ORIGINAL ARTICLE

MAGNITUDE AND RISK FACTORS OF INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN AGARO TOWN, SOUTHWEST ETHIOPIA

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ABSTRACT

BACKGROUND: ***Intimate partner violence is the most common forms of violence against women. However, intimate partner violence in Ethiopia is not well studied. The objective of this study was to assess the magnitude, type and risk factors of intimate partner violence against women in Agaro town, Southwest Ethiopia.***

METHOD: ***This community based cross sectional study was conducted in the month of February 2007 in Agaro Town. The study population consisted of 510 women of reproductive age group who had intimate partner. Sample size was distributed to the five Kebeles (lowest administrative units). In each Kebeles, household which had the eligible women were selected using systematic sampling technique. In the selected households, trained female enumerators interviewed eligible women by using WHO domestic violence questionnaire. Univariate and multivariate analyses techniques were carried out using SPSS for windows version 12.0.1.***

RESULTS: ***Five hundred ten (99%) respondents were interviewed successfully. The lifetime prevalence of intimate partner violence was 264 (51.8%). One hundred sixty six (32%), 171 (33%) and 233 (46%) of women had physical, sexual and emotional abuses in their lifetime, respectively. Majority of the physical 135(80.9%) and emotional 196(80.7%) abuses occurred in the last one year preceding the survey. The common acts of physical violence were slapping 114(68.7%), pushing 103(62.0%) and hitting with fist/stick 44(27%). Forty seven (28%) experienced severe form of physical violence such as hitting with fist, choking and threatening with gun. Use of alcohol by male partner was the predictor of physical and sexual abuse. Sexual and physical violence were more than 2 times likely to occur among women whose partner consumed alcohol more frequently (OR=2.3; 95%: 1.43, 3.54).***

CONCLUSION- ***Physical, sexual and emotional abuses were common in the study community. Majority of the violence occurred within one-year period. The community should be educated to prevent intimate partner violence and its risk factors.***

KEY WORDS: ***Intimate partner, Violence, Jimma, Southwest Ethiopia***

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INTRODUCTION

The term 'violence against women' refers to many types of harmful behaviors directed at women and girls because of their sex. Violence against women includes any gender based violence that results in or it likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liability, whether occurring in public or private life (1). Intimate partner violence (IPV) or domestic violence is the most common forms of violence against women (2).

Different literatures have recognized that there is no single factor that leads to violence of women. Researchers have been using the "ecological framework" to understand the interplay of personal, situational and socio-cultural factors (3, 4).

Globally, one in every three women experiences some form of violence such as beating, coercive sex or lifetime abuse. According to World Health Organization (WHO), each year, more than one million people worldwide loss their life as a result of violence. For every one who dies of violence, many more are injured and suffer from physical, social and emotional problems (5, 6).

The World Bank has recognized gender-based violence as a heavy health burden for women aged 15 to 49 similar to the risk imposed by HIV, tuberculosis, and infection during childbirth and cardiac diseases (7).

Studies conducted in Kenya and Nicaragua showed a lifetime prevalence of violence of 45 and 52 % respectively (8). Other studies conducted in India and Sir Lanka also revealed even higher lifetime prevalence which were 60 and 75%, respectively (9, 10).

World Health Organization (WHO) had assessed the magnitude of IPV in different countries. In this multi-country study, the lifetime prevalence of IPV ranged from 13% in Japan to 61% in Peru. The range of lifetime prevalence of sexual violence by intimate partner was between 6% (Japan, Serbia) to 59% (Ethiopia). The most common act of violence reported by women was being slapped or having something thrown at them, the prevalence of which ranged from 9% in Japan to 52% in Peru (11).

In Ethiopia, community based studies on IPV and its risk factors are not adequate. Few Community based studies in Ethiopia had shown that prevalence of domestic violence ranged from 50-60 % (12-14). A population-based study conducted in Butajira revealed that the lifetime and three months prevalences of physical violence were 45 and 10% respectively (12). Another study conducted in Butajira showed that 49 and 59 % of women experienced physical and sexual violence at some point in their lifetime (13). Another study conducted on domestic violence in Northern Ethiopia had shown that the lifetime prevalence of physical, sexual and/or psychological abuse was 51 % (14). There are no similar studies in Southwest Ethiopia which show the magnitude and risk factors of IPV. Without such information, it is not possible to plan and design intervention strategies regarding IPV which is a public health problem. This study was conducted to assess the magnitude and type of IPV and its risk factors in Agaro town, Southwest Ethiopia.

SUBJECTS AND METHODS

This community based cross-sectional study was conducted in the month of February 2007 in Agaro town, which is located 480 km Southwest of Addis Ababa and 50 km West of Jimma. The town has five Kebeles (lowest administrative units) and 7333 households with a projected population of 35,599, where females constitute 52% of the total population (15).

From women of reproductive age group (15-49) who had current intimate partner, a sample of those lived in the study area for more than 6 months were included in the study.

As this study was part of a survey which was conducted to assess the association between IPV and mental illnesses, sample size was determined applying two populations proportion formulae using Epi-Info version 3.3.2. The assumptions for the sample size calculation were prevalence of depressive disorder (P1) among those who have violence of 17.15%, prevalence of depressive disorder among women who have no violence of 7%, detect OR (odds Ratio) of 2.75 (13), 95% CI, 90% power. This gave a total sample size of 468. Adding 10% for non-response rate, the total sample size was 515.

All the Five Kebeles were included in the study and the sample size was distributed to each Kebele based on probability proportional to size allocation. Households, which had eligible women, were selected by systematic sampling method using house numbers. In cases two eligible women were in the same household, one was selected by lottery method and interviewed using structured questionnaire.

Violence was assessed using Amharic version of the structured WHO domestic violence questionnaire (11, 13). The instrument was pretested on 10% of the sample size in the same area. The domestic violence questionnaires consisted of socio-demographic variables, history of use of alcohol and *Khat (Catha edulis),* history of lifetime and one year violence of different types, injuries due to violent acts and the coping mechanisms of women.

Data were collected by trained female high school complete students who were given 5 days of training using training manual. There was strict supervision by the principal investigator and other supervisors.

Data were coded and entered into computer and analyzed using SPSS for windows version 12.0.1. Descriptive analysis was done to see the prevalence and types of violence. Bivariate analyses were done to see association between any form of violence and the exposure variables (selected socio-demographic variables and substance use like alcohol and Khat). To control the effect of confounding factors, logistic regression was carried out. For the multivariate analysis, stepwise logistic regression technique was used. Variables which showed statistically significant association in the bivariate analysis were entered into the stepwise logistic regression model.

The proposal was submitted to the ethical clearance committee of Public health Faculty of Jimma University. Written consent was collected from Public Health Faculty of Jimma University and given to the respective study Kebeles. The aim of the study was explained to the respondents and verbal consent was obtained. To assure confidentiality, interview was conducted privately (in the absence of any person around) and the names of the respondents were not written on the questionnaire. The right of the respondent not to participate or withdraw from the study was respected.

The following operational definitions were used in the study:

Sexual violence: A woman had sexual abuse if she experienced one of the following: being forced to have sexual intercourse against her will, having sexual

intercourse due to fear of the partner action, being forced to do something sexual that she thought was humiliating.

Physical violence: Any violent act using force that may cause physical harm to a woman. It includes pinching, slapping, kicking with legs, biting or using any material like stick, belt, knife and gun to hurt the women. A woman was said to have physical abuse if she had experienced one of the above violent acts.

Psychological/emotional abuse: It included uttering humiliating words like insulting, physical intimidation, and threats to hurt the women or someone she likes.

Intimate partner violence- any form of violence (sexual or physical or emotional) by current or former husband or unmarried domestic partner who sleeps with the women for more than a month.

Severity of Physical abuse- The acts physical violence was classified according to the likelihood of their causing physical injury. Women who were slapped, pushed or shoved were categorized as having been subjected to moderate violence, and those who had been hit with a fist, kicked, dragged or threatened with a weapon were categorized as having been subjected to severe violence.

Use of alcohol- Use of alcohol was defined using the following criteria: 1. Use of alcohol (Beer, *Areki, Teji, Tella* etc.) for more than one year 2. Use of the aforementioned types of alcohol for more than 4 times a week. 3. The consumed alcohol was perceived as excessive by the respondent.

Use Khat (Catha edulis)- Frequent use (more than 4 days a week) of *Khat* for more than a year.

RESULTS

From the total 515 respondents, 510(99%) of them were interviewed successfully. The mean age of the respondents was 33.1 (SD±10.9), the majority being in the age group 25-34 (40%). Oromos and housewives constituted 239 (47%) and 331 (65%) of the study population, respectively. Ninety-five percent of the respondents were married. One hundred eighty three (36%) had five or more family members. Illiterate respondents accounted for 104 (20.4%) of the study population(Table-1).

Table 2. Different acts of lifetime Intimate partner violence, Agaro town, February 2007

Different acts of violence	Percent*
Acts of physical violence(n=166):	
Slapping	68.7
Pushed/shoved	62.0
Hit with fist/stick	26.5
Kicked/dragged	25.3
Threatened with gun	10.8
Choked/burnt	4.2
Severity of physical violence(n=166):	
Moderate	98.8
Severe	28.3
Acts of sexual violence(n=171):	
Being forced to have sexual intercourse against her will	49.1
Having sexual intercourse due to fear of the partner action	49.1
Being forced to do something sexual that she thought was humiliating	4.1
Acts of emotional abuse(n=233)	
Insult	93.0
Humiliate in front of others	31.1
Intimidating or scaring on purpose by yelling	51.1
Threatened to hurt the woman or someone she likes	15.0

* Percentage may exceed 100 due to multiple acts of violence in the same woman

Table 4. Association between selected variables and physical abuse (n=510), Agaro town, February 2007

Variables	Life time physical abuse		Crude OR (95%CI)	Adjusted OR (95% CI)
	Yes	No		
Partner alcohol use				
No	115	280	1	1
Yes	51	64	1.94(1.26, 2.97)	2.13(1.35,3.36)
Partner chew chat				
No	70	164	1	1
Yes	96	180	1.25(0.86,1.82	0.74(0.49,1.09)
Age of women				
15-24	26	68	1	1
25-34	68	139	1.28(0.75,2.19)	1.16(0.66,2.0)
35-44	43	77	1.46(0.81,2.62)	1.32(0.69,2.5)
>44	29	60	1.26(0.67,2.38	1.28(0.63,2.60)
Family size				
<5	103	224	1.14(0.78,1.67)	1.14(0.75,1.74)
>=5	63	120	1	1
Educational status of women				
Illiterate	50	113	1	1
Elementary	73	150	1.14(0.7,1.69)	1.17(0.71,1.92)
High school and above	43	81	1.2(0.66, 2.34)	1.2(0.66,2.34)
Educational status of partner				
Illiterate	31	73	1	1
Elementary	65	141	1.08(0.65,1.81)	1.14(0.64,1.99)
High school and above	70	130	1.2(0.72,1.970	1.42(0.75,2.65)

Table 5. Association between selected variables and sexual abuse (n=510), Agaro town, February 2007

Variables	Life time sexual abuse		Crude OR (95%CI)	Adjusted OR (95% CI)
	Yes	No		
Partner alcohol use				
No	118	277	1	1
Yes	53	62	2.0(1.3,3.0)	2.33(1.43,3.54)
Partner chew chat				
No	73	161	1	1
Yes	98	178	1.21(0.84,1.76)	0.77(0.5,1.14)
Age of women				
15-24	27	67	1	1
25-34	70	137	1.27(0.74,2.16)	1.13(0.65,1.95)
35-44	44	76	1.44(0.80,2.54)	1.26(0.67,2.37)
>44	30	59	1.2[illegible](0.67,2.36)	1.24(0.61,2.500
Family size				
<5	105	222	1	1
>=5	66	117	1.19(0.82,1.74)	1.19(0.79,1.82)
Educational status of women				
Illiterate	51	112	1	1
Elementary	77	146	1.16(0.75,1.78)	1.26(0.67,2.37)
High school and above	43	81	1.67(0.71,1.92)	1.24(0.61,2.50)
Educational status of partner				
Illiterate	31	73	1	1
Elementary	69	137	1.18(0.71,1.97)	1.25(0.71,2.19)
High school and above	71	129	1.29(0.78,2.16)	1.48(0.79,2.66)

DISCUSSION

This study provided highlights on the magnitude, type and risk factors of IPV in the study area. To improve the validity of the study, standard questionnaire of WHO, extensive training of data collectors and strict supervision were used. However, the true nature of IPV in the study area might not be revealed due to recall bias and under reporting of violence. Majority of the women (95%) were married. Unmarried women who had intimate partner were not sufficient to assess the magnitude of IPV in that category.

The lifetime prevalence of IPV in this study is comparable with a study done in Kenya and Gondar which were 52 and 51% (8, 14). However, it is far lower than the result study in Bujajira (13) where 75% of women experienced lifetime IPV. This could be due to the exclusion of rural women in our study. Being slapped, pushed or hit with fist/stick were the common acts of physical violence, similar to the findings of other studies elsewhere (11-13). However, the severe form of physical violence in this study (28%) is higher than many of other countries which were included in the WHO multicountry study (11). Most of the physical violence occurred within one year period like that of the Butajira study (9). Magnitude of violence one year preceding the survey might be under reported due to recall bias. Majority of male partner abused the women with no clear reasons. However, significant number of them (27%) became violent when the women disobey them. This may indicate the perception that men consider women are inferior to men due to cultural influences. Large number of women also believed that a man has a right to abuse his partner if she does not complete her work or if she disobeys him. This is also an indicative of deep rooted culture that makes men dominant over women. The other triggering factors of violence described in this paper are consistent with many literatures elsewhere (16-19).

Sexual violence by intimate partner is more common as compared to other settings (8, 14). However, the prevalence of sexual violence is much lower than that of Butajira (12). This could be due to the cultural difference between the two communities in revealing sensitive issues like sexual practices. Large percentages of the sexually abused women were forced to have sex without their consent. In the era of HIV/AIDS, this could be one major risk factor for the expansion of HIV/AIDS particularly among women and children.

The magnitude of emotional abuse was much higher than other settings which were included by WHO multicountry study (11). Among the emotional abuses, insulting and humiliating were more common. Such acts of violence can be considered simple by the community. However, the effects of emotional abuses are more devastating than that of physical abuse (11).

Among many risk factors, use of alcohol by male partner was significantly associated with physical and sexual violence. Use of alcohol by male partner as a risk factor of violence was also observed in other literatures (13, 20-22).

Educational status and age were not associated with violence in this study unlike studies elsewhere (11,14). Highly educated women may have different range of choices to protect themselves from IPV. It was observed that the protective effect of education does not appear to start until women achieve very high level of education (11). In our study, highly educated women (above high school) were very few. This could be the main reason why there was no association between educational status and violence.

In conclusion, physical, sexual and emotional abuses of women by their partner were highly prevalent in the study area and majority of these violence occurred within one year period. One out of four women sustained severe form of violence. Use of alcohol by the male partner is the predictor of IPV. Information, Education, Communication (IEC) should be given to the community about burden of violence against women and its risk factors like excessive alcohol intake. Males should be involved in the control and prevention of IPV.

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