ORIGINAL ARTICLE

PREVALENCE OF INTIMATE PARTNER PHYSICAL VIOLENCE AGAINST WOMEN AND ASSOCIATED FACTORS IN KOFALE DISTRICT, ARSI ZONE, CENTRAL ETHIOPIA

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ABSTRACT

BACKGROUND: *Violence against women is a pervasive public health problem that undermines the reproductive, physical and mental well-being of women. In Ethiopia however, knowledge of the prevalence and characteristics of intimate partner violence against women is limited due to the relative scarcity of population-based studies.*
OBJECTIVE*: The objective of this study was to determine the prevalence and associated factors of intimate partner physical violence against women in Kofale district, Arsi Zone.*
METHODS: *A community based cross-sectional survey was conducted in Kofale district among 308 ever-married women in January 2005. A systematic random sampling procedure was applied to identify eligible women*.
RESULTS: *The study showed that 52.6% and 30.2% of the respondents experienced intimate partner physical violence in their lifetime and in the 12 months before the survey respectively. Witnessing family violence as a girl child, education, place of residence, parity, duration of marriage, tradition of marriage arrangement and partners' use of alcohol were associated with intimate partner physical violence in this study*.
CONCLUSION: *Intimate partner physical violence is highly prevalent in this society and various socio-economic, relationship and behavioral factors increase women's risk of being victimized. Thus, there is an urgent need for intervention through information education communication to change the attitude of abusive partners, empower women-and improve law enforcement related to violence.*

KEY WORDS: physical violence, Prevalence, intimate partner, Kofale district

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INTRODUCTION

Violence against women is present in every country cutting across boundaries of culture, class, education, income, ethnicity and age (1, 2). Abuse by a male partner, also known as domestic violence, is the most endemic form of violence against women (3). Partner abuse can take a variety of forms including physical assault such as hits, slaps, kicks and beatings and Psychological abuse such as constant belittling, intimidation and humiliation and coercive sex. It frequently includes controlling behaviors such as isolating women from family and friends, monitoring her movements and restricting her access to resources (1). Physical violence (beating) is the most common form of domestic violence.

Violence against women is a pervasive public health problem; it undermines the reproductive, physical and mental well being of women and girls. From the view point of reproductive health, violence against women is known to be related to some of the most intractable reproductive health issues of our time - unwanted pregnancy, unsafe abortions, maternal mortality, HIV/AIDS and other STDs and complications of pregnancy (4, 5). It is a major cause of injury, sometimes leading to death or disability and a variety of chronic Physical conditions (1, 6). The World Bank's analysis showed that domestic violence accounts for 5% of the healthy years of life lost to women of reproductive age in developing countries (1, 7).

However, research into domestic violence against women in developing countries is relatively new that data are scarce to speak of their magnitude. World wide, data compiled by the Center for Health and Gender Equity (CHANGE) shows that in nearly 50 population based surveys 10% to over 50% of women report being hit or otherwise physically harmed by an intimate male partner at some point in their lifetime (1). Similarly, a survey by the World Bank from a variety of countries showed that between one quarter and one third of women surveyed reported having been physically abused within their families (3).

The understanding of the reasons behind family violence is important to the design of effective prevention strategies of violence against women. As shown by different studies, the major risk factors of intimate partner violence include witnessing family violence as a child, young age, poverty, low social status, women's disempowerment, economic inequality between men and women, stress in daily life, alcohol consumption and jealousy (1, 6, 9, 14). Certain marriage practices, such as dowry and bride wealth can also disadvantage women and increase their risk to partner violence (1).

In Ethiopia, even though knowledge of the prevalence and characteristics of intimate partner violence against women is limited due to the relative scarcity of population based studies, there are evidences that indicate the pervasiveness of the problem. Studies from different parts of Ethiopia showed a high prevalence of the problem (8, 9). For instance, a study conducted in Butajira in 2003 found a prevalence of intimate partner violence of 49 %(8). Other forms of gender-based violence including sexual abuse of intimate partners and rape were also reported (11, 13). The Kofale district of Arsi zone is one of the places reported to have a high prevalence of violence against women. But, there was no community-based study to measure the magnitude of the problem. Thus, the objective of this study was to determine the prevalence and associated factors of intimate partner physical violence against women in Kofale district, Arsi Zone.

METHODS AND MATERIALS

A community based cross-sectional survey was conducted in Kofale district, Arsi zone, in January 2005 to study the prevalence and associated factors of intimate partner physical violence against women. Kofale district is located in Southeastern part of Arsi zone, about 280 kilometers south of Addis Ababa. The total population of the district was 179,708 by 1994(15) and is projected to increase to 242,580 by 2004.

The source population for this cross-sectional survey were ever married women above age 15 in the district, while the study population included sampled women living in four Kebeles in the district. Taking an expected prevalence of 50% to get maximum study samples, using a margin of error of 5% and a confidence interval of 95%, the total calculated sample size was 384. The kebeles were randomly selected from the list of existing Kebeles in the district. The sample size was distributed to each of the selected kebeles based on probability proportional to size allocation. At the household level, one woman in each household was selected for interview. Incases where more than one eligible women existed in the household, a lottery method was used to select one for the interview. The data collection process took place between January 18 and 27, 2005. A Structured questionnaire originally developed in English and translated to Afan Oromo was used for the data collection. The questionnaire was pre-tested on similar setting and appropriate modifications were made. Six female interviewers who have accomplished their secondary level education conducted the data collection process. They were given three days of intensive training on how to administer the questionnaire, its content, sampling methods and ethical issues.

For measuring physical violence, tools were adopted from the Conflict Tactics Scale (CTS) developed by Straus (19). The dependant variable of the study is the respondents' experience of physical violence from a partner (Respondents were asked whether their partner had ever hit, slapped, kicked, scalded or burned, pushed, threatened them with a knife or gun, and used a knife or gun against them). For the purpose of the study, various socio-demographic, maternal and attitudinal variables were included as independent variables.

Ethical Considerations were made following the WHO guidelines on ethical issues related to violence research. Training was given to interviewers on the importance of asking for informed consent of respondents, promoting privacy during interviews and confidentiality of information to ensure the safety of respondents as well as data quality. Ethical approval for the study was obtained from Jimma University and letter of support from Kofale district administration before commencing the fieldwork. Moreover, for the purpose of data collection, the study was reframed and introduced to the community and respondents as a study on "Women's Health" to reduce any event of violence perpetrated on study participants for disclosing the problem of violence in the family. Data was entered and processed using SPSS PC^{+} version 12.0. The prevalence rate was calculated; descriptive analysis and frequency distribution of relevant variables were done. A chi-square test was used to identify the association of selected independent variables with intimate partner physical violence.

RESULTS

Of 384 samples 308 ever-married women participated in the study giving a response rate of 80%. The mean age of the respondents was 31.80 ± 9.72.The majorities of respondents were rural 248(80.5%), Muslim 274 (89%), illiterate 241 (78.3%), Oromo 279(90.6%) and are

currently married 279 (93.8%). Occupation wise, the overwhelming majority 264 (85.5%) were housewives. The Mean duration of marital life for respondents was 12.92 ± 7.82. While bride wealth and sister exchange are the main types of marriage arrangement reported by 180(58.4%) and 88(28.6%) of respondents, majority 194(63%) of the respondents are in monogamous marital relations (table 1). Average family size was 6.60 ± 2.51 and the average number of children ever born to the respondents was 5 ± 2.9.

Out of a total of 308 women who participated in this study, 162 (52.6%) and 93(30.2%) experienced one or more forms of physical violence in their lifetime and in the twelve months before the survey respectively. Slapping 145(47.1%), beating 137(44.5%) and pushing 108(35%) were the most commonly experienced forms of intimate partner physical violence (table 2). Fifty-seven (35.2%) of the women physically assaulted have reported at least one form of injuries as a result of their victimization. Fractures and deep cuts on body parts were among the major injuries reported by women with a history of intimate partner violence.

Table 2: Acts of physical violence experienced by women in their lifetime and in the 12 months before the survey, Kofale District, January 2005.

Types of physical violent Acts	Life time		Last 12 months	
	Frequency	percent	Frequency	percent
Threw some thing at you	79	25.6	44	14.3
Pushed or gripped you	108	35.0	36	11.7
Slapped you	145	47.1	57	18.5
Hit you with something	53	17.2	22	7.1
Beat you up	137	44.5	34	11
Burn or scald you	14	4.5	2	0.65
Threaten you with a knife or weapon	11	3.6	3	0.96
Use knife or weapon against you	8	2.6	2	0.65
Overall prevalence	162	52.6	93	30.2

Table1: Socio-demographic Characteristics of respondents, kofale January 2005

Characteristics	Frequency	Percentage
Age of respondents.		
15-24	56	18.2
25-34	148	48.1
35-44	63	20.5
45+	38	12.3
Don't remember	3	1
Place of residence		
Rural	248	80.5
Urban	60	19.5
Religion		
Muslim	274	89
Christian	33	10.7
Traditional	1	0.3
Ethnicity		
Oromo	279	90.6
Amhara	22	7.1
Sidama	7	2.3
Education		
No formal education	241	78.3
Read and write	12	3.9
Primary(1-8)	46	14.9
Secondary and above	9	2.9
Marital Status		
Currently Married	289	93.8
Divorced	7	2.3
widowed	12	3.9
Occupation		
House wife	264	85.7
Others*	44	14.3
Duration of Marriage		
0-10 years	142	46.1
11-20 years	113	36.7
Above 20 years	48	15.6
Do not remember	5	1.6
Marriage type		
Monogamous	194	63
Polygamous	114	37
Marriage arrangement		
Bride wealth	180	58.4
Sister exchange	88	28.6
Others	40	13.0
Parity		
0-3	104	33.8
4-7	137	44.5
8 & above	67	21.7
Total	308	100

* other includes traders, government employees and related occupations

In the survey, we posed a list of events that are said to trigger violence and asked women whether a husband is justified in beating his wife under certain circumstances. Majority of women believed that a husband is justified in beating his wife if she disobeys 271 (88%), refuses sex 271(74%), becomes unfaithful 226 (73.4%), if she asks whether he has other girl friends 190(61.7%) and if she neglects the children 184(59.7%).

The associations between women's socio-demographic and behavioral variables with the dependant variable intimate partner physical violence was assessed using a chi-square test (table 3). Accordingly, intimate partner physical violence was associated with women's education, husband's education, place of residence, religion, marriage arrangement, number of children ever born, partners use of alcohol and witnessing family violence as a child (at $P< 0.05$). However, there was no significant association observed between the respondents age, occupation, ethnicity and use of alcohol or chat and lifetime experience of intimate partner violence.

It is observed that the proportion of women who reported intimate partner physical violence in their lifetime decreased from 55.7% for women with no formal education to 41.3% for those with primary education and further to 22.2 % for those with secondary and above education. Similarly, the proportion of women who reported being physically abused by their partner decreased as the husbands education increased. Significantly greater proportion of women living in the rural areas than those living in the urban areas reported intimate partner physical violence (56.5% Vs 36.7%).A greater proportion of women in polygamous union reported intimate partner physical violence as compared to women in monogamous unions (57.5% Vs 49.5%).

There is also a difference in the proportion of physically abused women with the type of marital arrangement, those who were married with a tradition of sister exchange and bride wealth (gabbara) reported more physical violence. Considering the duration of marriage, intimate partner physical violence increased with relationship duration but dropped after some point (after 20 years in this study). Among maternal variables, parity has association with intimate partner physical violence in this study. Higher proportion of women (58.4 %) with parity of 4-7 births and above eight births (57.6%) reported intimate partner physical violence in their lifetime.

Witnessing family violence as a child is another variable associated with intimate partner physical violence in this study($p<0.001$). 81.5% of women who witnessed family violence as a child reported intimate partner physical violence as compared to only 18.5% who have not witnessed family violence during their childhood.

Table 3: Socio-Demographic characteristics of respondents reporting intimate partner physical violence, Kofale district, January 2005

Factors	Ever been beaten					
	Yes (n=162)		No(n=146)			
	Count	%	Count	%	X^2	P-value
Age						
15-24	23(29.4)	41.1	33(26.6)	58.9	7.314	0.063
25-34	84(77.6)	55.4	62(70.4)	44.6		
35-44	39(33)	61.9	24(30)	38.1		
45+	16(19.9)	42.1	22(18.1)	57.9		
Respondent's Education						
No formal education	141(133.1)	55.7	112(120)	44.3	14.39	0.002**
Primary(1-8)	19(24.2)	41.3	27(21.8)	58.7		
Secondary and above	2(4.7)	22.2	7(4.3)	77.8		
Husband's education						
No formal education	109(94.7)	60.6	71(85.3)	39.4	11.24	0.004**
Primary(1-8)	36(47.3)	40	54(42.7)	60		
Secondary & above	13(20)	34.2	25(18)	65.8		
Place of residence						
Rural	140(130.4)	56.5	108(117.6)	43.5	7.59	0.006**
Urban	22(31.6)	36.7	38(28.4)	63.3		
Occupation of respondent						
House wife	143(136.9)	54.2	121(125.1)	45.8	1.825	0.177
others	19(23.1)	43.2	25(20.9)	56.8		

Table 3 continued

Religion of respondent						
Muslim	153(144)	55.8	121(130)	44.2	10.75	0.005**
Christian	9(17.4)	27.3	24(15.6)	72.7		
Husband drinks						
Yes	46(38.4)	28.4	27(34.6)	18.5	4.16	0.041*
No	116(123.6)	71.6	119(111.4)	81.5		
Marriage type						
Monogamous	96(102)	49.5	98(92)	50.5	2.037	0.154
polygamous	66(60)	57.5	48(54)	42.1		
Type of Marriage Arrangement						
Bride wealth	97(94.7)	53.9	83(85.3)	46.1	6.101	0.037*
Sister exchange	51(46.3)	58	37(41.7)	42		
*others	14(21)	35	26(19)	65		
Parity						
0-3	44(55.2)	42.3	61(49.8)	57.7	7.317	0.026*
4-7	80(72.1)	58.4	57(64.9)	41.6		
8+	38(34.7)	57.6	28(31.3)	42.4		
Witnessed family violence						
Yes	132(103.6)	81.5	65(93.4)	44.5	45.51	0.000**
No	30(58.4)	18.5	81(52.6)	55.5		
Duration of Marriage						
0-10 years	68(74)	47.9	74(68)	52.1	5.98	0.050*
11-20 years	69(58.9)	61.1	44(54)	38.9		
Above 20 years	21(25)	43.8	27(23)	56.3		

Numbers in brackets are expected values, * *Significant at P< 0.01 * Significant at P< 0.05

DISCUSSION

Studies on sensitive issues such as intimate partner violence will suffer from underreporting due to the challenge of getting people to talk openly about intimate aspects of their lives. Women may feel that the subject is too personal to discuss, may be embarrassed or ashamed or may fear reprisal by her abusers if he finds out the interview (1,6). However, this study showed a high incidence of physical violence against women with 52.6% and 30.2% of the sample reporting physical violence from their partners in their lifetime and in the twelve months before the survey, respectively. Among women reporting physical violence from a partner; Slapping (47.1%), beating (44.5%) and pushing (35%) were the most common forms of physical violence. More than one-third (35%) of women who were physically assaulted have reported injuries/lacerations during their victimization.

The finding of the lifetime prevalence of intimate partner physical violence in this study is higher than the prevalence from a previous study done in Gondar of 32.2% (10), slightly higher than that of Butajira of 49% in 2003 (8) and 45% in 1996(9). The finding in current study is also higher when compared to the prevalence in a Ugandan study of 1995-96 of 41 % and a Zambian study of 42% in 1992(1, 17). It is similar to the prevalence study among ever-married women observed in Leon (Nicaragua) in 1995, which reported a prevalence of 52 % (1,6).There are differences in the prevalence of intimate partner violence from country to country and even within national boundaries (1, 2, 17). This may be attributed to socio-cultural differences between the nations and within the nations, differences in the status of women in the society and other social and economic causes.

In this study, it is observed that a considerable proportion of women approve wife beating under certain circumstances. These circumstances include; not obeying her husband, refusing sex, being unfaithful and failing to care for children. This notion that men have the right to discipline their wives by using force is shared by women in many developing countries (1, 2, 6). The last Ethiopian Demographic and Health Survey has also shown that this view is widespread among Ethiopian women (18).

The study has shown that different socio-demographic characteristics of respondents like education, occupation, place of residence, religion and personal habits of the partner such as alcohol consumption have association with intimate partner physical violence (at $p<0.05$). In various studies, Low education, menial occupation and low income have been shown to be risk factors for partner violence (6, 14). These elements create more stress between spouses-particularly when the man is of low socioeconomic status. A woman may also be at higher risk if she or her partner uses alcohol. In this study partners use of alcohol is associated with intimate partner violence. In various studies, consumption of alcohol has been noted as a factor in provoking aggressive and violent male behavior towards women and children (6,12). Intimate partner physical violence is also associated with the type of marriage and relationship duration-with the greatest increase being in the early years when partners are younger. Witnessing family violence as a child (girl) is probably the variable with the strongest association with intimate partner physical violence in this study ($p<0.001$). This has been observed in many other studies (6, 10, 14). Experiences during childhood such as witnessing violence in the family increases the likelihood of being victims of violence in later life because violence may be learnt

as a means of resolving conflict and asserting manhood by children who have witnessed such patterns of conflict resolution (1, 6, 17).They will consider violence as an inevitable part of marital life.

Given this high prevalence of Intimate partner violence and its contributing factors, there is a need for intervention through information, education and communication to change the beliefs and attitudes of abusive partners, empower women through education, economic support and decision making at different levels and provide health care services to victims of abuse.

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