ORIGINAL ARTICLE

SEXUAL VIOLENCE AGAINST FEMALE YOUTH IN JIMMA TOWN: PREVALENCE, RISK FACTORS AND CONSEQUENCES

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ABSTRACT

BACKGROUND: ***Sexual violence is a serious public health problem affecting millions of women each year throughout the world. In Ethiopia however, knowledge of the magnitude and characteristics of sexual violence against women is limited because of the limited population-based researches on the subject. This study was done with the objective of exploring the magnitude of sexual violence, its outcomes and factors associated with sexual violence against female youths in Jimma town.***

METHODS: A cross-sectional survey was conducted on 588 female youths aged 15-24 years in Jimma town in March 2003. A systematic sampling procedure was applied to select the study units. Data was collected using a pre-tested structured questionnaire, and analyzed using SPSS version 10.

RESULTS: ***The study showed that 15.3% of the youth had experienced rape, 17.7% had experienced attempted rape, 28.4% physical assault (beating), 3.6% forced marriage and 78.7% had experienced female genital mutilation in their lifetime. Among the victims of rape, 21% had experienced unwanted pregnancy, 10% had abortion and 16.7% experienced unusual discharge from the genitalia. Psychological outcomes like fear and anxiety, self-blame, low self-esteem and suicide attempt were reported by 68%, 53% 41% and 8% of the rape victims; respectively. Threats of harm, use of physical force and alcohol use were the major contributing factors among raped adolescents in this study. On the logistic regression analysis early sexual initiation, number of sexual partners, living arrangements and use of alcohol are the main risk factors that increased the girl's vulnerability to rape.***

CONCLUSION: ***sexual violence is a public health problem among the youth in the study area. Hence, appropriate intervention like sex education, improving law enforcement related to sexual violence and teaching life skills which help young women to prevent sexual assault are recommended.***

KEY WORDS: ***Sexual violence, youth, Jimma,***

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INTRODUCTION

In the past few decades, violence against women has become increasingly recognized as a major public health and human rights concern. It is acknowledged as an important health problem partly because of its impact on the reproductive health and mental well-being of women and girls. Violence against women is also one of the most pervasive forms of human rights abuse that prevents women's enjoyment of their fundamental freedom (1, 2).

The UN declaration on the elimination of violence against women defines violence against women as "any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life"(2). These acts include battering, sexual abuse of children, rape, dowry-related violence, female genital mutilation and other traditional practices harmful to women, violence related to exploitation, sexual harassment and intimidation at work, trafficking in women, forced prostitution and the like (2). It is evident from the definition that violence against women occurs in numerous forms (physical, sexual, and psychological) that are pervasive and interconnected.

Sexual violence is one of the most commonly experienced forms of violence against women that includes all unwanted or non-consensual sexual act, touching or exploitation that are achieved through force, threat or intimidation and or coercion (3). It encompasses rape, coerced sexual activity, sexual harassment, forced prostitution, forced marriage and other physical violence and threat to life. Rape is the most extreme form of sexual violence that applies to all pressurized and unwanted sexual experiences, whether or not physical force is involved (3.4).It is a sexual act that occurs without a women's consent or with her consent where that consent is obtained through fraud or the use of physical force (5).

As a manifestation of violence against women, rape and other forms of sexual violence are universal crossing cultural and socio-economic lines (1, 6). All women regardless of race, culture, and religion or socio- economic status are at risk. But the subject of sexual violence is taboo in many cultures and as a result remains under reported. However, recent population based studies conducted in several countries around the world have shown a prevalence of rape ranging from 5 to 29% (8). Sexual violence also occurs at every stage of women life cycle, even though adolescents have higher rate of victimization as compared to other age groups. Adolescent girls and young women are disproportionately affected because of their relative inexperience, limited negotiation skills, dependant financial position and traditional gender norms (9, 10).

Currently, sexual violence is one of the priority health issues because of its impact on women's health. It is found to be a significant cause of female morbidity and mortality. The World Bank had estimated that rape and domestic violence account for 5% of the healthy years of life lost to women of reproductive age in developing countries (11). Studies also indicated that the health impacts of sexual violence is more severe because it is linked to some of the most intractable reproductive health issues of our times including teenage pregnancy, high risk sexual behaviors, sexually transmitted diseases and HIV/AIDS, unsafe abortions and maternal mortality (4,7,9).More

hazardously, violence increases a women's risk for HIV infection through forced or coercive sexual intercourse and by limiting their ability to negotiate HIV preventive behaviors.

In Ethiopia, even though many of the aforementioned reproductive health issues are known to be among the health and social problems of young people, little has been done to establish the links between sexuality, violence and reproductive health. Knowledge of the magnitude and characteristics of sexual violence in general and rape in particular is limited because of the relative scarcity of population-based researches. Hence, the present study has the major purpose of exploring the magnitude, the factors associated with sexual violence and its consequences for the health of female youth in Jimma town.

METHODS AND MATERIALS

This study was conducted in Jimma town, located 335 kilometers Southwest of Addis Ababa, in Oromia. Regional State. The town had an estimated population of 138,070 inhabitants as of 2003(19).The source population of the study, Young people aged 15-24, accounted for about 27% of the population.

A community based cross-sectional survey was conducted in March 2003 among sampled female youths aged 15-24 years of age. Sample size for this study was determined based on the following assumptions. As there was no previous data on the prevalence of sexual violence on the population understudy, an expected prevalence of 50% was assumed in order to obtain the maximum sample size. A margin of error of 4% and confidence level of 95% were used to calculate a sample size of 600. The sampling units were households selected from each kebele by systematic sampling procedure. First, three Kebeles were randomly selected from the three weredas (13 kebeles) in the town and then, a list of households obtained from the Kebele Administration was utilized as a sampling frame for the selection of households included in the sample. Each Kebele was represented in proportion to the size of the number of households in it. From each selected household, one youth was included in the study. Incases where more than one eligible youth existed in the household, a lottery method was used to select one for the interview. If there were no eligible respondent in the selected household, the immediate next household was replaced.

The data collection process took place from March 8 to March 20, 2003. Ten female interviewers who have accomplished their secondary level education conducted the data collection process. Moreover, two supervisors followed the data collection process, while the principal investigator coordinated the overall activity. For the purpose of this data collection, they were given three days of intensive training on how to administer the questionnaire, its content, research protocol, sampling methods and way of addressing sensitive issues. Supervisors made checks during data collection and reviewed each of the questionnaires after the interview to identify inconsistencies and skipped questions.

A structured questionnaire was prepared first in English language and translated into Amharic to collect information. The questionnaire was pre-tested on samples of adolescents taken from one high school in the town. Ethical Considerations was also made following WHO ethical and safety recommendations to ensure the safety of the respondents as well as data quality (20). Informed consent

of respondents, promoting privacy and confidentiality of responses were assured. Moreover, the interview was anonymous.

Rape as a cause of first sexual debut, rape in their life time and its outcomes were the main outcome variables of the study. Rape was defined as any non consensual penetration of the vagina by physical force or by threatening of body harm, or when the victim is incapable of giving consent, while attempted rape was defined as any attempt to have non-consensual intercourse with a woman where by the woman had a chance of escaping the attempt (5, 13). For the purpose of the study, socio-demographic and behavioral factors related to rape and other forms of sexual violence were included. Data was entered and processed using SPSS PC$^+$ version 10.0. The prevalence rate was calculated, descriptive analysis and frequency distribution of relevant variables were done. A multivariate logistic regression was used at the multivariate stage to identify the association of selected independent variables with lifetime rape. The variables were tested for statistical significance using a bivariate chi square test, and those variables which were significant in the bivariate test were included in the multivariate logistic regression.

RESULTS

A total of 588 female youth aged 15-24 participated in the study, with a response rate of 98%. The median age of the participants was 18 years. Orthodox Christians comprised the majority, 313(53.2%) followed by Muslims, 197(33.5%). Considering the marital status of the respondents, the never married made up the majority, 477(81.1%). With regards to education, 310(52.7%) of the respondents had attended school to secondary level, 198 (33.7%) to primary level and a further 45 (8.0%) had no formal education (Table 1.).

Table 2. Age at first sex and reasons for sexual initiation among female youth (N=224), Jimma March 2003.

Variable	Frequency	Percent
Age at first sex		
10-14	29	12.9
15-19	177	79
20-24	18	8.0
Reasons for sexual initiation		
Marriage	48	21.3
Personal desire (love)	72	32.0
Promising words	37	16.4
For exchange of gifts/money	7	3.1
Forced	58	25.8
Other*	3	1.3
Total	224	100

*Other – includes peer pressure and related causes

Table 1. Socio-Demographic Characteristic of Female youth (n=588), Jimma town, March 2003

Variable	Frequency	Percent
Age		
15-19	408	69.4
20-24	180	30.6
Religion		
Orthodox	313	53.2
Muslim	197	33.5
Protestants	65	11.1
Others*	13	2.2
Educational status		
Illiterate	29	4.9
Read and write	18	3.1
Primary(1-8)	198	33.7
Secondary(9-12)	310	52.7
Above High school	33	5.6
Ethnicity		
Oromo	229	39.0
Amhara	108	18.4
Kulo	78	13.3
Kefa	45	7.7
Guraghe	81	13.8
Others**	46	7.8
Marital Status		
Never Married	477	81.1
Married	74	12.6
Divorced	26	4.4
Widowed	6	1.0
Others	5	0.9
Currently living with		
Parents	373	63.4
Relatives	54	9.2
With spouse	70	11.9
Alone	56	9.5
Others***	35	6.0
Currently enrolled in education		
Yes	390	66.3
No	198	33.7
Total	588	100

* - catholic, traditional & no religion ** - Tigre, Kembata, Yem… etc

*** - Cohabiting, grand parents, employers

Among the 588 female youth, 224 (38.1%) have already initiated sexual activity. The median age at first sexual debut was 16 years. The age range of sexual initiation was 10-22 years (Table2).

Of the 224 sexually active female youths, 58(25.9%) initiated sexual activity because of rape. In majority of the cases, rape was committed by a person well known by the victim including boyfriends, relatives and neighbors. In 86.2% of the cases, perpetrators were older than victims. The offenders used different mechanisms to intimidate the victims. Verbal threats of harm was used in 18(31%) of the rape cases, physical force (beating) in 16(27.6%) and making their victims drunk in 14(24%) of rapes (Table 3).

Table 3. Perpetrators of Rape, Mechanisms Used and Age of Rapists in Relation to Victims, Jimma, March 2003(n=58)

	Frequency	Percent
Perpetrators of rape		
Boy friends	19	32.8
Relatives	7	12.1
Neighbors	7	12.1
Strangers	13	22.4
Gangs	5	8.6
Families friends	3	5.2
Others	4	6.9
Mechanisms used		
Beating up	16	27.6
Threats of harm	18	31.0
Making drunk	14	24.1
Pointing a gun/knife	8	13.8
Use of drugs	2	3.4
Age of perpetrators in Relation to victims		
About victims age		
Younger than victim	6	10.3
About 5 years older than victim	2	3.5
5-10 years older	24	41.3
Above 10 years older than victim	15	25.9
	11	19.0
Total	58	100

When asked about their experience of rape other than rape as a cause of first sexual encounter, 90 (15.3 %) of the study participants reported that they were victims of rape in their lifetime, 20 (22%) of them being victimized two or more times. The prevalence of completed lifetime rape was thus 15.3 %. Perpetrators of lifetime rape were known to the victims in 62 (69%) of rape cases; 29(32%) was committed by boy friends and ex-boyfriends, 17(19%) by neighbors and relatives and 11(12%) by employers and bosses. The prevalence of attempted rape in their lifetime was 104(17.7%). One hundred sixty seven (28.4%) reported physical assault by intimate partners. In the twelve months before the interview, 16(2.7%) of the youth reported to have been victims of non-consensual sex, and 112(19%) experienced unwelcome or non-consensual kissing during one year prior to the study. Information was also collected on other forms of sexual violence like female circumcision and forced marriage (Table 4).

Table 4. Magnitude of the various Forms of Sexual Violence (n=588), Jimma, March 2003.

Forms of sexual violence	Frequency**	Percent
Completed rape	90	15.3
Attempted rape	104	17.7
Female circumcision	463	78.7
Forced marriage	21	3.6
Physical assault (beating)	167	28.4
Non-consensual kissing in the last year	112	19.0
Rape in the last year	16	2.7

** Multiple responses are possible

Among the ninety victims who reported to have been raped, 19(21%) reported to have become pregnant, 9(10%) had undergone abortion, 38(42.2%) reported to have had trauma (injury) of the genitalia, 15 (16.7%) had unusual discharge from the genitalia and various kinds of psychological outcomes (Table5).

Table 5. Reported Outcomes of sexual Violence (n=90) Jimma March 2003

Health Outcomes	Frequency**	Percent
Physical health outcomes		
Unwanted pregnancy	19	21
Abortion	9	10
Trauma of the Genitalia	38	42.2
Discharge from the Genitalia	15	16.7
Mental Health outcomes		
Bad sleep	40	44.4
Fear and anxiety	61	67.8
Easily frightened	33	36.7
Hate others for what happened	27	30.0
Blame herself for what happened	48	53.3
Become addicted to alcohol or substances like chat	7	7.8
Feel as if you are a worthless person (low self esteem)	37	41.1
Lost interest in sexual intercourse	34	37.8
Thought of ending your life	7	8
Withdrawn from school	4	4.4

** Multiple responses are possible

A Multivariate logistic regression was employed to determine the factors associated with life time rape. Accordingly, among the socio demographic and behavioral factors considered in this study; age, living arrangements, number of lifetime sexual partners, alcohol use and age at first sex were the ones that emerged from the regression analysis as significant ($P<0.05$) factors affecting lifetime rape (Table 6).

Table 6. Logistic repression results to determine factors associated with lifetime rape, Jimma, 2003

Variable	Lifetime rape			OR(95% CI)
	Yes No.(%)	No No.(%)	Total No.(%)	
Age				
15-19*	48(11.8)	360(88.2)	408(69.4)	1
20-24	42(23.3)	138(76.7)	180(30.6)	6.36(2.19,24.46)**
Education				
No education *	13(26.5)	36(73.5)	49(8.3)	1
Primary	27(13.8)	169(86.2)	196(33.3)	2.15(1.03,4.60)
Secondary &above	50(14.6)	293(85.4)	343(58.3)	1.06(0.64,1.79)
Marital status				
Married *	13(26.5)	36(73.5)	49(8.3)	1
Never Married	27(13.8)	169(86.2)	196((33.3)	0.23(0.08,0.64)
Others	50(14.6)	293(85.4)	343(58.4)	0.38(0.18,7.96)
Religion				
Orthodox*	47(15.0)	266(85.0)	313(53.2)	1
Muslims	25 (12.7)	172(87.3)	197(33.5)	0.61(0.33,1.14)
Others	18(23.1)	60(76.9)	78(13.3)	0.50(0.26,0.99)
Currently living with				
Both parents*	41(15.9)	217 (84.1)	258(43.9)	1
Father/mother only	13(11.3)	102(88.7)	115(19.6)	2.22(0.79,6.25)
With relatives	18(20.2)	71(79.8)	89(15.1)	2.58(1.06,6.27)**
Alone	10(17.9)	46(82.1)	56(9.5)	2.96(1.22,7.15)**
In marital union	8(11.4)	62(88.6)	70(11.9)	1.53(0.29,8.17)
No of sexual partners				
None*	28(7.4)	350(92.6)	378(64.3)	1
One	27(16.9)	133(83.4)	160(27.2)	2.44(0.04,13.1)
Two & above	35(70)	15 (30.0)	50(8.5)	5.37(1.22,19.17)**
Alcohol drinking				
No*	47(9.4)	454(90.6)	501(85.2)	1
yes	43(49.4)	44(50.6)	87(14.8)	5.91(2.56,13.60)**
Chat use				
No*	59(11.4)	458(88.6)	517(87.9)	1
Yes	31(43.7)	40(56.3)	71(12.1)	1.04(0.43,2.55)
Age at first sex				
10-14	20(69.0)	9(31.0)	29(13.0)	19.72(2.71,143.53)
15-19	68(38.4)	109(61.6)	177(79.0)	***
20-24*	2(11.1)	16(88.9)	18(8.0)	4.50(0.76,26.8)
				1

* = reference category ** = Significant at P<0.05 *** = Significant at P< 0.01

DISCUSSION

This study showed that female youth in the town experience different forms of sexual violence. Of the sexually active youth who participated in this study, 25.8% started sexual activity as a result of rape. This prevalence rate (of rape as a cause of first sexual experience) lies with in prevalence rates found in different studies, ranging from 7-62% (8). It is lower than the prevalence rate estimated by a study made on the Bameda town of Cameroon, in which 37.3% of the sampled adolescents between ages 12 and 25 reported forced sexual initiations (12). The finding of this study is similar to the results of a South African study where 28.4% of adolescents reported forced sexual initiation (4). However, the prevalence rate observed in this study is still lower than the rate observed in a study of female street Adolescents in Addis Ababa, in which 43% of the participants reported forced sexual initiation (13).

The prevalence of lifetime rape was 15.3% in all, and 40.2% among sexually active youths. This also lies in the range of prevalence of life time rape obtained in different studies, where 5-29% of women are observed to have experienced rape in their lifetime (8). But, it is lower compared to the prevalence of rape obtained by a study made among female street Adolescents in Addis Ababa, where the prevalence of rape in 3 months recall period was observed to be 15.6%(13).

Perpetrators are known to the victims in 69% of cases in this study. This is consistent with World Health Statistics Quarterly report in different South, Central and North American countries in which attackers were known to the victims in 60% to 80% of the cases (1).

The health outcome of rape as reported by the youth is of serious concern. In this study, 21% of rape victims became pregnant, and 10% had practiced abortion. It is similar to the prevalence of unwanted pregnancy reported in the study done among high school students in Addis Ababa and Western Shoa in which 23% of rape victims reported unwanted pregnancy (14). In a study in Bombay, India, 20% of all pregnancies of adolescent abortion seekers occurred because of forced sex (4). However, the problem in countries like Ethiopia where abortion is not legalized, raped youths are forced to bear the children or else will put their lives at risk of unsafe abortions.

The fact that 42% of rape victims reported vaginal discharge may imply a possible transmission of STD's as well as the occurrence of gynecological problems. Thus, such reproductive health out comes as well as the possibility of transmission of HIV/AIDS during rape should be a major cause of concern. The mental (psychological) outcomes they experienced after rape like fear and anxiety, self blame and low self esteem may lead to long term problems.

Lifetime rape was associated with age, living arrangements, number of sexual partners, use of alcohol and age at first sex ($P<0.05$). Youths in age group 20-24 years were 6 times more likely to have been raped in their lifetime than those in the ages of 15-19 years (OR=6.36, 95%CI: 2.19, 24.46). Youths living alone are 3 times more likely to be raped as compared to those living with both parents (2.96, 95%CI: 1.22, 7.15). The absence of parents, by death or separation and the social fragmentation of the adolescents with their family decreases the supervision and monitoring of the youth. This association was also observed in the study made among high school students of Addis Ababa and Western Shoa and many other studies (14, 15).

The likelihood of being raped is 5 times higher among girls who had multiple sexual partners in their lifetime (OR=5.37, 95%CI: 1.22, 9.17). As observed in several studies (13, 16, 17, & 18), in this study too, the use of alcohol increased the likelihood of being raped by six fold (OR=5.91 95%CI: 2.56, 13.60). Consuming alcohol makes it more difficult for women to protect themselves by interpreting and effectively acting on warning signs. Age at first sexual activity has also a significant association with rape. In this study, it is observed that those who begun sexual activity early, in ages 10-14 years are nearly 20 times to be victimized in their lifetime as compared to those who begun later at ages 20-24(OR=19.72 95%CI: 2.71, 143.53). Early sexual initiation increases a girl's vulnerability to sexual assault in her later life because it is believed that those who begin dating early come into contact with a higher number of potential perpetrators. Particularly, childhood sexual abuse is observed to result in low self-esteem of girls making them less skilful at protecting themselves from further rape (17).

In general, the study found that sexual violence against female youth is common and is one of the reproductive health problems the youth face nowadays. The health impact of rape as reported by the victims is also serious. Thus, it is recommended that appropriate interventions like sexuality education, improving law enforcement related to sexual violence and teaching life skills, which help young women to prevent sexual assault, are important to decrease the magnitude of the problem.

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