ORIGINAL ARTICLE

A cross sectional study on prevalence of gender based violence in three high schools, Addis Ababa, Ethiopia

Gelane Lelissa [1] and Lukman Yusuf [2]

Abstract

Background: *Gender based violence (GBV) is a pervasive problem of most women all over the world. Studies in our country and Africa have shown great burden of this incapacitating problem in women. Cultural norms and beliefs play important role in perpetuating this problem.*

Objective: *This study was designed to determine the overall prevalence of GBV and its patterns in three selected high schools in Addis Ababa.*

Methods: *This is a cross sectional descriptive study conducted with 377 female high school students in the selected high schools. Self administered structured questionnaires were used.*

Results: *The study showed that 6.2% of the students have started sexual intercourse; and of these, 26.1% were raped cases. In addition 75.9% of the students reported being sexually harassed. Over 26% of the respondents have undergone female genital cutting (FGC). The incidence of household violence in the study population was 13.6%. Of the partnered female students 23% reported to have been physically abused by their partners.*

Conclusion: *Social support and law enforcement to mitigate this significant public health problem should be prioritized by the government and other organizations working on women's welfare.*

Keywords: Gender based violence, Rape, Female genital cutting

[1] *Department of Obstetrics and Gynecology, Police Hospital,* [2] *Department of Obstetrics and Gynecology, Tikur Anbessa Hospital, Addis Ababa University*

Introduction

Adolescence is a time of transition in young people's life and it is associated with emotional disorders and high-risk health behaviors. Gender inequalities and differences in economic and social life in adolescents, influences their health and development. Power imbalance between the sexes heightens young women's vulnerability to negative reproductive health (RH) consequences (1,2).

The most extreme and common consequences of power imbalance is women's experience of sexual coercion and violence. In countries as different as Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Tanzania and Zimbabwe, studies show that violence is frequently viewed as physical chastisement and the husband's right to correct an erring wife (3).

Studies show that for many adolescent girls the first sexual experience is coercive and that physical abuse and violence are significant parts of young women's lives. In many cases, sexual coercion and violence starts in childhood and adolescence (5,6).

Gender based violence (GBV) includes physical, sexual, psychological and economic abuse. It also encompasses battering, forced or early marriage, female genital cutting (FGC), violence related to exploitation, rape, sexual harassment and intimidation at school or at work, forced pregnancy, forced abortion, forced sterilization, trafficking in women, forced prostitution, among others (6,7).

Such acts of violence could be devastating to woman's RH as well as other aspects of her physical and mental well being. In addition to causing injury, violence increases long term risk of a number of other health problems including chronic pain physical disability, drug and alcohol abuse and depression. Women with history of sexual and physical abuse are also at increased risk of unintended pregnancy, sexually transmitted infections (STI) and adverse pregnancy outcomes. The health consequence of GBV is a serious problem worldwide preventing women from participating in socio-economic development (8).

GBV occurs in all strata of the society. In situations of poverty and economic insecurity women are less likely to have the resources to leave violent relationships. This link is also seen in situations of armed conflict where women may have to accede to demands of sexual favors made by soldiers, border guards or camp administrators to secure their family's needs of food and safety.

Other forms of GBV prevalent in Ethiopia are marriage by abduction and early marriage. The other problem is FGC with 80% of women having undergone the procedure notably in Somali and Afar region (9).

In Addis Ababa rape of women including small girls, sexual harassment and intimidation have been reported and cause for serious concern. In female street adolescents, rape, attempted rape and other forms of GBV are more prevalent (10).

Studies on these important public health problems are not adequate. Therefore, this study is aimed at determining the magnitude of the problem in female high school students in Addis Ababa, Ethiopia.

Methods and materials

This is a cross sectional study conducted in two senior secondary schools (Tikur Anbessa and Addis Ketema) and one vocational and academic high school (Kefetagna Four) in October 2006. A calculated sample size of 379 and taking non response rate of 20% which is 75 produced us the final calculated number of study subjects of 456.This number was divided among the three studied high schools according to proportion based on the 2007 female student numbers.

Data was collected by self administered questionnaire. All female high school students in the allocated number of randomly selected classes who consented to fill questionnaire were included in the study. All filled questionnaires were collected and data was entered and analyzed using SPSS version.

Verbal consent was obtained from participants. Also students weren't compelled to return filled questionnaire and only those that were returned freely were used for analysis.

Ethical clearance was obtained from the Department of Obstetrics and Gynecology, Research and Publications Committee, Addis Ababa University.

Results

Of the 455 questionnaires provided to respondents, 394 were returned (response rate of 86.6 %). Of these, 377 female respondents were included in the study. Distribution of the study subjects with regard to school as determined by proportion sampling technique was 98 from Kefetegna Four Academic and Vocational High School, 107 from Tikur Anbessa Senior Secondary School, and 168 from Addis Ketema Senior secondary school.

Table1: Age and educational level of female respondents, Addis Ababa, October, 2006

Age group	Number	Percent
<15 years	19	5.0
15-18 years	327	86.7
>18	31	8.2
Total	377	100
Educational Level		
9	83	22.3
10	146	39.1
12	89	23.9
10+2	55	14.7
Total	377	100

The mean age of study subjects as shown in Table 1 was 16.7 (SD = 1.589) and median was 17 years. The students' age ranged from 14 years to 30 years. Most of the study subjects were Christians (80.6%). Over 60% (231) of the students live with both parents. Regarding parental education level, 35.3% mothers were reported to have primary education and 31.3% fathers were reported to have tertiary education. Of the study subjects only 23(6.3%) reported having had sexual intercourse. The rest 345 (91.5%) reported they never had any sexual intercourse. Regarding living arrangements, 233 (62.1%) of female respondents were living with parents, Only 65 (17.3%) and 13 (3.5%) female respondents were living with their mothers and fathers, respectively. The remaining 66 (17.5%) girls were living with neither of their parents (Table 2). Of the study subjects, nine (2.4%) did not respond to the question of living arrangements.

Table2. Living arrangements of female respondents, Addis Ababa, October, 2006

Age group		With mother & father	With mother only	With father Only	Other relatives	Alone	Others	Unknown	Total
<15	Count	14	4	1	-	-	-	-	19
	% within age group	73.7	21.1	5.3	-	-	-	-	100
	% within living condition	6.0	6.2	7.7	-	-	-	-	5.1
	% total	3.7	1.1	0.3	-	-	-	-	5.1
15-18	Count	205	55	10	52	2	1	2	327
	% within age group	62.7	16.8	3.1	15.9	0.6	0.3	0.6	100
	% within living condition	88.0	84.6	76.9	92.9	66.7	20.0	100	86.7
	% total	54.7	14.7	2.7	13.9	0.5	0.3	-	86.7
>18	Count	14	6	2	4	1	4	-	31
	% within age group	45.2	19.4	6.5	12.9	3.2	12.9	-	100
	% within living condition	6.0	9.2	15.4	7.1	33.3	80.0	-	8.3
	% total	3.7	1.6	0.5	1.1	0.3	1.1	-	8.3
Total	Count	233	65	13	56	3	5	2	377
	% within age group	62.1	17.3	3.5	14.9	0.80	1.3	-	100
	% within living condition	100	100	100	100	100	100	-	100
	% total	62.1	17.3	3.5	14.9	0.8	1.3	-	100

The mean age of sexual initiation was 18.5 years. Of the students that have initiated sexual intercourse, six (i.e. 26.1%, which is 1.6 % for the total) reported rape. Of the raped students two (33.3%) sought legal assistance. Only one raped case did not report because she was ashamed. The most frequently cited reason for not seeking legal assistance was not having belief in the legal system. Among the female respondents that reported sexual experience, eleven (47.8%) reported living with their biological mother and father. But it is important to note that they represented only 3% of those living with their biological mother and father.

Regarding religion, fourteen (3.9%) Christians and five (1.4%) Muslim female respondents had sexual experience.

The most common sexual harassment (i.e. being forced to stop on the road) was reported by 238 (64.9%) of the female respondents. Being kissed or touched without their consent was reported by 142 (40.0%) of cases. Repetitive beating because of unwanted sexual advance was reported by 33(9.2%) of the study subjects. Only 10(5.2%) reported to legal bodies. The others dealt with the problem by changing route to school or telling families. Of the study subjects 100(26.7%) underwent female genital cutting (FGC) and 350(92.5%) of the respondents believe that this should not be practiced.

Of the students who underwent FGC, 32% reported that their mother's can't read and write. Hence, 38.1% of the mothers who can't read and write and 11% of mothers said to have tertiary education had daughters that have undergone FGC.

Most of the study subjects 338(89.8%) assist in household work. But only 3 (0.9%) and 21 (6.2%) reported that this usually interfered with their school work, respectively.

Of the study subjects 84(22.3%) reported having a boyfriend and of only four(4.8%) reported having experienced intimate partner abuse. Of the studied students 57(15.1%) reported having experienced household violence.

As to the belief on the right of husbands to physically punish their wives; fifteen(4.0%) responded that this was appropriate.

Discussion

The rate of sexual initiation in general and the reported incidence of rape in particular of this study were 6.3% and 1.6% respectively. This is much lower than studies in Jimma and Harar. The reported rate of sexual initiation for girls was 16.3%in Jimma and 20% in Harar high schools (11,12). Another study done in Addis Ababa found that 24% of girls in high schools have reported at least having one sexual intercourse (13).

The mean age of sexual initiation was 18.5 years and this age is higher than findings in the aforementioned studies, which was 16.2 years. It is also important to note that the mean age of those who reported they never had sexual intercourse before and those who reported sexual initiation (18.5 years and 16.2 years) has also statistically significant difference ($p<0.05$). This suggests that increasing age is associated with sexual initiation in high school students.

The rate of sexual harassment is found to be higher in this study. Overall 75.9% of the study subjects reported at least one of the mentioned forms of sexual harassment as compared to 40% in a similar study in Dabat (11). To look at the details 65.3% of our study subjects reported to being stopped unwillingly on the road as compared to 22.6% in Dabat high school. The prevalence of experiencing being forcedly kissed was 38.2% as compared to 7.9% in the aforementioned study. Repetitive beating for refusing unwanted sexual advance has been found to be 9.2% and is comparable to the rate found in the Dabat study which was 7.1%. As compared to similar study conducted in Dabat FGC is higher in this population (26.7% versus 8%). But as compared to the national prevalence of 74% FGC found in the DHS 2005 it is significantly lower (14). The knowledge of students regarding the consequence of FGC is better in this study and this is to be expected in urban setting where we expect the students to have better access to information through mass media and other sources. For example for the questions "FGC can cause difficult labour" 90 % of respondents said "yes". On the other hand to the question "FGC can cause pain during menses" 61 % said "yes" whereas to the question "FGC can cause pain during intercourse" 72.4% respondents said "yes".

It was shown that maternal educational level of secondary or above was associated with less chance of having FGC ($p<0.05$). And the same is true for fathers educational level of secondary and above ($p<0.05$). Of our study group 16.5% reported some form of household violence in their homes. Of our study subjects 4% believed that husbands have the right to beat their wives for certain reasons. And this finding as compared to the DHS 2005 finding of 80% of women believing that husbands have the right to beat their wives is encouragingly lower.

The prevalence of GBV is as common as in other parts of the world and in some aspects look to be more prevalent. High prevalence and low reporting rate of GBV is worrying, as it has negative consequences not only on adolescent girls' physical and emotional wellbeing, but also a possible long lasting i9mpact on their RH.

The reported rate of rape appears to be lower than most other studies but significant under reporting cannot be ruled out. The reporting rate of both rape and other forms of sexual harassment are low. A larger multi centered study with qualitative aspects would be useful to provide better information on GBV.

The incidence of GBV is high in the studied adolescents and keeping in mind the potential consequences of this, it should gain attention by legal bodies. Having law and social support systems to aid these victims should be an immidiate task of concerned bodies.

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