

ORIGINAL ARTICLE**ASSESSMENT OF SEXUAL ASSAULT AMONG WOMEN IN ASSENDABO TOWN, OROMIYA REGION, SOUTH WEST ETHIOPIA****Adey Bogale¹, MD, Fasil Tessema^{2*}, MSc, Amha Haile³ MD****ABSTRACT**

BACKGROUND: *Violence against women is increasingly being recognized as important human rights, development and health issue however it is difficult to know its magnitude in Ethiopia. The objective of this study is therefore to assess the magnitude of sexual assault among women in Assendabo town.*

METHODS: *A cross-sectional study was conducted on a sample of 323 women 10 years and above. Data was collected by trained female interviewers using structured questionnaire and entered into computer, tabulation and summarization was done using SPSS.*

RESULTS: *Twenty-six (8.0%) of the respondents were lifetime sexual assault victims and 5 (1.5%) of the respondents were victims of sexual assault in the last one-year prior to data collection. Of lifetime sexual assault victims, majority 19 (73.1%) were victims of rape and five (19.2%) of the victims had encountered sexual assault more than once with mean age at first sexual assault was 15 year. Unwanted pregnancy, unsafe abortion and STD were the major problems reported as consequences of the assault. Thirty-three (10.2%) of the respondents and 21 (80.8%) of the victims prefer to keep quite about the event due to fear of associated social stigma. Most of the respondents, 282 (87.3%), knew the act of rape is punishable by law and 146 (45.2%) respondents believed that penal code of Ethiopia on rape that states maximum of 10 years imprisonment for the act of rape is inadequate.*

CONCLUSION: *sexual assault is an important health and social problem-affecting women. Hence there is a need for more concerted efforts to be made in creating awareness among women to prevent the crime and encourage reporting among victims. Moreover medical care and psychological support should be strengthened to treat consequences of sexual assault.*

Key: Women, Sexual Assault, Victims, Consequences

INTRODUCTION

The global statistics on sexual assault against women are shocking. At least 1 in every 5 women experienced rape or attempted rape during their lifetime (1). It is perhaps the most pervasive but the least recognized human right abuse in the world

(2). As well as being violation of human rights, violence against women is regarded as an emerging health problem of the late twentieth century not because it is new, but because its prevalence and role in etiology of ill health has only recently been widely recognized (3).

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Rape and sexual assault are major forms of violence affecting women. A study done in USA in 1998 on prevalence of violence and its implications for women health showed that over 4 of 10 women in USA are likely to have experienced one or more forms of violence of which rape accounted for 20.4% (4, 5).

It often goes unnoticed and undocumented partly due to its taboo nature. Only a fraction of sexual assaults perhaps less than 1% came to the notice of the police or health service; however there are evidences of growing international concern over violence against women (6).

Rape and domestic violence carry substantial and roughly comparable levels of disease burden per capita to women in developing and industrialized countries which is comparable to that posed by other conditions already high in international agenda (7).

Gender based violence is an appreciable cause of mortality from homicide and suicide. It is also associated with a range of other health related problems particularly injuries, HIV and STD, unwanted pregnancy and its complications and mental health problem (3, 8, 9). Even though rape and sexual violence are treats for all women, young and single who lives in urban areas and use any kind of substance are at greater risk (1, 10).

In Ethiopia there is hardly any statistical evidence or community-based data on rape apart from few institution based studies and what is occasionally mentioned on the media. It is difficult to state the extent of its prevalence and distribution in the country. This is because rape is the most unreported crime due to the prevailing attitude that it is shameful and degrading to the victim and thus the less said about it the better. Research done in Addis Ababa in 1998 among students attending high school showed that five

percent of students reported being victims of completed rape in their lifetime, 74% reported unwanted sexual harassment, 10% attempted rape and out of the rape victims 26% of respondents encountered rape more than once (8, 11).

Even though there is no community based data it is not difficult to tell the situation is the worst when it is seen in the light of facts that Ethiopia is one of African poorest countries where men's used to be dominant figures in the family and society; women's right practically recognized only recently; women have little awareness about their right; rape is a taboo and abduction is a culture especially in rural areas where woman forced to marry a man whom she don't know or don't want to marry. In Ethiopia Article 35-4 of the constitution provides protection for women and children from crime of rape and abduction. Whatever the motivation for rape, the vast majority of victims do not feel protected by law. Despite the fact that the law against rape exist on papers ostensibly for women's protection there are effective social and legal constraints which prevent women from utilizing their right (11).

The aim of this study is therefore to assess magnitude of sexual assault among women of 10 year and above in Assendabo town to provide baseline data on the issue for better understanding of the magnitude and consequences on the side of the victims so that appropriate protection and services can be provided by concerned bodies.

Definition: Sexual violence is defined by WHO, Department of Injuries and Violence Prevention as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advance, or acts of traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work".

METHODS AND MATERIALS

Assendabo town is found in Omonada woreda, Jimma zone and located 55 km away from Jimma town. According to the data from Assendabo town administrative office, the town had a total population of 6,008 residing in 1,200 households with average family sizes of 5.0. Females accounted 50.0% of the total population and almost all of the inhabitants speak Oromiffa, the official language of oromiya regional state. A community based cross sectional survey was conducted in April 2002 on a sample of 323 women 10 and above years of age. An every 4th systematic random sample was used to select the study subjects after listing all target women (1,273) residing in each household.

Data was collected using structured questionnaire and administered by 12 grade completed female interviewers who speak the local language. Training to interviewers was given by the investigator on the objectives of the study, data collection and quality control methods. The data collectors were supervised on the field and the filled questionnaires were checked for completeness and consistency, and crosschecks were done on 5% of the sample as part of data quality control by investigators and at least 3 visits were done by data collectors to minimize non-response. Participation in the study was voluntarily with informed consent. The collected data was cleaned, coded and entered into computer and data tabulation and description was made using SPSS for windows version 11.0.

RESULTS

Characteristics of study subjects: of the sample 323 women, 190 (58.8%) were below the age of 20 years and mean age of the respondents was 18.5 years. Majority of

the respondents, 171(52.9%), were Oromo by ethnicity and 169(52.3%) were Muslims by religion. Findings on marital and occupational status of respondents showed that 218 (67.5%) were single and 210 (65.0%) were students. While results of family income and literacy status showed that 163 (50.5%) of the respondents had monthly family income of below 100 birr and 43 (13.3%) were illiterate (Table 1).

Assessment of respondents knowledge on sexual assault showed that only 54(16.7%) reported that they knew the meaning of sexual assault, of these 39(73.6%) defined it as rape and none of them considered unwelcome sexual comments or physical contact as sexual assault (Table 2).

Majority, 290 (89.8%), of the respondents were agreed on reporting of sexual assault. Of these 156(53.8%) preferred to report to the police and 90(31.4%) to family members. Of the respondents who prefer to keep quiet about the assault 21 (80.8%) were victims of sexual assault and the major reasons given were fear of social stigma (69.7%) and cultural influences (18.2%) (Table 2).

Two hundred eighty two (87.3%) of the respondents knew their legal rights towards sexual assault, 236 (73.1%) knew the penal code that states maximum of ten years imprisonment and 177 (54.8%) believed that it is adequate punishment. Out of 146 (45.2%) respondents who believed that the punishment is inadequate 25 (17.1%) prefer minimum of 10 years imprisonment as a fair punishment for the act, 56(38.4%) prefer minimum of 15 years of imprisonment, 37(25.3%) prefer minimum of 20 years of imprisonment, 24(16.4%) prefer minimum of 30 years of imprisonment and some, 4(2.7%) even consider death penalty as fair punishment for the act (Table 2).

Table 1. Distribution sampled women by socio-demographic characteristics in Assendabo town, Jimma Zone, South Western Ethiopia, April, 2002

Socio-demographic characteristics	n	%
Age		
10 – 14	80	24.8
15 – 19	110	34.1
≥ 20	133	41.2
Marital Status		
Single	218	67.5
Ever married	105	32.5
Literacy Status		
Illiterate	43	13.3
Read and write	13	4.0
1-6 grade	158	48.9
Grade 7 –12	88	27.2
12 completed & Over	21	6.6
Ethnicity		
Oromo	171	52.9
Amhara	69	21.4
Yem	35	10.8
Others*	48	14.9
Religion		
Muslim	169	52.3
Christian	154	47.8
Occupation		
Student	210	65.1
Housewife	71	22.0
Trade activity	19	5.9
Others**	23	7.0
Monthly family income		
< 101	163	50.5
101 –200	103	31.9
> 200	57	17.6

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** Farmer, Merchant, Government Employee and daily laborers

Table 2. Women understanding and attitude in reporting on sexual assault, Assendabo town, Jimma Zone, South West Ethiopia, April 2002

Measurements	Number of women	Percent
Do you know what sexual assault is?		
Yes	54	16.7
No	269	83.3
Total	323	100.0
What is sexual assault?		
Rape	39	73.6
Women natural physical weakness	8	15.1
Physical harassment	4	7.5
Other	3	3.9
Total	54	100.0
Do you report if you were assaulted? ¹		
Yes	290	89.8
No	33	10.2
Total	323	100.0
Where do you prefer to report?		
Police	156	53.8
Family	90	31.0
Friends	37	11.5
Health professionals	7	2.4
Total	290	100.0
Why you don't want to report?		
Fear of social stigma	23	69.7
Cultural influence	6	18.2
Fear of consequences from family	4	12.1
Total	33	100.0
Do you know your legal right if you are sexually assaulted?		
Yes	282	87.3
No	41	12.7
Total	323	100.0
Do you know the penal code about sexual assault?		
Yes	236	73.1
No	87	26.9
Total	323	100.0
Is the punishment stated by the penal code adequate? ²		
Adequate	177	54.8
Not adequate	146	45.2
Total	323	100.0

¹ Respondents were asked this question after the meaning of sexual assault is explained

² This question was asked after explaining the presence of the penal code and punishments

Twenty six (8.0%) of the respondents were victims of one or more forms of sexual assault in their lifetime. Whereas 5(1.5%) of the respondents were victims of sexual assault at least once in the past one year prior to data collection. Out of the 26 lifetime sexual assault victims, 19 (73.1%) were victims of completed rape (Table 3).

Five (19.2%) of the victims encountered sexual assault for more than one times and for 19 (73.1%) of the victims it was their first sexual experience. At the time of assault, 21 (80.8%) of assault victims were under the age of 18 with mean age at assault of 15 years (SD=2.0). Twenty one (80.8%) of assault victims were students, 21(80.8%) were single, 11(42.3%) lived with their families and

11(42.3%) of them lived alone at the time of assault (Table 4).

Following the assault 10(38.5%) of lifetime sexual assault victims had unwanted pregnancy, 6(23.0%) had induced abortion and 6(23.0%) had vaginal discharge. Social problems, physical trauma and psychological problems were also reported as consequence of sexual assault by the victims (Table 5).

Thirteen (50.0%) of the assailants were strangers and 13 (50.0%) were known by the victims. As reported by the victims, the age of the assailants ranged from 18 to 45 years and 6(23%) of the assailants used stimulants of which 4 (66.7%) used alcohol.

Table 3. Magnitude of sexual assault among women ≥ 10 years of age, Assendabo town, Jimma Zone, South Western Ethiopia, April, 2002

Had sexual assault	n	%
Life time		
Yes	26	8.0
No	297	92.0
Total	323	100.0
During the last one year		
Yes	5	1.5
No	318	98.5
Total	323	100.0

Table 4. Distribution of lifetime sexual assault victims by type of sexual assault in Assendabo town, Jimma Zone, Southwestern Ethiopia, April 2002

Type of Sexual Assault	No.	%
Completed rape	19	73.1
Abduction	6	23.8
Attempted rape	1	3.8
Total	26	100.0

Table 5. Reported outcomes of sexual assault among females ≥ 10 years of age, Assendabo town, Jimma Zone, South Western Ethiopia April, 2002

Outcome of assault	No.	%
Pregnancy	10	38.5
Vaginal discharge	6	23.0
Induced Abortion	6	23.0
Social problem	4	15.4
Psychological/Physical problem	2	7.6

Because multiple responses were possible percentages may not add up to hundred

DISCUSSION

This cross-sectional study revealed that females were shown to be victims of various forms of sexual assault. Although majority of the respondents agreed on reporting of sexual assault, most of assault victims preferred to keep quiet which indirectly tells us the under reporting of the crime similar to other studies (6, 12).

The prevalence of completed rape in this study was similar with the study done in Addis Ababa where 5% of the students were rape victims, however the magnitude of other forms of sexual assault especially attempted rape and sexual harassment was very low as compared to the findings of this same study (8). This could be due to lack of awareness of the study women, only few reported that they know the meaning of sexual assault of which most define it as rape and none of them considered other forms of sexual assault especially sexual harassment as sexual assault which could explain the under reporting of other forms of sexual assault in this study.

Majority of sexual assault victims were under the age of 18 years which is similar with the findings of studies done in Addis Ababa and reports of world youth datasheet (8, 13) in which younger age groups were found to be more vulnerable groups for sexual violence. The health consequences of sexual assault that included various hazardous out come are of

serious concern. Of the total rape victims in this study higher proportion had unwanted pregnancy abortion and vaginal discharge, which is found to be comparable with studies done in Addis Ababa that 23.0% of the victims reported STD and 17% unwanted pregnancy and social and psychological problems. Similar finding was also observed among urban rape survivors which showed higher prevalence of STDs including HIV/ AIDS among rape victims (8, 9)

In conclusion since the study deals with sensitive issue of sexuality, under reporting of assault is inevitable. Despite this major limitation, the study showed that prevalence of sexual assault was high and it is a serious problem and concern among the study group. Sexual violence contributes for health problems including unwanted pregnancy, unsafe abortion, STD and social and psychological disturbance in adolescents reflecting how much the problem is deep-rooted but due to its social stigma not talked in public.

Awareness creation to adolescents and families need to be introduced and schools should also device appropriate sex education regarding damaging effects of rape and educate youth on sexuality and responsible sexual decision-making. Because rape is associated with social stigma, the victims fear that they lose their dignity and respect in society, which makes talking about the event difficult and

reinforcing the hidden growth of the problem. Educating the society to change attitude in order to remove the associated stigma may help rape victims to discuss the problem openly and encourages reporting of the crime which might show the actual weight of the problem as well helps in preventing the crime. Rehabilitation centers should be established to provide services such as health, psychological and other emotional support to victims of assault. The amount of research done on the subject is so inadequate that it is difficult to figure out how to tackle the problem of rape from different directions. Therefore, wider scale research should be conducted to understand and tackle the problem.

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