

*Department of Community Health
Faculty of Medicine
Addis Ababa University*

**Magnitude and Type of Physical Violence
Against Married Women
in Meskan and Mareko District
Southern Ethiopia**

A Thesis Presented To
The School Of Graduate Studies Of
Addis Ababa University
In partial fulfilment of the requirements of the
Degree of Master of Public Health

By **Negussie Deyessa, MD**
May 1996

ADDIS ABABA UNIVERSITY
School of Graduate Studies

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Abstract

The seriousness in magnitude of physical violence, and lack of information on the dimensions and context of the problem here in Ethiopia, have made this paper to be important. A cross-sectional survey and a focus group discussion were conducted in Meskanena Mareko woreda, South western Ethiopia, for a period of one month with an objective to assess the magnitude and types of physical violence against married women and its associated factors. A total of 673 married women were included in the study.

The study found out the overall prevalence of physical violence on married women to be 45.0 % and 9.7 % in their lifetime and last three months, respectively. The type of physical violence most frequently observed was slapping or hitting a woman with a fist, kicking with leg, and hitting with stick or iron bar. The outcomes of the physical violence ranged from small laceration to permanent damages.

The study has also shown that khat chewing than not chewing (OR= 1.59, 95 % CI: 1.13, 2.23), marriage initiated by family than by self (OR= 1.94, 95 % CI: 1.14, 3.37), having history of parental spousal abuse than don't have (OR= 1.89 95 % CI: 1.37, 2.39), having social confidant than don't have (OR= 1.95, 95 % CI: 1.30, 2.97) and alcoholic than non alcoholic spouses were the most contributing factors to the increase in magnitude of physical violence against married women. We recommend policy makers to be involved to entail the problem and increase public awareness of physical violence and introduce enforcing law and other researchers to carry out an in depth study to identify circumstances of physical violence, what the community regards physical violence and to come up with further analysis in terms of spouses point of view.

INTRODUCTION

Health related problems in women, involve a complex interplay of social, economic, cultural, religious, educational, biological and other factors. This complexity of relationship has resulted in passage of the problem from generation to generation (1).

One of the health related social factors, in women population is violence against them. The health consequence of violence against women may be a serious problem worldwide, as gender violence is a significant cause of female morbidity and mortality and represents a hidden obstacle to economic and social development(2). Many examples can be cited describing the existence of family violence since time in immemorial, by historical studies about children and women. Its present day visibility is linked to the women's new social status and the child's consideration as a subject of rights (3).

Serious attempts to determine the prevalence of domestic violence have been made only within the last 15 years. Before this time, domestic violence was often disguised, ignored, and even accepted as understandable behaviour (4, 5). It often goes unnoticed and undocumented partly due to its taboo nature (2). Currently, November 25 is an International Day of Action against "Violence Against Women," and is celebrated world-wide (6). Today, those attitudes persist to some degree, making it all the more difficult to quantify and study (5). Gender-based violence includes a series of harmful behaviours directed at women and girls because of their sex, including wife abuse, sexual assault, dowry-related murder, marital rape, selective malnourishment of female children, forced prostitution, female genital mutilation and sexual abuse of female children (7).

The most common form of violence against women is abuse of women by intimate male partners. Battering appears to be the single most common cause of injury to women, more common than automobile accidents, mugging and rapes combined (8). Battering can be defined as a violent, physical abuse of a women by a husband or intimate partner (9). Studies have documented severe and ongoing abuse of women in almost every culture (2). Levinson's analysis of ethnographic data from 90 peasant and small-scale societies indicates that in 86 % of these, there is violence against wives by husbands (10).

In Ethiopia, in order to provide effective and appropriate interventions, more information is needed on the dimension and context of the problem. These problems have to bring into light women's critical position and this position has to impinge on every aspect of national development. Policy planning, research and studies, development and implementation of intervention activities at all levels and in all sectors have to search for ways and means of including the women's dimension and of assuring their participation in the nation's economic, social and political activities.

The prospect for the future thus becomes the challenge to build on this recognition of gender as an issue, identify the critical areas of addressing gender issues and understand the consequence for over all social and economic development of the nation (11).

Since there is lack of information on the dimensions and context of the problem here in Ethiopia, and since the existence of family violence in every culture as Levenson's study suggests, exist in the country, its seriousness in

magnitude of the problem than automobile accident, mugging and rapes combined , and its timely relevance in maternal and child health in the health policy (12) has made this paper to be important.

This paper will try to show the magnitude and the type of physical violence against married women and its associated factors in a rural community.

The study was conducted in Meskanena Mareko Woreda, which is one of the eleven Woredas in Gurague Zone. It is located 130 kms south of Addis Ababa, with a total population of 227,500 according to a 1994 estimate (13).

The woreda is organized into 82 peasant associations and four urban dwellers associations. The major ethnic group is Gurague with further subdivision to minor clans and subclans. The population is predominantly Muslim. Maize and Inset (false banana) are the main crops (13).

The Woreda has one health center, two health stations and six drug shops which serve the population. Patients are referred to other two hospitals outside the Woreda for more specialized services (13). The Butajira Rural Health Project (BRHP) was introduced in the area in 1986 with a purpose of developing a continuous demographic and surveillance system providing a base-line population and sampling frame for other health related activities to be carried out in the area. The BRHP covers nine peasant associations and one urban dwellers association, which have a total population of 35,368 and 7,246 house-holds, respectively (14).

1.Prevalence of Physical Violence against Women

Regardless of the definition used, all surveys are likely to underestimate the level of abuse in intimate relationships (7, 9). Few countries have reliable information regarding the prevalence of wife abuse. Population based surveys carried out in the United States of America suggest that 10-30 percent of women are physically abused by their husbands each year (15). Studies in other countries revealed similar or even higher rates. A national study carried out in Colombia showed that 20 % of Colombian women have been beaten by a partner at least once in their lives (16). In Costa Rica, out of 1312 randomly sampled urban women, 51 % have reported being beaten up several times per year; 35 % have also reported being hit regularly (17).

In 1990, Reikes has shown that out of 733 women selected using district wide cluster sampling from contraceptive prevalence survey of Kiss District, Kenya, 42 % of the women were battered regularly (18). Similarly, in 1990, Sonoli has shown that out of 200 mixed, ethnic, low income women from Colombo, Sri Lanka, 60 % of have been beaten, and 51 % of them said that their husbands have used weapons (19). Another study done in 1990 in India, using 109 men and 109 women from a village in Juliundur district, Mahajan has shown that 75 % of the men have admitted to beating their wives, and 75 % of the women have reported being beaten frequently (20).

In 1992, in a national random sample of Peninsular Malaysia; comprising 713 women and 508 men over 15 years of age, showed that 39 % of women were physically beaten by a partner and 15 % of the adults consider that wife is beating acceptable (21). Anther study conducted in 1989 in San Salvador

using children as informants, reported that 57 % of wives were beaten by their husbands (22).

Most of the studies, while internally valid, are not comparable between each other because of differing definitions of abuse (some surveys include psychological and sexual abuse, while others include only physical violence).

However, most researchers agree that prevalence of wife abuse is generally underestimated, as women have a tendency to minimize the episodes of violence, either due to self-blame, shame, or loyalty to the spouse (9).

2. Types of Physical Violence

Gielen A.C. et al, have classified physical violence into three types. The negative verbal abuse which includes verbal insults or threatening to beat the victim but not including the moderate or severe form of violence. The second, moderate violence which includes throwing something, pushing, griping, shoving or slapping the victim, and the third one is severe violence which includes kicking, biting or hitting with fist; hitting or trying to hit with something, threatening with a knife or gun and using a knife or gun on a victim. Accordingly out of 267 pregnant women, 44 % reported incidents of negative verbal abuse, 10 % moderate violence and the remaining 9 % had suffered severe form of violence (23).

Goldberg and Tomlanovich, in the US, have made a cluster analysis performed on 17 items and categorized it into two cluster types. The first cluster contained items that were weapons or represented very severe forms of

abuse, and the second cluster contains primarily lesser forms of abuse. Accordingly, out of 107 battered women, 62 % of the domestic violence victims experienced the first (severe form) only, 7 % of the victims were the second (mild form) only, and the remaining 31 % both types of violence (24).

Another form of typing of physical violence is using severity of abuse score by McFarlane, which lists what happened to the victim on the time of violence. Accordingly, 69 % of the victims were punched on their faces and 31 % had severe injuries, fractures, concussions, ear drum perforations and thoracic or abdominal trauma (25).

3:0 Impact of Violence on Women's Health

3:1 Use of Health Services

In the United States, wife abuse is the leading cause of injuries among women of reproductive age. Moreover, studies of emergency room visits reveal that 22-35 % of women who arrive with any complaint do so because of symptoms related to physical abuse (9, 15, 26). A population based study of injuries in inner-city USA women found that violence was the leading cause of injury for women aged 15-44 years. Injury rates were highest for women aged 25-34 years (157/ 1000 women) (9).

Conservative estimates, generated by the National Crime Survey Project in the US reveal that the annual medical cost incurred because of family violence totals USD \$ 44 million each year, and the indirect costs include the productivity lost from 175,000 days missed from paid work, and the morbidity due to family violence also causes 21,000 hospitalizations, 99,800 days of

hospitalizations, 28,700 emergency department visits and 39,900 visits to physicians each year (8).

In Papua New Guinea, 18 % of all urban wives surveyed had received hospital treatment for injuries inflicted by their husbands (2,27). Similarly, in Alexandria, Egypt, a study done in 1993, revealed that domestic violence was the single greatest cause of injury to women accounting for 28 % of visits by women to area trauma units in a year (28).

A 15 year study of 117 battered women and their controls, showed that 77 % of the battered women had been admitted to the hospital at least once in an emergency project at Huddinge Hospital in Sweden, compared to 50 % of the controls (29). Wife abuse also provides the primary context for many other health problems. Battered women are 4-5 times more likely to require psychiatric treatment and 5 times more likely to attempt suicide than are other women (2,16).

3:2 Wife Abuse and Pregnancy.

In 1991, preliminary results from a cohort of 1,200 white, African-American and Hispanic women in a three year study of battering during pregnancy in Houston and Baltimore, USA, McFarlane has indicated that one out of every six pregnant women are battered during their pregnancy (12, 25, 30). In a cohort study of 275 women who were interviewed three times during pregnancy and at 6 months postpartum, moderate to severe violence was also found to be

even more common during postpartum period 25 % compared to the prenatal period 19 % (23).

Interviewing 290 randomly selected pregnant women from public and private clinics in Texas, USA, (80 % of whom were at least five months pregnant), 24 % reported battering during the current pregnancy (31). Another prospective study of 1,243 pregnant women, in Women's and Adolescent's prenatal clinics of Boston City, USA, in 1987, has shown that 92 (7 %) of the women reported physical or sexual violence during pregnancy, 25 % were twice violated, and 15 % experienced three or more incidents (32).

Researches have indicated that battered women have reported spontaneous abortions and still births following episodes of battering (31). Studies in the US, by Stark et al, in 1981 and Bullock and McFarlane, 1989 indicate that women battered during pregnancy run twice the risk of miscarriage and four times the risk of having a low birth weight baby compared with women who are not beaten (16).

4:0 Factors Associated with Physical violence

No study to date has found significant risk factors in the victims, other than being a female, that would enable prediction of wife abuse (9). It appears to be clear, however, that attitudes towards wife abuse vary between cultures, and that this may have an effect on the prevalence and nature of the violence (7).

In a review of 52 studies with comparison groups for causation link, only one of 42 potential risk markers for women witnessing parental violence as a child or adolescent, was consistently associated with happening of marital violence (15). Gayford and Ray suggest that experiencing child abuse or witnessing parental spouse abuse in the family of origin, predisposes husbands to follow the role model that he learnt in childhood and the wife to tolerate the abuse that she may have accepted as normal (26, 33). Parker B and Schumacher have also suggested that women whose mother of origin were victims of physical violence were more battered by their husbands than their counter controls (33, 34).

Some theories of causation link such factors in the family as unemployment, socio-economic status, stress and alcohol use to wife abuse. Other factors, such as culture, education and the status of women, have been cited (9). Social support plays a protective role in partner perpetrated violence. Studies done in US suggest that women who felt they had an emotionally supportive network of friends and family were less likely to report moderate or severe violence from their male partners (23). Having a confidant, was also a significant protective factor for women experiencing partner inflicted violence (23).

Objectives

General Objective

To determine the magnitude and type of physical violence against married women, and identify its associated factors.

Specific Objectives

- ◆ To assess the magnitude of physical violence against married women.
- ◆ To describe the type of physical violence against married women.
- ◆ To find out reported outcomes of physical violence against married women.
- ◆ To identify the factors associated with physical violence against married women.

METHODS

Study Design

This is a community based cross sectional study designed to assess the magnitude of physical violence against married women in a rural community.

Study Area

The study was conducted in Meskanena Mareko Woreda, at the Butajira Rural Health Project. The Butajira rural health project is conducting a continuous demographic surveillance in one urban dwellers' and 9 peasant associations.

Source Population

Married women of any age group, residing in one urban dwellers' and 9 peasant associations, already selected by proportion to population size in 1986 from the Meskanena Mareko Woreda, were the source population.

Study Population

Married women residing in two peasant associations which were selected randomly and in the urban dwellers' association, with an inclusion criteria of

a woman living with a partner at least for the last three months, and during the study period, that is, from November 1 to 30, 1995, were included in the study.

Sample Size

Since there is no data available on the prevalence of physical violence against married women from a community based study, this study assumed 50 % prevalence to obtain the maximum sample size at 95 % certainty and a maximum discrepancy of $\pm 4\%$ between the sample and the underlying population (35, 36); an additional 10 % was added to the sample size as a contingency to increase power.

Sampling Methods

This was a multistage sampling that used simple random sampling to select the study sites (peasant and urban dwellers' association) and systematic sampling to identify households as a sampling unit to get married women. Since it was possible to get a household number in each peasant and urban dwellers' association, households were selected systematically after determining the sampling interval according to the dwellers' household size. The first house was selected randomly (Annex 2).

Data Collection and Management

Two focus group discussions (FGD) were conducted in villages which were not selected for the study. The aim of the FGD was to obtain the necessary

information in designing a questionnaire, and criteria for recruiting enumerators and to gain an insider's perspective of the women and men towards physical violence against married women. The FGD was also intended to help to explore the mother's perception and attitude towards physical violence against married women and to complement the findings of the survey.

In order to establish homogeneity within the group, they were structured by sex : women and men. The method for the selection of the participants was purposive sampling, as the intent of the FGD was to gather relevant information on a sensitive topic and to help in the design of the questionnaire. Nine mothers participated in the first FGD and eight men were selected to serve as participants in the second FGD. The total number of individuals involved in the FGDs were 17.

Women informants were mainly grouped into young and older mothers. Their age ranged from 16-45 and the duration of their marriage ranged from 1-25 years. Men informants were of different groups: religious leaders, elders and young and older husbands. The age range was from 24-66 years.

An FGD guide was developed (Appendix-4) that contained a list of questions that were supposed to be explored for the purpose of the study. The discussion was led by a moderator and assisted by a recorder who took notes. The group discussion was transcribed completely in Amharic, fully translated in English and analyzed. It was evident from the FGD that mothers were highly cognizant of the problem. Taken together, the FGD provided the basis for the design of the questionnaire and generating a hypothesis.

Based on the criteria of recruiting enumerators extracted from the focus group discussion, seven females who had completed 12th grade, were older than 25 years, and lived outside the study villages, but who could speak the local language, were recruited.

A questionnaire was designed according to the local culture and norm, prepared first in Amharic, and translated to English and was back translated to Amharic language. All questions were close-ended. Training was given for five days on data collection and interviewing techniques. Special emphasis was given for some questions which needed careful attention and on how to maintain privacy of the respondents during interviewing. Methods used for the training included simple lecture, role plays and actual field practices.

A pretest was conducted on villages not selected for the survey, and some modifications were made based on the finding. Data was collected using the structured and pretested questionnaire on all married women living in the

selected houses. Regular daily supervision of the data collectors and checking of the completeness and accuracy of data was made by the principal investigator.

Measurements

The dependent variables in this study were the presence of physical violence in married women during their lifetime and in a three month duration of the interview. Major independent variables identified were age, religion, residence, ethnicity, educational status, occupation, initiation of marriage, presence of social and economic supporter or confidant, the presence of

physical violence in parents of origin, the attitude of the married women towards the presence of physical violence against women, and behaviour of intake of alcohol, cigarette and khat chewing, in married women. Other independent variables interviewed were age, occupation, educational status, the presence of other wives and the presence of behaviour of intake of alcohol, cigarette and khat by the husbands of the interviewed women.

Data Analysis

Data entry, cleaning and analysis were completed using EPI INFO version 5 (37) and SAS (38) statistical packages. Descriptive, bivariate and multivariate techniques were used in the analysis.

Ethical Considerations

The subject to be studied was a very sensitive one, which could raise a series of ethical issues. One of these issues was the invasion of privacy regarding an extremely intimate subject. Considerable care was taken in designing the questionnaire and recruiting enumerators. FGD was used to design the questionnaire as well as the criteria to recruit credible enumerators in the study area. Informed consent was obtained from each woman participating in the study and from the community leaders, and privacy and confidentiality was also maintained.

RESULTS

Out of a total of 2,208 households existing in the survey area, 697 (31.6 %) were visited during the survey. Of these households, 682 (97.8 %) had married women.

A total of 697 married women were identified. Of these, 16 (2.3 %) were excluded since they did not fulfil the inclusion criteria, and other 8 (1.2 %) married women were also excluded due to their refusal to participate in the study. This left 673 married women to be involved in the study.

General Information of the study Population

1. Demographic and Socio-economic Information on Married Women and their Spouses.

Out of the 673 respondents, 449 (66.7 %) were from rural peasant associations while 224 (33.3 %) were residents of Butajira Town. The mean age of married women was 35.61 years with a standard deviation (SD) of 10.56 years. Nearly 440 (65.4 %) women were below the age of 40 years, and 233 (34.6 %) were 40 years and above.

The majority, (88.3 %) of women were from the Gurague ethnic group, and 72.1 % were Muslim. Nearly 535 (79.5 %) women were not educated, and 494 (73.4 %) were housewives, the remaining 26.6 % were merchants or engaged in other activities (Table 1).

The majority of the spouses, that is 422 (62.7 %) were below the age of 50 years. The mean age was 45.52 years with a standard deviation of 12.93 years. Most of the spouses, that is 497 (73.8 %), were engaged in farming, and 406 (60.3 %) of the spouses were illiterate (Table 2).

Table 1. Socio-demographic Characteristics of Married Women, Meskanena Mareko woreda, 1996.

Characteristics(n= 673)	Number	Percentage
Age		
15-19	16	2.4
20-29	165	24.5
30-39	259	38.5
40-49	149	22.1
50-59	56	8.3
60 ⁺	28	4.2
Residence		
Rural	449	66.7
Urban	224	33.3
Educational Status		
Illiterate	535	79.5
Able to read/ write	80	11.9
Elementary	36	5.3
Sec. and Above	22	3.3
Occupation		
Housewife	494	73.4
Merchant	167	24.8
Others	12	1.7
Ethnicity		
Gurague	594	88.3
Silte	29	4.3
Amara	19	2.8
Others	31	4.6
Religion		
Muslim	485	72.1
Christian	188	27.9
Total	673	100

Table 2. Socio-demographic Characteristics of Spouses, Meskanena Mareko Woreda, 1996.

Characteristics(n= 673)	Number	Percentage
Age		
20-29	43	6.4
30-39	174	25.9
40-49	205	30.5
50-59	133	19.8
60 ⁺	118	17.6
Occupation		
Farmer	497	73.8
Daily Labourer	46	6.8
Merchant	86	12.8
Gov. Employee	22	3.3
Others	22	3.3
Educational Status		
Illiterate	406	60.3
Able to read/ write	145	21.6
Elementary	70	10.4
Sec. and Above	52	7.7

2. Prevalence of Physically Abused Married Women in their Life time and in the Last Three Months of time, Meskanena Mareko Woreda, 1996.

Of the total 673 married women, 303 (45.0 %) and 65 (9.7 %) were physically abused during their lifetime and in the last three months of time, respectively. The age distribution of physically abused married women, in their lives was higher among the age group between 30 and 59, and in the last three months, it was higher in the age groups of less than 20 year of age and in age groups between 30 and 39 years. The number of physically abused married women in their lifetime was higher in the rural community, but in the last three months it was higher in the urban community. Educationally, illiterate and those able to merely read and write married women were more physically abused in their lifetime, but only those who were able to read and write were more victims of physical violence in the last three months.

The lifetime prevalence of physical violence was higher in housewives, and the prevalence in the last three months was higher in merchants. Ethnic groups of Silte, Amara and Muslims were more physically abused in their lifetime as well as in the last three months (Table 3).

Table 3. Prevalence of Physical Violence on Married Women in their Lifetime and in the Last Three months, by their Specific Socio-demographic Characters, Meskanena Mareko, 1996.

Characters	Life Time Prevalence Cases (%)	Three Month Prevalence Cases (%)	Total
Age			
15-19	6 (37.5)	2 (12.5)	16
20-29	55 (33.3)	14 (8.5)	165
30-39	136 (52.5)	36 (13.9)	259
40-49	69 (46.3)	9 (6.0)	149
50-59	28 (50.0)	4 (7.1)	56
60 ⁺	9 (32.1)	- (-.-)	28
Residence			
Rural	210 (46.8)	41 (9.1)	449
Urban	93 (41.5)	24 (10.7)	224
Educational Status			
Illiterate	246 (46.0)	51 (9.5)	535
Able to read/ write	39 (48.9)	10 (12.5)	80
Elementary	13 (36.1)	3 (8.3)	36
Sec. and Above	5 (22.7)	1 (4.6)	22
Occupation			
Housewife	222 (46.0)	47 (9.5)	494
Merchant	74 (44.3)	18 (10.8)	167
Others	7 (58.3)	- (-.-)	12
Ethnicity			
Gurague	270 (45.5)	56 (9.4)	594
Silte	16 (55.2)	4 (13.8)	29
Amara	9 (47.4)	3 (15.8)	19
Others	8 (25.8)	2 (6.5)	31
Religion			
Muslim	225 (46.4)	50 (10.2)	485
Christian	78 (41.5)	15 (8.0)	188
TOTAL	303 (45.0)	65 (9.7)	673

3. Types of Physical Violence in Married Women, Meskanena Mareko Woreda, 1996.

Out of the 303 (45.0 %) or 65 (9.7 %) physically abused married women in their lifetime or in the last three months respectively, 13.2 % of the lifetime and 4.6 % of the last three months physically abused women were slashed with a belt or a thin stick. Similarly, 229 (75.6 %) and 39 (60.0 %) of the lifetime and three month's physically abused women respectively, were slapped or hit with fist.

One hundred and sixty one (53.1 %) of the lifetime abused and 34 (52.3 %) of the three month victims were kicked or hit with leg. Moreover 104 (34 %) of the lifetime and 19 (29.2 %) of the three month physically abused married women were hit or beaten with stick or iron bar. Seventy six (28.1 %) of the lifetime and 16 (24.6 %) of the three month victims have had something thrown at, and finally 4 (1.3 %) of the live time physically abused women have been abused using a knife or a gun.

Table 4. Types Of Physical Violence in Married Women Abused In their Lifetime and in the Last Three Months, Meskanena Mareko Woreda, 1996.

Type of P. Abuse	Live Time Prevalence (n=303) Cases (%)	Three Month Prevalence (n=65) Cases (%)
1. Slashed with a belt or thin stick.	40 (13.2)	3 (4.6)
2. Slapped/hit with fist	229 (75.6)	39 (60.0)
3. Kicked/hit with leg.	161 (53.1)	34 (52.3)
4. Hit/beaten with stick/iron bar	104 (34.3)	19 (29.2)
5. Something thrown at.	76 (28.1)	16 (24.6)
6. Knife/gun was used	4 (1.3)	- (-.)

Multiple Response is Possible.

4. Outcome of Physically Abused Married Women in their Lifetime, Meskanena Mareko Woreda, 1996.

Out of the 303 physically abused women, 161 (53.1 %) reported minor and serious somatic injuries in their lifetime. One hundred and nine (45.9 %) of the physically abused women had acquired minor lacerations or scars, 64 (21 %) had had swelling in their face or other area, 22 (7.3 %) had reported to have fracture or dislocation, 7 (2.3 %) had had breaking of the tooth, 5(1.7 %) had lost their vision and other 5 (1.7%) had a history of abortion due to husband perpetuated physical violence in their lifetime (Table 5).

Table 5. Outcomes of Physical Violence in Physically Abused Women in their Lifetime, Meskanena Mareko Woreda, 1996.(n =303).

Outcomes Of Physical Violence	Number	Percentage
1. Small Laceration or Scare	139	45.9
2. Swelling on the face/other area	64	21.1
3. Reported Fractures/dislocations	22	7.3
4. Broken Tooth	7	2.3
5. Blindness	5	1.7
6. History of Abortions	5	1.7
7. No Laceration / injury	142	46.9

Multiple Response is Possible.

5. Frequency of Physical violence of Married Women in their Lifetime and in the Last Three months.

Out of the 303 physically abused women in their lifetime, 4 (1.3 %) of the women were physically abused >2 times per week, 137 (45.2 %) were physically abused from once in a week to about one times every three month, and the remaining 162 (53.5 %) were physically abused occasionally (Fig. 1).

Out of the 65 physically abused married women in the last three month 39 (60.0 %) were physically abused once, 23 (35.4 %) abused two to three times and the remaining 3 (4.6 %) were physically abused in the last three months (Fig. 2).

Fig I. Frequency of Physical violence of Married Women in their Lifetime (N=303).

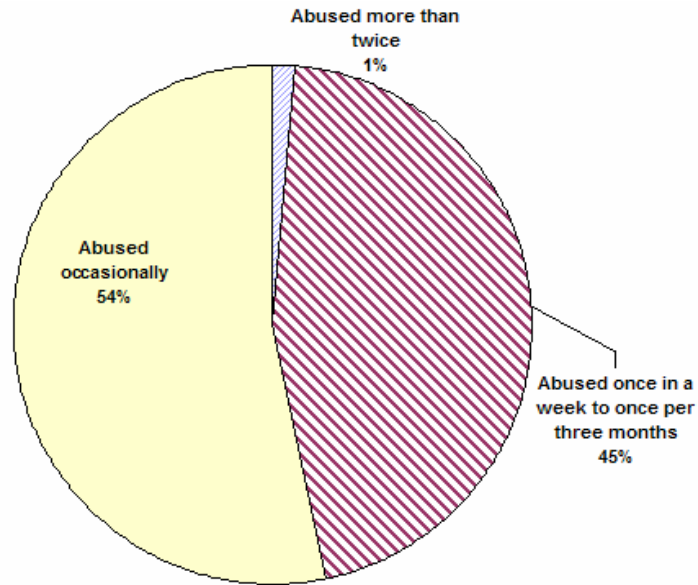
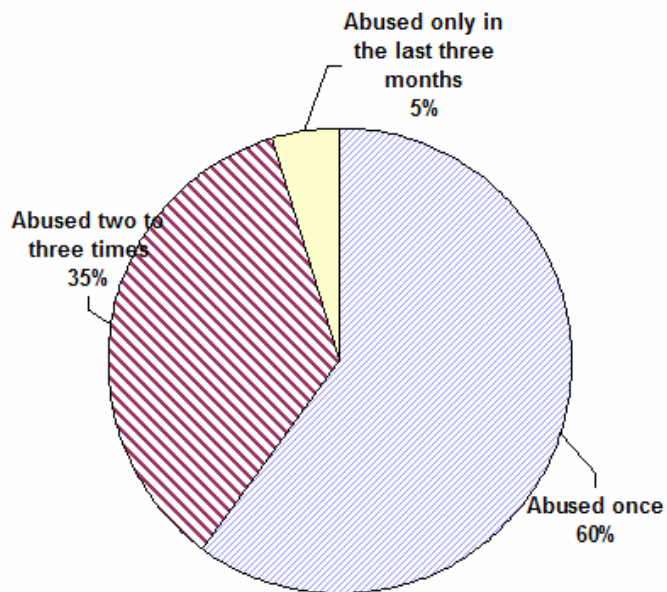


Fig II Frequency of Physical violence of Married Women in the Last three months (n=65).



6. Reported Causes of physical Violence against Married Women

Out of the 673 married women, 527 (78.3 %) have reported to have a conflict with their spouses in their lifetime and 303 (57.5 %) of the conflicts had resulted to physical violence.

The reported causes of physical violence was economical problem in 190 (62.5 %), having high tempered spouse in 142 (46.9 %), not obeying their spouses properly in 107 (35.3 %), and having other wife of their spouses was reported in 86 (28.1 %) of the physically abused women.

Having alcoholic spouse in 44 (14.5 %), initiation of conflict by neighbour or family interference in 36 (11.9 %) and 33 (10.9 %) of the physically abused women respectively were also reported as a cause of physical violence against married women. Having spousal bad habit in 17 (5.6 %) and presence of unwanted marriage in 10 (3.3 %) of the abused married women were also other reported causes of physical violence against women in married women (Table 6).

Table 6 Reported Causes of physical Violence in physically abused women in their life time, Meskanena Mareko Woreda, 1996. (n=303).

Reported Causes	Number	Percent
1. Not wanted Marriage	10	3.3
2. Alcoholic husband	44	14.5
3. Husband has other wife.	86	28.1
4. Economical problem	190	62.7
5. You don't obey your husband properly	107	35.3
6. Initiated by Relatives	33	10.9
7. Husbands bad habit (cigarette, Khat)	17	5.6
8. Initiated by Neighbours	36	11.9
9. High tempered husband	142	46.9

Multiple Response is Possible.

7. Physical Violence in Relation to Socio-Demographic Character and Some Selected Factors

Physically abused and non abused married women were compared on selected socio-demographic characters and on some selected factors. As shown in table 8, khat chewing, presence of confidant, attitude of being physically abused and history of parental spousal abuse in married women, and table 9, alcohol intake in the spouse showed significant association.

The chance of being physically abused was higher in married women having history of parental spousal abuse than those who didn't have (OR = 1.89, 95% CI = 1.37, 2.61). Higher chances of being physically abused was observed in those women who chew khat than who didn't chew (OR = 1.23, 95% CI = 1.13, 1.83), and the proportion of married women who had good social confidant were more physically abused than these who didn't have (OR = 1.95, 95% CI = 1.30, 2.97). Higher chances of being physically abused was also observed in those women their marriages initiated by family than those initiated by themselves (OR = 1.94, 95% CI = 1.14, 3.37) (Table 8). The chance of being physically abused was also higher among married women whose spouses took alcohol than those who didn't take (OR = 2.28, 95% CI = 1.65, 3.17) (Table 9).

Even though the proportions of physically abused women were higher in women who accept that a woman has to be physically abused, and the odds of physically abused women was significantly higher for these groups, the association was not stable after adjusting for selected socio-demographic and social factor variables. Again higher proportion of physically abused women were observed in women who had social and economic support from others, but the association disappeared after adjusting for other selected socio-demographic and social factor variables (Table 8).

There was no association of physical violence in married women's age, education, place of residence, ethnicity, occupation, religion (Table 6), and women's alcohol intake and presence of social support (Table 8), spousal age, occupation, educational status (Table 7), cigarette smoking, khat chewing and presence of other wife of the spouses (Table 9) ($p > 0.05$).

Table 7. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by their Socio-Demographic Characteristics, Meskanena Mareko Woreda, 1996.

Characters	Abused (%)	Non-Abused(%)	Crude-OR (95% CI)
Age			
15-19	6(37.5)	10 (62.5)	1.00a (P > 0.05)
20-29	55 (33.3)	110 (66.6)	0.83
30-39	136 (52.5)	123 (47.5)	1.84
40-49	69 (46.3)	80 (53.7)	1.44
50-59	28 (50.0)	28 (50.0)	1.67
60 ⁺	9 (32.1)	19 (67.9)	0.79
Residence			
Urban	93 (41.5)	131 (58.5)	1.00@
Rural	210 (46.8)	239 (53.2)	1.24 (0.88,1.74)
Educational Status			
Illiterate	246 (46.0)	289 (54.0)	1.00a (p > 0.05)
Able to read/ write	39 (48.8)	41 (51.2)	1.12
Elementary	13 (36.1)	23 (63.9)	0.66
Sec. and Above	5 (22.7)	17 (77.3)	0.35
Occupation			
Housewife	222 (44.9)	272 (55.0)	1.00@
Merchant	74 (44.3)	93 (55.7)	0.97 (0.67, 1.41)
Others	7 (58.3)	5 (41.7)	1.72 (0.46, 6.94)
Ethnicity			
Gurague	270 (45.5)	324 (54.5)	1.00@
Silte	16 (55.2)	13 (44.8)	1.48 (0.66, 3.32)
Amara	9 (47.4)	10 (52.6)	1.08 (0.40, 1.69)
Others	8 (25.8)	23 (74.2)	0.42 (0.31, 1.04)
Religion			
Muslim	78 (41.5)	110 (58.5)	1.00@
Christian	225 (46.4)	260 (53.6)	1.22 (0.34, 2.52)

1.00@= referent group 1.00a= Referent for trend

Crude OR= Crude Odds Ratio

Table 8. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by their Spouses' Socio-Demographic Characteristics, Meskanena Mareko Woreda, 1996.

Spouses' Character	Abused (%)	Non-Abused (%)	Crude-OR (95% CI)
Age			
20-29	14 (32.6)	29 (67.4)	1.00a (P > 0.05)
30-39	75 (43.1)	99 (56.9)	1.57
40-49	105 (51.2)	100 (48.8)	2.17
50-59	60 (45.1)	73 (54.9)	1.70
60 ⁺	49 (41.5)	69 (58.5)	1.37
Occupation			
Farmer	227 (45.7)	270 (54.3)	1.00@
Daily Labourer	23 (50.0)	23 (50.0)	1.19 (0.62, 2.27)
Merchant	38 (44.2)	48 (55.8)	0.94 (0.58, 1.53)
Gov. Employee	3 (13.6)	19 (86.4)	0.19 (0.04, 0.65)
Others	12 (54.5)	10 (45.5)	1.43 (0.56, 3.64)
Educational Status			
Illiterate	189 (46.6)	217 (53.4)	1.00a (P > 0.05)
Able to read/ write	65 (44.8)	80 (55.2)	0.93
Elementary	32 (45.7)	38 (54.3)	0.97
Sec. and Above	17 (32.7)	35 (67.3)	0.56

1.00@= referent group 1.00a= Referent for trend

Crude OR= Crude Odds Ratio

Table 9. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by Some Selected Factors, Meskanena Mareko Woreda, 1996. (n=673)

Factor	Abused (%)	Non-Abused (%)	Crude OR (95% CI)	Adjusted OR (95% CI)
Alcohol Intake				
Yes	53 (49.5)	54 (50.5)	1.24 (0.80, 1.92)	1.01 (0.77, 1.29)
No	250 (44.2)	332 (55.8)	1.00@	1.00@
Khat Chewing				
Yes	117 (52.7)	105 (47.3)	1.59 (1.13, 2.23)	1.23 (1.00, 1.50)
No	186 (41.2)	265 (58.8)	1.00@	1.00@
Initiation of Marriage				
Family	278 (46.7)	317 (53.3)	1.94 (1.14, 3.37)	1.20 (1.04, 1.60)
Self	24 (31.2)	53 (68.8)	1.00@	1.00@
Presence of Social Support				
Present	242 (47.2)	271 (52.7)	1.45 (0.99, 2.12)	0.92 (0.71, 1.18)
Absent	61 (38.1)	99 (61.9)	1.00@	1.00@
Presence of Confidant				
Present	258 (48.3)	276 (51.7)	1.95 (1.30, 2.97)	1.38 (1.06, 1.78)
Absent	45 (32.4)	94 (67.6)	1.00@	1.00@
Attitude of being Battered				
Positive	90 (52.9)	80 (47.1)	1.53 (1.06, 2.21)	1.08 (0.88, 1.31)
Negative	213 (42.3)	290 (57.7)	1.00@	1.00@
Presence Paren. Spousal Abuse				
Present	163 (53.6)	141 (46.4)	1.89 (1.37, 2.61)	1.17 (1.02, 1.39)
Absent	140 (37.9)	229 (62.1)	1.00@	1.00@

1.00@ referent group

Crude OR= Crude Odds Ratio Adjusted OR= Adjusted Odds Ratio.

Adjusted OR= Terms included in the logistic model are all selected factors in the above of the married women, alcohol intake and khat chewing habit of the spouses and age of the women and their spouses.

Table 10. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by Some Selected Factors in their Spouses', Meskanena Mareko Woreda, 1996. (n=673)

Factor	Abused (%)	Non-Abused (%)	Crude OR (95% CI)	Adjusted OR (95% CI)
Spousal Alcohol Intake				
Yes	164 (56.6)	126 (43.4)	2.28 (1.65, 3.17)	1.50 (1.25, 1.80)
No	139 (36.3)	244 (63.7)	1.00@	1.00@
Cigarette Smoking				
Yes	55 (53.4)	48 (46.4)	1.49 (0.95, 2.33)	
No	248 (43.5)	322 (56.5)	1.00@	
Khat Chewing				
Yes	200 (45.6)	239 (54.4)	1.06 (0.76, 1.49)	0.94 (0.78, 1.15)
No	103 (44.0)	131 (56.0)	1.00@	1.00@
Presence of Other Wife				
Yes	123 (47.9)	134 (52.1)	1.20 (0.87, 1.67)	
No	180 (43.3)	236 (56.7)	1.00@	

1.00@ Referent Group

Crude OR= Crude Odds Ratio Adjusted OR= Adjusted Odds Ratio.

Adjusted OR= Terms included in the logistic model are all selected factors in table 8 of married women, alcohol intake and khat chewing habit of the spouses, and age of the women and their spouses.

8. Major findings of the Focus Group Discussion.

Observation of the response of participants of the FGD was started by shying and it was followed by open and active discussion. The major points of the discussion during the FGD was focusing on the awareness of, and attitude towards physical violence among married women. The major reasons for conflict were also discussed. The following were cited as the major ones:

1. Imitation of marriage by families
2. Bad behaviour: alcohol, khat and cigarette smoking.
3. Interference by family, neighbours and friends.
4. Polygamy
5. Economic problems
6. Traditionally accepted male authority

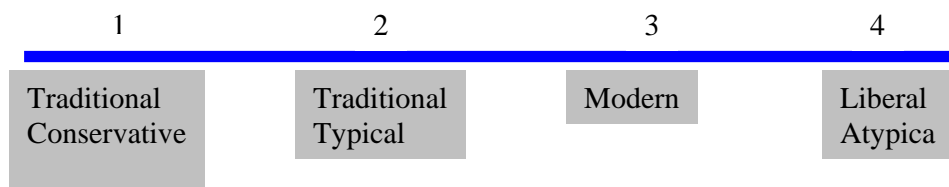
Surprisingly, all the mothers declared that physical violence against married women is a common phenomenon in marriage.

The major groups involved in resolving the conflict were elders, religious leaders, and neighbours. Edir, and family council, are indicated as the major social organizations that play the major role in such affairs in some of the villages.

Initiation of marriage: three major types of initiation were indicated. *Becheg* (*besemania in Amharic*), *Chahata* (*telefa in Amharic*) and self initiated. In the first often the family is the initiator and is legally accepted. The second is kidnapping of the girl without her consent and is illegal. The third one is not common in the area.

Early marriage was said to be common when it is initiated by families and was also considered as one of the factors that may contribute to initiation of conflict due to lack of psychological and physiological readiness from the girl side.

From the FGD it was hypothesized that there are four types of women with regard to the attitude of physical violence. The schematic presentation is given below:



- 1= Accept the physical abuse by husbands as traditionally recommended.
- 2= Do not accept the physical abuse; try to live in agreement with the husband to maintain consensual validity.
- 3= Discuss issues that may lead to conflict; do not accept any physical or verbal abuse; are educated and may have job.
- 4= considered extra-ordinary; may physically attack the husband during conflict.

The continuum presents four major groups that are often seen as stated by the discussants and one group which is rarely seen (typical atypical group). Given that there are very strong traditional sanctions (may assume that they loss social value - this was also pointed out during the FGD) it would appear likely that a large majority would be in the "traditional conservative" category but with substantial majority following " the traditional liberal" group.

Some of the sayings of each group is shown below:

Traditional conservative group:

A women said "Husband's punishment is sweet just like butter". And she continued "Are you expecting him to beat '*mukecha* ' - this is a wooden material used to crash cereals and coffee. She also responded that this is due to love and not to be harsh for his own wife. The perceived inadequacy of the women and her recognition of the husband's untouchable authority is the feature of these women.

Traditional liberal:

This group did not agree with the initiation of marriage by families but accepted it to conform with the traditional concept and to gain consensual validity in the community.

One young woman said, " marriage is not initiated based on one's interest. It is the family which is the sole decision maker. I do not agree with this but failure to accept it will result in rejection by the community". The other pointed out that most marriages that are initiated by families tend to have more conflicts and physical violence is more often experienced by such spouses. The husband has also feeling of superiority.

Modern

One participant stated " women who are educated and have their own job will not accept any verbal or physical abuse. They believe in discussion to resolve marital conflict." This group was said to be predominantly seen in the urban area.

Typical atypical

One priest said " my wife is very strong. she has made me like a candle that is melting and a clay that is crashed. I don't have any authority in my own house." Another male discussant stated that there are groups of people who are called " Oometaes and Fuggas". These are equally get drunken as their husbands and will never be subjected to any domination."

Mobility of Husbands and Its Influence.

The need for financial source to maintain the family at least on economic terms has compelled the men to be mobile. In actuality, this "out-migration" of husbands is the survival strategy of the family. Thus married women are living with their husband's parents during such periods. The husband is expected to come three times per year (New year, Meskel and Easter). Under these circumstances and if the parent has several sons, several married couples would co-reside. Thus the woman is totally dependent and is at the mercy of the parent's of her spouse. The presence of this increased mobility and the fact the wife co-reside with his parents will increase family interference and marital conflict. This may contribute, in turn to the high physical violence among married women.

Discussion

To our Knowledge, this is the first study to examine physical violence against married women in Ethiopia. Response of married women towards physical violence, was observed in the focus group discussion as that women start to respond by shying and followed by open and active discussion. This was consistent to finding of study done by Heise, in US suggesting that women are remarkably willing, indeed eager, to share their experiences.

In this study lifetime prevalence of 45 % and a three month prevalence of 9.7 % have quite high gap of difference. The possible explanation for this high difference was given in the focus group discussion on mobility of spouses and its influence suggesting that out migration of spouses for financial source to maintain the family, had made the spouses to be expected to come three times per year (New year, Meskel and Easter) and this may have made the figure to be low in the three month prevalence.

Women in our sampling appeared to be at higher prevalence of physical violence during their lifetime with a prevalence of 45 %. Our finding is consistent with a study conducted in Kenya by Reikes which reported that 42 % of the women were battered regularly (18).

However, it is quite higher compared to national study carried out in Colombia which showed that 20 % of Colombian women have been beaten by a partner at least once in their lifetime (16), and is lower when compared to study done in Costa Rica, out of 1312 randomly sampled women, 51 % of whom reported being beaten up several times per year (17). A study done by

Sonoli, in 1990, revealed that out of 200 women from Colombo, Sri Lanka, 60 % have been beaten (19), and other study done in India, using 109 men and 109 women from a village in Juliundur district, by Mahajan it was found that 75 % of the men have admitted to beating their wives, and 75 % of the women have reported being beaten frequently (20).

The present figure of 45% is quite high and worrisome when seen with the problem of underestimated prevalence of wife abuse, as women have a tendency to minimize the episodes of violence, either due to self-blame, shame, or loyalty to their spouses (2, 9).

The type of physical violence most frequently observed, in this study was slapping or hitting a woman with a fist and it accounted for more than three quarter of the abused women, and this was followed by kicking with leg and hitting with stick or iron bar. Although it is difficult to compare directly with other studies, because of different forms of classifying physical violence, we will try to compare it indirectly. As indicated in the literature review Gielen's negative verbal violence accounted for 44 % of the sample study, where as in our study, it was not assumed as physical abuse. In our study moderate violence accounted for more than half of the abused women or for about a quarter of the study population and it is quite higher than 10 % of the Geilen's study sample. In our study the severe form of physical violence accounted for three quarters of the abused or one third of the married women which is still higher than 9 % of the former study population (23).

Other study done by Goldberge and Tomlonovich, in the US, have summarized that more than half the subjects were threatened to be hit or pushed, one third had objects thrown at them or were kicked or threatened

with harm and approximately one tenth were stabbed, whipped or threatened with being killed (24). In our study the first form was not assumed as physical violence, the second form was higher than the above study and accounted for three quarters of the abused women and the last form in this study was relatively low accounting for 1.3 % of the abused women.

This study has also shown that one quarter of the women have experienced minor and serious somatic injuries in their lifetime; when this is compared to wives surveyed in Papua New Guinea, which accounts for about 18 % (27), and a population based study made in US, where physical violence was the leading cause of injury for women aged 25-34 years with a rate of 157/ 1000 women (9), the finding in our study is remarkably high. However, it is consistent to the study done in Alexandria, Egypt which accounts for about 28 % of visits to Area Trauma Unit in a year (28).

Somatic injuries reported among abused women in the present study, included a range of 20-45 % of the abused women have acquired minor injuries like small lacerations and concussions, and 1.7-7.3 % of the abused women have had serious injuries, like a report of fracture or dislocation, Breaking of tooth, blindness and history of abortion. When we compare these outcome of physical violence with others, McFarlane in 1989, has showed that in 69 % of abused women, minor injuries like punching on their faces and in 31 % severe injuries, fractures, concussions, ear drum perforations and thoracic or abdominal trauma was identified (25).

In our study frequency of physical violence of married women in their life of 53 %, 45 % and 1.3 % of occasionally, sometimes and always respectively was consistent in sequence of the frequency to findings conducted in US, in 1984 by Goldberg suggesting that a frequency of 47 %, 37 % and 16 %

respectively of 107 abused women in his study, and in 1992, by McFarlane suggesting that a frequency of 37 %, 32 % and 31 % respectively of 120 abused women. Reported causes of physical violence in this cross-sectional study was almost consistent to findings in our FGD conducted outside the study villages.

The study did not find a statistically significant difference between physically abused and non-abused married women groups on the basis of ethnic group, residence, employment educational status, and religion. Our findings with regard to age is high in age groups between 30 and 39 years, and this is not consistent with some studies suggesting that younger women are at increased risk for abuse. This may be due to the study has taken a tendency of cumulative prevalence (lifetime) rather than a limited time prevalence. The three month prevalence, however is consistent with other studies demonstrating that young women are at higher risk for abuse (23, 24, 39).

Although the prevalence of physically abused married women between the age group of 30 and 39 years was higher than the other age groups, age by itself is an insufficient indicator of physical violence. Other socio demographic factors also were not found to be good indicators to identify physical violence among victims in married women. This study was consistent to a study done in US by Gielen that suggests the influence of socio-demographics to identify physical violence victims in women was minimal (16).

Interestingly, we didn't find the relationships between attitude of married women of being physically abused and physical violence. Moreover, there was no relation between married women who have social and economic support by others and physical violence. Studies have examined these

potential factors, suggesting that witnessing parental spouse abuse in the family of origin makes a woman to tolerate the abuse through changing of her attitude (26). Moreover, explanatory models by social constructivism, also suggest expectations, sanctions and demands from the social context over the family have a great importance in violent behaviours, but a likely explanation for the lack of effect in this study may be due to these factors were limited to the victim, but not the perpetrator (3).

Our findings with regard to other social factors suggest that married women who chew khat (*Catha Edulis*) are more associated to have physical abuse, this may be due to the effects produced by khat on the women may elicit conflict (40, 41, 42).

Interestingly self initiation of marriage plays a protective role in physical violence against married women. Married women in our sample who have marriage initiated by themselves were less likely to report physical violence. This may be due to self initiated marriage may result in lack of interference or imposition from families, or presence of mutual love and respect and this may avoid simple initiation of conflict.

Other findings seen in our result was the presence of confidant for married women has potential association to physical violence, and is opposing to some study done in the US, stating that having a confidant was a significant protective factor for women against both partner or other perpetrated violence (22). This may be related to unclearness of sequence that having a confidant whether proceeds or follows physical violence is not known as a limitation of

most cross sectional studies suggest (43, 44, 45), so it may be due to the confidant is produced after a quarrel has been produced.

Our paper has also found that married women having history of parental spousal abuse in the family of origin were predisposed to be physically abused and is consistent to Gayford and Ray's study who suggest that experiencing child abuse or witnessing parental spouse abuse in the family of origin, predisposes husbands to follow the role model that he learnt in childhood and the wife to tolerate the abuse that she may have accepted as normal (26, 33), and Parker B and Schumacher's study also suggested that women whose mothers of origin were victims of physical violence were more battered by their husbands than their counter controls (33, 34).

Surprisingly, we didn't find the relationships between the presence and absence of other wife of the spouses in physical violence. The possible explanation for the fall of this relation may be due to women having spouses of polygamy have a tendency to minimize the episodes of violence due to loyalty to their spouses or it may be fear of the women to their spouses from going to their other wife.

Partners alcohol use, even when less than ideally measured, showed that partner-perpetrated violence lends support to the view that physical violence against women is more likely to be associated with characteristics of perpetrators than with characteristics of victims (22). In this paper spousal alcohol use was found to be consistently associated with physical abuse as in other studies (8, 25, 32, 33).

The focus group discussion had helped in designing a questionnaire and recruiting enumerators. It had also provided cultural perspective of physical violence, as type of women with regard to attitude of physical violence, some reasons for conflict initiation, the major groups involved in resolving these conflicts, and types of marriage and their attitude with regard to physical violence against women in the community. All these were some of the insights of the community towards physical violence against women.

Validity

The results of this study are assumed to be internally valid. Bias was minimized by utilizing randomly selected study villages and respondents, using a structured, pretested and closed ended questionnaire that was constructed by focus group discussion. Meticulous and regular daily supervision of the data collectors, and checking of the completeness and accuracy of data was carried out to ensure quality. Multivariate analysis using logistic regression model was performed to control for possible confounding effect of certain variables.

Because of the difference in the methods used, differing definitions of abuse, and the set up of the study area, the findings of this study are by no means a replication of other studies. In general, the findings of this study reflect the situation that has been seen in many countries.

Generalizability

This study is generalizable to the locale. It will be difficult to generalize the results of this study to the country as a whole because of the countries wide cultural and ethnic diversity.

Limitations

In this study measurement of the socio-economic status of women and their spouses was difficult since most respondents were not open in responding to questions designed to assess the socio-economic status of their household. It was also found difficult to measure income variables in this study, there is also evidence that information on income, and some cultural issue in many studies in Ethiopia is unreliable (43). Age of the women and their spouse also share the same concern. Thus it is difficult to say that the association obtained with these variables reflect true picture. Similarly, the information obtained on married womens' physical abuse since their marriage time could be questioned, since problem of recall could be attached with it. This was considered during the study design and ways to minimize this problem were incorporated in it, but it is still very difficult to say for certain that there is no problem of recall. This study had also fallen to show that person year prevalence of physical violence in married women. Comparison of our finding was limited because of differing definitions of physical violence in women.

CONCLUSION

Our conclusions with regard to the continuation of violence throughout their life time years are indeed troubling. This study has shown that the level of physical violence against married women in this community is quite high. Slapping or hitting a woman with a fist was the most common type of physical violence encountered among married women. The outcomes of the physical violence range from small laceration to permanent damages. Frequency of physical violence against women range almost from daily to occasionally or once during lifetime. Some of the most common reported reasons for initiation of conflicts between couples and physical violence in married women were economical problem, not obeying the spouses and having high tempered spouse. The study has also shown that khat chewing, marriage initiated by family, having history of parental spousal abuse, having good social confidant and alcoholic spouses are factors that contribute to the increase of physical violence against women in married women. At last, we conclude that focus group discussion is another instrument which gives clues of culture and norm of a community for sensitive areas of studies.

RECOMMENDATION

1. Policy makers need to be involved to entail the problem of physical violence against women, so that to form a way of increasing public awareness of physical violence against women and to introduce ways of reinforcing laws of minimizing physical violence against women.

2. We urge other researchers to carry out an in depth study to identify circumstance of physical violence such as frequency and time of physical violence, what the community regards physical violence and to come up with further analysis in terms of spouse's point of view, in order to come up with practical recommendation for intervention.

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Annex-1**Operational Definitions**

Married women= a woman living with a partner at least for the last three months, and during the study period

Physical Violence= Any form of violent act which can result in physical harm of a person.

Physically Abused= A person who become a victim of physical violence (got physical harm).

Attitude of Being Abused = A person's acceptance of towards his/ her becoming of battered.

Presence of Confidant= Presence of a person to whom you confined or talk to about yourself or your problems.

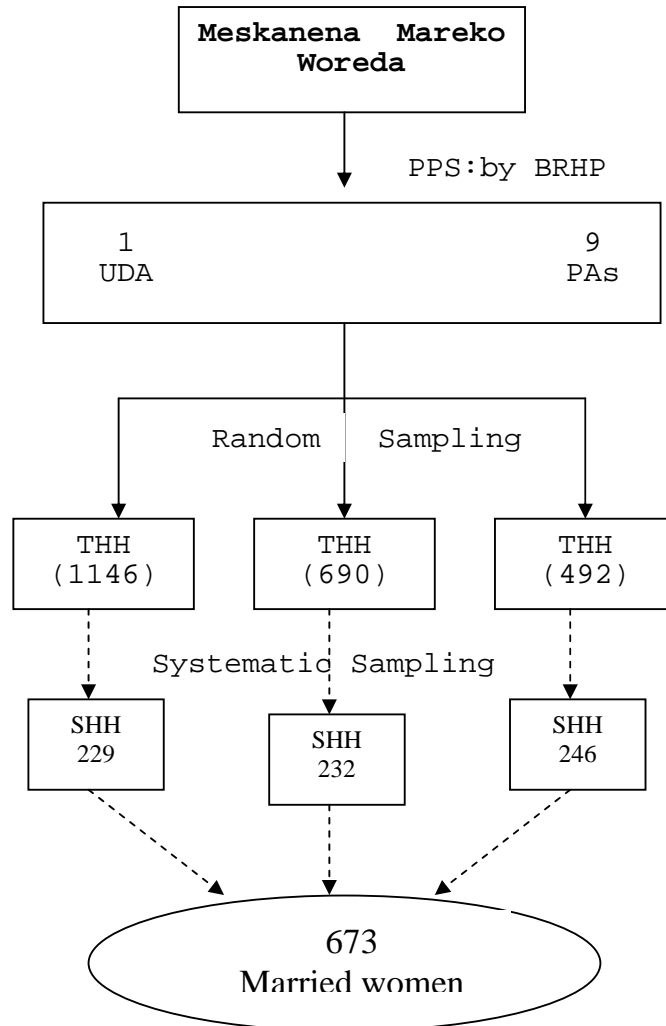
Presence of Parental Spousal Abuse= Presence of physical violence in the parents of the person.

Somatic Injuries = Injuries produced on the body due to physical violence.

Lifetime= the time interval between the date of current marriage till the date of data collection.

Annex-2

Figure 1. Schematic Diagram of Sampling Frame



PPS= Proportional to Population Size

UDA= Urban Dweller's Association.

Pas= Peasant Associations

THH= Total households

SHH= Selected households

Annex 3.

Figure 2 Map of Meskanena Mareko

Woreda.

Demographic character of the husband.

16. Estimated age of husband_____
17. Husbands educational status
- | | |
|-----------------------------------|-----------------------|
| 1. Illiterate | 2. Read and write |
| 3. Elementary (1-6) | 4. High school (7-12) |
| 5. High school graduate and above | |
18. Husband's Occupation
- | | |
|---------------------|--------------------------|
| 1. Farmer | 2. Daily labourer |
| 3. Merchant | 4. Gov. employee |
| 5. Private employee | 6. Others (specify)_____ |
19. Does your husband has other wife ?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
20. If the answer to Q₁₉ is yes; how many wives does he have ?_____
21. Does your husband use the following items (habits) ?
- | | Yes | No |
|-------------------------|-----|----|
| 1. Alcohol | 1 | 2 |
| 2. Cigarette | 1 | 2 |
| 3. Khat | 1 | 2 |
| 4. Other (Specify)_____ | | |
22. Are you the.....wife of your current husband ?
- | | |
|---------|--------------------|
| 1.First | 2.Second |
| 3.Third | 4. Fourth or above |

Interaction in the Community

23. How Many rooms does your house have?_____
24. How was your Marriage initiated ?
- | | |
|--------------------------|---------------|
| 1.By family | 2.By yourself |
| 3.By other(specify)_____ | |
25. Do you have a person emotionally or by other means who can support you?
- | | |
|--------|-------|
| 1. yes | 2. No |
|--------|-------|
26. If the answer to Q₂₅ is yes; who was the supporter ?

1. Friend
2. Relative
3. Husband
4. Neighbours 5.other (Specify)_____
27. Is there anyone in particular you can confided in or talk to about yourself or your problem ?
1. Yes 2. No
28. If the answer to Q₂₇ is yes; who was the person ?
1. Friend 2. Relative
3. Husband
4. Neighbours 5.other (Specify)_____
29. How is your families' status by the community?
1. Highly respected 2. Moderately Respected.
3. Less respected.
30. How is your economical background?
1. High Class 2. Moderate Class
3. Lower Class 4. Living only Supported.
-

Inter-family Interaction

31. During your childhood, Have you seen your mother battered ?
1. Yes 2. No
32. Do you support that a women, whether she is right or wrong, to be battered by her husband ?
1. Yes 2. No
33. Have you seen a conflict between you and your husband, since your marriage ?
1. Yes 2. No
34. If the answer to Q₃₃ is yes; How frequent was the conflict ?
1. Usually (Daily to 2X/ week).
2. Sometimes (1X/ day to 1X/ three month)
3. Occasionally (less than the above)
4. Other (Specify)_____

35. If the answer to Q₃₃ is yes; What was the cause ?

Yes

	No
1. Not wanted Marriage	1
	2
2. Alcoholic husband	1
	2
3. Husband has other wife.	1
	2
4. Economical problem	1
	2
5. You don't obey your husband properly	1
	2
6. Initiated by Relatives	1
	2
7. Husbands bad habit (cigarette, Khat)	1
	2

8. Initiated by Neighbours 1
9. High tempered husband 1
10. Other (Specify)_____ 2
36. Since your marriage, has your husband battered you ?
 1. Yes 2. No
37. If the answer to Q₃₆ is yes; How frequent was it ?
 1. Usually (Daily to 2X/ week).
 2. Sometimes (1X/ day to 1X/ three month)
 3. Occasionally (less than the above)
 4. Other (Specify)_____
38. If the answer to Q₃₆ is yes; Have you got any injury ?
 1. Yes 2. No

39. If the answer to Q₃₆ is yes; what was the outcome ?

Yes

No

1. Small Laceration or Scare

1

2. Swelling on the face/other area

2

3. Fractures and dislocations

1

2

4. Tooth extraction

1

2

1

		2
5. Blindness		
		1
		2
6. Abortions		
		1
		2
7. Other (Specify)_____		
40. Has it been seen a conflict between you and your husband for the last three months ?		
1. Yes	2. No	
41. If the answer to Q ₄₀ is yes; Has your husband battered you ?		
1. Yes	2. No	
42. If the answer to Q ₄₁ is yes; How frequent was it ? _____		
43. If the answer to Q ₄₁ is yes; Have you got any injury ?		
1. Yes	2. No	
44. If the answer to Q ₄₁ is yes; please show me the area of the injury (make a mark on the picture).		
45. If the answer to Q ₄₁ is yes; what was the outcome ?		
	Yes	No

1. Small Laceration or Scar	1
	2
2. Swelling on the face/other area	1
	2
3. Fractures and dislocations	1
	2
4. Tooth extraction	1
	2
5. Blindness	1
	2
6. Abortions	1
	2
7. Other (Specify)_____	

46. If the answer to Q_{36/42} is yes; what type of violence or weapon was used ?

	lifetime	last three months	
Yes	No	Yes	No

- 1. Slapped or hit with fist. 1
2
3
4
- 2. Kicked or hit with leg. 1
2
3
4
- 3. Slashed with thin stick. 1
2
3
4

4. Hit or beaten with stick/
iron bar.

- 1
2
3
4
- 5. Something thrown at. 1
2
3
4
- 6. Knife or gun was used 1
2
3
4

7. Other (Specify)_____

47. If the answer to Q 38 or 43 was yes; due to the injury; have you gone to the near by health institution ?

Yes No

- 1. Life-time 1
2

2. Last three months	1
	2
48. If the answer to one of the Q ⁴⁷ was yes; what was the result ?	
	Lif
	e-time Last
	three month
	Yes
	No
	Yes
	No
1. Treated at OPD level	
	1
	2
	3
	4
2. Admitted/ well treated	
	1
	2

			3
			4
3. Others (specify)			----
		----	----
		--	
49. Due to the conflict, have you been separated ?			
1. Yes	2. No		
50. If the answer to Q ⁴⁹ was yes; where have you gone ?			
1. Your family of origin	2. Your friends		
3. Your neighbours	4. Your husbands family		
5. Other (specify)_____			
51. How was the conflict resolved ?			
	Yes	No	
1. Elderly people			1
			2
2. Family Initiated			1
			2
3. Friend Initiated			1
			2
4. Parents			1
			2
5. Neighbours			1
			2
6. Yourselfes			1
			2

7. Still Not Resolved

1

2

8. Other (specify)_____

52. Due to the conflict, have you ever gone to court ?

1. Yes

2. No

53. If the answer to Q⁵² was yes; What was the result ?

1. Nothing

2. Sent to elderly

3. Husband punished

4. Other (specify)_____

Name of Interviewer_____

Signature_____

Annex-5

Amharic Questionnaire

DECLARATION

I, the undersigned, declare that this thesis is my work and that all sources of material used for this thesis have been duly acknowledged.

Name Negussie Deyessa, MD

Signature

Place Addis Ababa, Ethiopia

Date of submission May, 1996

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

Dr. Mesfin Kassaye
Advisor

Magnitude and Type of Physical Violence
Against Married Women
in
Meskan and Mareko District Southern Ethiopia
By
Negussie Deyessa, MD

Department of Community Health, Faculty of Medicine

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Chairman, Department Graduate Committee

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Abstract

The seriousness in magnitude of physical violence, and lack of information on the dimensions and context of the problem here in Ethiopia, have made this paper to be important. A cross-sectional survey was conducted in Meskanena Mareko woreda, South western Ethiopia, for a period of one month to assess the magnitude and types of physical violence against married women and its associated factors. A total of 673 married women were included in the study.

The study found out the overall prevalence of physical violence on married women to be 45.0 % and 9.7 % in their lifetime and last three months, respectively. The type of physical violence most frequently observed was slapping or hitting a woman with a fist, kicking with leg, and hitting with stick or iron bar. The outcomes of the physical violence ranged from small laceration to permanent damages.

The study has also shown that khat chewing than not chewing (OR= 1.59, 95 % CI: 1.13, 2.23), marriage initiated by family than by self (OR= 1.94, 95 % CI: 1.14, 3.37), having history of parental spousal abuse than don't have (OR= 1.89 95 % CI: 1.37, 2.39), having social confidant than don't have (OR= 1.95, 95 % CI: 1.30, 2.97) and alcoholic than non alcoholic spouses were the more contributing factors to the increase in magnitude of "physical violence against women" in married women. We recommend policy makers to be involved to be curial on the problem and other researchers to carry out both qualitative and quantitative researches on the perspective of the subject and to look into health effects of physical violence.

INTRODUCTION

Health related problems in women, involve a complex interplay of social, economic, cultural, religious, educational, biological and other factors. This complexity of relationship has resulted in passage of the problem from generation to generation (1).

One of the health related social factors, in women population is violence against them. The health consequence of violence against women may be a serious problem worldwide, as gender violence is a significant cause of female morbidity and mortality and represents a hidden obstacle to economic and social development(2). Many examples can be cited describing the existence of family violence since time in immemorial, by historical studies about children and women. Its present day visibility is linked to the women's new social status and the child's consideration as a subject of rights (3).

Serious attempts to determine the prevalence of domestic violence have been made only within the last 15 years. Before this time, domestic violence was often disguised, ignored, and even accepted as understandable behaviour (4, 5). It often goes unnoticed and undocumented partly due to its taboo

nature (2). Currently, November 25 is an International Day of Action against "Violence Against Women," and is celebrated world-wide (6). Today, those attitudes persist to some degree, making it all the more difficult to quantify and study (5). Gender-based violence includes a series of harmful behaviours directed at women and girls because of their sex, including wife abuse, sexual assault, dowry-related murder, marital rape, selective malnourishment of female children, forced prostitution, female genital mutilation and sexual abuse of female children (7).

The most common form of violence against women is abuse of women by intimate male partners. Battering appears to be the single most common cause of injury to women, more common than automobile accidents, mugging and rapes combined (8). Battering can be defined as a violent, physical abuse of a women by a husband or intimate partner (9). Studies have documented severe and ongoing abuse of women in almost every culture (2). Levinson's analysis of ethnographic data from 90 peasant and small-scale societies indicates that in 86 % of these, there is violence against wives by husbands (10).

In Ethiopia, in order to provide effective and appropriate interventions, more information is needed

on the dimension and context of the problem. These problems have to bring into light women's critical position and this position has to impinge on every aspect of national development. Policy planning, research and studies, development and implementation of intervention activities at all levels and in all sectors have to search for ways and means of including the women's dimension and of assuring their participation in the nation's economic, social and political activities.

The prospect for the future thus becomes the challenge to build on this recognition of gender as an issue, identify the critical areas of addressing gender issues and understand the consequence for over all social and economic development of the nation (11).

Since there is lack of information on the dimensions and context of the problem here in Ethiopia, and since the existence of family violence in every culture as Levenson's study suggests, exist in the country, its seriousness in magnitude of the problem than automobile accident, mugging and rapes combined , and its timely relevance in maternal and child health in the health policy (12) has made this paper to be important.

This paper will try to show the magnitude and the type of physical violence against married women and its associated factors in a rural community.

Background

The study was conducted in Meskanena Mareko Woreda, which is one of the eleven Woredas in Gurague Zone. It is located 130 kms south of Addis Ababa, with a total population of 227,500 according to a 1994 estimate (13). The woreda is organized into 82 peasant associations and four urban dwellers associations. The major ethnic group is Gurague with further subdivision to minor clans and subclans. The population is predominantly Muslim. Maize and Inset (false banana) are the main crops (13).

The Woreda has one health center, two health stations and six drug shops which serve the population. Patients are referred to other two hospitals outside the Woreda for more specialized services (13). The Butajira Rural Health Project (BRHP) was introduced in the area in 1986 with a purpose of developing a continuous demographic and surveillance system providing a base-line population and sampling frame for other health related activities to be carried out in the area. The BRHP covers nine peasant

associations and one urban dwellers association, which have a total population of 35,368 and 7,246 households, respectively (14).

LITERATURE REVIEW

1. Prevalence of Physical Violence against Women

Regardless of the definition used, all surveys are likely to underestimate the level of abuse in intimate relationships (7, 9). Few countries have reliable information regarding the prevalence of wife abuse. Population based surveys carried out in the United States of America suggest that 10-30 percent of women are physically abused by their husbands each year (15). Studies in other countries revealed similar or even higher rates. A national study carried out in Colombia showed that 20 % of Colombian women have been beaten by a partner at least once in their lives (16).

In Costa Rica, out of 1312 randomly sampled urban women, 51 % have reported being beaten up several times per year; 35 % have also reported being hit regularly (17).

In 1990, Reikes has shown that out of 733 women

selected using district wide cluster sampling from contraceptive prevalence survey of Kiss District, Kenya, 42 % of the women were battered regularly (18).

Similarly, in 1990, Sonoli has shown that out of 200 mixed, ethnic, low income women from Colombo, Sri Lanka, 60 % of have been beaten, and 51 % of them said that their husbands have used weapons (19). Another study done in 1990 in India, using 109 men and 109 women from a village in Juliundur district, Mahajan has shown that 75 % of the men have admitted to beating their wives, and 75 % of the women have reported being beaten frequently (20).

In 1992, in a national random sample of Peninsular Malaysia; comprising 713 women and 508 men over 15 years of age, showed that 39 % of women were physically beaten by a partner and 15 % of the adults consider that wife is beating acceptable (21). Anther study conducted in 1989 in San Salvador using children as informants, reported that 57 % of wives were beaten by their husbands (22).

Most of the studies, while internally valid, are not comparable between each other because of differing definitions of abuse (some surveys include psychological and sexual abuse, while others include only physical violence). However, most researchers

agree that prevalence of wife abuse is generally underestimated, as women have a tendency to minimize the episodes of violence, either due to self-blame, shame, or loyalty to the spouse (9).

2. Types of Physical Violence

Gielen A.C. et al, have classified physical violence into three types. The negative verbal abuse which includes verbal insults or threatening to beat the victim but not including the moderate or severe form of violence. The second, moderate violence which includes throwing something, pushing, griping, shoving or slapping the victim, and the third one is severe violence which includes kicking, biting or hitting with fist; hitting or trying to hit with something, threatening with a knife or gun and using a knife or gun on a victim. Accordingly out of 267 pregnant women, 44 % reported incidents of negative verbal abuse, 10 % moderate violence and the remaining 9 % had suffered severe form of violence (23).

Goldberg and Tomlanovich, in the US, have made a cluster analysis performed on 17 items and categorized

it into two cluster types. The first cluster contained items that were weapons or represented very severe forms of abuse, and the second cluster contains primarily lesser forms of abuse. Accordingly, out of 107 battered women, 62 % of the domestic violence victims experienced the first (severe form) only, 7 % of the victims were the second (mild form) only, and the remaining 31 % both types of violence (24).

Another form of typing of physical violence is using severity of abuse score by McFarlane, which lists what happened to the victim on the time of violence. Accordingly, 69 % of the victims were punched on their faces and 31 % had severe injuries, fractures, concussions, ear drum perforations and thoracic or abdominal trauma (25).

3:0 Impact of Violence on Women's Health

3:1 Use of Health Services

In the United States, wife abuse is the leading cause of injuries among women of reproductive age. Moreover, studies of emergency room visits reveal that 22-35 % of women who arrive with any complaint do so because of symptoms related to physical abuse (9, 15, 26). A population based study of injuries in inner-

city USA women found that violence was the leading cause of injury for women aged 15-44 years. Injury rates were highest for women aged 25-34 years (157/1000 women) (9).

Conservative estimates, generated by the National Crime Survey Project in the US reveal that the annual medical cost incurred because of family violence totals USD \$ 44 million each year, and the indirect costs include the productivity lost from 175,000 days missed from paid work, and the morbidity due to family violence also causes 21,000 hospitalizations, 99,800 days of hospitalizations, 28,700 emergency department visits and 39,900 visits to physicians each year (8).

In Papua New Guinea, 18 % of all urban wives surveyed had received hospital treatment for injuries inflicted by their husbands (2,27). Similarly, in Alexandria, Egypt, a study done in 1993, revealed that domestic violence was the single greatest cause of injury to women accounting for 28 % of visits by women to area trauma units in a year (28).

A 15 year study of 117 battered women and their controls, showed that 77 % of the battered women had been admitted to the hospital at least once in an emergency project at Huddinge Hospital in Sweden,

compared to 50 % of the controls (29). Wife abuse also provides the primary context for many other health problems. Battered women are 4-5 times more likely to require psychiatric treatment and 5 times more likely to attempt suicide than are other women (2,16).

3:2 Wife Abuse and Pregnancy.

In 1991, preliminary results from a cohort of 1,200 white, African-American and Hispanic women in a three year study of battering during pregnancy in Houston and Baltimore, USA, McFarlane has indicated that one out of every six pregnant women are battered during their pregnancy (12, 25, 30). In a cohort study of 275 women who were interviewed three times during pregnancy and at 6 months postpartum, moderate to severe violence was also found to be even more common during postpartum period 25 % compared to the prenatal period 19 % (23).

Interviewing 290 randomly selected pregnant women from public and private clinics in Texas, USA, (80 % of

whom were at least five months pregnant), 24 % reported battering during the current pregnancy (31).

Another prospective study of 1,243 pregnant women, in Women's and Adolescent's prenatal clinics of Boston City, USA, in 1987, has shown that 92 (7 %) of the women reported physical or sexual violence during pregnancy, 25 % were twice violated, and 15 % experienced three or more incidents (32).

Researches have indicated that battered women have reported spontaneous abortions and still births following episodes of battering (31). Studies in the US, by Stark et al, in 1981 and Bullock and McFarlane, 1989 indicate that women battered during pregnancy run twice the risk of miscarriage and four times the risk of having a low birth weight baby compared with women who are not beaten (16).

4:0 Factors Associated with Physical violence

No study to date has found significant risk factors in the victims, other than being a female, that would enable prediction of wife abuse (9). It appears to be clear, however, that attitudes towards wife abuse vary between cultures, and that this may have an effect on the prevalence and nature of the violence (7).

In a review of 52 studies with comparison groups for causation link, only one of 42 potential risk markers

for women witnessing parental violence as a child or adolescent, was consistently associated with happening of marital violence (15). Gayford and Ray suggest that experiencing child abuse or witnessing parental spouse abuse in the family of origin, predisposes husbands to follow the role model that he learnt in childhood and the wife to tolerate the abuse that she may have accepted as normal (26, 33). Parker B and Schumacher have also suggested that women whose mother of origin were victims of physical violence were more battered by their husbands than their counter controls (33, 34).

Some theories of causation link such factors in the family as unemployment, socio-economic status, stress and alcohol use to wife abuse. Other factors, such as culture, education and the status of women, have been cited (9). Social support plays a protective role in partner perpetrated violence. Studies done in US suggest that women who felt they had an emotionally supportive network of friends and family were less likely to report moderate or severe violence from their male partners (23). Having a confidant, was also a significant protective factor for women experiencing partner inflicted violence (23).

Objectives

General Objective

To determine the magnitude and type of physical violence against married women, and identify its associated factors.

Specific Objectives

- ◆ To assess the magnitude of physical violence against married women.
- ◆ To describe the type of physical violence against married women.
- ◆ To find out reported outcomes of physical violence against married women.
- ◆ To identify the factors associated with physical violence against married women.

METHODS

Study Design

This is a community based cross sectional study designed to assess the magnitude of physical violence against married women in a rural community.

Study Area

The study was conducted in Meskanena Mareko Woreda, at the Butajira Rural Health Project. The Butajira rural health project is conducting a continuous demographic surveillance in one urban dwellers' and 9 peasant associations.

Source Population

Married women of any age group, residing in one urban dwellers' and 9 peasant associations, already selected by proportion to population size in 1986 from the Meskanena Mareko Woreda, were the source population.

Study Population

Married women residing in two peasant associations which were selected randomly and in the urban dwellers' association, with an inclusion criteria of a woman living with a partner at least for the last three months, and during the study period, that is, from November 1 to 30, 1995, were included in the study.

Sample Size

Since there is no data available on the prevalence of physical violence against married women from a community based study, this study assumed 50 % prevalence to obtain the maximum sample size at 95 % certainty and a maximum discrepancy of $\pm 4\%$ between the sample and the underlying population (35, 36); an additional 10 % was added to the sample size as a contingency to increase power.

Sampling Methods

This was a multistage sampling that used simple random sampling to select the study sites (peasant and urban dwellers' association) and systematic sampling to identify households as a sampling unit to get married women. Since it was possible to get a household number in each peasant and urban dwellers' association, households were selected systematically after determining the sampling interval according to the dwellers' household size. The first house was selected randomly (Annex 2).

Data Collection and Management

A focus group discussion (FGD) was conducted in

villages which were not selected for the study, to help in designing a questionnaire and criteria for recruiting enumerators (Annex 4). Based on the criteria of recruiting enumerators extracted from the focus group discussion, seven females who had completed 12th grade, were older than 25 years, and lived outside the study villages, but who could speak the local language, were recruited.

A questionnaire was designed according to the local culture and norm, prepared first in Amharic, and translated to English and was back translated to Amharic language. All questions were close-ended. Training was given for five days on data collection and interviewing techniques. Special emphasis was given for some questions which needed careful attention and on how to maintain privacy of the respondents during interviewing. Methods used for the training included simple lecture, role plays and actual field practices.

A pretest was conducted on villages not selected for the survey, and some modifications were made based on the finding. Data was collected using the structured and pretested questionnaire on all married women living in the selected houses. Regular daily supervision of the data collectors and checking of the completeness and accuracy of data was made by the principal investigator.

Measurements

The dependent variables in this study were the presence of physical violence in married women during their lifetime and in a three month duration of the interview. Major independent variables identified were age, religion, residence, ethnicity, educational status, occupation, initiation of marriage, presence of social and economic supporter or confidant, the presence of physical violence in parents of origin, the attitude of the married women towards the presence of physical violence against women, and behaviour of intake of alcohol, cigarette and khat chewing, in married women. Other independent variables interviewed were age, occupation, educational status, the presence of other wives and the presence of behaviour of intake of alcohol, cigarette and khat by the husbands of the interviewed women.

Data Analysis

Data entry, cleaning and analysis were completed using EPI INFO version 5 (37) and SAS (38) statistical packages. Descriptive, bivariate and multivariate techniques were used in the analysis.

Ethical Considerations

The subject to be studied was a very sensitive one, which could raise a series of ethical issues. One of these issues was the invasion of privacy regarding an extremely intimate subject. Considerable care was taken in designing the questionnaire and recruiting

enumerators. FGD was used to design the questionnaire as well as the criteria to recruit credible enumerators in the study area. Informed consent was obtained from each woman participating in the study and from the community leaders, and privacy and confidentiality was also maintained.

RESULTS

Out of a total of 2,208 households existing in the survey area, 697 (31.6 %) were visited during the survey. Of these households, 682 (97.8 %) had married

women.

A total of 697 married women were identified. Of these, 16 (2.3 %) were excluded since they did not fulfil the inclusion criteria, and other 8 (1.2 %) married women were also excluded due to their refusal to participate in the study. This left 673 married women to be involved in the study.

General Information of the study Population

- 1. Demographic and Socio-economic Information on Married Women and their Spouses.**

Out of the 673 respondents, 449 (66.7 %) were from rural peasant associations while 224 (33.3 %) were residents of Butajira Town. The mean age of married women was 35.61 years with a standard deviation (SD) of 10.56 years. Nearly 440 (65.4 %) women were below the age of 40 years, and 233 (34.6 %) were 40 years and above.

The majority, (88.3 %) of women were from the Gurague ethnic group, and 72.1 % were Muslim. Nearly 535 (79.5 %) women were not educated, and 494 (73.4 %) were housewives, the remaining 26.6 % were merchants or engaged in other activities (Table 1).

The majority of the spouses, that is 422 (62.7 %) were below the age of 50 years. The mean age was 45.52 years with a standard deviation of 12.93 years. Most of the spouses, that is 497 (73.8 %), were engaged in farming, and 406 (60.3 %) of the spouses were illiterate (Table 2).

Table 1. Socio-demographic Characteristics of

Married Women, Meskanena Mareko woreda,
1996.

Characteristics(n= 673)	Number	Percentage
<hr/>		
Age		
15-19	16	2.4
20-29	165	24.5
30-39	259	38.5
40-49	149	22.1
50-59	56	8.3
60 ⁺	28	4.2
Residence		
Rural	449	66.7
Urban	224	33.3
Educational Status		
Illiterate	535	79.5
Able to read/ write	80	11.9
Elementary	36	5.3
Secondary and Above	22	3.3
Occupation		
Housewife	494	73.4
Merchant	167	24.8
Others	12	1.7
Ethnicity		
Gurague	594	88.3
Silte	29	4.3
Amara	19	2.8
Others	31	4.6
Religion		
Muslim	485	72.1
Christian	188	27.9

Table 2. Socio-demographic Characteristics of Spouses, Meskanena Mareko Woreda, 1996.

Characteristics (n= 673)	Number	Percentage
Age		
20-29	43	6.4
30-39	174	25.9
40-49	205	30.5
50-59	133	19.8
60 ⁺	118	17.6
Occupation		
Farmer	497	73.8
Daily Labourer	46	6.8
Merchant	86	12.8
Government Employee	22	3.3
Others	22	3.3
Educational Status		
Illiterate	406	60.3
Able to Read & Writ	145	21.6
Elementary	70	10.4
Secondary and Above	52	7.7

2. Prevalence of Physically Abused Married Women in their Life time and in the Last Three Months of time, Meskanena Mareko Woreda, 1996.

Of the total 673 married women, 303 (45.0 %) and 65 (9.7 %) were physically abused during their lifetime and in the last three months of time, respectively. The age distribution of physically abused married women, in their lives was higher among the age group between 30 and 59, and in the last three months, it was higher in the age groups of less than 20 year of age and in age groups between 30 and 39 years. The number of physically abused married women in their lifetime was higher in the rural community, but in the last three months it was higher in the urban community. Educationally, illiterate and those able to merely read and write married women were more physically abused in their lifetime, but only those who were able to read and write were more victims of physical violence in the last three months.

The lifetime prevalence of physical violence was higher in housewives, and the prevalence in the last three months was higher in merchants. Ethnic groups of Silte, Amara and Muslims were more physically

abused in their lifetime as well as in the last three months (Table 3).

Table 3. Prevalence of Physical Violence on Married Women in their Lifetime and in the Last Three months, by their Specific Socio-demographic Characters, Meskanena Mareko, 1996.

Characters		Life Time	Three Month	Total
		Prevalence	Prevalence	
		Cases (%)	Cases (%)	
Age	15-19	6 (37.5)	2 (12.5)	16
	20-29	55 (33.3)	14 (8.5)	165
	30-39	136 (52.5)	36 (13.9)	259
	40-49	69 (46.3)	9 (6.0)	149
	50-59	28 (50.0)	4 (7.1)	56
	60 ⁺	9 (32.1)	- (---)	28
Residence				
	Rural	210 (46.8)	41 (9.1)	449
	Urban	93 (41.5)	24 (10.7)	224
Education				
	Illiterate	246 (46.0)	51 (9.5)	535
	Able.read/write	39 (48.9)	10 (12.5)	80
	Elementary	13 (36.1)	3 (8.3)	36
	Secondary/above	5 (22.7)	1 (4.6)	22
Occupation				
	House Wife	222 (46.0)	47 (9.5)	494
	Merchant	74 (44.3)	18 (10.8)	167
	Others	7 (58.3)	- (-)	12
Religion				
	Muslim	225 (46.4)	50 (10.2)	485
	Christian	78 (41.5)	15 (8.0)	188
Ethnicity				

Gurague	270 (45.5)	56 (9.4)	594
Silte	16 (55.2)	4 (13.8)	29
Amara	9 (47.4)	3 (15.8)	19
Others	8 (25.8)	2 (6.5)	31
T O T A L	303 (45.0)	65 (9.7)	673

3. Types of Physical Violence in Married Women, Meskanena Mareko Woreda, 1996.

Out of the 303 (45.0 %) or 65 (9.7 %) physically abused married women in their lifetime or in the last three months respectively, 13.2 % of the lifetime and 4.6 % of the last three months physically abused women were slashed with a belt or a thin stick. Similarly, 229 (75.6 %) and 39 (60.0 %) of the lifetime and three month's physically abused women respectively, were slapped or hit with fist.

One hundred and sixty one (53.1 %) of the lifetime abused and 34 (52.3 %) of the three month victims were kicked or hit with leg. Moreover 104 (34 %) of the lifetime and 19 (29.2 %) of the three month physically abused married women were hit or beaten with stick or iron bar. Seventy six (28.1 %) of the lifetime and 16 (24.6 %) of the three month victims have had something thrown at, and finally 4 (1.3 %) of the live time physically abused women have been abused using a knife

or a gun.

Table 4. Types Of Physical Violence in Married Women Abused In their Lifetime and in the Last Three Months, Meskanena Mareko Woreda, 1996.

Type of P. Abuse	Live Time		Three Month	
	Prevalence (n=303) Cases (%)	Prevalence (n=65) Cases (%)	Prevalence (n=303) Cases (%)	Prevalence (n=65) Cases (%)
1. Slashed with a belt or thin stick.	40 (13.2)	3 (4.6)		
2. Slapped/hit with fist	229 (75.6)	39 (60.0)		
3. Kicked/hit with leg.	161 (53.1)	34 (52.3)		
4. Hit/beaten with stick/iron bar	104 (34.3)	19 (29.2)		
5. Something thrown at.	76 (28.1)	16 (24.6)		

6. Knife/gun was used 4 (1.3) - (-. -)

Multiple Response is Possible.

4. Outcome of Physically Abused Married Women in their Lifetime, Meskanena Mareko Woreda, 1996.

Out of the 303 physically abused women, 161 (53.1 %) reported minor and serious somatic injuries in their lifetime. One hundred and nine (45.9 %) of the physically abused women had acquired minor lacerations or scars, 64 (21 %) had had swelling in their face or other area, 22 (7.3 %) had reported to have fracture or dislocation, 7 (2.3 %) had had breaking of the tooth, 5(1.7 %) had lost their vision and other 5 (1.7%) had a history of abortion due to husband perpetuated physical violence in their lifetime (Table 5).

Table 5. Outcomes of Physical Violence in Physically Abused Women in their Lifetime, Meskanena Mareko Woreda, 1996. (n =303).

Outcomes Of Physical Violence	Number	%
1. Small Laceration or Scare	139	45.9
2. Swelling on the face/other area	64	21.1
3. Reported Fractures/dislocations	22	7.3
4. Broken Tooth	7	2.3
5. Blindness	5	1.7
6. History of Abortions	5	1.7
7. No Laceration / injury	142	46.9

Multiple Response is Possible.

Frequency of Physical violence of Married Women in their Lifetime and in the Last Three months.

Out of the 303 physically abused women in their lifetime, 4 (1.3 %) of the women were physically abused >2 times per week, 137 (45.2 %) were physically abused from once in a week to about one time every three month, and the remaining 162 (53.5 %) were physically abused occasionally.

Out of the 65 physically abused married women in the last three month 39 (60.0 %) were physically abused once, 23 (35.4 %) abused two to three times and the remaining 3 (4.6 %) were physically abused in the last three months.

Reported Causes of physical Violence against Married Women

Out of the 673 married women, 527 (78.3 %) have reported to have a conflict with their spouses in their lifetime and 303 (57.5 %) of the conflicts had resulted to physical violence.

Hundred and ninety (62.5 %) of the physically abused women economical problem, 142 (46.9 %) having high tempered spouse, 107 (35.3 %) not obeying their spouses properly, 86 (28.1 %) having other wife of their spouses were the reported causes of the violence.

Having alcoholic spouse was also reported as a cause of physical violence in 44 (14.5 %) of the physically abused women, initiation of conflict by neighbour or family interference were other reported causes in 36 (11.9 %) and 33 (10.9 %) of the physically abused women respectively. Having spousal bad habit and presence of unwanted marriage were also other reported causes of physical violence in 17 (5.6 %) and 10 (3.3 %) of the abused married women.

Table 6 **Reported Causes of physical Violence in physically abused women in their life time, Meskanena Mareko Woreda, 1996. (n=303).**

Reported Causes	Number	Percent
1. Not wanted Marriage	10	3.3
2. Alcoholic husband	44	14.5
3. Husband has other wife.	86	28.1
4. Economical problem	190	62.7
5. You don't obey your husband properly	107	35.3
6. Initiated by Relatives	33	10.9
7. Husbands bad habit (cigarette, Khat)	17	5.6
8. Initiated by Neighbours	36	11.9
9. High tempered husband	142	46.9

Multiple Response is Possible.

5. Physical Violence in Relation to Socio-Demographic Character and Some Selected Factors

Physically abused and non abused married women were compared on selected socio-demographic characters and on some selected factors. As shown in table 8, khat chewing, presence of confidant, attitude of being physically abused and history of parental spousal abuse in married women, and table 9, alcohol intake in the spouse showed significant association.

The chance of being physically abused was higher in married women having history of parental spousal abuse than those who didn't have (OR = 1.89, 95% CI = 1.37, 2.61). Higher chances of being physically abused was observed in those women who chew khat than who didn't chew (OR = 1.23, 95% CI = 1.13, 1.83), and the proportion of married women who had good social confidant were more physically abused than these who didn't have (OR = 1.95, 95% CI = 1.30, 2.97). Higher chances of being physically abused was also observed in those women their marriages initiated by family than those initiated by themselves (OR = 1.94, 95% CI = 1.14, 3.37) (Table 8). The chance of being physically abused was also higher among married women whose spouses took alcohol than those who didn't take (OR = 2.28, 95% CI = 1.65, 3.17) (Table 9).

Even though the proportions of physically abused women were higher in women who accept that a woman has to be physically abused, and the odds of physically abused women was significantly higher for these groups, the association was not stable after adjusting for selected socio-demographic and social factor variables. Again higher proportion of physically abused women were observed in women who had social and economic support from others, but the association disappeared after adjusting for other selected socio-demographic and social factor variables (Table 8).

There was no association of physical violence in married women's age, education, place of residence, ethnicity, occupation, religion (Table 6), and women's alcohol intake and presence of social support (Table 8), spousal age, occupation, educational status (Table 7), cigarette smoking, khat chewing and presence of other wife of the spouses (Table 9) ($p > 0.05$).

Table 6. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by their Socio-Demographic Characteristics, Meskanena Mareko Woreda, 1996.

Characters	Abused (%)	Non-Abused(%)	Crude-OR (95% CI)
Womens' Character			
Age			
15-19	6 (37.5)	10 (62.5)	1.00a (P > 0.05)
20-29	55 (33.3)	110 (66.6)	0.83
30-39	136 (52.5)	123 (47.5)	1.84
40-49	69 (46.3)	80 (53.7)	1.44
50-59	28 (50.0)	28 (50.0)	1.67
60 ⁺	9 (32.1)	19 (67.9)	0.79
Residence			
Urban	93 (41.5)	131 (58.5)	1.00@
Rural	210 (46.8)	239 (53.2)	1.24 (0.88,1.74)
Education			
Illiterate	246 (46.0)	289 (54.0)	1.00a (p > 0.05)
Able.read/write	39 (48.8)	41 (51.2)	1.12
Elementary	13 (36.1)	23 (63.9)	0.66
Secondary &above	5 (22.7)	17 (77.3)	0.35
Occupation			
House Wife	222 (44.9)	272 (55.0)	1.00@
Merchant	74 (44.3)	93 (55.7)	0.97 (0.67, 1.41)
Others	7 (58.3)	5 (41.7)	1.72 (0.46, 6.94)
Ethnicity			
Gurague	270 (45.5)	324 (54.5)	1.00@
Silte	16 (55.2)	13 (44.8)	1.48 (0.66, 3.32)
Amara	9 (47.4)	10 (52.6)	1.08 (0.40, 1.69)
Others	8 (25.8)	23 (74.2)	0.42 (0.31, 1.04)
Religion			
Christian	78 (41.5)	110 (58.5)	1.00@
Muslim	225 (46.4)	260 (53.6)	1.22 (0.34, 2.52)

1.00@= referent group 1.00a= Referent for trend
 Crude OR= Crude Odds Ratio

Table 7. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by their Spouses' Socio-Demographic Characteristics, Meskanena Mareko Woreda, 1996.

Characteristics	Abused (%)	Non-Abused (%)	Crude-OR (95% CI)
Spouses' Character			
Age			
(20-29)	14 (32.6)	29 (67.4)	1.00a (P > 0.05)
(30-39)	75 (43.1)	99 (56.9)	1.57
(40-49)	105 (51.2)	100 (48.8)	2.17
(50-59)	60 (45.1)	73 (54.9)	1.70
60+	49 (41.5)	69 (58.5)	1.37
Occupation			
Farmer	227 (45.7)	270 (54.3)	1.00@
Daily Lab.	23 (50.0)	23 (50.0)	1.19 (0.62, 2.27)
Merchant	38 (44.2)	48 (55.8)	0.94 (0.58, 1.53)
Gov. Employee	3 (13.6)	19 (86.4)	0.19 (0.04, 0.65)
Others	12 (54.5)	10 (45.5)	1.43 (0.56, 3.64)
Education			
Illiterate	189 (46.6)	217 (53.4)	1.00a (P > 0.05)
Able Read/Write	65 (44.8)	80 (55.2)	0.93
Elementary	32 (45.7)	38 (54.3)	0.97
Sec. and Above	17 (32.7)	35 (67.3)	0.56

1.00@= referent group 1.00a= Referent for trend

Crude OR= Crude Odds Ratio

Table 8. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by Some Selected Factors, Meskanena Mareko Woreda, 1996. (n=673)

Factor	Abused (%)	Non-Abused (%)	Crude-OR (95% CI)	Adjusted-OR (95% CI)
Women's Character				
Alcohol Intake				
Yes	53 (49.5)	54 (50.5)	1.24 (0.80, 1.92)	1.01 (0.77, 1.29)
No	250 (44.2)	332 (55.8)	1.00@	1.00@
Khat Chewing				
Yes	117 (52.7)	105 (47.3)	1.59 (1.13, 2.23)	1.23 (1.00, 1.50)
No	186 (41.2)	265 (58.8)	1.00@	1.00@
Initiation of Marriage				
Family	278 (46.7)	317 (53.3)	1.94 (1.14, 3.37)	1.20 (1.04, 1.60)
Self	24 (31.2)	53 (68.8)	1.00@	1.00@
Presence of Social Support				
Present	242 (47.2)	271 (52.7)	1.45 (0.99, 2.12)	0.92 (0.71, 1.18)
Absent	61 (38.1)	99 (61.9)	1.00@	1.00@
Presence of Confidant				
Present	258 (48.3)	276 (51.7)	1.95 (1.30, 2.97)	1.38 (1.06, 1.78)
Absent	45 (32.4)	94 (67.6)	1.00@	1.00@
Attitude of being Battered				

Positive	90 (52.9)	80 (47.1)	1.53 (1.06, 2.21)	1.08 (0.88, 1.31)
Negative	213 (42.3)	290 (57.7)	1.00@	1.00@

Presence of Parental Spousal Abuse

Present	163 (53.6)	141 (46.4)	1.89 (1.37, 2.61)	1.17 (1.02, 1.39)
Absent	140 (37.9)	229 (62.1)	1.00@	1.00@

1.00@ referent group

Crude OR= Crude Odds Ratio Adjusted OR= Adjusted Odds Ratio.

Table 9. Comparison of Physically Abused and Non-Abused Married Women in their Life Time, by Some Selected Factors in their Spouses', Meskanena Mareko Woreda, 1996. (n=673)

Factor	Abused (%)	Non-Abused (%)	Crude-OR (95% CI)	Adjusted-OR (95% CI)
Spouses' Character				
Alcohol Intake				
Yes	164 (56.6)	126 (43.4)	2.28 (1.65, 3.17)	1.50 (1.25, 1.80)
No	139 (36.3)	244 (63.7)	1.00@	1.00@
Cigarette Smoking				
Yes	55 (53.4)	48 (46.4)	1.49 (0.95, 2.33)	
No	248 (43.5)	322 (56.5)	1.00@	
Khat Chewing				
Yes	200 (45.6)	239 (54.4)	1.06 (0.76, 1.49)	0.94 (0.78, 1.15)
No	103 (44.0)	131 (56.0)	1.00@	1.00@

Presence of Other Wife

Present	123 (47.9)	134 (52.1)	1.20 (0.87, 1.67)
Absent	180 (43.3)	236 (56.7)	1.00@

1.00@ Referent Group

Crude OR= Crude Odds Ratio Adjusted OR= Adjusted Odds Ratio.

Discussion

To our Knowledge, this is the first study to examine physical violence against married women in Ethiopia. Women in our sampling appeared to be at higher prevalence of physical violence during their lifetime with a prevalence of 45 %. Our finding is consistent with a study conducted in Kenya by Reikes which reported that 42 % of the women were battered regularly (18).

However, it is quite higher compared to national study carried out in Colombia which showed that 20 % of Colombian women have been beaten by a partner at least once in their lifetime (16), and is lower when compared to study done in Costa Rica, out of 1312 randomly sampled women, 51 % of whom reported being

beaten up several times per year (17). A study done by Sonoli, in 1990, revealed that out of 200 women from Colombo, Sri Lanka, 60 % have been beaten (19), and other study done in India, using 109 men and 109 women from a village in Juliundur district, by Mahajan it was found that 75 % of the men have admitted to beating their wives, and 75 % of the women have reported being beaten frequently (20).

The present figure of 45% is quite high and worrisome when seen with the problem of underestimated prevalence of wife abuse, as women have a tendency to minimize the episodes of violence, either due to self-blame, shame, or loyalty to their spouses (2, 9).

The type of physical violence most frequently observed, in this study was slapping or hitting a woman with a fist and it accounted for more than three quarter of the abused women, and this was followed by kicking with leg and hitting with stick or iron bar. Although it is difficult to compare directly with other studies, because of different forms of classifying physical violence, we will try to compare it indirectly. As indicated in the literature review Gielen's negative verbal violence accounted for 44 %

of the sample study, where as in our study, it was not assumed as physical abuse. In our study moderate violence accounted for more than half of the abused women or for about a quarter of the study population and it is quite higher than 10 % of the Geilen's study sample. In our study the severe form of physical violence accounted for three quarters of the abused or one third of the married women which is still higher than 9 % of the former study population (23).

Other study done by Goldberge and Tomlonovich, in the US, have summarized that more than half the subjects were threatened to be hit or pushed, one third had objects thrown at them or were kicked or threatened with harm and approximately one tenth were stabbed, whipped or threatened with being killed (24). In our study the first form was not assumed as physical violence, the second form was higher than the above study and accounted for three quarters of the abused women and the last form in this study was relatively low accounting for 1.3 % of the abused women.

This Butajira study has also shown that one quarter of the women have experienced minor and serious somatic injuries in their lifetime; when this is compared to

wives surveyed in Papua New Guinea, which accounts for about 18 % (27), and a population based study made in US, where physical violence was the leading cause of injury for women aged 25-34 years with a rate of 157/1000 women (9), the finding in our study is remarkably high. However, it is consistent to the study done in Alexandria, Egypt which accounts for about 28 % of visits to Area Trauma Unit in a year (28).

Somatic injuries reported among abused women in the present study, included a range of 20-45 % of the abused women have acquired minor injuries like small lacerations and concussions, and 1.7-7.3 % of the abused women have had serious injuries, like a report of fracture or dislocation, Breaking of tooth, blindness and history of abortion. When we compare these outcome of physical violence with others, McFarlane in 1989, has showed that in 69 % of abused women, minor injuries like punching on their faces and in 31 % severe injuries, fractures, concussions, ear drum perforations and thoracic or abdominal trauma was identified (25).

The study did not find a statistically significant difference between physically abused and non-abused married women groups on the basis of ethnic group, residence, employment educational status, and

religion. Our findings with regard to age is high in age groups between 30 and 39 years, and this is not consistent with some studies suggesting that younger women are at increased risk for abuse. This may be due to the study has taken a tendency of cumulative prevalence (lifetime) rather than a limited time prevalence. The three month prevalence, however is consistent with other studies demonstrating that younger women are at higher risk for abuse (23, 24, 39).

Although the prevalence of physically abused married women between the age group of 30 and 39 years was higher than the other age groups, age by itself is an insufficient indicator of physical violence. Other socio demographic factors also were not found to be good indicators to identify physical violence among victims in married women. This study was consistent to a study done in US by Gielen that suggests the influence of socio-demographics to identify physical violence victims in women was minimal (16).

Interestingly, we didn't find the relationships between attitude of married women of being physically abused and physical violence. Moreover, there was no relation between married women who have social and economic support by others and physical violence.

Studies have examined these potential factors, suggesting that witnessing parental spouse abuse in the family of origin makes a woman to tolerate the abuse through changing of her attitude (26). Moreover, explanatory model by social constructivism, also suggest expectations, sanctions and demands from the social context over the family have a great importance in violent behaviours, but a likely explanation for the lack of effect in this study may be due to factors limited to the victim, but not the perpetrator (3).

Our findings with regard to other social factors suggest that married women who chew khat (Catha Edulis) are more associated to have physical abuse, this may be due to the effects produced by khat on the women may elicit conflict (40, 41, 42).

Interestingly self initiation of marriage plays a protective role in physical violence against married women. Married women in our sample who have marriage initiated by themselves were less likely to report physical violence. This may be due to self initiated marriage may result in lack of interference or imposition from families, or presence of mutual love and respect and this may avoid simple initiation of conflict.

Other findings seen in our result was the presence of confidant for married women has potential association to physical violence, and is opposing to some study done in the US, stating that having a confidant was a significant protective factor for women against both partner or other perpetrated violence (22). This may be related to unclearness of sequence that having a confidant whether proceeds or follows physical violence is not known as a limitation of most cross sectional studies suggest (43, 44, 45), so it may be due to the confidant is produced after a quarrel has been produced.

Our paper has also found that married women having history of parental spousal abuse in the family of origin were predisposed to be physically abused and is consistent to Gayford and Ray's study who suggest that experiencing child abuse or witnessing parental spouse abuse in the family of origin, predisposes husbands to follow the role model that he learnt in childhood and the wife to tolerate the abuse that she may have accepted as normal (26, 33), and Parker B and Schumacher's study also suggested that women whose mothers of origin were victims of physical violence were more battered by their husbands than their counter controls (33, 34).

Partners alcohol use, even when less than ideally measured, showed that partner-perpetrated violence lends support to the view that physical violence against women is more likely to be associated with characteristics of perpetrators than with characteristics of victims (22). In this paper spousal alcohol use was found to be consistently associated with physical abuse as in other studies (8, 25, 32, 33).

Validity

The results of this study are assumed to be internally valid. Bias was minimized by utilizing randomly selected study villages and respondents, using a structured, pretested and closed ended questionnaire that was constructed by focus group discussion. Meticulous and regular daily supervision of the data collectors, and checking of the completeness and accuracy of data was carried out to ensure quality.

Multivariate analysis using logistic regression model was performed to control for possible confounding effect of certain variables.

Because of the difference in the methods used, differing definitions of abuse, and the set up of the study area, the findings of this study are by no means a replication of other studies. In general, the findings of this study reflect the situation that has been seen in many countries.

Generalizability

This study is generalizable to the locale. It will be difficult to generalize the results of this study to the country as a whole because of the countries wide cultural and ethnic diversity.

Limitations

In this study measurement of the socio-economic status of women and their spouses was difficult since most respondents were not open in responding to questions designed to assess the socio-economic status of their household. It was also found difficult to measure income variables in this study, there is also evidence

that information on income, and some cultural issue in many studies in Ethiopia is unreliable (43). Age of the women and their spouse also share the same concern. Thus it is difficult to say that the association obtained with these variables reflect true picture. Similarly, the information obtained on married womens' physical abuse since their marriage time could be questioned, since problem of recall could be attached with it. This was considered during the study design and ways to minimize this problem were incorporated in it, But it is still very difficult to say for certain that there is no problem of recall. Comparison of our finding was limited because of differing definitions of physical violence in women.

CONCLUSION

Our conclusions with regard to the continuation of violence throughout their life time years are indeed troubling. This study has shown that the level of physical violence against married women in this

community is quite high. Slapping or hitting a woman with a fist was the most common type of physical violence encountered among married women. The outcomes of the physical violence range from small laceration to permanent damages. The study has also shown that khat chewing, marriage initiated by family, having history of parental spousal abuse, having good social confidant and alcoholic spouses are factors that contribute to the increase of physical violence against women in married women.

RECOMMENDATION

1. Policy makers need to be involved to entail the problem of physical violence against women.

2. We urge other researchers to carry out qualitative and quantitative researches to gain an insight perspective on the subject and to look health effects of physical violence.

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Annex-1

Operational Definitions

Married women= a woman living with a partner at least
for the last three months, and
during the study period

Physical Violence= Any form of violent act which can
result in physical harm of a
person.

Physically Abused= A person who become a victim of
physical violence (got physical
harm).

Attitude of Being Abused = A person's acceptance of towards his/ her becoming of battered.

Presence of Confidant= Presence of a person to whom you confided or talk to about yourself or your problems.

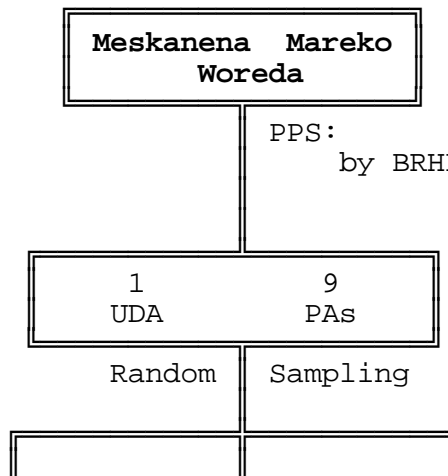
Presence of Parental Spousal Abuse= Presence of physical violence in the parents of the person.

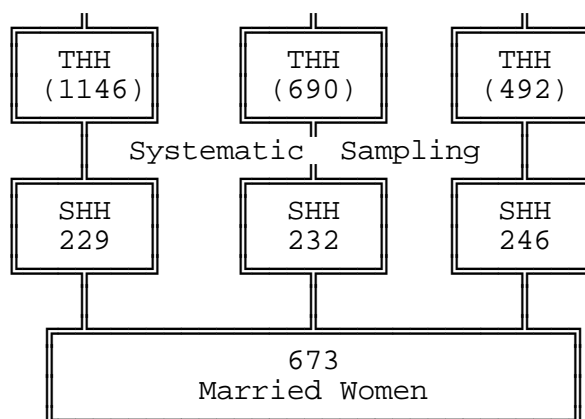
Somatic Injuries = Injuries produced on the body due to physical violence.

Lifetime= the time interval between the date of current marriage till the date of data collection.

Annex-2

Figure 1. Schematic Diagram of Sampling Frame





PPS= Proportional to Population Size

UDA= Urban Dweller's Association.

Pas= Peasant Associations

THH= Total households

SHH= Selected households

Annex 3.

Figure 2 Map of Meskanena Mareko
Woreda.

Annex 4

Appendix. Results of FGD (Focus Group Discussions)

Two focus group discussions (FGD) were conducted. The aim of the FGD was to obtain the necessary information to construct the questionnaires and to gain an insider's perspective of the women and men towards physical violence against married women. The FGD was also intended to help to explore the mother's perception and attitude towards physical violence against married women and to complement the findings of the survey.

In order to establish homogeneity within the group, they were structured by sex : women and men. The method for the selection of the participants was purposive sampling, as the intent of the FGD was to gather relevant information on a sensitive topic and to help in the design of the questionnaire. Nine mothers participated in the first FGD and eight men were selected to serve as participants in the second FGD. The total number of individuals involved in the FGDs were 17.

Women informants were mainly grouped into young and older mothers. Their age ranged from 16-45 and the

duration of their marriage ranged from 1-25 years. Men informants were of different groups: religious leaders, elders and young and older husbands. The age range was from 24-66 years.

An FGD guide was developed (Appendix-) that contained a list of questions that were supposed to be explored for the purpose of the study. The discussion was led by a moderator and assisted by a recorder who took notes. The group discussion was transcribed completely in Amharic, fully translated in English and analyzed. It was evident from the FGD that mothers were highly cognizant of the problem. Taken together, the FGD provided the basis for the design of the questionnaire and generating a hypothesis.

Major findings of the FGD

The major points of the discussion during the FGD was focusing on the awareness of, and attitude towards physical violence among married women. The major reasons for conflict were also discussed. The following were cited as the major ones:

1. Imitation of marriage by families
2. Bad behaviour: alcohol, khat and cigarette smoking.
3. Interference by family, neighbours and friends
4. Polygamy

5. Economic problems
6. Traditionally accepted male authority

Surprisingly, all the mothers declared that physical violence against married women is a common phenomenon in marriage.

The major groups involved in resolving the conflict were elders, religious leaders, and neighbours. Edir, and family council, are indicated as the major social organizations that play the major role in such affairs in some of the villages.

Initiation of marriage: three major types of initiation were indicated. *Becheg* (*besemania* in *Amharic*), *Chahata* (*telefa* in *Amharic*) and self initiated. In the first often the family is the initiator and is legally accepted. The second is kidnapping of the girl without her consent and is illegal. The third one is not common in the area.

Early marriage was said to be common when it is initiated by families and was also considered as one of the factors that may contribute to initiation of conflict due to lack of psychological and physiological readiness from the girl side.

From the FGD it was hypothesized that there are four types of women with regard to the attitude of physical violence. The schematic presentation is given below:

1	2	3	4
Traditional Conservative	Traditional Liberal	Modern	Typical Atypical

1= Accept the physical abuse by husbands as traditionally recommended.

2= Do not accept the physical abuse; try to live in agreement with the husband to maintain consensual validity.

3= Discuss issues that may lead to conflict; do not accept any physical or verbal abuse; are educated and may have job.

4= considered extra-ordinary; may physically attack the husband during conflict.

The continuum presents four major groups that are often seen as stated by the discussants and one group which is rarely seen (typical atypical group). Given that there are very strong traditional sanctions (may assume that they loss social value - this was also pointed out during the FGD) it would appear likely that a large majority would be in the "traditional

conservative" category but with substantial majority following " the traditional liberal" group.

Some of the sayings of each group is shown below:

Traditional conservative group:

A women said "Husband's punishment is sweet just like butter". And she continued "Are you expecting him to beat '*mukecha* ' - this is a wooden material used to crash cereals and coffee. She also responded that this is due to love and not to be harsh for his own wife. The perceived inadequacy of the women and her recognition of the husband's untouchable authority is the feature of these women.

Traditional liberal:

This group did not agree with the initiation of marriage by families but accepted it to conform with the traditional concept and to gain consensual validity in the community.

One young women said, " marriage is not initiated based on one's interest. It is the family which is the sole decision maker. I do not agree with this but

failure to accept it will result in rejection by the community". The other pointed out that most marriages that are initiated by families tend to have more conflicts and physical violence is more often experienced by such spouses. The husband has also feeling of superiority.

Modern

One participant stated " women who are educated and have their own job will not accept any verbal or physical abuse. They believe in discussion to resolve marital conflict." This group was said to be predominantly seen in the urban area.

Typical atypical

One priest said " my wife is very strong. she has made me like a candle that is melting and a clay that is crashed. I don't have any authority in my own house." Another male discussant stated that there are groups of people who are called " Oometaes and Fuggas". These are equally get drunken as their husbands and will never be subjected to any domination."

Mobility of Husbands and Its Influence.

The need for financial source to maintain the family at least on economic terms has compelled the men to be mobile. In actuality, this "out-migration" of husbands is the survival strategy of the family. Thus married women are living with their husband's parents during such periods. The husband is expected to come three times per year (New year, Meskel, and Easter). Under these circumstances and if the parent has several sons, several married couples would co-reside.

Thus the woman is totally dependent and is at the mercy of the parent's of her spouse. The presence of this increased mobility and the fact the wife co-reside with his parents will increase family interference and marital conflict. This may contribute, in turn to the high physical violence among married women.

Annex-5

English Questionnaire

Physical violence against women in rural community

Period November 15-25 /1995

Questionnaire N^o _____

Date of Interview ___/___/1988 E.C.

Interviewer Code _____

Instructions:

Fill in the blank space.

Circle the appropriate answer.

Do not omit any item of information.

Do not write outside the provided space.

Identification:

1. Village _____ 2. House N^o _____

2. _____ Name

Demographic Character

1. Age (in years)_____
2. Age at marriage (in years)_____
3. Religion
 1. Muslim 2. Christian
 3. Other(Specify)_____
4. Ethnic group
 1. Gurague 2. Oromo 3. Selte
 4. Amhara 5. Other(Specify)____
5. Place of birth
 1. Butajira 2. Other (specify)_____

6. Place of Childhood growth
 1. Butajira 1a. Urban 1b. rural
 2. Other 2a. Urban(specify)____
 - 2b. Rural(specify)____
7. Education
 1. Illiterate 2. Read and write
 3. Elementary (1-6) 4. High school (7-12)
 5. High school graduate and above
8. Occupation.
 1. House wife 2. Daily labourer
 3. Merchant 4. Private employee
 5. Gov. employee 6. Others(specify)____
9. Parity.(in number)_____
10. Family size _____
11. Are you pregnant currently ?
 1. Yes 2. No
12. If the answer to Q¹¹ is yes; how long is it ?

13. Do you use the following items (habits) ?

	Yes	No
1. Alcohol	1	2
2. Cigarette	1	2
3. Khat	1	2

4. Other (Specify)_____
14. How long have you stayed with your current husband? _____
15. Your current husband is thehusband.
 1.First 2.Second
 3.Third 4. Fourth or above

Demographic character of the husband.

16. Estimated age of husband_____
17. Husbands educational status
 1. Illiterate 2. Read and write
 3. Elementary (1-6) 4. High school (7-12)
 5. High school graduate and above
18. Husband's Occupation
 1. Farmer 2. Daily labourer
 3. Merchant 4. Gov. employee
 5. Private employee 6. Others (specify)_____
19. Does your husband has other wife ?
 1. Yes 2. No
20. If the answer to Q₁₉ is yes; how many wives does he have ?_____
21. Does your husband use the following items (habits) ?
- | | Yes | No |
|-------------------------|-----|----|
| 1. Alcohol | 1 | 2 |
| 2. Cigarette | 1 | 2 |
| 3. Khat | 1 | 2 |
| 4. Other (Specify)_____ | | |
22. Are you the.....wife of your current husband ?
 1.First 2.Second
 3.Third 4. Fourth or above

Interaction in the Community

23. How Many rooms does your house have?_____
24. How was your Marriage initiated ?

- 1.By family 2.By yourself
 3.By other(specify)_____
25. Do you have a person emotionally or by other means who can support you?
 1. yes 2. No
26. If the answer to Q₂₅ is yes; who was the supporter ?
 1. Friend 2. Relative 3. Husband
 4. Neighbours 5.other (Specify)_____
27. Is there anyone in particular you can confined in or talk to about yourself or your problem ?
 1. Yes 2. No
28. If the answer to Q₂₇ is yes; who was the person ?
 1. Friend 2. Relative 3. Husband
 4. Neighbours 5.other (Specify)_____
29. How is your families' status by the community?
 1. Highly respected 2. Moderately Respected.
 3. Less respected.
30. How is your economical background?
 1. High Class 2. Moderate Class
 3. Lower Class 4. Living only Supported.

Inter-family Interaction

31. During your childhood, Have you seen your mother battered ?
 1. Yes 2. No
32. Do you support that a women, whether she is right or wrong, to be battered by her husband ?
 1. Yes 2. No
33. Have you seen a conflict between you and your husband, since your marriage ?
 1. Yes 2. No
34. If the answer to Q₃₃ is yes; How frequent was the conflict ?
 1. Usually (Daily to 2X/ week).
 2. Sometimes (1X/ day to 1X/ three month)

3. Occasionally (less than the above)
4. Other (Specify)_____
35. If the answer to Q₃₃ is yes; What was the cause ?
- | | Yes | No |
|--|-----|----|
| 1. Not wanted Marriage | 1 | 2 |
| 2. Alcoholic husband | 1 | 2 |
| 3. Husband has other wife. | 1 | 2 |
| 4. Economical problem | 1 | 2 |
| 5. You don't obey your
husband properly | 1 | 2 |
| 6. Initiated by Relatives | 1 | 2 |
| 7. Husbands bad habit
(cigarette, Khat) | 1 | 2 |
| 8. Initiated by Neighbours | 1 | 2 |
| 9. High tempered husband | 1 | 2 |
| 10. Other (Specify)_____ | | |
36. Since your marriage, has your husband battered you ?
1. Yes 2. No
37. If the answer to Q₃₆ is yes; How frequent was it ?
1. Usually (Daily to 2X/ week).
2. Sometimes (1X/ day to 1X/ three month)
3. Occasionally (less than the above)
4. Other (Specify)_____
38. If the answer to Q₃₆ is yes; Have you got any injury ?
1. Yes 2. No
39. If the answer to Q₃₆ is yes; what was the outcome ?
- | | Yes | No |
|------------------------------------|-----|----|
| 1. Small Laceration or Scare | 1 | 2 |
| 2. Swelling on the face/other area | 1 | 2 |
| 3. Fractures and dislocations | 1 | 2 |
| 4. Tooth extraction | 1 | 2 |

5. Blindness 1 2
 6. Abortions 1 2
 7. Other (Specify)_____
40. Has it been seen a conflict between you and your husband for the last three months ?
 1. Yes 2. No
41. If the answer to Q₄₀ is yes; Has your husband battered you ?
 1. Yes 2. No
42. If the answer to Q₄₁ is yes; How frequent was it ? _____
43. If the answer to Q₄₁ is yes; Have you got any injury ?
 1. Yes 2. No
44. If the answer to Q₄₁ is yes; please show me the area of the injury (make a mark on the picture).
45. If the answer to Q₄₁ is yes; what was the outcome ?
- | | Yes | No |
|------------------------------------|-----|----|
| 1. Small Laceration or Scare | 1 | 2 |
| 2. Swelling on the face/other area | 1 | 2 |
| 3. Fractures and dislocations | 1 | 2 |
| 4. Tooth extraction | 1 | 2 |
| 5. Blindness | 1 | 2 |
| 6. Abortions | 1 | 2 |
| 7. Other (Specify)_____ | | |
46. If the answer to Q_{36/42} is yes; what type of violence or weapon was used ?
- | | lifetime last three months | | | |
|------------------------------|----------------------------|----|-----|----|
| | Yes | No | Yes | No |
| 1. Slapped or hit with fist. | 1 | 2 | 3 | 4 |
| 2. Kicked or hit with leg. | 1 | 2 | 3 | 4 |
| 3. Slashed with thin stick. | 1 | 2 | 3 | 4 |

52. Due to the conflict, have you ever gone to court ?
1. Yes 2. No
53. If the answer to Q⁵² was yes; What was the result ?
1. Nothing 2. Sent to elderly
3. Husband punished 4. Other (specify)_____
-

Name of Interviewer_____

Signature_____

Annex-6

Amharic Questionnaire

DECLARATION

I, the undersigned, declare that this thesis is my work and that all sources of material used for this thesis have been duly acknowledged.

Name Negussie Deyessa, MD

Signature

Place Addis Ababa, Ethiopia

Date of submission May, 1996

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

Dr. Mesfin Kassaye
Advisor