ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE SCHOOL OF PUBLIC HEALTH
Thesis submitted to the School of graduate Studies Addis Ababa University

Sexual violence and the risk of HIV infection among VCT users in South Wollo zone, ANRS.

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Acronyms

AAU-MF: Addis Ababa University, Medical Faculty

AIDS: Acquired Immune Deficiency Syndrome

ANC: Antenatal Care

ANRS: Amhara National Regional Sate

AOR: Adjusted Odds Ratio

CI: Confidence interval

CSW: Commercial Sex Workers

DHS: Demographic Health Survey

EPHA: Ethiopian Public Health

HIV: Human Immunodeficiency Virus

IPV: Intimate Partner violence

MOH: Ministry Of Health

NCTP: National Committee of Traditional Practice

OR: Odds Ratio

PLWHA: People Living With HIV/AIDS

PMTCT: Prevention of Mother-to-child Transmission

SPSS: Statistical Package for Social Science

STI: Sexually Transmitted Infections

UNAIDS: Joint United Nations' Programs on HIV/AIDS

VCT: Voluntary Counseling and Testing

WHO: World Health Organization

Abstract

Introduction: sexual violence is one form of gender based violence which is the most silent epidemic; affect the health and life of women in the world. Because women have much less control over decision making, as a result of low status, and have less access to health and social services they are more vulnerable for violence and the risk of HIV infection. As a result of this gander based violence and HIV infection are the two most important factors which affect the health and wellbeing of women globally.

Objective: The objective of this study is to assess the relationship between sexual violence and HIV infection among VCT user women in South Wollo Zone.

Methods and Materials*:* A facility based cross sectional study was conducted using quantitative methods on a sample of 800 people living in seven selected districts of VCT centers of the south Wollo.

Result: The quantitative study reveled that the prevalence of life time sexual violence, life time partner violence, and last 12 month partner violence was 34.6%. 32.3 and 10.5 % respectively. The prevalence of HIV among VCT users is 21.5%. Violence is significantly associated with the risk of HIV infection (life time sexual violence OR= 1.95, 95% CI =1.33-2.86), last 12 month intimate partner violence (OR= 2.55, 95% CI=1.5- 4.33).

Conclusion: The prevalence of sexual violence and the risk of HIV infection is higher among illiterate women. Therefore, women empowerment is an important tool to reduce both sexual violence and HIV/AIDS, which are the major public health problem.

1. Introduction

Violence against women is a major health and human rights concern, it is a universal problem. At least one out of every three women around the world has been beaten, coerced into sex, or otherwise abused in her lifetime. Women can experience physical or mental abuse throughout their lifetime, in infancy, childhood, adolescence, adulthood or older age. Violence exists in all societies and individual woman experience it in every social and economic group. Different studies have showed that there are significant percentages of female that have suffered from the violence. Gender-based violence have different forms and includes, acts of physical, sexual, and psychological violence by intimate partners, dating partners or family members; sexual assault and rape including stranger rape, acquaintance/date rape and marital rape; childhood sexual assault of girls; sexual harassment; and forced prostitution[1]

Violence against women plays a crucial and devastating role in increasing the risk to women of HIV infection. Violent or forced sexual encounters increase the risk of abrasions to the vaginal wall, facilitating entry of the virus. Young and adolescent girls are especially susceptible because their reproductive tracts are less fully developed. Violent sexual encounters also make it practically impossible for women to negotiate condom use. Several studies from different parts of the world indicate that up to one third of adolescent girls reported that their first sexual experience was coerced[2] .

Violence may have impact on women's HIV risk through long-term impact on her emotional well being and her subsequent HIV risk behavior. Early experience of sexual violence in particular has been associated with traumatic sexualisation and difficulties in adult intimate relationships which can include engaging in behaviors associated with excess HIV risk. Evidence from developed countries suggests that violent experiences, particularly those occurring in childhood or at first intercourse, can impact sexual behavior years later. Reports from the USA have found significant association between childhood sexual assault and early initiation of sexual activity [3].

Since there is no study conducted on sexual violence and the risk of HIV infection in the study area, therefore this study is to assess the association between violence and the risk of HIV infection among women attending VCT service, in South Wollo Zone.

1.1. Statement of the problem

The impacts of violence against women on society are as multidimensional and numerous as its forms. Primarily, violence jeopardizes women's physical and mental health including their very survival. It causes injuries, which can lead to permanent disabilities or death. Women who experience violence have low self-esteem; develop feelings of shame and depression. The physical and psychological trauma that violence causes on women is beginning to be recognized as a hidden obstacle to the overall development of society. The fearful and vulnerable state that violence puts women into leads them to underestimate their abilities which could positively shape and determine the development of their communities. Thus, they are marginalized from involvement in development activities and in situations where they participate they cannot fully devote their labor and creative ideas because of the burden of physical and psychological scars of violence [3,44]

Violence against women is a worldwide public health problem, particularly in the context of HIV/AIDS epidemic. Violence against women, particularly sexual violence is a risk factor for women's health and wellbeing; it can increase women's risk of acquiring HIV/AIDS directly or indirectly [4]

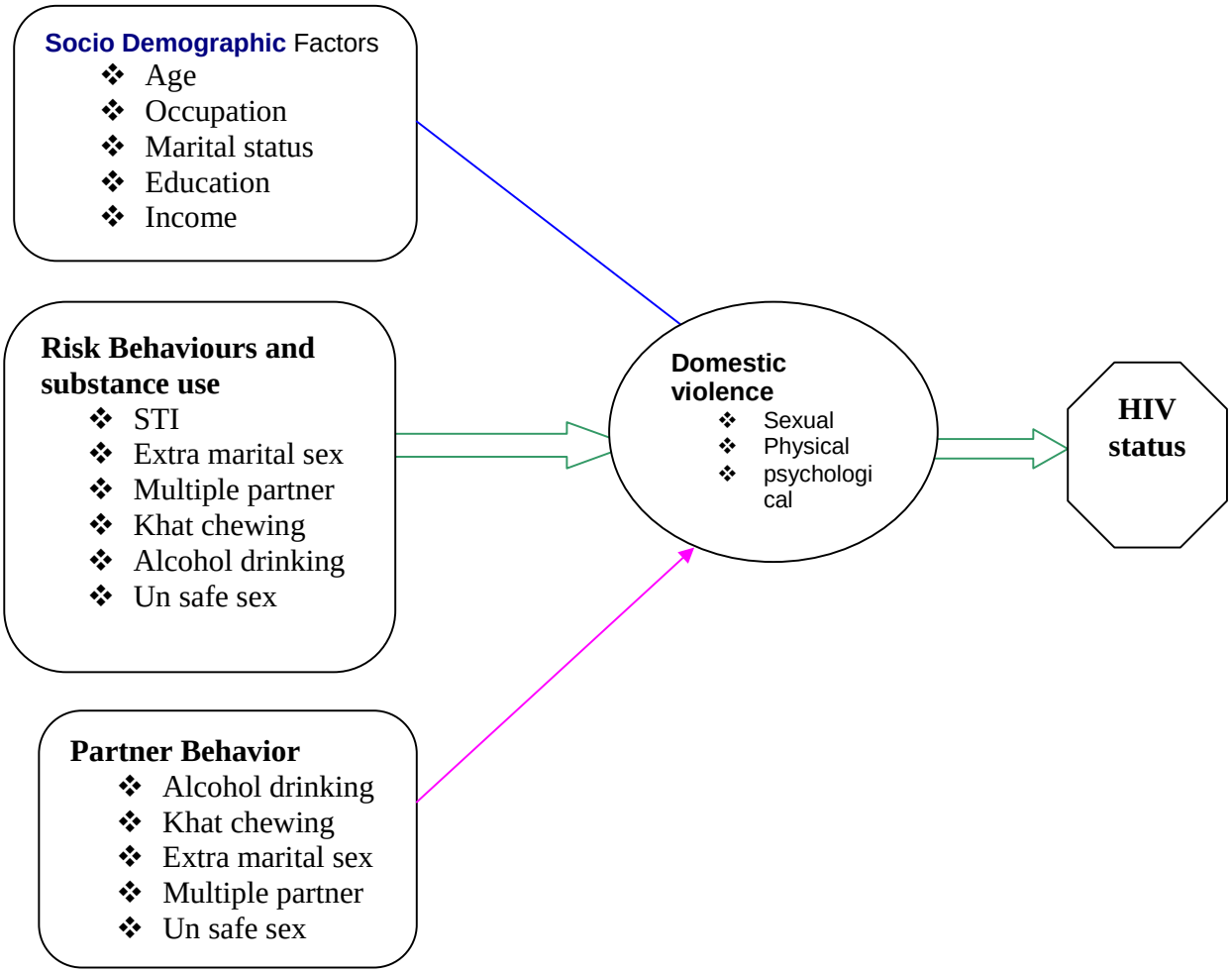
A study conducted among women attending antenatal care in South Africa, Soweto indicated that women who have experienced partner violence and controlling behavior by their partner are nearly 1.5 times more likely to be HIV infected than those who do not. Violence can also increase the risk of health problems, when compared non- abused with the abused women. Women who have been victimized have more physical symptoms reduced physical functioning, worse subjective health, more lifetime diagnosis, higher health service utilization [5].

1.2. Rationale of the study

Currently violence and the risk of HIV infection is the major public health problem. Women, especially with lower educational status, socioeconomic status and who live in rural setting have poor access to information related to violence and the risk of HIV/AIDS. There are limited studies conducted on violence and the risk of HIV, especially in developing countries. Although women who live in rural settings, economically weak and uneducated suffer from the problem, in most rural part of the country gender based violence, particularly sexual violence has not been studied very well.

Since there is no research that has been done on that specific study area, this study will provide help full information on the magnitude, prevalence and the association of violence particularly sexual violence for decision and policy makers, associations, NGOs and other concerned bodies.

Figure 1. Conceptual framework of the association between sexual violence and the risk of HIV infection.



This conceptual framework addresses both individual risk behaviour, socio demographic factors, and partner behaviour that may influence for both domestic violence and HIV status directly or indirectly. Domestic violence has also contributed to individual HIV status.

2. Literature review

2.1. Gender based violence

Sexual and Gender Based Violence is endemic in communities around the world, and it is un recognized due to different cultural barriers. It is endemic in communities around the world, cutting across class, race, age, religion and national boundaries. Sexual violence is more likely to occur in societies with rigid and traditional gender roles: “in societies where the ideology of male superiority is strong, emphasizing dominance, physical strength and male honor rape is more common”[6].

Sexual violence is often referred to as a "hidden" crime or a "silent epidemic" as rape and sexual assault frequently go unreported to the police and other authorities. In fact, according to the Texas Association against Sexual Assault less than 15% of rapes are ever reported [7].

In most cases rape is committed by family members, and it is under reported because of different reasons. A descriptive, cross-sectional study on sexually abused girls under the age of 18 at the Department of Obstetrics and Gynecology, Medical and Health Science Center of Debrece, showed that most of the perpetrator for rape was the victim's father and the stepfather. In most case the mother and police accompanied the victim of the cases [8].

Another study conducted in Ethiopia on sexual violence on street children showed that 60-78% of the victims knew the perpetrators, and the study revealed that 66% of the victims were victimized by strangers. But 80% of the victims did not report to the police after the assault [9].

2.2. Factors increasing women’s vulnerability for sexual violence

One of the most common forms of sexual violence around the world is the one perpetrated by an intimate partner. One of the most important risk factors for women in terms of their vulnerability to sexual assault is being married or cohabiting with a partner. Other factors influencing the risk of sexual violence include: being young, consuming alcohol or drugs, having previously been raped or sexually abused having many sexual partners, involvement in sex work, and, Poverty and different cultural factors [10]

Age: Young women are usually found to be more at risk of rape than older women. According to data from justice systems and rape crisis centers in Chile, Malaysia, Mexico, Papua New Guinea, Peru and the United States, between one-third and two-thirds of all victims of sexual assault are aged 15 years or less[11].

Alcohol and drug consumption: Increased vulnerability to sexual violence also stems from the use of alcohol and other drugs. Consuming alcohol or drugs makes it more difficult for women to protect themselves by interpreting and effectively acting on warning signs [12].

Having previously been raped or sexually abused: There is some evidence linking experiences of sexual abuse in childhood or adolescence with patterns of victimization during adulthood. A national study of violence against women in the United States found that women who were raped before the age of 18 years were twice as likely to be raped as adults, compared with those who were not raped as children or adolescents [13].

Having many sexual partners: young women, who have many sexual partners, are at increased risk of sexual violence. It is not clear, though, if having more sexual partners is a cause or consequence of abuse, including childhood sexual abuse [14].

Educational level: Women are at increased risk of sexual violence, as they are of physical violence by an intimate partner, when they become more educated and thus more empowered. Women with no education were found in a national survey in South Africa to be much less likely to experience sexual violence than those with higher levels of education [15].

Poverty: Poor women and girls may be more at risk of rape in the course of their daily tasks than those who are better off, for example when they walk home on their own from work late at night, or work in the fields or collect firewood alone. Children of poor women may have less parental supervision and care [16]

2.3 Impact of violence against women

Violence against women has serious consequences for their physical and mental health. Abused women are more likely to suffer from depression, anxiety, psychosomatic symptoms, and sexual dysfunctions. Violence may affect the reproductive health of women through the increase of

sexual risk-taking among adolescents, the transmission of STDs, including HIV/AIDS, unplanned pregnancies, precipitating various gynecological problems [17].

Violence has burden on health care system, Studies from the United States, Zimbabwe and Nicaragua indicate that women who have been physically or sexually assaulted use health services more than women with no history of violence, thus increasing health care costs. The medical care costs of women who were raped or assaulted were 2.5 times higher than the costs of non-victims[18].

Generally sexual violence results different consequences on women's life and these consequences are emotional, economic, physical, problems. A study in Mumbai reported that 20% of all pregnancies among adolescents seeking abortion had occurred as a result of forced sex, while a study in Thailand reported that one in ten rape victims had been infected with a sexually transmitted disease [19].

A cross sectional, school-based survey in Addis Ababa and Western Showa among high school students to determine the prevalence, and outcomes of sexual violence showed that the prevalence of completed rape and attempted rape among female students was 5% and 10% respectively. 85% of the rape victims were under 18 years of age and 78%, of the respondents believed that rape was a major problem [20].

Another study conducted on high school students to assess the prevalence of gender-based violence against these students in Dabat High School showed that 11.4% of the students have started sexual intercourse and of these, 33.3% were raped cases. 20.4% of the students have survived attempted rape. In addition 44% of the students were sexually harassed***[21]*** .

2.4. Factors increasing men's risk of committing rape

Among the factors increasing the risk of a man committing rape are those related to attitudes and beliefs, as well as behavior arising from situations and social conditions that provide opportunities and support for abuse. Some of the factors are alcohol and drug consumption, and psychological factors. Alcohol has been shown to play a disinheriting role in certain types of sexual assault as have some drugs [22]

Previous literature has also shown that men who abuse their intimate partners are also at higher risk of HIV infection. Explanations for this associated include that men who abuse their intimate partners are more likely to engage in other risky behaviors that can lead to increased HIV and other STI infection, such as abusing drugs, alcohol have more sexual partners or are less likely to use condoms Patriarchal cultural pressures that encourage early sexual initiation and fatherhood are also associated with increased sexually transmitted infection risk [23].

2.5 Relation between Violence and HIV/AIDS epidemic

According to UNAIDS/ WHO report there is an estimated 33.2 million people living with HIV throughout the world. In sub-Saharan Africa, the regions with two-thirds of the total number of HIV infections close to 61% of those infected are women and adolescent girls[24].

One of the existing studies suggests that gender-based violence makes women vulnerable to HIV through three main mechanisms. First, and most obviously, there is the possibility of direct transmission through forced or coerced sexual acts. Secondly, the trauma associated with violent experiences can impact later sexual behavior. Third, violence or the threat of violence may limit women's ability to adopt safer sex practices within on-going relationships[25].

Research shows that there is a direct link between gender-based violence and HIV infection, particularly in young women. Adolescent girls in sub-Saharan Africa experience sexual violence on a regular basis. A Multi-country Study on Women's Health and Domestic Violence, undertaken in 2006 by The World Health Organization, found that, in countries such as Bangladesh, Ethiopia, Tanzania and Peru, violence in the home is widespread and ranges upwards to just over 70 per cent[26].

Findings in Rwanda and Tanzania indicate the risk for HIV among women who are victims of gender-based violence is up to three times higher compared to women who have not been subjected to violent behavior. On the other hand HIV positive women have high risk of violence when compared to HIV negative women, for example, in Tanzania, researchers found that young HIV positive women were ten times more likely to have had a violent partner compared to HIV negative women their own age [27].

A research conducted to explore associations between gender-based violence and HIV infection with 1,395 women attending antenatal clinics in Soweto showed that experience of intimate partner violence was 55.5% lifetime history of physical or sexual assault by a male partner. Adult sexual assault by non-partners 7.9%, child sexual assault 8.0% and forced first intercourse 7.3% were also common [5].

Gender inequality often overlaps with other forms of inequality. Woman's vulnerability is shaped by factors such as race, class, age, ethnicity, urban/rural location, sexual orientation, religion and culture. More specific factors that compound women's vulnerability to HIV infection are: biological factors, social factors, political factors, and economic factors [28].

Biological factors: Women's physiology increases their risk of HIV infection in that they have, for example, a larger mucosal surface, which can be exposed to abrasions. They also have a higher rate of sexually transmitted infections than men, and this allows for easier transmission of the HIV Virus[28] .

Social factors: Their relatively low status manifests itself throughout women's' life in poor access to education, housing, health and social welfare services. Further, low rates of employment result in economic inequalities in terms of access to resources, information and money[28].

Political factors: The power differentials within domestic relationships often render women subordinate to their male partners. This is manifested in numerous forms of domestic violence, including rape and sexual abuse within relationships[28]

Economic factors: Poverty increases women's vulnerability to HIV/AIDS. Poverty inevitably results in poor nutrition, inadequate sanitation and susceptibility to opportunistic diseases and infections[28] .

Ethiopian situation

According to MOH/HAPCO in 2005/2006, it was estimated that a total of 1,320,000 people were living with HIV/AIDS in Ethiopia and Women are twice as likely as men to be infected with HIV, 1.9 % of women are HIV positive compared to 0.9% of men [29] .In Ethiopia more than 80% of women surveyed during the 2000 DHS stated that a husband is justified in beating his wife for refusing sexual relations with him, arguing with him, or going out without him. Similarly, 13.7% of married Ethiopian women were in a polygamous union, 14.6% in rural and 7.0% in urban communities and harmful traditional practices, including female circumcision, violence against women and girls, including child marriage, rape, child sexual abuse, abduction and domestic violence, are widespread in Ethiopia [25,30,31] .

Ethiopia has a large and extremely vulnerable population for HIV. Of 74.7 million, an estimated 50 % of the population lives below the poverty line. HIV/AIDS remains one of the key challenges for the overall development of Ethiopia, as it has led to a seven-year decrease in life expectancy and a greatly reduced workforce [23,33] .

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Women are more vulnerable to HIV/AIDS in Ethiopia, mainly due to a lack of knowledge and control over how, when and where the sex takes place, particularly in the rural areas, where culture and religion dominate the rights of women. Women and girls often have less information and access to services, especially in rural areas. Girls make their sexual debut early - either through early marriage or sexual abuse - and their partners are typically much older men. Physical and sexual violence within marriage are also common, and women have little room to negotiate the use of condoms or to refuse sex to an unfaithful partner. A 2005 WHO multi-country study on women's health and domestic violence revealed that in a one-year period nearly a third of Ethiopian women reported being physically forced by a partner to have sex against their will [34] .

This high rate of forced sex is particularly alarming in the light of the AIDS epidemic and the difficulty that many women have in protecting themselves from HIV infection. female genital mutilation, practiced almost universally in Ethiopia, widow inheritance - in which the woman has to marry a male relative of her deceased spouse - early marriage and rape all contributed to making Ethiopian women more vulnerable to HIV/AIDS. "Women in Ethiopia have the larger AIDS burden because of factors like economic dependence and difficulty in meeting basic needs, insufficient proper knowledge of prevention, lack of enough access to prevention, and lack of proper information about sex and sexuality. Although there were organizations to support women and raise awareness of gender-based violence, they lacked support for their activities, particularly in rural areas, where women rights were largely ignored [34].

2.7. Voluntary counseling and testing (VCT)

Voluntary counseling and testing (VCT) is the process by which an individual undergoes confidential counseling to enable the individual to make an informed choice about learning his or her HIV status and to take appropriate action. The client-centered nature of counseling enables trust between the counselor and the client so that there is an opportunity for in-depth discussion of HIV/AIDS, including how to prevent it In addition, VCT is an important entry point to other HIV/AIDS services, including prevention of mother to child transmission (PMTCT), prevention and management of HIV related illnesses, and social support. From a human rights perspective, VCT can play a role in addressing stigma and discrimination [35] .

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3. Objectives

3.1. General objective

To assess the relationship between sexual violence and HIV infection among women attending VCT services in South Wollo Zone.

3.2. **Specific objectives**

- To identify the magnitude of sexual violence among VCT clients, of women in reproductive age.
- To assess the prevalence of HIV infection among VCT clients of women in reproductive age group.
- To compare HIV status among sexually violated and non-violated women.

4. Materials and method

4. 1. Study Setting

The study was conducted in South Wollo Zone in Amhara Regional State. South Wollo is one of 10 Zones in the Amhara Regional State. The capital city of the zone is Dessie, which is about 400 kilo meters from Addis Ababa. The Zone is divided into 21 administrative Woredas. Based on figures from the Central Statistical Agency in 2005, the zone has an estimated total population of 2,942,886, of which 1,446,752 are male and 1,496,134 are female; 366,095 (12.4%) of its population are urban dwellers. The Zone has an estimated area of 16,956.06 square kilometers. There are three governmental and three private hospitals, 30 health centers, 84 developing health centers 359 health posts and 52 VCT sites.

4.2. Study design

Hospital based cross-sectional study was conducted at seven districts of South Wollo Zone, of the seven districts, which are Dessie, Tewledere, Kalu, Legambo, Woreilu, Tenta and Kutaber. Quantitative data was collected from 10 VCT centers, (health centers and hospitals) of the selected districts.

4.3 study period

The study was conducted from February to April 2009 in the selected districts of south Wollo zone.

4.4. Source population

The source populations were all women in reproductive age, group who visit health institutions of the zone.

4.5. Study subjects

The study subjects were all women in reproductive age group, who seek regular HIV counseling and testing including antenatal care services.

Inclusion Criteria

- All women who were examined for VCT.
- Able to communicate using local (Amharic) language.
- Permanent resident (living for 1year or more or has intention to live) within the Zone).
- Voluntary to participate in the study.

4.6. Sample size

The study used a single population proportion formula of a sample size. To determine minimum sample size, the study considered a 59% prevalence of sexual violence obtained from a previous study conducted among Meskan and Mareko district in central Ethiopia (39), at 95% certainty and maximum discrepancy of ± 4% between the sample and the underlining population. An additional 15% was added as a contingency to increase power and compensate for possible non response, and a total of 667 women who use VCT in South Wollo Zone were needed.

Using the formula:

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

n =Sample size

$Z_{\infty/2}$ = Z value at (∞ = 0.05) = 1.96

P = Proportion of sexual violence to be studied (59%)

D = Margin of error (Precision) = (0.04)

Additional 15% was added to minimize non-respondents

$(1.96)2 *.59(.41)/.(0.04)^2$ = 580 + 15% none response

N= 667

4.7. Sampling method

All eligible women who visited the selected VCT center of the zone during the study period were included.

4.8. Data collection

The data was collected by 12 trained counselors of the respective selected VCT centers. The counselors were trained for 2 days on the questionnaire, eligibility of the women and on confidentiality and other ethical issues.

Data was collected using the standardized questionnaire from WHO-multi-country study on women's health. The questionnaire was prepared with the aim to answer the main study questions of the research in English language and it was translated into Amharic language and then back to English by the principal investigator and other personnel fluent on both languages to prevent for possible misunderstanding and misinterpretation.

The questionnaire contains mainly close ended and few open ended questions. It was pre-tested and the necessary modification was incorporated accordingly.

Data were collected during the pre-test counseling before the sero status of the respondents was known and the sero status of the respondents was recorded during post counseling. The collection process was continued until the required number of data was identified. Two supervisors and the principal investigator supervised the data collection and checked filled questionnaire for consistency and completeness.

4.9. Measurement

To assess sexual violence and the risk of HIV infection different measurements were performed based on use of appropriate types of variables.

Socio-economic status: Socio-economic status of the study subject as well as their partners was assessed by using their socio demographic data such as educational status, occupation and related variables.

Sexual violence: Sexual violence history of the study subject was assessed by using variables which can indicate woman's lifetime or recent and one year sexual experience.

HIV status: HIV status of the study subjects was recorded with a greater confidentiality by using codes.

4.10. Quality control

The quality of the data was - maintained by preparing standardized, simple and easily understandable questionnaire. The questionnaire was - pre-tasted before starting the actual data collection. Training was given for the counselors, who fill the questionnaire, and since most of the counselors are females it could improve the communication to provide their experience.

4.10. Data analysis

Quantitative data was entered, cleaned and processed by SPSS (Statistical Package for Social Science). Analysis of association for selected exposure variables was done with the outcome variables. Logistic regression was performed using SPSS (Statistical Package for Social Science version 10), for variables which show a statistically significant association ($p<0.05$) in bi-variate

analysis. The result was presented using appropriate absolute numbers, frequencies, odds ratio and confidence interval.

4.12. Ethical clearance

Ethical clearance was obtained from Addis Ababa University, the Faculty of Medicine, and Institute of Research Board before the start of fieldwork. Official letter of co-operation was written to South Wollo Administrative zone from AAU/MF School of Public Health. Permission is obtained from South Wollo department and official letter was written for the selected districts of the zone. Informed consent was taken from each client for participation in the study. HIV status of women was obtained anonymously, by VCT service providers.

There was a high degree of confidentiality during data collection and informed consent was obtained from each study subject.

4.13. Study variable (inclusion)

The dependent variable of the study is HIV status. The independent variable includes sexual violence, educational background, socio-economic status, demographic (age, marital status, parity and gravidity) characteristics, and their marital relationship with their spouses. For women who experienced sexual violence and who asked for counseling service was collected by the counselor.

4.14. Operational definitions

Violence against women is any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. *(UN Economic and Social Council, 1992)*

Intimate partner violence (IPV) is defined as "violence by a current or former spouse, boyfriend or girlfriend or a same sex partner" (Apuzzo, 2006).

Domestic violence can be defined as a general term for violence that occurs between intimate partners, relatives, individuals who have a child in common, or co-habitants (Violence Against Woman and Department of Justice Reauthorization Act of 2005, 2006).

Sexual violence It involves "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Sexual assault can be defined as the touching of another without their consent in a sexual manner, including attempts, in order to arouse, appeal to, or gratify the lust or sexual desires of the accused, the victim, or both (From USAFA Instruction 2000).

5. Result

5.1 Response rate

A total of 647out of 667 study subjects participated from different sites of the selected health institutions of the seven districts within the zone, making the response rate 97%. On average about 80 participants were included from each VCT center, although the total number of participants varies for each VCT centers. This is because it was determined by the flow of clients in each health institution. A minimum of 60 to a maximum of 100 participants were included in each health institution.

5.2. Background characteristic

The mean age of the study subjects who attended VCT centers was 25.7 $\pm$ 8 years and about 284 (43.9%) were young women between the age group of 15-24 years. More than half (52.7%) women were married or cohabiting with a partner, and 228 (35.2%) were illiterate. About 407 (62.9%) of the women were Muslim by religion, and 611 (94.4%) were Amhara by ethnicity. Two hundred seventy five (42.5%) of the participants were housewives, although there were substantially high proportion of students and farmers by occupation, about half (47.0%) were from urban population (Table 1).

Table 1 Socio-demographic and background characteristics of the respondents of South Wollo Zone women VCT users, June 2009, (n=647)

Characteristics	Number	Percentage
Respondents' characteristics		
Age		
15-24 year	284	43.9
25-34 year	244	37.7
35 years and above	199	18.4
Mean +/- SD	**25.7±8.0**	
Marital status		
Never married	110	17.0
Married /cohabiting	341	52.7
Widowed /divorced	196	30.3
Educational status		
Illiterate	228	35.2
Elementary	262	40.5
Secondary and above	157	24.3
Religion		
Christian	240	37.1
Muslim	407	62.9
Ethnicity		
Amhara	611	94.4
Non-Amahara	36	5.6
Occupation		
House wife	275	42.5
Gov. emp.	46	7.1
Student	91	14.1
CSW	9	1.4
Farmer	111	17.2
Other	115	17.7
Resident		
Urban	304	47.0
Rural	343	53.0

5. 3. Substance use and sexual behavior

The median age at first sexual intercourse was at 16 ± 7 years, and majority 70% of the respondents reported that they had sexual intercourse before 18 years.

About 327 (50.2%) of the participants have only one partner although almost similar proportion 320 (49.5%) of women had multiple (two or more) partners. About 114 (17.6%) of the participants had a history of sexual intercourse with extra-partner during the last 12 month, and 10% of the respondents had a history of sexually transmitted infection. About 232 (35.9%) of the study participants reported to chew khat while 86 (13.3%) disclosed to drink alcohol (Table 2).

Table.2. Distribution of substance use and sexual behavior of the respondent of South Wollo Zone women VCT users, June 2009,(n=647)

Variable	No	Percentage
Respondent related		
Age at first intercourse		
Less than 18	453	70.0
18 and above year	194	30.0
Median age	**16 ±7**	
Ever casual partner		
One	327	50.5
Multiple	320	49.5
Sex with other partner last 12 month		
Yes	114	17.6
No	533	82.4
History of STI		
Yes	65	10.0
No	582	90.0
Khat chewing		
Yes	232	35.9
No	415	64.1
Alcohol use		
Yes	86	13.3
No	561	86.7

5.4 Prevalence of HIV and sexual violence

Prevalence of HIV among VCT users in Wollo zone was 21.5% with a 95% confidence interval between 18.34% and 24.6%. The overall life time prevalence of at least one form of sexual violence by any perpetuator was about 36.3% with 95 % confidence interval between 32.6% and 40.0%. Similarly, of the total 647 respondents, who ever had partner, the prevalence of life time intimate partner sexual violence was 32.3% with 95% CI between 28.7% and 35.9% and this prevalence in the last 12 months prior the date of the survey was 10.5% with 95% CI (8.14 – 12.8). Life time prevalence of experiencing sexual violence by stranger is about 10.2% with (95% CI) between 7.9 and12.5%, and this prevalence in the last 12 month was 3.4% (95% CI 2.01%-4.79%) (Table 3).

Table. 3. Prevalence of HIV/AIDS test status and experiencing of sexual violence in lifetime and last 12 months in South Wollo Zone women VCT users, June 2009, (n =647)

Category	Prevalence	95% CI
Sexual Violence		
By intimate partner		
Life time	32.3	(28.7 - 35.9)
Last 12 months	10.5	(8.1 - 12.9)
By stranger		
Life time	10.2	(7.9 - 12.5)
Last 12 months	3.4	(2.0 - 4.8)
Before 15 years of old	5.6	(3.8 - 7.4)
Ever by any perpetuator	36.3	(32.6 - 40.0)
HIV status	21.5	(18.3 - 24.6)

5.5 Socio-demographic correlates of sexual violence and HIV

The odds of having HIV infection, is higher among the age group between 25 - 34 years, with (OR 3.90, 95% CI 2.43-6.24, and 35 years or more (OR 3.66, 95% CI, 2.11-6.35) compared to the young age group. The chance of sero-conversion for HIV status was statistically associated with women who were widowed/ divorced (OR = 3.7, 95% CI 1.97-7.25), women living in urban residence (OR= 2.33, 95% CI 1.58-2.3.43), having a partner in the age group between 24 and 34. The likelihood of having HIV was statistically different by type of occupation of the woman. However, there was no difference in HIV status of the respondents neither by difference in education, religion and ethnicity of the respondents (Table 4).

Similarly, the likelihood of experiencing sexual violence in life time is higher to statistically significant level among women who were divorced/ widowed (OR= **1.82; 95% CI; 1.12-2.94)**. The chance of experiencing sexual violence in life time was adversely associated with lower educational status, illiterate (OR=**2.13; 95% CI; 1.37-3.31**) and elementary (OR= **1.63; 95% CI; 1.05-2.53**) than the secondary or more. There is also higher prevalence of violence among commercial sex worker and farmer women. However, there was no difference in experiencing of sexual violence in life time of the respondents neither by difference in residence, age group, religion and ethnicity of the respondents (Table 4).

Table.4. Socio-demographic correlates of HIV status and life time violence among women VCT users in South Wollo, June 2009, (n=647)

Character	Sample	HIV Preva.	Crude OR(95%CR)	Violence Prevalence	Crude OR(95%CR)
Age group					
15-24 yrs	284	(10.2)	1.00	(32.7)	1.00
25-34 yrs	244	(30.7)	**3.90 (2.43-6.24)**	(40.6)	1.40 (0.98-2.00)
35+ yrs	119	(29.4)	**3.66 (2.11-6.35)**	(36.1)	1.16 (0.74-1.82)
Marital status					
Never married	110	(11.8)	1.00	(35.5)	1.00
Married /cohab.	341	(17.6)	1.59 (0.83-3.02)	(28.7)	0.73 (0.46-1.15)
Widow/divorce	196	(33.7)	**3.70 (1.97-7.25)**	(50.0)	**1.82 (1.12-2.94)**
Educational status					
Illiterate	228	(22.8)	1.06 (0.69-1.62)	(43.0)	**2.13 (1.37-3.31)**
Elementary	262	(21.8)	1.25 (0.75-2.07)	(36.6)	**1.63 (1.05-2.53)**
Sec. & above	157	(19.1)	1.00	(26.1)	1.00
Religion					
Christian	240	(22.5)	0.90 (0.61-1.33)	(33.3)	1.00
Muslim	407	21.5)	1.00	(38.1)	1.23 (0.88-1.71)
Ethnicity					
Amhara	611	(21.1)	1.00	(36.0)	1.00
Non-Amphara	36	(27.8)	1.43 (0.67-3.05)	(41.7)	1.26 (0.64-2.51)
Occupation					
House wife	275	(22.5)	1.00	(32.4)	1.00
Gov temp.	46	(30.4)	1.50 (0.75-2.99)	(37.0)	1.22 (0.64-2.34)
Student	91	(6.6)	**0.24 (0.10-0.58)**	(23.1)	0.62 (0.36-1.08)
CSW	9	(33.3)	1.71 (0.41-7.06)	(77.8)	**7.31 (1.48-35.9)**
Farmer	111	(15.3)	0.62 (0.34-1.12)	(43.2)	**1.59 (1.01-2.50)**
Other	115	(32.2)	**1.63 (1.00-2.64)**	(46.1)	**1.78 (1.14-2.78)**
Resident					
Urban	304	(28.9)	**2.33 (1.58-3.43)**	(36.5)	0.98 (0.71-1.35)
Rural	343	(14.9)	1.00	(36.2)	1.00

5.6 HIV status and sexual violence by sexual and substance use behavior

Women who ever had two or more partner in their life have higher chance of HIV, (COR =1.90; 95% CI; 1.29-3.2.78). The prevalence of HIV is also higher for women who have a history of sexually transmitted disease, (COR= 4.63; 95% CI; 2.72-7.86) and khat chewing habit (COR= 1.60; 95% CI; 1.09-2.34) than their respective referents. However, there was no significant difference in HIV status among women having difference in age at first sex, alcohol drinking habit.

Similarly, lifetime experience of sexual violence was significantly higher among women who reported their first sexual intercourse was before the age of 18 years (COR = 1.84; 95% CI; 1.26-2.70). Lifetime experience of sexual violence was also higher among women having history of sexually transmitted disease (COR= 2.07; 95% CI; 1.24-3.48), khat chewing habit (COR= 1.71; 95% CI; 1.22-2.38) than their respective referents. However, there was no difference in experience of sexual violence in life time among women having difference in alcohol drinking habit.

Table 5. Comparison of HIV status and life time sexual violence by risky sexual and substance use behaviors, of South Wollo Zone women VCT users, June 2009 (n=647)

Character	Sample	HIV Prevale	Crude OR	Violence Prevale	Crude OR
Age at first intercourse					
< than 18yrs	453	(21.9)	1.08 (0.70-1.66)	(38.2)	**1.84 (1.26-2.70)**
18 and above yrs	194	(20.6)	1.00	(32.0)	1.00
No. of casual partner					
One	327	(16.2)	1.00	(27.2)	1.00
Multiple	320	(26.9)	**1.90 (1.29-2.78)**	(45.6)	**2.18 (1.55-3.06)**
Extra-partner sex					
Yes	114	(21.2)	1.09 (0.67-1.78)	(34.5)	**1.53 (1.01-2.31)**
No	533	(22.8)	1.00	(44.7)	1.00
History of STI					
Yes	65	(50.8)	**4.63 (2.72-7.86)**	(52.3)	**2.07 (1.24-3.48)**
No	582	(18.2)	1.00	(34.5)	1.00
Khat chewing					
Yes	232	(26.7)	**1.60 (1.09-2.34)**	(44.4)	**1.71 (1.22-2.38)**
No	415	(18.6)	1.00	(31.8)	1.00
Alcohol drink					
Yes	86	(29.1)	1.60 (0.96-2.67)	(45.3)	1.54 (0.97-2.44)
No	561	(20.3)	1.00	(34.9)	1.00

5.7 Association of violence with HIV/AIDS

Prevalence of HIV significantly higher among women who experienced violence both crudely and after it was adjusted for marital status, occupational status, number of ever partner, chat chewing habit and resident

Women who experienced sexual violence by intimate partner in the last 12 month and sexual violence by any perpetor was significantly associated with HIV/AIDS status both crudely and after it was adjusted for women's marital status, number of partner, history of STI during the last 12 month, and khat chewing habit with (AOR 2.4, 95% CI 1,4-4.4) and 1.4(1.0-2.1).

How ever the association found between sexual violence by intimate partner during life time and HIV/AIDS status faied after it was adjusted for women's marital status, number of partner, and history of STI during the last 12 month, and khat chewing habit.

Table 6. Association of different forms of sexual violence with HIV, crude and adjusted OR, after controlling for selected variables, June 2009, (n=647)

Sexual violence	Sample	HIV+ %	Crude OR (95% CI)	Adjusted OR (95% CI)
By intimate partner				
Life time				
No	438	(17.6)	1.00	1.00
Yes	209	(29.7)	**1.97 (1.34-2.90)**	1.4 (0.9-2.1)
Last 12 months				
No	579	(19.5)	1.00	1.00
Yes	68	(38.2)	**2.55 (1.50-4.33)**	**2.4 (1.4-4.4)**
By any perpetuator				
No	412	(17.2)	1.00	1.00
Yes	235	(28.9)	**1.95 (1.33-2.86)**	**1.4 (1.0 -2.1)**

NB: The logistic regression model is adjusted for women marital status, number of partners, history of STI during last 12 month and chat chewing habit.

6. Discussion

The current study is conducted in seven districts, 10 VCT centers of South Wollo Zone. And this covers wide area of the zone.

The response rate of the study is high (97%) and may be due to the training given and a good supervision in the area. Under the current study proportion of widow/divorced women is about 30.3%, which is relatively higher than the normal population distribution of the DHS 10.6 % [36]. This could be attributed to the fact that most widowed or divorced women are forced to check their HIV status as they perceived as they are more exposed for the virus. It may also be due to early marriage, resulting in divorce more CSWs and my visit VCT to know their status. Almost an equal proportion of respondents are included from rural and urban area.

The majority, about (70%) of the respondents started sex before 18 years, and the median age at first sexual intercourse is 16 $\pm$ 7 year, which is comparable with the median age of first sexual intercourse in the region which is 15.5 years [36].This clearly indicates that sexual initiation of first sex in the study area is at an early age. This can be attributed to factors like early marriage, and other social problems.

One of the objectives of the current study is to estimate the prevalence of sexual violence and HIV among VCT users in South Wollo Zone. The over all prevalence of HIV among women of VCT users in South Wollo zone is 21.5%. This prevalence is higher when compared with the regional DHS and ANC prevalence which are 1.8% and 4.5% respectively but it is lower than a study done in Ababa which is 24.5% [36,37]. This can be attributed to high number of women who are at risk of HIV and the higher result in Addis Ababa can be attributed to the study site or urbanization but about half of the study participants were rural women.

In this study the prevalence of violence is 36.3%. This is lower than the study conducted in Butajira district in central Ethiopia, which was 59% (38). The main reason for the high prevalence in Butajira could be due to methodological vibration because the current study was facility based survey where as the Butajira study was community based study. Under the current study there is a significant proportion of life time forced sex by stranger is 10.2%, this is lower

than a study conducted among VCT clients in Addis Ababa, which is 14.9% this might be attributed to the study conducted in Addis Ababa study area or urbanization (39).

The prevalence of sexual abuse during child hood is 5.6% which is comparable with a study done among pregnant women in South Africa Soweto, which is 8% [5]. Most of the victims were violated by their family members especially the father and their stape father. This is comparable with a study conducted on child sexual abuse in Hungary, about 44% and 40% of the perpeters of child sexual abuse are the victim's father and stape fathers respectively [40].

The prevalence of HIV significantly varies by age group. It is 10.2% among the 15-24 age groups. Those women in 25-34 years age group have 3.9 times higher chance to have HIV when compared with the lower (15-24 years) age group. This can be attributed to the fact that most of the respondents under age 25 are groups that are single and they may not have been exposed for risky sexual behavior. The trend of higher HIV prevalence among age groups above 25 years is also observed in several studies such as study done on the association between substance abuse and HIV infection among VCT client in Addis Ababa [37].
The variation in the prevalence of HIV/AIDS is also observed by marital status which is very significantly higher among divorced or widowed women. This is comparable with 2005 EDHS and a study done on socio demographic profile and prevalence of HIV among VCT clients in Addis Ababa [38,41] . This might be again attributed to widowed or divorced women have higher sexual risk.

It is interesting to see a higher prevalence of HIV among the illiterate group when compared with secondary and above, this is comparable with a study done among VCT clients in Addis Ababa [37] . This can be attributed to low information coverage and less empowered group among the illiterate when compared with the literate group. But it is not in agreement with 2005 EDHS which can be attributed to the study subject, because all are women, and those who are illiterate are less empowered than the educated group [36].

The prevalence of both HIV and sexual violence did not differ significantly by other background variables like religion, ethnicity. For occupation there is a significant high HIV prevalence and

violence among commercial sex workers. The prevalence of HIV is significantly higher among the urban respondents when compared with the rural study subjects (28.9% versus 14.9%). This is in agreement with EDHS 2005(7.7% versus 0.6%). This can be attributed to different factors such as more substance abuse in urban community and other risky behaviors.

The prevalence of HIV is significantly higher among risk behavior such as number of multiple partners, history of STI, substance abuse (khat and alcohol) by the respondent. This is in agreement with the study conducted on the association between substance abuse and HIV infection among people visiting HIV counseling and testing centers in Addis Ababa, indicate there is significant association between alcohol drinking and HIV positivity. [41]

In this study most of risk behavior variables have significant association for both HIV and sexual violence. Chance of HIV and violence was higher among women with multiple lifetime partner which is similar with EDHS (36). Women who are experiencing partner violence are at an elevated risk of HIV infection, this is comparable with a study done on urban minority, African, American and Latin American women who attend health care clinic infections [42].

To see the pure effect of different forms of violence on HIV transmission and prevalence logistic regression model was fitted with background variables and risky behavior variables to avoid the effect of potential confounders. After controlling for selected variables, which have significant association in crude odds ratio, last 12 month partner violence and violence by any perpetors are remains significantly associated with HIV. But lifetime partner violence, forced sex by stranger, and sexual violence are insignificant even though they have significant crude odds ratio. In this study the risk of HIV infection is 2.45 times higher among those who have a history of partner violence during the last 12 month. This is comparable in a study conducted in Tanzania, found that HIV-positive women were over 2.5 times more likely to have experienced violence by their partner than other women [43].

Strength and limitation of the study

Strength

- There is high response rate in this study.
- Data collection was carried out by highly trained counselors who work in the selected VCT centers.
- Use standardized instruments from WHO multi country study
- Since counselors are respected by the community, the client may provide adequate information.

Limitation

- Cross-sectionals design may not show temporal relationship between exposure and outcome variables.
- Life time prevalence of violence may be under reported, because of recall bias due to time experience or mild forms of violence may be forgotten.
- Violence and HIV are sensitive issues, as a result there may be under reported due to social desirability bias.

7. Conclusion and recommendation

Conclusion

- Sexual violence is experienced by one in three of the women, (36.3%) and prevalence of HIV among women visiting health facility is about 21.5%.
- The chance of having HIV is associated with sexual violence.

Recommendation

- In this study there is high degree of sexual violence and HIV infection among illiterate women, there fore empowerment of women through education is essential.
- Because there is significance association between sexual violence and HIV/AIDS, it is crucial to do counseling on violence for women who seek VCT.
- Women who have sexual violence during VCT service should be referred for higher counseling service.

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8. Annex

General Information Sheet about the study

01. Name of the hospital----------

02. Questionnaire Identification number----------

My name is Fatuma Hassen a Master of Public Health (MPH) student of Addis Ababa University faculty of Medicine School of public health. What I am hoping to find out with this research is to provide information on the sexual violence and the risk of HIV infection. And it will improve the status and life of women. It will be also important for government to make decision.

All the information, which you are being, asked to provide in this questionnaire will be kept strictly confidential. And, will be used only for study purposes. The interview is voluntary and you have the right to participate or not to participate or to refuse any time during the interview. Your refusal will not have any effect on services that you or any members of your family receives However, your participation is important to full fill the study purpose

Contact address of principal investigator, Tel 251-911 418062

IRB address: 251-115 538734

Consent form that certify the respondents agreement before the interview

I hope that you will be frank and honest in providing answers to the following questions:-

Do you agree to answer the following questions to the best of your ability?

Yes No

If you answer yes, please continue responding to the interviewer,

Thank you in helping with this important study.

Annex. Survey Questionnaire

Questionnaire, to assess sexual violence and the risk of HIV/AIDS infection in south Wollo Zone, Amhara National Regional State.

Questioner identification number _____Health institution Name_____

Checked by: Supervisor: Name _____Signature _____Date _____

Name of interviewer _____, Date of interview _____/ _____ / _____

Date Month Year

Part 1. Socio demographic data

No	Questions	Coding categories
101	How old are you? (in years)	_____ 1. Do not know _____2
102	What is your current marital status?	(circle the response) Single……..……..…….. 1 Married…….....2 Widowed.....3 Divorced……..…..……...4 Cohabiting ….……...……5
103	What is the highest educational level you completed?	Unable to read and write…..….1 Able to read and write…….…..2 Completed grade (____)
104	What is your religion?	Orthodox …….…….……1 Muslim……..……2 Protestant …….……3 Others (specify) …….…….4
105	What ethnic group do you Belongs to?	Amhara.....1 Oromo.....2 Others (specify)…….3
106	What is your current Occupation?	Government employee ….……1 House wife …….…..2 Others (specify) ……...3
107	Residence	Urban ……1 Rural…….2
108	Can you estimate your daily or monthly income in Birr	Daily (_____) or Monthly (_____) other …….
200	Question on risk behavior for HIV	
201	Do you ever had sexual intercourse?	Yes……1 No…….2 I am not willing to answer……3
202	If your answer for question number 201 is yes what was your age when you first have sex?	(……) ...1 Do not remember….2
203	If your answer for question number 201 is yes	I was willing to do it ……1

	describe the situation of the sex.	I was unwilling to do it…….2 I was forced to do it……..3 I do not remember…….8 Not willing answer……...……9
204	If your answer for question number 201 is yes with how many people do you perform sex in your life time?	One……..1 Two ……2 Three……3 Four……..4 Five and above……..5
205	In the past 12 months do you perform sex with your partner?	Yes……..…1 No……..……....2 Not willing to give answer……..…9
206	If your answer for 205 is yes do you use condom frequently?	Yes…..……1 No…..……....2 Not willing to give answer……..…9
207	If your answer for question number 206 is no why?	Cannot get condom at the time……..1 Lack of awareness..……2 My partner do not want to use……...3 Others _____
208	In the past 12 months was there a fluid that comes out of your genital organ or do you have STD?	Yes……1 No.……..2 Do not remember……8 Not willing to answer……...…..9
209	If your answer for question number 208 is yes did you go to any health center?	Yes……..…1 No……....2 Not willing to give answer…..…..…9
210	If your answer for question number 208 is yes did you tell your partner to use condom?	Yes…….1 No…….2 Not willing to answer……..9
211	Age at first marriage (in years) (only for married girls)	( )…..…1 Do not know……2
212	Do you chew chat?	Yes ……..……1 No……...2 Not willing to answer……9
213	If your answer for 212 is yes how frequently?	Daily …….……1 1-3 days in a week……..…2 Sometimes…….3 Not willing to give answer……..4
214	Do you drink alcoholic?	Yes ……..……1 No……..……..2 Not willing to answer…..……9
215	If your answer for 214 is yes how frequently?	Daily …….…..……1 1-3 days in a week…..……2 Sometimes……..…….3 Not willing to give answer.……..9
216	Do you discuss with your husband on matters related to	Financial Yes …..1 .No ……..2 Family planning Yes …..1 .No ……..2 Sexuality Yes …..1 .No ……..2 HIV/AIDS Yes …..1 .No ..…..2
217	Who is responsible in taking your children to hospital when they are sick?	Me…….……1 My husband……..……2 Me and my husband…….…….3

		Refused to answer…….……9
218	Who is responsible for buying smaller items in your house?	Me…….……1 My husband…….…….2 Me and my husband…….3 Refused to answer……9
219	Who is responsible for buying bigger items in your house like TV, ox?	Me……1 My husband…….2 Me and my husband……...…….3 Refused to answer……...……9
220	Did your husband ever hinder you from visiting your family or relatives?	Yes ……..1 No ……2 Do not know……8 Refused to answer……9
221	Do you think your partner have relation with other girls before starting relation with you	Yes…….1 No……..……2
222	If your answer is yes with how many girls?	One….1 Two……2 Three…3 Four……..4 Five and above…..5
223	Do you think your partner have relation with other girls after starting relation with you	Yes(with CSW).....1 Yes(Not with CSW).....2 No .....3 May be.....4 Do not know.....8 Refused to answer…….....9
224	If your answer is yes with how many girls?	One….1 Two……2 Three…3 Four……..4 Five and above…..5
225	If your answer for 227 is yes do you think he uses condom?	Yes .....1 No.....2 . Do not know.....3
226	Reason for seeking HIV testing	Self initiated to know status…...1 Was compulsory requirement….2 Pre-marital……..……..3 Required by physician ……4 Other (Specify)……..5

Part 3 Questions related to gender

300	Questions for sexual violence		
		A. . Sexual abuse, life time	**B .Sexual abuse, past 12 month**
301	Were you physically forced to have sex when you did not want to by your partner?	Yes ……..1 No ……2 Never had sex……8 Refused to answer……..…9	Yes ……..…..1 No ……..…2 Never had sex…..…….8 Refused to answer...…9
302	If your answer is yes how many times?	One time……1 Few times……2 Many times……..3	One time……1 Few times……2 Many times……..3

303	Has any one else outside your partner forced you to do some thing sexual that you found degrading or humiliating?	Yes ……..1 No ……2 Never had sex……8 Refused to answer……9	Yes …….……...1 No …….……..2 Never had sex……8 Refused to answer…9
304	If your answer is yes how many times?	One time…….1 Few times……2 Many times……..3	One time…….……1 Few times……2 Many times……..3
305	Were you forced to have sex when you did not want because you were afraid of what your partner might do to you?	Yes ……..1 No ……2 Never had sex……8 Refused to answer……9	Yes ……..1 No…….……2 Never had sex…….8 Refused to answer….9
306	If your answer is yes how many times?	One time…….1 Few times……2 Many times……..3	One time……1 Few times……2 Many times…...……..3
307	Has your partner forced you to do some thing sexual that you found degrading or humiliating?	Yes ……..1 No ……2 Never had sex……8 Refused to answer……9	Yes …….……...1 No …….……..2 Never had sex……8 Refused to answer…9
308	If your answer is yes how many times?	One time…….1 Few times……2 Many times……..3	One time……1 Few times……2 Many times……...…..3
309	Have you faced rape in your life time?	Yes ……..1 No ……2 Do not know……8 Refused to answer……9	Yes ……..1 No …….……2 Do not know.……8 Refused to answer.…9
310	How was your marriage arrangement?	By family ……1 By agreement……2 By abduction……3 Doesn't concern me……..4 Do not know……8 Refused to answer……9	
311	<u>Before the age of 15</u>, do you remember if any one in your family ever touched you sexually, or made you do something sexual that you didn't want to? 1 Yes 2. No IF YES: Who did this to you?	Father……1 Step father……..……..2 Family member…….3 Teacher……..…4 Police/solider ……. 5 Boy friend……6 Stranger……7 Other ……..8	

312	Is it a wife's obligation to have sex with her husband even if she does not feel like it?	Agree. .....1 Disagree..... 2 Do not know.....8 Refused no answer.....9	
313	In your opinion, can a married women refuse to have sex with her husband if:	Yes.....1 No .....2 Do not know 9	
314	If your answer is yes in what situation can she refuse?	A. she does not want B. he is drunk C. she is sick D. he mistreat her	Yes No DK 1 2 8 1 2 8 1 2 8 1 2 8

400	**KAP on modes of Transmission and Prevention**	
401	If yes, what are the modes of transmission of HIV? [Record all possible answers]	Unprotected sex ……1 From mother to her baby……..2 Through blood transfusion……3 Contaminated instruments……..4 Eating together with PLH…..……..5 Through mosquito bit……..……6 Do not know…….8
402	What are the modes of prevention of HIV? [Record all possible answers]	Abstain form sex …….1 Be faithful to only one partner……2 Use condom……..3 Avoid unsafe blood transfusion..…4 Not share sharp things…….5 Avoid mosquito bites……6 Avoid eating with PLH…….7 Do not know……..8
403	HIV status	Positive ……..1 Negative…….2

Thank you for your time

Amharic version questioonare

ስለጥናቱ አጠቃላይ መረጃ

0.1. የጤና ተቋሙ ስም----------

0.2. የመጠይቁ መለያ----------

0.3. የተጠናቀቀ (የተሟላ) መጠይቅ----------

0.4. በከፊል የተሟላ መጠይቅ----------

0.5. ለመመለስ ያለተስማሙ ----------

መግቢያ

ስሜ ፋጡማ ሀሰን ይባላል። የመጣሁት ከአዲስ አበባ ዩንቨርሲቲ ት/ቤት የጥናት ቡድን አባል ስሆን በዚህ ጥናት ለመስራት ያቀድኩት ነገር ቢኖር በሴቶች ላይ የሚደርሰውን ፆታዊ (ወሲባዊ) ጥቃት ያለውን ስርጭት እና በጥቃቱ ምክንያቶች ምን ያህል ሰዎች በኤች አይ ቪ የመያዝ እድል እንዳላቸው የሚያሳይ መረጃዎችን ለመሰብሰብ ነው። የዚህን ጥናት ውጤት እንደመነሻ በመጠቀም በመንግስት በኩል የሚወጡ ህጎች የሚሻሻሉበትን መንገድ እና የሴቶችን የኑሮ ሁኔታ ለማሻሻል የሚያስችል ዘዴን ለመፍጠር ነው።

ሁሉም በዚህ መጠይቅ ውስጥ የምትመልሷቸው መረጃዎች በሚገባ ሚስጥር ሆነው ይያዛሉ። ጥቅም ላይ የሚውሉትም ለጥናት ብቻ ይሆናል። ቃለመጠይቁ በፈቃደኝነት ላይ የተመሰረተ ሲሆን እርስዎም በጥናቱ ውስጥ የመሳተፍ፣ ያለመሳተፍና መብትዎ የተጠበቀ ነው። በጥናቱ ውስጥ አልሳተፍም ማለትዎ እርስዎና ቤተሰብዎ በጤና ተቋም ውስጥ በሚያገኙት አገልግሎት ላይ ምንም አይነት ተጽኖ አይኖረውም።

ነገር ግን እርስዎ በጥናቱ ተሳትፈው የሚሰጡን መረጃ የጥናቱን አላማ ለማሳካትና በሴቶች ላይ የሚደርሰውን ወሲባዊ ጥቃት ላይ ለውጥ ለማምጣት ከፍተኛ ጠቀሜታ አለው።

Adress of PI 251-911-418062

Adress of IRB 251-115-538734

ከመጠይቁ በፊት የተጠያቂውን ስምምነት ማረጋገጫ ቅፅ

በጥናቱ ለመሳተፍ ፈቃደና ነዎት

1. **አዎ** ( ) 2. **አይ/አልስማማም**

መልስዎ አዎ ከሆነ፣ ለጠያቂው መመለስዎትን ይቀጥሉ፡፡ በዚህ ጠቃሚ ጥናት ስለረዱን እናመሰግንዎታለን፡፡

በሴቶች ላይ የሚደርስ ፆታዊ ጥቃትና ስለኤች አይቪ ኤድስ ጥናት

ክፍል 1 የሚጠይቁ መለያ ቁጥር---------- 2. የሆስፒታሉ/የጤና ጣቢያው ስም ------ መጠይቁ መሞላቱን ያረጋገጠው ሀላፊ ስም _____ ፊርማ _____

መጠይቁን የሞላው ሰው ስም _____ ቀን ____ ወር__ ዓመት

ክፍል 1

ቁጥር	ጥያቄ	መለያ	
101	እድሜሽ ስንት ነው (በዓመት)	(----------) -----1 አላዉቀዉም----------2	
102	በአሁኑ ጊዜ የጋብቻ ሁኔታ	መልሱን አክብቡት ያለገባች .....1 የሞተባት.....3 ያገባች .....2 የተፋታች .....4 ቋሚ የፍቅር ጓደኛ ያላት.....5	
103	የትምህርት ደረጃ	ማንበብና መፃፍ የማትችል.....0 ማንበብና መፃፍ የምትችል.....1 ያጠናቀቀችዉ ክፍል ( )	
104	ሀይማኖት	ኦርቶዶክስ .....1 ሙስሊም.....2 ፕሮቴስታን.....3 ሌለ ካለ ይገለጽ.....4	
105	ብሄረሰብ	አማራ.....1 ኦሮሞ.....2 ሌላ ካለ ይጠቀስ 3	
106	በአሁኑ ጊዜ የሚሰሩት ስራ ምንድን ነው	የመንግስት ሰራተኛ.....1 የቤት እመቤት.....2 ሌላ ካለ ይጠቀስ..... 3	
107	የመኖሪያ ቦታ	ክተማ.....1 ገጠር.....2	
108	የቤተሰቡ አማካይ የቀን ወይም የወር ገበ ፣ በብር ምን ያህል ነዉ	በቀን ( ) ብር በወር ( ) ብር ሌላ ካለ ይጠቀስ.....	
200	**ክፍል 2 ለኤች አይቪ ቫይረስ የሚያጋልጥ ሁኔታዎችን የሚመለከት**		
201	የግብረ ስጋ ግንኙነት ፈጽመዉ ያዉቃሉ	አዎ.....1 የለም.....2 መልስ ለመስጠት ፈቃደኛ አይደሉም.....9	
202	ለ201 መልሰዎ አዎ ከሆነ ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት የፈጸሙበት እድሜ(በዓመት)	(-------) .....1 አላስታዉስም.....2	
203	ለ201 መልሰዎ አዎ ከሆነ ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ሲፈጽሙ የነበረውን ሁኔታ እንዴት ገልጹታል?	ለመፈጸም ፍለጎት ነበረኝ.....1 ፍለጎት ሳይኖረኝ ነው የፈጸምኩት.....2 በሀይል ተገድጄ ነው የፈጸምኩት.....3 አላስታውስም.....8 መልስ ለመስጠት ፈቃደኛ አይደሉም 9	
204	ለ201 መልሰዎ አዎ ከሆነ በህይወት ዘመንዎ ከምን ያህል ሰዉ ጋር ግንኙነት ፍጽመዋል	1 አንድ 2 ሁለት 3 ሶስት 4 አራት 5 አምስትና ከዚያ በላይ	
205	ባለፉት 12 ወራት ጊዜ ውስጥ ከትዳር ጓደኛዎ ወይም ከፍቅረኛዎ ውጭ የግብረ ስጋ ግንኙነት ፈጽመው ያዉቃሉ?	አዎ.....1 የለም .....2 መልስ ለመስጠት ፈቃደኛ አይደሉም.....9	
206	ለ 205 መልስዎ አዎ ከሆነ በግንኙነት ወቅት አዘውትረው ኮንዶም ይጠቀሙ ነበር?	አዎ.....1 የለም .....2 አላዉቅም 8 መልስ ለመስጠት ፈቃደኛ አይደሉም 9	
207	ለ 206 መልስዎ የለም ከሆነ ለምን?	1 በወቅቱና በቦታው ኮንዶም ስለማይገኝ 2 ግንዛቤው ስለሌለኝ 3 ባለቤቴ ወይም ጓደኛየ ስለማይፈቅድ 4 ሌላ ካለ ይጠቀስ_____	
208	ባለፉት 12 ወራት ጊዜ ውስጥ ከብልተዎ የሚወጣ ፈሳሽ ነበረዎት ወይም አበለዛር በሽታ ይዞዎት ነበር?	አዎ.....1 የለም .....2 አላስታውስም..... 8 መልስ ለመስጠት ፈቃደኛ አይደሉም.....9	
209	ለ 208 መልሰዎ አዎ ከሆነ ወደ ጤና ተቋም ሂደው ነበር ወይ?	አዎ.....1 የለም .....2 መልስ ለመስጠት ፈቃደኛ አይደሉም 9	

210	ለ 208 መልስዎ አዎ ከሆነ ኮንዶም እንዲጠቀሙና ለፍቅር ጓደኛዎ አሳውቀው ነበር?	አዎ……1 የለም……..2 እላቅም…8 መልስ ለመስጠት ፈቃደኛ አይደሉም …9	
211	መጀመሪያ ባል ሲያገቡ የነበረዎት እድሜ (በዓመት) (ላገቡ ሴቶች ብቻ)	( ) ……..1 አላዉቀዉም……..2	
212	ጫት ይቅማሉ ?	አዎ……1 የለም……..2 እላቅም…8 መልስ ለመስጠት ፈቃደኛ አይደሉም….9	
213	ለጥያቄ ቁጥር 212 መልሰዎ አዎ ከሆነ በሳምንት ወይም በወር ስንት ቀን ጫትይቅማሉ ?	በየቀኑ …… 1 በሳምንት 1–3ቀን…… ……2 እልፎአልፎ……3 መልስ ለመስጠት ፈቃደኛ አይደሉም….9	
214	አልኮል መጠጥ ይጠጣሉ?	አዎ……1 የለም……2 እላቅም……8 መልስ ለመስጠት ፈቃደኛ አይደሉም…9	
215	ለ 214 መልሰዎ አዎ ከሆነ በሳምንት ወይም በወር ስንት ቀን ይጠጣሉ?	በየቀኑ …… …… 1 በሳምንት 1–3 ቀን……2 እልፎአልፎ ……3 መልስ ለመስጠት ፈቃደኛ አይደሉም…9	
216	ከባለቤትዎ/ ከጓደኛዎ ጋር በሚከተሉት ጉዳዮች ዙሪያ ይወያያሉ ወይ?	በገንዘብ አዎ……1 የለም……2 በቤተሰብ ምጣኔ አዎ…… 1 የለም……2 በየታዊ ግንኙነት አዎ……1 የለም……2 በኤች አይ ቪ ኤድስ አዎ……1 የለም ……2	
217	በቤት ዉስጥ ልጅ ቢታመም ወደ ሀኪም ቤት እንድወሰድ የመወሰን ሀላፊነት ያለዉ ማን ነዉ?	እኔ …… …… ……1 ባለቤቴ……2 ሁለታችንም…… ……3 መልስ ለመስጠት ፈቃደኛ አይደሉም ……9	
218	በቤት ዉስጥ አነስተኛ የቤት አቃዎች ወይም የቤት ቁሳቁስ ለመግዛት ቢያስፈልግ እንድገዙ የመወሰን ሀላፊነት ያለዉ ማን ነዉ?	እኔ …… ……1 ባለቤቴ…… ……2 ሁለታችንም…… ……3 መልስ ለመስጠት ፈቃደኛ አይደሉም …… ….9	
219	በቤት ዉስጥ ከበድ ያሉ የቤት አቃዎች ለምሳሌ በራ ፣ቴሌቪዢን ለመግዛት ቢያስፈልግ እንድገዙ የመወሰን ሀላፊነት ያለዉ ማን ኔዉ?	እኔ …… …… ……1 ባለቤቴ……2 ሁለታችንም……3 መልስ ለመስጠት ፈቃደኛ አይደሉም……9	
220	ቤተሰቦችዎን ወይም ጓደኞቸዎን ለመጠየቅ ወይም ለመገብኘት ፈልገዉ ባለቤተዎ/ጓደኛዎ እንዳይጠ ይቂ የከለከለዎት ጊዜ ነበር?	አዎ ……1 የለም……2 አላውቅም…8 መልስ ለመስጠት ፈቃደኛ አይደሉም…9	
221	ባለቤተዎ/ ጓደኛዎ ከእርሰዎ ጋር ግንኙነት ከመጀመራችሁ በፊት ከሌላ ሚስት ወይም የሴት ጓደኛ ጋር ግንኙነት የነበረዉ ይመስለዎታል?	አዎ (ከሴተኛ አዳሪ ጋር)……1 አዎ (ሴተኛ አዳሪ ካልሆነ ሰው ጋር)……2 የለም……3 ሳይኖረዉ አይቀርም ……4 አላውቅም……8 መልስ ለመስጠት ፈቃደኛ አይደሉም…….9	
222	መልሱ አዎ ከሆነ በግምት ከስንት ሴቶች ጋር ግንኙነት የነበረዉ ይመስልሻል	1 አንድ 2 ሁለት 3 ሶስት 4 አራት 5 አምስትና ከዚያ በላይ	
223	ባለቤተዎ/ ጓደኛዎ ከእርሰዎ ጋር ግንኙነት ከጀመራችሁ በኋላ ወይም አንድ ላይ አያላችሁ ከሌላ የሴት ጓደኛ ጋር ግንኙነት የነበረዉ ይመስለዎታል?	አዎ (ከሴተኛ አዳሪ ጋር)…… ……1 አዎ (ሴተኛ አዳሪ ካልሆነ ሰው ጋር)… ……2 የለም…… …3 ሳይኖረዉ አይቀርም …… 4 አላውቅም……8 መልስ ለመስጠት ፈቃደኛ አይደሉም……9	
224	መልሱ አዎ ከሆነ በግምት ከስንት ሴቶች ጋር ግንኙነት የነበረዉ ይመስለዎታል?	1 አንድ 2 ሁለት 3 ሶስት 4 አራት 5 አምስትና ከዚያ በላይ	

225	ልጥያቀ 227 መልሱ አዎ ከሆነ ኮንዶም የተጠቀመ ይመስለዎታል?	1 አዎ 2 የለም 3 አላዉቅም	
226	ለኤች አይ ቪ ምርመራ የመጡበት ምክንያት ምንድን ነዉ?	በራሴ ተነሳስቼ.....1 መመርመሬ አስፈላጊ ስለነበር.....2 ለጋብቻ.....3 በህኪም ትእዛዘ.....4 ሌላ ካለ ይግለፁ.....5	

300	ክፍለ፡3 ፆታዊ ጥቃትን የሚመለከቱ ጥያቄዎች		
ቁጥር	ጥያቄ	ሀ. እስካሁን ድረስ በሂወት ዘመንዎ የደረሰበዎት ጾታዊ ትቃት የሚመለከት	ለ ባለፉት 12 ወራት የደረሰበዎትን ፆታዊ ጥቃት የሚመለከት
301	ባለቤትሽ ወይም ጓደኛሽ አንቺ ሳትፈልጊ በሀይል በመጠቀም የግብረ ስጋ ግንኙነት እንድትፈጽሚ አስገድዶሽ ያዉቃል?	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ አላወቅም..... 8 መልስ ለመስጠት ፈቃደኛ አይደሉም . 9	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ እላወቅም .... 8 መልስ ለመስጠት ፈቃደኛ አይደለም.... 9
302	መልስዎ አዎ ከሆነ ለምን ያህል ግዜ ተፈጽሞቦታል?	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ ---------- 3	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ---------- 3
303	ከባለቤትሽ ወይም ከጓደኛሽ ዉጭ አንቺ ሳትፈልጊ በሀይል በመጠቀም የግብረ ስጋ ግንኙነት እንድትፈጽሚ አስገድዶሽ የሚያዉቅ ሰዉ ነበር?	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ አላወቅም..... 8 መልስ ለመስጠት ፈቃደኛ አይደሉም 9	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ እላወቅም ..... 8 መልስ ለመስጠት ፈቃደኛ አይደለም. 9
304	መልስዎ አዎ ከሆነ ለምን ያህል ግዜ ተፈጽሞቦታል?	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ ---------- 3	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ---------- 3
305	ያለ ፍላጎትሽ ባለቤትሽ/ጓደኛሽ ጉዳት ሊያደርስብኝ ይችላል ብለሽ በመፍራት ግብረስጋ ግንኙነት ፈጽመሽ ታውቂያለሽ?	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ እላወቅም ..... 8 መልስ ለመስጠት ፈቃደኛ አይደሉም 9	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ እላወቅም ..... 8 መልስ ለመስጠት ፈቃደኛ አይደሉም... 9
306	መልስዎ አዎ ከሆነ ለምን ያህል ግዜ ተፈጽሞቦታል?	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ ---------- 3	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ---------- 3
307	ባለቤትሽ/ ጓደኛሽ አንች የማትፈልጊውን አይነት ግብረ ስጋ ግንኙነት በሀይል ፈጽሞብሽ ያውቃል?	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ አላወቅም .....8 መልስ ለመስጠት ፈቃደኛ አይደሉም 9	አዎ..... 1 የለም..... 2 ግንኙነት ፈፅሜ አላወቅም ..... 8 መልስ ለመስጠት ፈቃደኛ አይደለም ... 9
308	መልስዎ አዎ ከሆነ ለምን ያህል ግዜ ተፈጽሞቦታል?	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ ---------- 3	አንድ ጊዜ---------- 1 ጥቂት ጊዜ---------- 2 ብዙ ጊዜ---------- 3
309	አስገድዶ መደፈር ደርሶብሽ ያውቃል ወይ?	አዎ..... 1 የለም..... 2 አላወቅም 8	አዎ..... 1 የለም..... 2 አላወቅም 8

		መልስ ለመስጠት ፈቃደኛ አይደሉም 9	መልስ ለመስጠት ፈቃደኛ አይደሉም... 9

310	ባል ሲያገቡ ጋብቻዉ የተመሰረተዉ በምን ሁኔታ ነበር?	በቤተሰብ……..… ….. 1 በስምምነት……..……..… 2 በጠለፋ ……..…..…3 አይመለከተኝም……..……4 አላወቅም …… ……..…..… 8 መልስ ለመስጠት ፈቃደኛ አይደሉም. 9
311	15 አመት ሰይሞለዎት አስገድዶ የግብረስጋ ግንኙነት የፈጸመበዎት ነበር? 1 አዎ 2 የለም መልሰዎ አዎ ከሆነ የተፈፀመበዎት በማን ነዉ ?	አባቴ ……..……..……1 የእንጀራ አባቴ……..2 የቤተሰቡ አባል የሆነ …… 3 አስተማሪ ……..……..4 ፖሊስ ……..……..……5 የወንድ ጓደኛ……..……6 መንገደኛ……..……..…7 ሌላ ካለ ይጠቀስ……..……..……8
312	የግብረ ስጋ ግንኙነት መፈጸም የሚስቶች ግዴታ ስለሆነ ባልው ከፈለገ የእሷ ፍላጎት ባይኖርም ግንኙነት መፈጸም አለባት ቢባል?	እስማማለሁ ……..……1 አልስማማም ……..……2 አላውቅም…….. ….8 መልስ ለመስጠት ፈቃደኛ አይደሉም. 9
313	በእርስዎ አስተያያት ያገባች ሴት ከባሏጋር የግበረስጋ ግንኙነትን መፈጸም ካልፈለች መቃወም ትችላለች?	አዎ……..……1 የለም……..……2 አላውቅም ……..……..8

314	መልሰዎ አዎ ከሆነ መቃወም ይምትችለዉ በምን ሁኔታ ላይ ነዉ ?		እዎ	የለም	አላዉቅም
		1 እሷ ሳትፈልግ ስትቀር	1	2	8
		2 ባሏ ጠጥቶ ሲመጣ	1	2	8
		3 እሷን ሲያማት	1	2	8
		4 ሲያጎሳቁላት	1	2	8
400	ኤች አይ ቪ ኤድስን በሚመለከት ያላቸዉን ዕዉቀት እና ግንዛቤን የሚመለከት				
401	የኤች አይ ቪ ኤድስ በሽታ መተላለፊያ መንገዶች ምን ምን ናቸዉ? (ያዉጣጡ ፣ ሌላስ እያሉ ይጠይቁ) (ከአንድ በላይ መልስ መመለስ ይቻላል)	ልቅ የግብረ ስጋ ግንኙነት ……1 በበሽታዉ ከተያዘች አናት ወደ ልጅ…… …2 በተበከለ ደም ልገሳ…… 3 በተበከሉ ስለታም እቃዎች…… ……4 ኤች አይ ቪ ኤድስ ከያዘዉ ሰዉ ጋር አብሮ በመብላት……5 በወባ ትንኝ አማካኝነት…… 6 አለዉቅም……8			
402	የኤች አይ ቪ ኤድስ በሽታ መከላከያ መንገዶች ምን ምን ናቸዉ? (ያዉጣጡ ፣ ሌላስ እያሉ ይጠይቁ) (ከአንድ በላይ መልስ መመለስ ይቻላል)	ከግብረ ስጋ ግንኙነት መታቀብ……1 ለጓደኛ ታማኝ መሆን……2 ኮንዶም መጠቀም……3 የተበከለ ደምን ማስወገድ……4 ስለታም ነገሮችን በግል መጠቀም……5 የወባ ትንኞችን ማስወገድ……6 ኤች አይ ቪ በሽተኛጋር አብሮ አለመብላት……7 አለዉቅም……8			
403	የኤች አይቪ ሁኔታ	ፖዝቲቭ……1 ኔጌቲቭ……2			

ሚዜዎን ስጥተዉ ስለተባበሩን አናመሰግናለን

Declaration

I, the under signed, declare that this thesis is may original work, has not been presented for a degree in this or any other university and all source materials used for the thesis have been duly acknowledged.

Name of student _____

Signature _____

Place _____

Date of Submission _____

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

Name of Advisor: - Dr. Ngussie Deyassa (, MD,MPH)

Signature _____