prevalence of STIs among male inmates of 2 prisons in rural district. 4229 inmates were entered into the study during a 2-year period, among these, 78 (4.2%) were diagnosed with an STI; this included 83 (46%) inmates with urethral discharge, 60 (34%) with genital ulcer disease (GUD), and 35 (20%) inmates with epididymo-orchitis. Fifty (28%) STIs were considered incident cases acquired within the prisons (incidence risk 12 cases/1000 inmates/year) so, considerable proportion of STIs among inmates are acquired within prison (26).

A study done in 14 US juvenile detention centers from 1997 to 2002 to describe the prevalence and coinfection of chlamydia and gonorrhea among adolescents and, demonstrated

that the prevalence of chlamydia was 15.6% in 33,619 females and 5.9% in 98,296 males and gonorrhea prevalence was 5.1% in females and 1.3 in males. Of females with gonorrhea, 54% were coinfected with chlamydia, and 51% of males with gonorrhea were coinfected with Chlamydia (27). Another similar study conducted at Hawaii, Honolulu, at a juvenile detention facility revealed that one-hundred one of 204 (50%) eligible females were screened fourteen of 101 (13.9%) females were screen positive for chlamydial infection, while six of 101 (5.9%) were culture positive for infection with N. gonorrhoeae. Besides, this study concluded that the presence of high STD rates among this population (28). Another study again, conducted in USA, concluded that there is high STD positivity among persons entering corrections facilities (29).

A study done to estimate the prevalence of Chlamydia trachomatis genital infections in young women inmates aged 17-21 located on the Youth Offenders Institute London, UK demonstrated that overall, the prevalence of C. trachomatis was 13.2% (30)

Sexual Coercion: The true extent of sexual violence is unknown, though Sexual violence is a reality for millions of people worldwide, and especially for women who experience it since childhood and adolescence. In some countries, up to one-third of adolescent girls report forced sexual initiation and one in four women may experience sexual violence by an intimate partner in their lifetime (8,9). Again, in various countries, between 20% and 48% of young women aged 10–25 years have been forced to have sex. So, the vast majority of victims of sexual violence are females and perpetrated by males however; sexual violence against men and boys is also widespread (9-10,20).

In Ethiopia, because of non-voluntary nature of their sexual activities, adolescents and youths are most likely to contract STIs, so that the highest infection rates in the country are currently seen among young women between the ages of 15 to 24. Moreover, one fourth of all pregnant youth and adolescents feel that their pregnancies are mistimed, reflecting this population's vulnerability to social problems like nonconsensual sex and other problems too (18).

Prisons are violent places. A study conducted to estimate the rates of sexual victimization in 13 prisons (12 facilities for men and one for women) within a single mid-Atlantic state prison system USA, revealed that among the male respondents, 717 (10.3%) inmates reported being sexually victimized (31).

A study was conducted to estimate the prevalence of sexual victimization with in a state prison system, USA. 6,964 men and 564 women aged 18 or older participated in this survey. Inmates aged 25 or younger, compared to inmates older than 25 were significantly more likely to report a sexual assault during incarceration (19). Another study conducted in this country, demonstrated that among 142 inmates who responded to the study, 26 inmates (18.3%) reported being sexual targets and 12 inmates (8.5%) were also victims of sexual assault during their incarceration. Besides, the majority (92.3%) of targets reported being threatened only once, with two inmates reporting two sexual threats (32).

Another study again in USA revealed that from 1,788 male respondents, 382 (21%) answered yes to the question asking if they had ever experienced an incident of pressured or forced sexual contact against their will while incarcerated in their state. From 263 female respondents, 51 (19%)) answered yes to this question (Total victims are N=433). Among the victims 24 % (100) victims are between the age 18-25 and 38 % (159) victims are between the age 26-36. In general, nearly 75% of the men and 57% of the women were sexually coerced more than once and the average number of reported incidents was 8.6 for men and 3.9 for women (33).

2.2.3. Factors that contribute to STIs and Sexual Violence

In general, many factors can contribute to youth (aged 15-29) sexual and reproductive health and some of them specifically are explained below:

Unprepared and unable to protect themselves: Many sexually active adolescents and young people of both sex lack the knowledge about how to protect themselves from STI, timely access to health-care products (condoms) that they need to protect themselves, or to the

health-care services they need when they fall ill. Girls and young women, even if they have access to condoms, are often unable to negotiate their use with their partners. (20,24)

Early Sexual Debut, Multiple Sexual Partner and Limited use of condom: a report from several countries indicated that the number of sexually active adolescents who are before age 16 is steadily rising in industrial countries. Early sexual activity usually exposes adolescents to risk of diseases (20,24,).

In Ethiopia, traditional practices and poor living situations often lead young people to engage in sex at an early age and most young adults who enter into a sexual relationship for the first time do not use condom and unprotected sex also exposes the young to sexually transmitted infections. Early sexual debut, the practice of having multiple sexual partners and limited use of condom have been associated with increased risks of acquiring STIs, and major risk factors for the spread of STDs among this population group are the practice of having multiple sexual partners and the limited use of condoms (17,34).

Cultural factors and unequal gender relation: Cultural construction of masculinity and sexuality are causes to increase risk-taking behaviors and reduce the probability of men's need to help. Men have a tendency to start sexual relationship at younger age and have more partners than women and more causal relationships, thus this situation expose them and their partners to risks, and this may be connected with society's expectations of what makes a "real" man, and promote risky sexual behavior. "For example, risky sexual behaviour of boys is often condoned, while girls are denied even the basic sexual and reproductive health information and services. Some men may be less concerned about their health than their masculinity (16)."

Some men may be stressed and pressured to prove themselves by exerting "male" authority, to the extent of forcing themselves on unwilling women due to the cultural constructions in which they live. Therefore Cultural pressures around masculinity that fuel men's need to prove sexual potency can encourage seeking multiple partners and exercising authority over

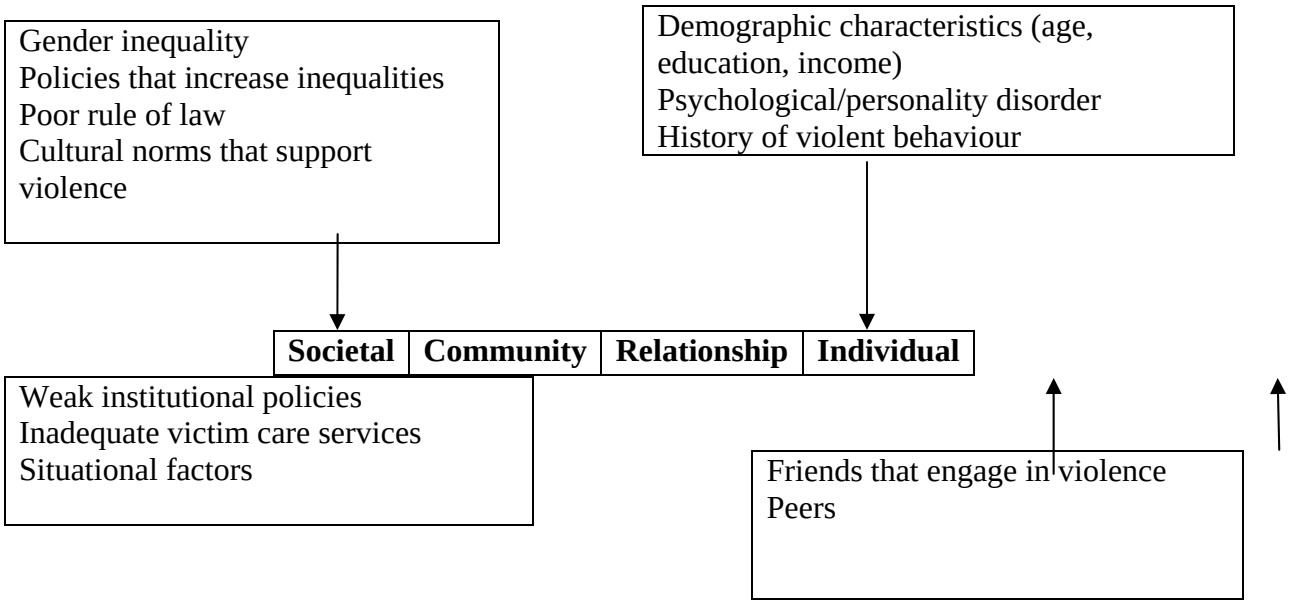
women. “Conventional explanations suggest that young men get their ideas of sexual entitlement from unequal gender relations that privilege men over women; male power makes gender violence normal” (16,20,24). Moreover Sexual violence is also more likely to happen where beliefs in male sexual entitlement are strong and gender roles are more rigid (8,10,).

Unable to refuse unwanted sex or resist coercion: globally, the number of girls and young women and to some extent boys who victims to sexual violence is surprising and many of them bear this burden in silence. Even when it is disclosed, families are often reluctant to act because of the fear of bringing shame and stigma upon themselves. Besides, health care providers are unprepared to deal with this problem (20).

Many factors act to increase the risk of someone being coerced into sex or of someone forcing sex on another person. A number of these factors are related to the attitudes, beliefs and behaviors of the individuals involved and others social conditioning, peer, family and community environment and others (9).

The ecological model (figure one) is adopted from World report on violence and health to understanding the causes, consequences and prevention of violence. This model is based on evidence that no single factor can justify why some people or groups are at higher risk of interpersonal violence while others are more protected from it. Instead, the model observes interpersonal violence as the outcome of interaction among many factors at different levels: the individual, the relationship, the community and the societal. In this model the interaction between factors at the four levels is just as vital as the influence of factors within a single level. (35)

Figure 1: Ecological model showing shared risk factors for sub-types of interpersonal violence



Source: (10, 35)

3. Objective

3.1) General objective

- To assess Sexual and Reproductive Health problems of Youth Prisoners in Addis Ababa Prison/ Kaliti Maremia-Bet.

3.2) Specific Objective

- To determine the magnitude of self reported Sexually Transmitted Infections Symptom among youth prisoners in Kaliti Maremia-Bet.
- To determine magnitude of self reported sexual victimization among youth prisoners in Kaliti Maremia-Bet.
- To identify factors influencing youth prisoners Sexual and Reproductive Health problems in Kaliti Maremia-Bet.

4. Methods

4.1. Study design – This study was Cross sectional descriptive study and employed a quantitative data collection supplemented by qualitative method.

4.2. Study Area

The study area was Addis Ababa Federal Prison (Kaliti Maremia-Bet) which is one of the prisons under Federal prisons in Ethiopia. Since permission was restricted on the researcher keeping the number of the target population, it was not possible to mention the size of this population on this paper.

This prison was divided in to 7 zones and 1 "kilil" which belong to men and women prisoners, respectively. Except women kilil, the seven zones belong to men prisoners who were classified in each zone according to their age and type of crimes. But, some times, when the prisoners number get higher, the new prisoners will be distributed with out considering their age and crime types. Again, this prison had one Clinic which serves the prisoners and it is accountable to the prison administration.

4.3. Study population – the study population were youths who were incarcerated in selected Kaliti Maremia-bet at the time of survey and fulfilling the inclusion criteria.

4.3.1. Inclusion criteria

- Prisoners who were detained for two month or more.
- Prisoners with in age group 15 to 29 years.

4.3.2. Exclusion criteria

- Prisoners who stayed more than 2 years.

4.4. Sample size determination

As it was mentioned by the prison administration, the total number of the target population was below 10,000. So to get the sample size from a finite population the following formula had been applied:

$$n = \frac{n}{1 + \frac{n}{N}}$$

Where n = number of required sample size from a finite population.

n = number of sample size from an infinite population.

N = number of target population

First, to determine the sample size from an infinite population, the following assumptions were applied: Since, the prevalence of sexual and reproductive health problems of youth prisoners is unknown; prevalence of 50% taken as the baseline in this study population to get the maximum sample size, with 95 % confidence interval, and 5 % degree of precision (marginal error) and the following formula was used:

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

Where

n = the required sample size

$Z_{\alpha/2}$ = Critical value = 1.96

P = the prevalence of sexual and reproductive health problems

D = marginal error between the sample and the population (0.05)

Thus, by adding 5% for possible non response, a total sample size of 358 obtained.

4.5. Sampling procedure: The sampling procedure is described as follows:

1. All the prison zones and kilil identified.

   There were two categories: the first category consisted seven zones for male prisoners and the second category consisted one kilil for female prisoners.

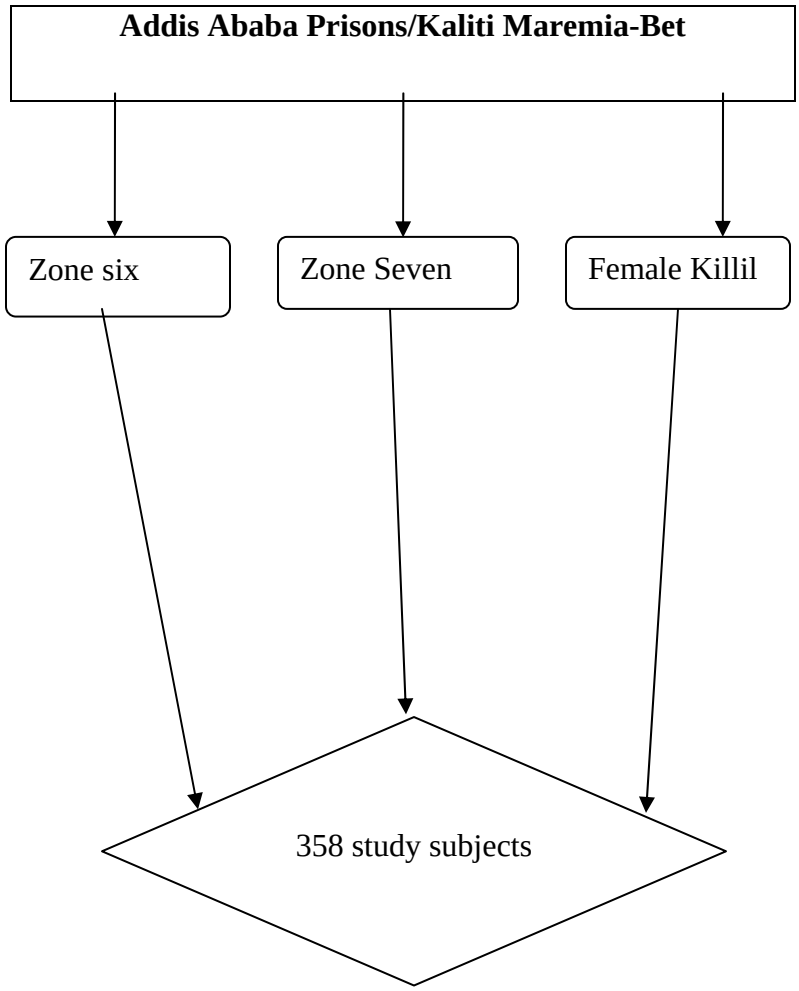
2. From the first category 2 Zones excluded because of prisoners' age composition. (The researcher has been informed that these 2 Zones consists prisoners whose age is not included in youth).
3. To conduct the study 2 Zones were selected randomly from the first category and the female Kilil had taken as it was.
4. Since, the total number of the prisoners per each Zone or Killil was not revealed to the researcher the distribution of prisoners was like this:

    Since the number of female youth prisoners were very small when compared to male prisoners, all prisoners who fulfill the criteria were recruited for the study.

    And the rest distributed equally to zone 6 and 7 and from these zones study participants selected randomly using lottery method.

To complement the quantitative information a focus group discussion was conducted on respondents who are not included in quantitative study.

Figure 2: Schematic representation for sampling procedure



4.6. Data collection procedure

A. For quantitative data

- An anonymous structured Questionnaire was prepared based on literature review.
- The questionnaire had been translated from English to Amharic and then back to English to ensure understandability and message consistency and finally administered in Amharic.
- The principal investigator made the necessary contact with concerned bodies to get collaboration for the whole process of data collection.
- To collect data, one female and 3 male experienced counselors and one female and one male nurses who had experience in data collection recruited and trained on data collection techniques.
- Before conducting the main study, pretest of the questionnaire conducted in other zone not selected for the study on 5% of the sample,
- The study participants had been informed by the data collectors about their voluntary participation, purpose of the study with it's importance as well as the significance of true information provision, and confidentiality issues.
- Recruitment of the study subjects was done in the selected 2 zones and 1 kilil.
- During data collection, the data collectors provided counseling for emotional support and appropriate information to avoid misconceptions in SRH issues.
- The collected data were checked for completeness and consistency by the principal investigator through out data collection period for data quality and completeness.
- The data were collected with in 8 days.

B. For qualitative data

In order to supplement the quantitative data, qualitative data was collected through focus group discussions (FDG). FDG sessions, one from female kilil and two from male zone which contains 6 member per each group, conducted among purposively selected inmates. And the inmates selected for these discussions were from those who did not participate in the face to face interview.

The purpose of conducting this discussion is to assess the occurrence and reason for the occurrence of STI and Sexual Coercion.

Measurement variables

- Independent variables:
  - *Socio-demographic status:* age, sex, marital status, grade, ethnicity, religion, parent's education level and perceived family economic status.
  - *Prisoners situation:* period of confinement in the current prison, frequency of imprisonment, number of inmates per room, family support, live with before incarceration and job for living before prison life.

- Dependent variables:
  - Sexual and Reproductive Health Problems: self reported STIs Symptoms, and Sexual victimization in prison.

4.7. Data analysis procedures

Each completed questionnaire was assigned to a unique code and analyzed using Statistical Package for Social Science (SPSS) for windows version 16. The data entry made by the principal investigator to minimize errors. Summary statistics such as frequency and proportion used to describe the study population in relation to relevant variables. Using Bivariate analysis to examine the relationship between the out come variable and selected independent variables, crude odds ratio was computed to assess statistical association and significance of statistical association was assured using 95% confidence interval and P-value less than 0.05. The variables with observed associations in bivariate analysis were treated by

multivariate analysis in which adjusted odds ratios that controls possible confounders were calculated.

4.8. Data quality management

To assure the data quality, as it is mentioned before translation of the questionnaire from English to Amharic then back to English, training of data collators, questionnaire pre-testing and continuous supervision during data collection were made. In addition to these, all the data collectors had previous experience in data collection and counseling.

4.9. Ethical consideration

Initially, Ethical clearance obtained from Institutional Review Board and School of Public health, Faculty of Medicine, A.A.U; prior to implementation of data collection, Addis Ababa Maremia Bet Administration communicated and informed about the objective of the study and official permission obtained. Finally the study participants informed about the purpose of the study, confidentiality: the protection or their response by anonymity of the questionnaire and no prison staffs who knew the respondent would be allowed to be involved in the interview process and the respondents themselves gave their anonymous responses to the data collectors, and asked an informed written consent. Additionally, respondents who had emotional problem supported and who had misconception on SRH issues communicated with appropriate information.

4.10. Dissemination of the result

The result of this study will be communicated to Federal Ministry of Health; Ethiopian Public Health Association, Addis Ababa Maremia Bet Administration and CORHA. Besides, efforts will be made to publish this paper on scientific journals.

4.11. Operational definitions:

Youth: all people in the age group of 15-29 years.

Prisoners: people kept in prison as punishment for crimes they have committed or while awaiting their trial.

Sexual and Reproductive Health Problems: Self reported STIs Symptoms, and Sexual victimization in prison.

Multiple Sexual partners: More than one sexual partner.

Commercial sex worker: Women who sell sex for money or other gift.

Consistent Condom Use: - Used a condom every time sexual relations took place, except with marital partner.

Self Reported symptoms of STIs: one or more of the following symptoms**:** Urethral discharge or burning sensation on urination in men, foul smelling vaginal discharge; genital ulcer on penis/vagina, swelling on groin region.

Sexual coercion: is sexual violence that includes the act of forcing to have nonconsensual sex through intentional touching of areas of the body, physical body harm, and abusive language.

Victimization: being exposed to sexual coercion.

Victim: The person against whom a sexual coercion has been committed.

Interpersonal violence refers to violence between individuals.

Perpetrator: person who commits the sexual coercion.

5. Result

Socio-demographic characteristics of Survey Respondents

A total of 358 youth inmates interviewed with face to face interview, of whom 357 gave their responses for their interviewers until the end of the interview session but one of the interviewee refused to continue the interview session thus, the response of this interviewee was excluded from analysis for its incompleteness. Response rate of this study was 99.7%.

The characteristics of the sample by gender showed that male prisoners were 263 (74%), females were 94 (26%) and more respondents (39%) found in the age group 20-24 years and the rest equally distributed to the age categories 15-19 years and 25-29 years. The mean age of the respondent was 22.2 $\pm$ 3.9 years. The majorities (75%) of the respondents were from Orthodox religion followed by Protestant 46 (13%) and the predominant ethnic group was Amhara 138 (38.5%). The majority (51%) of the respondents had educational background range of 7^{th} grade - preparatory one and 275 (77%) of prisoners had a plan to continue school after they are released from prison. The marital status of the respondents showed that most (77%) of them were unmarried followed by married respondents 63 (18%). Before imprisonment 116 (31%) of the respondents were living alone and 99 (26%) prisoners were living with their parents followed by 96 (25%) prisoners who lived with their relatives. As the data showed the job of most prisoners before imprisonment was daily laborer 130 (36 %), 94 (27%) were small traders, 69 (19%) were students and 50 (14%) were unemployed (Table 1).

Table 1: Socio-demographic characteristics of the respondents, Kaliti Maremia-Bet, 2009

Variable	Frequency (n=357)	Percent
Sex		
Female	94	26.3
Male	263	73.7
Age in years		
15-19	109	30.4
20-24	139	39.1
25-29	109	30.4
Religion		
Orthodox	268	75.1
Protestant	46	12.8
Muslim	37	10.3
Catholic	6	1.7
Ethnic		
Amhara	138	38.5
Oromo	107	30.2
Tigre	39	10.9
Berta	20	5.6
Others	53	14.8
Educational Status		
Illiterate	33	9.5
Grade 1-6	94	26.3
Grade 7-11/preparatory 1	181	50.6
$\geq$ preparatory-2	49	13.7
Plan to continue school, after detention		
Yes	275	77.1
No	82	22.9
Marital status, before detention		
Unmarried	273	76.5
Married	63	17.6
Widowed	1	.3
Divorced	11	3.1
Living together	9	2.5

Before incarceration, live with		
Alone	116	31
Both parent	99	26.3
Single parent	19	5
Relative	96	25.4
Street	2	.5
Employer	11	2.9
Husband/wife	14	3.7
Job, before incarceration,		
Student	69	19.3
Unemployed	50	14
Small trade	94	26.5
Daily labor	130	36.3
Housemaid	14	3.9

Parental Characteristics of the Respondents

The majority (65%) of the respondents had fathers who had formal education, by contrast, most (77%) of the respondent's mothers had no formal education. 142 (40%) of respondent's mother and father work outside their home and 130 (36%) of respondents had fathers working out side home and mothers house wife. According to respondent's opinion, 192 (54%) parent economic status included in moderate category and followed by 137 (39%) rich.

Table 2: Parental Characteristics of the Respondents, Kaliti Maremia-Bet, 2009

Variable	Frequency n=357	Percent
Paternal Education		
No formal Education	123	34.6
Formal Education	234	65.4
Maternal Education		
No formal Education	274	76.5
Formal Education	83	23.5
Parent Work Status		
Both do not work out side home	57	16.2
Father work out side home and mother house wife.	130	36.3
Mother works out side home and father unemployed	28	7.8
Both parents work out side home	142	39.7
Resondent opinion about parent Economic Status		
Rich	137	38.5
Moderate	192	53.6
Poor	28	7.8

Prison Situation of the Respondents

Most survey participants (87%) had never been in prison before, 35 (10%) of prisoners had one time previous experience and the rest 9 (3%) had experience of imprisonment for two times. A greater percentage of prisoners 71% (254) stayed in the current prison between the range of 2-10 months followed by prisoners 87 (24%) who stayed between 11-20 months duration. Mean period of confinement was 8 $\pm$ 6 months. 263(74%) participants were living in a room which consists more than 110 prisoners, followed by 79 (22%) prisoners who were living in a room consists 69-89 prisoners/room. All the participants spend time out side their room during day time. The sleeping situation of the respondents showed that over half of the respondents (65%) were sleeping on mattress with inmate, on floor, 69 (19%) were sleeping alone on bed or mattress on floor and the remained 57 (16%) were sleeping on bed with inmate. The majority of the respondents (52%) reported that they never had family support, 72 (20%) had support in food and visit and 63 (18%) supported in money, food and visit (Table 3).

Table 3: Respondent's situation in Kaliti Maremia-Bet, 2009

Variable	Frequency (n=357)	Percent
History of previous detention		
None	313	87.4
One times	35	9.8
Two times	9	2.5
Period of confinement in the current prison		
2-10 months	254	70.9
11-20 months	87	24.3
>20 months	16	4.5
Prisoners per room		
6-26	3	0.8
27-47	2	0.6
48-68	2	0.6
69-89	79	22.1
90-110	8	2.2
>110	263	73.7
Time spend out side room		
None	0	0
> 2 times/day	357	99.7
Sleeping situation		
Sleep alone on bed/mattress on floor	69	19.3
Sleep with inmates on bed	57	15.9
Sleep with inmates on mattress	231	64.5

Family support		
None	186	52
Food only	17	4.7
Money only	2	.6
Money and visit	17	4.7
Food and visit	72	20.1
Food, money & Visit	63	17.6

Respondents' Sexual and Reproductive Health behaviors

Among 357 respondents, 169 (47%) answered no to a question asking if they had ever get information about youth developmental and sexual changes, in contrary 188 (53%) answered yes to a similar question. Among 306 sexually active respondents, 273 (89%) had premarital sex, 238 (78%) had their first sexual intercourse in the age group 15-19 years; median age at first sex was 17 $\pm$ 2.5, 136 (44%) of them had sexual experience before age of 16 years. 185 (61%) had multiple sexual partner, 90 (29%) of men gave a history of sex with commercial sex worker, 55 (18%) had history of sexually transmitted infections and all sexually active respondents (306 inmates, or 100%) identified themselves as heterosexual, before detention. Among 31 respondents who had consensual sex in prison, 18 (58%) considered themselves as heterosexual and 13 (42%) as homosexuals. Out of 271 unmarried and married respondents who had sex with multiple sexual partners, more than half of the respondents (62%) had used condom inconsistently before imprisonment. Among respondent who had STI in prison, 23 (82%) had the symptoms of this disease once during their stay in the current prison and 75% (21) of all respondents who reported STIs symptoms received treatment (Table 4).

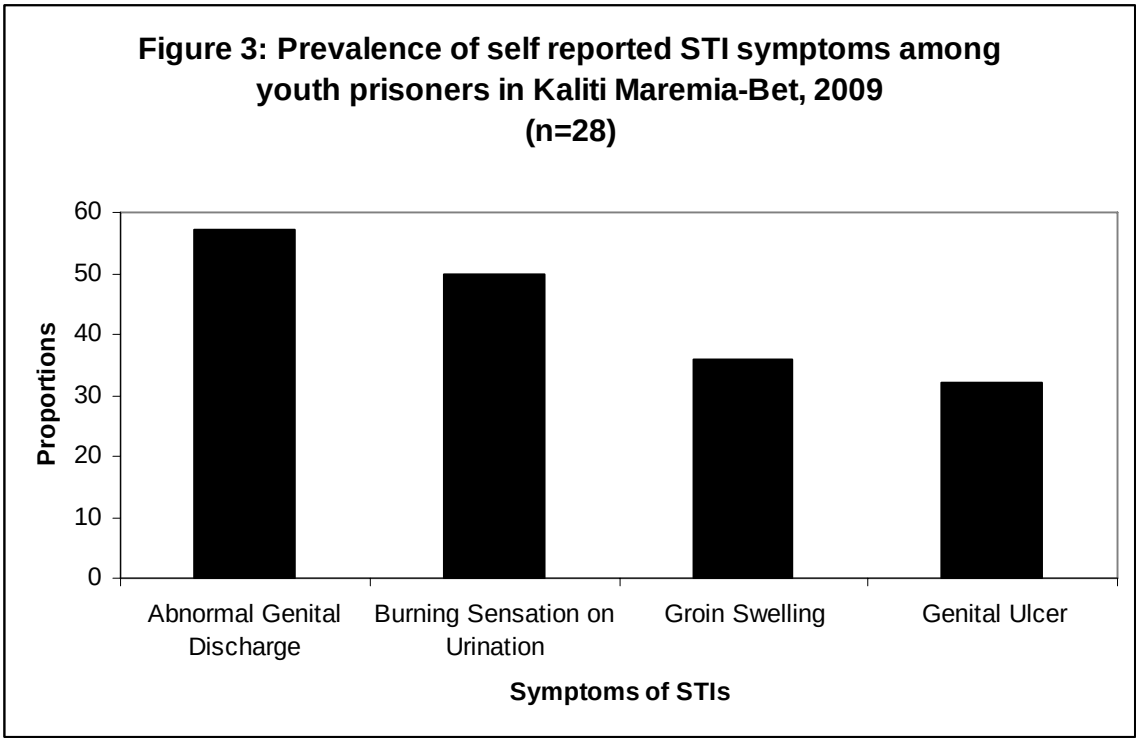
Table 4: Respondents' Sexual and Reproductive Health behaviors, Kaliti Maremia-Bet, 2009

Variable	Frequency	Percent
Youth developmental and sexual changes info. (n=357)		
No	169	47.3
Yes	188	52.7
Premarital Sex (n=306)		
No	33	10.8
Yes	273	89.2
Age at first sexual intercourse (n=306)		
10-14 years	33	10.8
15-19 years	238	77.8
20-24 years	31	10.1
>24 years	4	1.3
Early sexual activity (n=306)		
< 16 years	136	44.4
≥ 16 years	170	55.6
Multiple sexual partner, before imprisonment (n=306)		
No	121	39.5
Yes	185	60.5
Sex with Commercial Sex Worker, before imprisonment (n=306)		
No	216	70.6
Yes	90	29.4
Consistent condom use, before imprisonment (n=271)		
No	167	61.6
	104	38.4

Yes		
STI, before imprisonment (n=306)		
Yes	55	18
No	251	82
Sexual orientation, before imprisonment (n=306)		
Heterosexual	306	100
Consensual sex in Prison (n=306)		
Yes	31	10.1
No	275	76.8
Sexual orientation, in prison (n=31)		
Heterosexual	18	58
Homosexual	13	42
STI frequency in prison		
Once	23	82
more	5	18
Treated for STI in prison		
Yes	21	75
No	7	25

Self-reported prevalence of Sexually Transmitted Infections Symptoms

Among 306 sexually active respondents, 28 (9.2%) reported symptoms of Sexually Transmitted Infections (STIs) in prison. Among these, 16 (57%) inmates reported abnormal genital discharge, 14 (50%) male inmates had history of burning sensation during urination, 10 (36%) inmates had explained experience of swelling on inguinal region and 9 (32%) had reported genital ulcer**.** Moreover, 12 (43%) of the inmates reported more than one symptoms of STIS.



NB: The values are not mutually exclusives.

Factor associated with STIs symptoms

Socio-demographic, respondent situation in prison and sexual and reproductive behaviors were analyzed by bivariate and multi-variate analyses using logistic regression model. When we did analysis using bivariate analyses, respondents' job prior to their detention, paternal education, period of confinement in prison, family support and history of STI before detention have showed significant association with STI in prison with crude odds ratio (COR) and 95 CI, COR= 4.47 (1.2, 16.6), COR=2.33 (1.1, 5), COR=3.69 (1.1, 12.8), COR=3 (1.3, 7.4) and

COR=4.9 (2.2, 11), respectively. However, when we control the different background variables using multivariate logistic regression model, those who had history of STI before their detention were four times more likely to had STI in prison than their counterpart, adjusted odds ratio (AOR)= 4.3 95%CI: (1.8, 10.2) (Table 5).

Table 5: Relationship between selected independent Characteristics and STIs in prison, Addis Ababa Kaliti Maremia-Bet, 2009

Variable	STI in prison (n=306)		Crude OR (95% CI)	Adjusted (95% CI)
	No N (%)	Yes N (%)		
Sex				
Female	60(88%)	8(12%)	1	
Male	218(92%)	20(8%)	0.68(0.28,1.64)	

Age in years				
15-19	67(93%)	5(7%)	1.24(0.36, 4.24)	
20-24	111(87%)	17(13%)	2.55(0.96, 6.72)	
25-29	100(94%)	6(6%)	1	
Marital status, before prison				
Unmarried	210(90%)	24(10)	1.94(0.65,5.79)	
Married	68(94%)	4(5.6%)	1	
Plan to continue school after detention				
Yes	206(90%)	22(10%)	1	
No	72(92%)	6(8%)	0.78(0.30, 2.00)	
Before detention, live with				
Alone	91(88%)	12(12%)	1.7(0.66, 4.69)	
Relative	93(91%)	9(9%)	1.3(0.46, 3.65)	
Parent	94(93%)	7(7%)	1	
Job, before detention				
Unemployed	89(97%)	3(3)	1	1
Daily labor	116(96%)	11(4%)	3.58(0.99, 12.84)	3.72(0.97, 14.31)
Small trade	116(37.9)	14(4.6)	**4.47(1.2, 16.6)***	3.55(0.89, 14.11)
Paternal Education				
No formal Education	92(86%)	15(14%)	**2.33(1.06, 5.10)***	1.84(0.78, 4.34)
Formal Education	186(94%)	13(6%)	1	1
Maternal Education				
No formal Education	126(91%)	13(9%)	1.04(.48, 2.28)	
Formal Education	152(91%)	15(9%)	1	
Parent Work Status				
Both parents do not work	43(84%)	8(16%)	1.79(0.67, 4.76)	
One of the parents work home	129(94%)	9(6%)	0.67(0.26, 1.68)	
Both parents work outside of home	106(91%)	11(9%)	1	
Parent Economic Status				
Poor	100(88%)	13(12%)	1.54(0.70, 3.37)	
Moderate	178(92%)	15(8%)	1	
Previous Imprisonment				
No	243(91%)	23(9%)	1	
Yes	35(88%)	5(12%)	1.5(0.53, 4.22)	
Period of confinement in prison				
≤10 month	194(90%)	21(10)	1	1
11-20 month	74(96%)	3(4%)	0.37(0.1, 1.3)	0.31(0.1, 1.2)
>20 month	10(71%)	4(29%)	**3.69(1.1, 12.8)***	2.79(0.7, 10.9)
Family support				
No	138(87%)	21(13%)	**3.04(1.25, 7.39)***	2.09(0.80, 5.43)
Yes	140(95%)	7(5%)	1	1
Youth Developmental and sexual changes Information				
No	125(93%)	10(7%)	0.68(0.30, 0.52)	
Yes	153(90%)	18(10%)	1	
STI, before imprisonment				

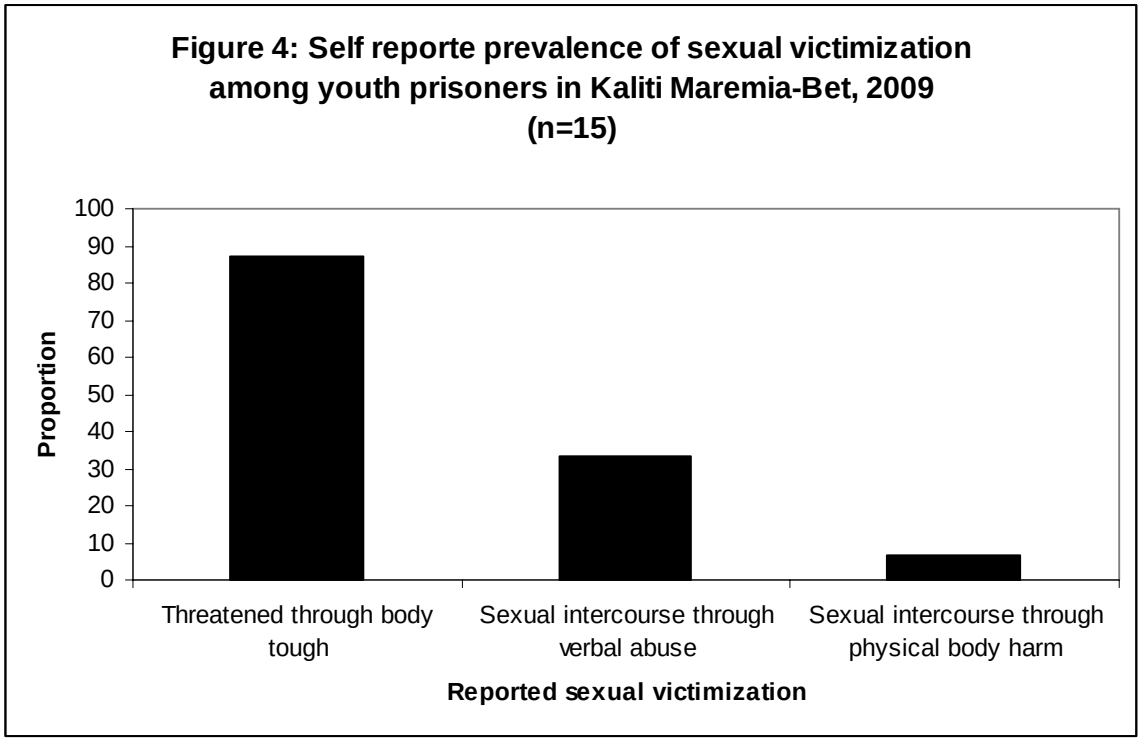
Yes	42(76%)	13(24%)	**4.9(2.2, 11)****	**4.27(1.8, 10.2)****
No	236(94%)	15(6%)	1	1
Sexual orientation, in prison (n=31)				
Heterosexual	15(83%)	3(17%)	0.54(0.1, 3.5)	
Homosexual	10(77%)	3(23%)	1	

***=p<0.05 **=p<0.01**

Prevalence of sexual victimization

Out of 357 survey respondents 15 (4.2%) reported sexual victimization. From these, 13 (87%) had been victim to sexual coercion through unwilling body touch, 5 (33.3%) had reported victimization to nonconsensual sex through abusive language and 1 (6.6%) had reported

victimization to nonconsensual sex through physical body harm. Moreover, 5 (33.3%) of the victim faced more than one ways for being victim to sexual coercion.



NB: The values are not mutually exclusives.

Victims' experience

Among 6 female victims (100%), the majority (83%) of them had been victim of sexual violence more than once during their stay in prison where as, the majority (78%) of male

victims had been victim to sexual violence once during their stay in the same prison. Half of female victims kept silent their exposure to sexual violence and 2 (33%) disclose their status to police officers. More than fifty percent (6) male victims disclose their status to prison inmates and 2 (22%) did not tell to any one about their victimization. 15 (100%) of perpetrators are males. All (15) victims reported that they did not received treatment or counseling that the wanted to get.

Table 6: Sexual victimization experience among youth prisoners, Kaliti Maremia-Bet, 2009

Victim's experiences

Variable	Frequency (Percent from valid numbers) (n=15)	
	Female victims	**Male victims**
Frequency of sexual victimization		
Once	1(17%)	7(78%)
More	5(83%)	2(22%)
Victims' Disclosure status		
None	3(50%)	2(22%)
Inmate	1(17%)	6(67%)
Police	2(33%)	1(11%)
Perpetrator		
Male	6 (40%)	9 (60%)
Received treatment/counseling you wanted for sexual victimization		
No	6 (40%)	9 (60%)

Factor associated with sexual victimization

Socio-demographic and respondent situation in prison were analyzed by bivariate analyses using logistic regression model. Being in prison during the first five months period was found to have statistically significant association with encountering sexual coercion in prison when compared to those who were in the period of greater than five months, COR (95%CI)= 6.28 (1.74, 22.69). Since the finding from bivariate analysis was not treated for its' possible confounders, we could not generalize about this association (Table 7).

Table 7: Relationship between selected independent characteristic and sexual victimization, among prisoners in Kaliti Maremia-Bet, 2009

Variable	Sexual victimization in prison (n=357)		Crude OR (95% CI)
	No No (%)	Yes No (%)	
Sex			
Female	88(94%)	6(6%)	1.92(0.66, 5.56)
Male	254(97%)	9(3%)	1
Age in years			
15-19	103(94%)	6(6%)	3.14(0.62, 15.95)
20-24	132(95%)	7(5%)	2.81(0.57, 13.83)
25-29	107(98%)	2(2%)	1
Religion			
Christian	307(96%)	13(4%)	0.74(0.16, 3.42)
Muslim	35(95%)	2(5%)	1
Ethnic			
Oromo	101(94%)	6(6%)	3.26(0.64, 16.55)
Amhara	131(95%)	7(5%)	2.93(0.59, 14.43)
Other	110(98%)	2(2%)	1
Educational Status			
Formal Education	310(96%)	14(4%)	1
No formal education	32(97%)	1(3%)	0.65(0.08, 5.1)
Marital status			
Unmarried	272(95)	13(5%)	1.67(0.36, 7.58)
Married	70(97%)	2(3%)	1
Before incarceration, live with			
Alone	113(96%)	5(4%)	1
Relative	114(94%)	7(6%)	1.38(0.42, 4.50)
Parent	115(98%)	3(2%)	0.59(0.13, 2.52)
Job, before incarceration			
Unemployed	112(94%)	7(6%)	1.12(0.34, 3.66)
Daily labor	141(98%)	3(2%)	0.38(0.90, 1.65)
Small trade	90(95)	4(5%)	1
History of Previous detention			
No	300(96%)	13(4%)	0.56(0.15, 2.06)
Yes	41(93%)	3(7%)	1
Period of confinement in prison			
≤ 5 months	133(92%)	12(8%)	**6.28(1.74, 22.69)***
>5 months	209(99%)	3(1%)	1
Prisoners per cell			
≤ 100	88(94%)	6(6%)	1.92(0.66, 5.56)
> 100	254(97%)	9(3%)	1
Sleeping situation			
Sleep with inmates on mattress/ floor	219(95%)	12(5%)	2.24(0.62, 8.11)
Other	123(98%)	3(2%)	1

***=p<0.01;**

Result from Qualitative Data

A total of three Focus Group Discussions were held with purposively selected 6 female and 12 male prisoners (6 prisoners/group). One of the groups was formed by female prisoners whose age was greater than 25 years and who were dwelling in Addis Ababa before imprisonment. And the other two groups formed by male prisoners, of which the first group formed with prisoners who were in the age of 15-25 years, stayed less than one year in the current prison and were dwelling in Addis before their detention and the second group formed with prisoners who were in the age of 25 years and above, and members of this group had been stayed for greater than one year in the current prison and who were dwelling out of Addis Ababa before their detention. All the discussions were held in a place nobody other than group members could reach and disturb.

The issues in which the discussion held on were:

- The Presence of Sexual and Reproductive Health problems (Sexual Coercion and Sexually Transmitted Infections) in prison they were living in.
- Factor that influence SRH problems.

Occurrence and magnitude of Sexually Transmitted infections

Both male and female discussants mentioned that because of highly limited access to get sexual partner, the occurrence of STIs among them was minimal. And they said that “even if someone had STI, he would keep it very secret and it would remains with him. Because, here no body want to tell to anyone things like this because here nobody knows what secret is and since we were living together in one compound a friend of us is a friend of others. So if the secret once lost, ever body would know about us. So, unless it is in a very serious condition, we are not interested to reveal such a disease to any one including the health staffs.”

Factor contributing for Sexually Transmitted infections

All the discussant mentioned that when they got the opportunity to have sex, they use it with out thinking about self prevention, because they did not have access to condom and if they asked condom, they would be asked too, about their reason for searching a condom. So, rather

than facing such kind of problem they prefer to go for sex with out thinking of condom. Additionally they mentioned that they could never have a regular partner here and they had sex with any one who is volunteer for that.

Occurrence and magnitude of Sexual victimization

Male Discussant: almost all the discussants described that practicing Sexual Coercion in their setup is very limited. But they said that “Some times we knew that there are inmates who had sex with similar gender consensually with in our communities but they kept it very secret because if they found while having sex they knew what the consequence will be. For e.g. when some one joined our zone, he would be asked whether he was a “Bushti” or not. And if he confesses that he was a “Bushti” or he was found while he was doing that, he would be disgraced by our community; he would be discriminated in order not to contaminate others, he would sleep with “Bushtis” group in front of the toilet, he would be prohibited from contacting his families and getting “amokiro”.” In addition to this they said that “ so, if someone found while he is forcing male inmates to have sex with, the punishment would be more. The person who commits forced sex will be hit strongly, he will be punished to stay in a dark room and to work different types of daily labor activities with out payment.” Again, they said that “most of the victims of sexual coercion are inmates who were new comers (in the early period of their detention) and female inmates also.”

All the discussants agreed and said that, “Since, it is not allowed to take a bath together with another person, sleeping in one cell is in a very crowded situation, time spent together in a group out of our cell in one place and all of us are looking each other the whole day and the norm of having sex with similar gender is punishable. Our environment is not conducive for persons who commit sexual coercion.

All Christian and Moslems member of the discussants said that “any one who had sex with similar gender whether by force or consensually deserve to be hit by stone and this is what the bible and Koran says.”

Female Discussant: female discussants reported that practicing sex coercively among themselves was almost none. And they said that “when we met with male prisoners sometimes it would occur but not more than physical and verbal violence”. Further more, they mentioned that unless and otherwise inmates were agreed to have sex, the situation is not conducive to force some one for sex. Because, the opportunity to meet male prisoners is rare, unless they go to school and court. And they said also “the reasons for the occurrence of sexual violence were because of male dominance character and physical strength and the polices here considered that being sexually coerced by men was a normal phenomena and when we reported to them they blamed us on our dressing style and way of acts.”

Factor contributing for sexual victimization

Male Discussant: Male discussants said that “Since, in our country it is not common and known to have sex with similar gender, most of us heard it’s presence while we entered in prison so the perpetuator took this knowledge gap as an advantage to try non consensual sex on the new comer inmates. But girls expose themselves to sexual coercion because of their way of dressing, hair style and attraction too.”

Female Discussant: The female discussants said that **“**even though there was a responsible body (“zone halafi”) to whom we were expected to report any types of problem, with regards to sexual coercion caused by male inmates, the representatives did not consider this as a problem and did not take any action to help us rather they criticized us on our dressing style and way of act. Therefore; since the responsible polices did not consider this as a problem, when ever they get the opportunity, the men inmates can do whatever they want on us like: touching our body against our will, hanging, pinching, insulting, using persuasive expressions and the like”.

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6. Discussions

This institutional based cross-sectional study attempted to assess the magnitude and factors related to sexual and reproductive health problems in last 2 years among youth prisoners found in Addis Ababa/Kaliti Correctional Center "(Maremia bet)".

In this study the prevalence of STI among youth prisoners in correctional center was 9.2%. It was comparatively less than the prevalence Malawi, US, Hawaii Honolulu and UK (26-28,30). And to the contrary of these findings, it was greater than the prevalence which was observed in the studies done in Maputo, Mozambique (25). The difference between the prevalences might reflect social, cultural and economic context in which the prisoners live, knowledge difference between the prisoners about how to protect themselves from STIs, different prison environment, different attitudes of the prison community for having sexual attraction with similar gender, and national laws towards homosexuality. Since in Ethiopia homosexuality is punishable, prisoners in this compound might be afraid of having sexual experience with accessible gender like similar gender in order not to loss "amekro (amekro is a reduction of imprisonment period for prisoners based on their discipline shown in the prison life)" (6,17,20,35,36).

Our findings concerning risk behaviors before imprisonment showed that 90 (29.4%) men had sex with commercial sex workers who were small compared to studies done in Maputo, Mozambique (25). Moreover, the report from this study showed that 55 (18%) of sexually active study participants had STI which was less compared to studies done in Mozambique and Youth offenders Institute London, UK (25,30). Since youth are not homogeneous group and their experience and health behavior is directly affected the socio-cultural and economic background they live, the difference in this figure might be due to this factors. For instance, in some cultures the cultural construction of masculinity and sexuality are causes to increase risk-taking behaviors and reduce the probability of men's need to help. Men have a tendency to start sexual relationship at younger age and have more partners than women and more causal relationships, thus this situation expose them and their partners to risks, and this may

be connected with society's expectations of what makes a "real" man, and promote risky sexual behavior" (20,24).

In our study, the occurrence of STI in prison among inmates significantly associated with occurrence of STI among this population prior to their detention (AOR) = 4.2795%CI: (1.79, 10.19). This might be due to the risk taking behaviors among youths. Studies done USA among youth prisoners concluded that the presence of history of high risk behaviors among the above mentioned study population before their detention and high prevalence of STI in prison as well (29).

The prevalence of sexual victimization in this study is 4.2%. The rate was relatively less compared to the studies done in USA (31-32). The variation in these findings might be due to situational difference between countries such as institutional policies, Gender inequality, Cultural norms towards sexual violence, behaviors of the individuals involved and others social conditioning such as, peer, family and community environment and others (9-10,35).

In this study**,** the number of times inmates reported being sexually victimized was not more than once, in more than half (53.3%) of the victims. A study done in America, also reported that the majority (92.3%) of targets reported being threatened only once (32). But, another study, to the contrary of our findings, had shown that more than half (75% of the men and 57% of the women) of the victims were sexually victimized more than once (33). The reason for the difference between these observations might be due strict or week rule of laws with in the institutions or countries, attitudes of prisoners for sexual violence, criminal levels of prisoners and others factors (10,24).

In our case, all the perpetrators were men but the vicitims are both females and males. Among female respondents, 6% (6) of them reported sexual victimization where as from male respondents 3% (9) were victims for sexual violence. And other reports also showed that globally the vast majority of victims of sexual violence are females and perpetrated by males however; sexual violence against men and boys is also widespread (9,35). And one of the reasons for this might be cultural pressures around masculinity that fuel men's need to prove

sexual potency by exercising authority over women. This is therefore; some men may be stressed and pressured to prove themselves by exerting “male” authority, to the extent of forcing themselves on unwilling women due to the cultural constructions in which they live (16,20,35). Moreover Sexual violence is also more likely to happen where beliefs in male sexual entitlement are strong and gender roles are more rigid (8,10). This finding also supported by finding from focus group discussion in which the female discussant said that:

“the reasons for the occurrence of sexual violence were because of male dominance character and physical strength and the polices here considered that being sexually coerced by men was a normal phenomena”.

In this study, the number of inmates who were victimized to penetrative sex were 6 (40%) of the total victims. This observation was relatively low compared to the observation seen in other study (33). And the difference in these reports might be due difference in prison environment/living arrangements of prisoners such as dorm environment and shower and also other factors related to administrative issues like laws (10, 35,36-37).

Regarding disclosure status of victimized inmates, in this study, half of female victims did not disclose their exposure to sexual violence and more than fifty percent (6) male inmates disclose their status to prison inmates. To the Contrary of this report, a study done in USA reported that more than one half of the women, but only one third of the men, told another inmate (33). This might be due to attitude difference to wards being victim to sexual violence, institutional policy for victims or other factors. For instance, this factor explained during focus group discussants with males:

“if someone found while he was forcing male inmates to have sex with, he would be punished by inmates administration. And the punishments are staying in a dark room, performing heavy tasks with out payment, prohibition from getting “amerkro” and family contact.”
So due to this, male inmates might be encouraged to disclose their status to inmates. Where as, female inmates reported during focus group discussions

“even though there was a responsible body (“zone halafi”) to whom we were expected to report any types of problem, with regards to sexual coercion caused by male inmates, the representatives did not consider this as a problem and did not take any action to help us rather they criticized us on our dressing style and way of act.

So this reason might not encourage female inmates to discuss their experience to sexual violence. Another report also explains that globally many of sexual victims bear this burden in silence and many of the victms are females and to some extent males too (20).

In this study, the occurrence of sexual victimization is not significantly associated with any one of the tested variables. And male FDG discussant said that “Since, it is not allowed to take a bath together with another person, sleeping in one cell is in a very crowded situation, the norm of having sex with similar gender is punishable. Our environment is not conducive for persons who commit sexual coercion. In contrary to this report, another study done in USA reported that incidents of sexual coercion are much more likely to occur in a cell than in a more public place such as a shower or dorm environment (37). This difference might be due to a difference in living arrangement of prisoners.

7. Strength and Limitations of the study

Strength

- Since there is no similar study conducted in the country, it can contribute as baseline information for further studies as well as for programs.
- Applying both quantitative and qualitative methods of data collections enable us to have better information and support findings.

Limitation

- Social desirability bias due to highly sensitive questions related to sexuality.
- There was a possibility of recall bias during measuring some of the sexual behaviors.
- Finding similar literatures was a great challenge to compare and discuss findings.

8. Conclusion

- The prevalence of reported symptoms of STIs is considerable but, since the national STI prevalence is not known except for syphilis and HIV, we can not conclude that this prevalence is high or small compared to the community out side the prison.
- Previous history of STI before detention was found to be a factor associated with contracting STI in prison, this finding indirectly may show that some of risky sexual behaviors before detention continues in prison life too.
- The prevalence of sexual coercion is considerable.
- Males are mostly perpetrators of sexual violence.
- Police men lack knowledge on the importance of gender equality and equity.

9. Recommendation

- Sexual health programmes in prisons should include STIs screening, education about STI risk reduction, and awareness raising program about sexual violence.
- Ministry of Health should work on advocating condom distribution in prison.
- A national plan of action is important for preventing STIs as well as sexual violence in prison.
- Training for police men, is needed to make them better able to identify and respond to the sexual violence.
- Youth men need to be taught to respect women's self-determination with women in matters of sexuality and reproduction.

10. Reference

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11. Annexes

Annex 1: Questionnaire to assess sexual and reproductive health problems among youth prisoners in Addis Ababa.

Questioner identification data

Questioner identification number _____ Sub city _____

Prison Zone _____

Result status: Completed □ Refused □ Partially completed □ Other (specify)_____

Date of Survey _____/ _____ / _____

Date Month Year

Checked by Supervisor: Name _____ Signature _____

Date _____

I. Information Sheet

Good morning/Good afternoon, this study team is from Addis Ababa University, Faculty of Medicine. First off all, we thank you for sharing your time with us. We are here to study common Sexual and Reproductive Health problems among youth prisoners. This study will help to design SRH problems reduction strategy among youth prisoners. You are selected to participate in this study, but you are free to with draw from the study when ever you want and you are not obliged to respond to all questions in the study questionnaire. However your help and honest answer to this questionnaire help to identify common SRH problems among youth prisoners. This study will be done through face to face interview which consists personal matters. But, your name will not be asked and will not be written on the questionnaire. Therefore, we would like to assure you that the information that will be obtained from you remains confidential and the report will not identify you. We would greatly appreciate your cooperation and help in response to this study that takes about 20-30 minutes.

I agree to participate ☐ **I do not agree to participate** ☐

II. Consent form

I have been briefly informed and I understood clearly about the purpose of this study. Since it doesn't affect my personal life, I do not need any remedy. Therefore; I here approve my consent to take part in the study with my signature.

Signature _____

Date _____

PART 1. Socio-Demographic Data

No	Questions	Answer Choice
101	Sex	1. Female 2. Male
102	How old are you?	_____ Years
103	What is your religion?	1. Orthodox 2. Catholic 3. Protestant 4. Moslem 5. Other((Specify)
104	What ethnic group do you belongs to?	1. Oromo 2. Amhara 3. Tigre 4. Sidama 5. Others (specify _____
105	What is your educational grade level?	_____ Grade
106	Do you intend to complete any additional years of school at any time after you released from prison?	1. Yes 2. Probably yes 3. Probably not 4. Definitely not
107	Marital status	1. Unmarried 2. Married 3. Widowed 4. Divorced 5. Living together
108	What is your father's educational level?	1. Unable to read and write 2. Able to read and write 3. Grade 1-6 4. Grade 7-12 5. 12 complete 6. Certificate or above
109	What is your mother's educational level?	1. Unable to read and write 2. Able to read and write 3. Grade 1-6 4. Grade 7-12 5. 12 complete 6. Certificate or above
110	In your opinion, how do you perceive your family economic status?	1. Rich 2. Very rich 3. Moderate 4. Poor 5. Very poor
111	What is your Parent's job status?	1. Both parents work out side home

		2. Father work out side home and mother house wife. 3. Mother works out side home and father unemployed 4. Both do not work
112	Before incarceration, with whom you were living?	1. Alone 2. Both parent 3. Single parent 4. Relative 5. Street 6. Employer 7. Husband/Wife 8. Other(specify) _____
113	Before incarceration, what did you work for living?	1. Student 2. Unemployed 3. Small trade 4. Daily labor 5. Other(specify) _____
	PART 2. Prison Condition	
201	How long did you stay in the current prison?	_____ in month
202	How many inmates are imprisoned in your current room?	_____ per cell
203	How frequently you spend time out side your room?	1. None 2. One times/day 3. Two times/day 4. >2 times/day 5. Other Specify
204	How is your sleeping situation in your room?	1. Sleep alone with own bed/mattress on floor 2. Sleep with inmates together in group on mattress 3. Sleep with inmates together in group on bed 4. Other (specify)_____
205	Do you have family support?	1. I do not have 2. Food only 3. Money only 4. Money and visit 5. Food and visit 6. other(specify)_____
206	How many times have you been in prison before this sentence?	_____

PART 3. Sexual and Reproductive Health Related		
301	Have you ever get information about youth developmental and sexual changes?	1. Yes 2. No → Skip to 303
302	Where did you get the information?	1. From Parent 2. From School 3. From health professionals 4. From mass media 5. Others(specify
303	Have you ever had sexual intercourse?	1. Yes 2. No
304	What was your age when you had your first sexual intercourse?	_____year
305	What was your relationship with your partner the first time you had sexual intercourse?	1. Boy/girlfriend 2. Fiance 3. Husband/Wife 4. Commercial Sex Worker 5. Inmate 6. Other specify_____
306	Before this incarceration, how many women/men did you have sex with?	_____ Number of sexual partners.
307	How many different partners have you ever had sexual intercourse with in your lifetime?	_____ Number of sexual partners.
308	How many of them were commercial sex worker?	_____ Commercial Sex Workers.
309	Did you or your partner use condom every time you had sexual intercourse?	1. Yes 2. No
310	Before incarceration, Have you ever had STI that is	Yes / No → Skip to 312
	1. Abnormal Discharge from penis/vagina?	1 / 2
	2. Burning sensation during urination in Penis?	1 / 2
	3. Sores on penis/vagina?	1 / 2
	4. Swelling on groin region?	1 / 2
311	If you had STI, have you ever treated?	1. Yes 2. No
312	During incarceration, Have you ever had STI that is	Yes / No → Skip to 315

	1. Abnormal Discharge from penis/vagina? 1 2 2. Burning sensation during urination in penis? 1 2 3. Sores on penis/vagina? 1 2 4. Swelling on groin region? 1 2	
313	During incarceration, How many times have you had STI?	_____ in number
314	While you are in prison, did you receive treatment for the STI?	1. Yes 2. No
315	Have you ever had consensual sexual intercourse in prison?	1. Yes 2. No → Skip to 317
316	What is the sex of your sexual partner in prison?	1. Male 2. Female 3. Both
317	Before you were incarcerated, How would you characterize your sexual orientation?	1. Heterosexual 2. Bisexual 3. Homosexual 4. I do not know
318	During incarceration, How would you characterize your sexual orientation today?	1. Heterosexual 2. Bisexual 3. Homosexual 4. I do not know
319	Since the time you have been in a prison, has anyone ever Yes No 1. Touched you with out your will, in a way that you felt was sexually threatening? 1 2 2. Made you have sexual intercourse by harming you physically? 1 2 3. Made you have sexual intercourse by violating you verbally? 1 2	
320	How many times have you been sexually threatened?	_____ in number
321	Whom did you discuss this problem with?	1. No one 2. Another inmate 3. With a police man 4. With a medical person 5. Other(Specify)_____
322	Did you receive counseling or medication that you wanted?	1. Yes 2. No
323	What is sex of the perpetrator?	1. Male 2. Female 3. Both

		4. I do not know

Annex 3: Focus group discussion guide:

Good morning/Good afternoon, this study team is from Addis Ababa University, Faculty of Medicine. First off all, we thank you for sharing your time with us. We are here to study common Sexual and Reproductive Health problems among youth prisoners. This study will help to design SRH problems reduction strategy among youth prisoners. You are selected to participate in this study, but you are free to with draw from the discussion when ever you want. All comments, both positive and negative are welcome. We expect all of you to participate in the discussion. And we would like to ask you to speak one at a time in order to listen each other. Your help and honest idea to this discussion help to identify common SRH problems among youth prisoners and, we would like to assure you that the information that will be obtained from you remains confidential. We would greatly appreciate your cooperation and help in response to this study.

The issues in which the discussion held on were:

- The Presence of Sexual and Reproductive Health problems (Sexual Coercion and Sexually Transmitted Infections) in prison they were living in.
- Factor that influence SRH problems.

Annex 2: በአዲስ አበባ ማረሚያ ቤት የሚገኙ ወጣቶች ያለባቸውን የስነ ተዋልዶ ጤና ለማጥናት የተዘጋጀ መጠይቅ

<u>የመጠይቅ መለያ መረጃ</u>

መጠይቅ መለያ ቁጥር_____ ክልል _____ ክፍለ ከተማ_____

የማረሚያ ቤት ስም _____

የውጤት ደረጃ፡- የተጠናቀቀ □ በከፊል የተጠናቀቀ□ የተቃወመ□ ሌላ ካለ ይገለጥ□

ያረጋገጠው ሱፐርቫይዘር፡- _____ ፊርማ _____

ቀን _____

የጥናቱ ቀን _____ _____ _____

ቀን ወር ዓ.ም

I. ***<u>ለጥናቱ ተሳታፊዎች የሚሰጥ መረጃ</u>***

እንደምን አደራችሁ/ዋላችሁ? ከሁሉ አስቀድመን ሰዓታችሁን በመሰዋት አብራችሁን በመሆናችሁ ልናመሰግናችሁ እንወዳልን። ይህ የጥናት ቡድን ከአዲስ አበባ ዩንቨርሲቲ ህክምና ክፍል(ፋክልቲ) የመጣ ሲሆን የመጣበትም አላማ የስነ ተዋልዶ ጤና ችግር በወጣት ታራሚዎች ዘንድ በምን ደረጃ ላይ እንዳለ ለማጥናት ነው። በመሆኑም ይህ ጥናት ወጣት ታራሚዎች ያለባቸውን የስነ ተዋልዶ ጤና ችግር ለመቅረፍ የሚረዳ እስትራተጂ (ፖሊሲ) ለመቅረፅ ይረዳል። እናንተ የጥናቱ ተሳታፊ ለመሆን ተመርጣችኋል ነገር ግን በፈለጋችሁ ግዜ ጥናቱን የማቋረጥ ነፃነት ያላችሁ ሲሆን ለሁሉም ጥያቄም ግዴታ መልስ መስጠት አይጠበቅባችሁም። ጥናቱ የሚካሄደው ጥያቄዎችን ለናንተ በማቅረብ ሲሆን ግላዊ ጉዳዮችንም ይዳስሳል። ነገር ግን ስም አይገለፅም እናም በመጠይቁ ላይ ስማችሁ የማይሞላ በመሆኑ የሰጣችሁት መረጃ ሚስጠራዊነቱ የተጠበቀ መሆኑንና ሪፖርቱም እናንተን ለመለየት የማያስችል መሆኑን ልናረጋግጥላችሁ እንወዳለን። ስለዚህ በዚህ መጠይቅ ትክክለኛውን ምላሽ መስጠት ወጣት ታራሚዎች ያለባቸውን የስነ ተዋልዶ ጤና ችግር ለመለየት የሚያስችል በመሆኑ ትክክለኛውን ምላሽ በመስጠት እንድትተባበሩን በትህትና እንጠይቃልን። ይህን መጠይቅ ለመመላት የሚወስደው ሰዓት ከ20-30 ደቂቃ ነው።

የጥነቱ ተሳታፊለመሆን ተስማምቻው ☐ የጥናቱ ተሳታፊ ለመሆን አልተስማማሁም ☐

II. <u>ፈቃደኝትን መግለጫ</u>

ስለዚህ ጥናት በቂ መረጃ ተሰጥቶኝ ዓላማውን የተረዳሁኝ በመሆኔና በእኔ ላይ የሚያመጣው ተፅእኖ ስለሌለ ምንም አይነት ድጋፍ አልፈልግም። በመሆኑም የጥናቱ ተሳታፍ ለመሆን በፊርማዬ አረጋግጣለሁ።

ፊርማ_____

ቀን_____

ክፍል 1. ማህበራዊና ዲሞግራፊያዊ መግለጫዎች

ተ.ቁ	ጥያቄ	የመልስ ምርጫ (መልስዎትን ያክብቡ ወይንም ይፃፉ)
101	ያታውን?	1. ሴት 2. ወንድ
102	እድሜዎ?	_____ ዓመት
103	ሀይማኖትዎ?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. ሙስሊም 5. ሌላ ካለ ይግለጡ_____
104	ብሄርዎ?	1. ኦሮሞ 2. አማራ 3. ትግሬ 4. ሲዳማ 5. ሌላ ካለ ይግለጡ_____
105	የትምህርት ክፍል ደረጃዎ?	_____ ክፍል
106	ከማረሚያ ቤት በወጡ በማንኛውም ግዜ ትምህርት የመቀጠል ዕቅዱ አሎት?	1. አዎ 2. ምንአልባት እቀጥላለሁ 3. ምንአልባት አልቀጥልም 4. በእርግጠኝነት አልቀጥልም
107	የትዳር ሁኔታ?	1. ያላገባ 2. ያገባ 3. በሞት የተለየ 4. የተፋታ 5. አብሮ የሚኖር
108	የወላጅ አባትዎ የትምህርት ደረጃ?	1. ማንበብና መፃፍ የማይችል 2. ማንበብና መፃፍ የሚችል 3. ከ1 እስከ 6ኛ ክፍል 4. ከ 7 እስከ 12ኛ ክፍል 5. 12 ያጠናቀቀ 6. ሰርተፊኬት ወይም ከዛ በላይ
109	የወላጅ እናትዎ የትምህርት ደረጃ?	1. ማንበብና መፃፍ የማትችል 2. ማንበብና ማፃፍ የምትችል 3. ከ1 እስከ 6ኛ ክፍል 4. ከ 7 እስከ 12ኛ ክፍል 5. 12 ያጠናቀቀች 6. ሰርተፊኬት ወይም ከዛ በላይ

110	በእርስዎ አመለካከት፣ የቤተሰብዎ የኑሮ ደረጃ ምን ይመስላል?	1. ሀብታም 2. በጣም ሀብታም 3. መካከለኛ 4. ድሀ 5. በጣም ድሀ
111	የወላጆች/ቤተሰብ/ የሥራ ሁኔታ?	1. ሁለቱም ከቤት ውጭ ይሠራሉ 2. አባት ከቤት ውጭ ይሠራል አናት የቤት እመቤት 3. እናት ከቤት ውጭ ትሰራለች አባት ስራ አጥ 4. ሁለቱም አይሠሩም
112	ማረሚያ ቤት ከመግባትዎ በፊት ከማን ጋር ይኖሩ ነበር?	1. ብቸኛ 2. ከወላጆች ጋር 3. ከእናት/ከአባት ጋር 4. ከዘመድ ጋር 5. ጎዳና 6. ቀጣሪ/አሰሪ 7. ባል/ሚስት 8. ሌላ ካለ ይግለጡ_____
113	ማረሚያ ቤት ከመግባትዎ በፊት ስራዎ?	1. ተማሪ 2. ስራ አጥ 3. አነስተኛ ንግድ 4. ቀን ሠራተኛ 5. ሌላ ካለ ይግለጡ_____
ክፍል 2. በማረሚያቤት ያሎት ሁኔታ		
201	አሁን ያሉበት ማረሚያ ቤት ምን ያህል ግዜ ቆዩ?	_____ ወር
202	ምን ያህል ታራሚዎች አሁን ያሉበት ክፍል ውስጥ አሉ?	_____ ሰው በአንድ ክፍል
203	ምን ያህል ግዜ ከክፍልዎ ውጭ ያሳልፋሉ?	1. ምንም 2. በቀን 1 ግዜ 3. በቀን 2 ግዜ 4. በቀን ከ2 ግዜ በላይ 5. ሌላ ካለ ይግለጡ_____
204	የመኝታዎ ሁኔታ ምን ይመስላል?	1. አልጋ ላይ ለብቻ መተኛት/ በፍራሽ ላይ/ 2. በፍራሽ ላይ ከሌሎች ታራሚዎች ጋር መተኛት 3. በአልጋ ላይ ከሌሎች ታራሚዎች ጋር መተኛት 4. ሌላ ካለ ይግለጡ _____
205	ከቤተሰብ የምታገኘው/ኚው ድጋፍ አለ?	1. የለም 2. ምግብ ብቻ 3. ገንዘብ ብቻ 4. ገንዘብና ጉብኝት 5. ምግብና ጉብኝት 6. ምግብና፣ ጉብኝት፣ገንዘብ 7. ሌላ ካለ ይግለጡ_____
206	ከዚህ በፊት ምን ያህል ጊዜ ማረሚያ ቤት ገብተው ያውቃሉ?	_____

<u>ክፍል 3. የስነ ተዋልዶ ጤናን በተመለከተ፡-</u>

301	በወጣትነት ዕድሜ ክልል ስለሚኖረው የጾታና የሠውነት እድገት ለውጦች መረጃ አግኝተው ያውቃሉ?	**1.** አዎ **2.** አላምውቅ----► ወደ ጥያቄ 303 ይለፉ
302	መረጃውን ከየት አገኙ	**1.** ከቤተሰብ **2.** ከትምህርት ቤት **3.** ከጤና ባለሙያ **4.** ከመገናኛ ብዙሀን **5.** ሌላ ካለ ይግለጡ_____
303	የግብረ ስጋ ግንኙነት አድርገው ያውቃሉ ?	**1.** አዎ **2.** አላደረኩም
304	ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ሲያደርጉ ድሚያት ስንት ነበር?	_____ ዓመት
305	ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት አብርውት ካደረጉት ሰው ጋር የነበሮት ግንኙነት ምንድን ነበር?	**1.** የሴት/የወንድ ጓደኛ **2.** እጮኛ **3.** ባል/ሚስት **4.** ሴተኛ አዳሪ **5.** ታራሚ **6.** ሌላ ካለ ይግለጡ_____
306	ማረሚያ ቤት ከመግባትዎ በፊት ከስንት ሴት ወይንም ወንድ ጋር የግብረ ስጋ ግንኙነት ፈፅመዋል?	_____ ሰዎች
307	በአጠቃላይ ከስንት የተለያዩ ሰዎች ጋር የግብረ ስጋ ግንኙነት ፈፅመዋል?	_____ ሰዎች
308	ምን ያህሉ ሴትኛ አዳሪዎች ነበሩ?	_____ ሴትኛ አዳሪዎች
309	አንተ ወይም ጓደኛህ የግብረ ስጋ ግንኙነት ባደረጋቹ ግዜ ሁሉ ኮንዶም ተጠቅማቹ ነበር?	**1.** አዎ **2.** አልተጠቀምንም
310	ማረሚያ ቤት **<u>ከመግባትዎ በፊት</u>** የአባለዘር በሽታ ይዞዎት ያውቃል ማለትም፡፡	

	አዎ	**የለም** --------► ወደ ጥያቄ 312 ይለፉ
1. ያልተለመደ ፈሳሽ ከማህፀን/ከብልት?	1	2
2. ሽንት ሲሸኑ ማቃጠል?(የወንድ ብልት)	1	2
3. ማህፀን/ብልት መቁሰል?	1	2
4. የጭን መጋጠሚያ እብጠት?	1	2

311	ታመው ከነበር ታክመው ነበር?	**1.** አዎ **2.** አልታከምኩም
312	ማረሚያ ቤት **<u>ከገቡ በኋላ</u>** የአባለዘር በሽታ ይዞዎት ያውቃል ማለትም፡፡	

	አዎ	**የለም** --------► ወደ ጥያቄ 315 ይለፉ
1. ያልተለመደ ፈሳሽ ከማህፀን/ከብልት?	1	2
2. ሽንት ሲሸኑ ማቃጠል?(የወንድ ብልት)	1	2
3. ማህፀን/ብልት መቁሰል?	1	2
4. የጭን መጋጠሚያ እብጠት?	1	2

313	በማረሚያ ቤት ቆይታዎ ምን ያህል ግዜ የአባለዘር በሽታ አጥቅቶዎት ያውቃል?	_____
314	በማረሚያ ቤት ታመው ከነበር፣ ታክመው ነበር?	1. አዎ 2. አልታከምኩም
315	በማረሚያ ቤት ቆይታዎ፣ በመፈቃቀድ የግብረ ስጋ ግንኙነት ፈፅመው ያውቃሉ ?	1. አዎ 2. አላደረኩም ---► ወደ ጥያቄ 317 ይለፉ
316	በማረሚያ ቤት የግብረ ስጋ ግንኙነት አብርዎት ያደረጉት ጓደኛ ዎታ?	1. ወንድ 2. ሴት 3. ሁለቱም 4. አላውቅም
317	ማረሚያ ቤት ከመግባትዎ በፊት የግብረ ስጋ ግንኙነት ሁኔዎ?	1. የግብረ ስጋ ግንኙነት ከተለየ ዎታ ጋር መፈፀም 2. ከሁለቱም ዎታ ጋር የግብረ ስጋ ግንኙነት መፈፀም 3. ከተመሣሣይ ዎታ ጋር የግብረ ስጋ ግንኙነት መፈፀም 4. አላውቅም
318	ማረሚየ ቤት ከገቡ በኋላ ያሎት የግብረ ሥጋ ግንኙነት ሁኔዎ?	1. የግብረ ስጋ ግንኙነት ከተለየ ዎታ ጋር መፈፀም 2. ከሁለቱም ዎታ ጋር የግብረ ስጋ ግንኙነት መፈፀም 3. ከተመሣሣይ ዎታ ጋር የግብረ ስጋ ግንኙነት መፈፀም 4. አላውቅም
319	በማረሚያ ቤት ቆይታዎ፣ ግብረስጋ ግንኙነት እንዲፈፅሙ ያስገደዶት ሰው አለ ማለትም 1. የለፈቃድዎት በመንካት የግብረስጋ ግንኙነት እንዲፈፅሙ ማስገደድ 2. የሰውነት አካሎን ግድቶ የግብረስጋ ግንኙነት መፈፀም 3. አላስፈላጊ ቃል በመናገር የግብረስጋ ግንኙነት መፈፀም	አዎ የለም 1 2 1 2 1 2
320	ምን ያህል ጊዜ ያለፈቃድዎት ግንኙነት እንዲያደርጉ ተገደዱ?	_____
321	ይህንን ችግር ከማን ጋር ተወያይተው ያውቃሉ?	1. ከማንም ጋር አልተወያየሁም 2. ከሌላ ታራሚ ጋር 3. ከፖሊስ ጋር 4. ከጤና ባለሙያ ጋር 5. ሌላ ካለ ይግለጡ_____
322	ግንኙነት እንዲያደርጉ ከተገደዱ፣ የምክር ወይም የህክምና አገልግሎት አግኝተዋል?	1. አዎ 2. አላገኘሁም 3. አላውቅም
323	ያስገደድዎት ግለሰብ ዎታ?	1. ወንድ 2. ሴት 3. ሁለቱም 4. አላውቅም

Annex 4: Declaration

I, the undersigned, declared that this thesis is my original work in partial fulfillment of the requirement for the degree of master of pubic health. All the sources of the materials used for this thesis and all people and institutions who gave support for this work are fully acknowledged.

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Date of submission: August 24, 2009

Approval of the Primary Advisor

This thesis work has been submitted for examination with my approval as university advisor.

Advisor's name Dr Assefa Seme (MD MPH)
Signature_____