

## SYSTEMATIC REVIEW

## GENDER BASED VIOLENCE AND ITS CONSEQUENCES IN ETHIOPIA: A SYSTEMATIC REVIEW

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### ABSTRACT

**Background:** Gender based violence affects people from individual to family, community and country at large. The world is witnessing more than ever a growing trend in domestic and organized violence. There is no spot on our planet that is immune from the scourge of human aggression. Few studies in our country have addressed violence and its outcomes. Since family is the unit that forms the basis of a community and beyond, most recent papers published in Ethiopia have focused on gender based violence perpetrated, in most instances, by intimate partners while some have looked beyond household aggression.

**Methods:** Forty-seven articles on gender based violence (GBV) in Ethiopia were selected for systematic review. All the data were obtained from PubMed or through personal communication. Among those, 33 were screened for review while the rest were either less relevant or without access to full article and hence not included in the study. While all the 33 references are used in the study, seventeen selected articles are organized in tables to help the reader scan the “summary of key characteristics of studies on gender based violence”. Methods used in the studies vary from quantitative to qualitative or both. Most subjects studied were females from schools to workplaces and the household. The perpetrators were all men of all ages close to the victims.

**Results:** The systematic review of the 33 articles, published mostly by young male researchers in Ethiopia, shows that gender based violence mostly affects females of all ages, is highly prevalent, and is a crucial public psychosocial issue that needs further scrutiny.

**Conclusion:** Though the studies have all appropriately suggested recommendations, there is still need for further work focused particularly on the root causes of aggression toward women at the household, group and community levels. Traditionally accepted coping mechanisms need to be studied and prevention programs to mitigate the sequel of violence be launched at different levels.

**Keywords:** Gender, partner, violence, Ethiopia.

### INTRODUCTION

'Gender-based violence (GBV)' and 'violence against women (VAW)' are terms that are often used interchangeably as most gender-based violence is inflicted by men on women and girls (1). Violence against women is defined by WHO as "... any act of GBV that results in or is likely to result in physical, sexual or mental harm or suffering of women, including threats, coercion or arbitrary deprivation of liberty, whether occurring in public or private life". Intimate partner violence, however, is an act committed within intimate relationships (2).

In Ethiopia, where 50.3% of the population is female (3), GBV is a hidden cause of trauma and infrequently addressed due to several factors. Detrimental traditional practices; such as early marriage, abduction and rape of young women; female genital mutilation; intimate partner violence and child stealing, all these and many other factors sanctioned by the community contribute to both physical and emotional abuse of women of all ages. Together these threats frequently result in the victims of violence fleeing to the relative safety of life on city streets. Similarly, women are also subjected to illegal migration through international porous borders to Arab countries, often flee via the Arabian Peninsula to the Mediterranean and Europe. Such journeys have cost thousands of lives and many more are physically and emotionally injured. Many people, mostly women remain stranded in war torn countries like Libya, Syria and Yemen while over thousands without legal residence permits were recently deported from Saudi Arabia.

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The trauma inflicted on the individual or as a group, be it physical or otherwise, will leave a deep hidden scar on the psyche of the victim. Often times when a disaster occurs anywhere in the world, what attracts governments or humanitarians is the focus on the emergency “life-saving” relief work which might last only until the media coverage subsides. The need for emergency relief work is inarguable, but interest appears to be lacking in the requirement to address the subtle and hidden issue of psycho-trauma that can for many last a life time. The purpose of this article is to review the existing data addressing issues of gender based violence that result in psycho-trauma in Ethiopia. Plausible recommendations will be made concerning the needs of the affected and the requirement for appropriate prevention, treatment and rehabilitation strategies in combating gender based violence.

## METHODS

Thirty-three peer reviewed articles on VAW published in reputable local and international journals within the last fifteen years were selected. PubMed searches were carried out online using search words: intimate partner violence and gender based violence in Ethiopia. Some articles were obtained through personal communication. Nineteen articles focused on intimate partner violence; seven dealt with violence against high school and college students, and the remaining seven focused on sexual violence among commercial sex workers, gender based work place violence, physical and psychological abuse among the displaced, migration and mental health of women returnees from Middle Eastern countries and the most vulnerable young females living and depending on street life (Table 1). Studies where full articles could not be available at the time of review and less relevant to the study were excluded (Figure 1).

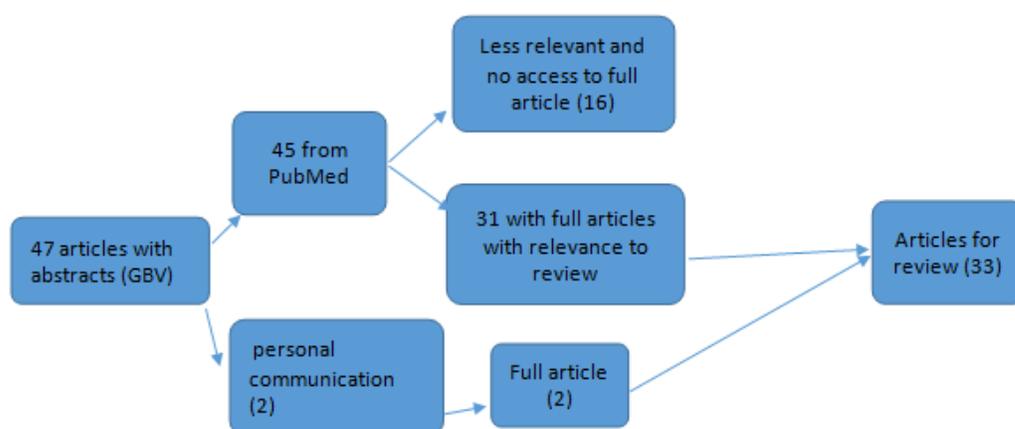


Figure 1: Review article selection process

## RESULTS

All the studies focused on violence against women (Table 1). Most of the research was conducted by young researchers affiliated to higher institutions of learning in Ethiopia.

Title of publication	# of publication
Intimate partner violence	17
Gender based violence among college students	4
Gender based violence among high school students	3
Sexual violence among commercial sex workers	3
Gender based violence at work place	2
Trauma among the returnees and displaced	2
Gender based violence in relation to literacy and area of residence	1
Sexual violence and HIV	1
Total	33

Key characteristics of selected studies that specifically focused on gender based violence with factors associated with it as per the findings of each study are summarized in Tables 2a and 2b below. The seventeen articles in the

tables below give similar picture of the remaining articles which could not be incorporated in the interest of space and similarity of purpose of the objective of the study. However, the reader is advised to go through the articles discussed in the main reference section. All the subjects studied in Tables 2a and 2b are females, the sample population ranging from 280 to 1540. The setting is mixed, i.e. urban/rural. Instruments used vary from self-developed to adopted from internationally accepted questionnaires. Invariably all the studies show high prevalence of gender based violence, events which occurred both in the household or at work place mainly by known perpetrators to the victims. Life time prevalence of intimate partner violence ranges from 31% to 52.6% and is much higher among commercial sex workers (Tables 2a & b).

Table 2a: Summary of key characteristics of studies on gender based violence (GBV)

Author, date	Study Design	Setting	Sampling	Sample size (n)	Measures of GBV	Prevalence of GBV/Measures of association	Factors associated with GBV
Abate A, Wossen B, Degife T, 2016	Cross sectional	Rural community	Random sampling	282 pregnant women between 15-49yrs	WHO multi-country study questionnaire	44.5% IPV during pregnancy	Living with partner's family, dowry payment and no marriage ceremony found to be protective factors
Abeya S, Afework M, Yalew A, 2011	Cross sectional	Urban/rural	Random sampling	1540 selected ever/cohabitated women 15-49yrs	WHO multi-country study questionnaire	Life time and past 12 months prevalence of IPV found to be 76.5% 72% respectively	Older women were 4times more likely to report IPV, history of abduction, polygamy, spousal alcoholic consumption, spousal hostility, previous witness of parental violence increased lifetime IPV
Bekele AB, van Aken, MA, Dubas JS, 2011	Cross sectional	Urban/rural	Random sampling	764 female secondary school students	Standardized questionnaire	68.0% experienced at least one instance of sexual violence	Use of alcohol or other soft drugs, frequent watching of pornography, having multiple sexual partners increased victimization
Alemayehu M, Yohannes G, Damte A, et al, 2015	Cross sectional	Urban	Random sampling	250 commercial sex workers (CSW) in Mekelle	Adopted questionnaire	75.6% overall prevalence of sexual violence among CSWs	Lower educational attainment, being married, lower monthly income, drug use and shorter duration of sex work were risk factors for sexual violence
Demelash H, Nigatu D, Gashaw K, 2015	Case-control	Urban/rural	Hospital based	387 (cases=129, controls=258 mothers)	Questionnaire adopted from EDHS and BSS	25.8% experienced IPV during pregnancy/ More mothers of low birth weight infants were abused 48% than the controls 16.4%	Sexual, physical and psychological abuse
Deribe K, Beyene B, Tolla A, Memiah P, Biadgilign S, Amberbir A, 2012	Cross sectional	Urban/rural	Random sampling	851 ever-married women	WHO Core questionnaire to measure violence against women	64.7% ever married women reported physical or sexual violence or both by intimate partner	Partner controlling behavior 4.7 (2.8-7.9) Adjusted OR (95%CI)
Deyessa N, Berhane Y, Alem A, et al 2009	Cross sectional	Rural	Simple random sampling	1994 currently married women	CIDI (section E) 2.1	Lifetime prevalence of IPV was 72.0%	GBV increases the risk of maternal depression and hence child death
Deyessa N, Berhane Y, Ellsberg M, Emmelin M, Kullgren G, Hogberg U, 2010	Cross sectional	Rural/Semi-urban	Random sampling	1994 married women	Standardized WHO multi-country questionnaire	Literate rural women married to an illiterate spouse had the highest odds of experiencing (Adj. OR=3.4; 95%CI:1.7-6.9) IPV	Semi-urban life style and literacy promote positive changes in attitudes and norms against IPV

Table 2b: Summaries of Key Characteristics of studies on gender based violence (GBV)

Author, date	Study Design	Setting	Sampling	Sample Size(n)	Measures of GBV	Prevalence of GBV/Measures of association	Factors associated with GBV
Erulkar A, 2013	Population based survey	Urban /rural	Random sampling	1671 women aged 20-24yrs	Self-developed questionnaire	/17% had married before age 15 and 30% at ages 15-17	Younger age of marriage and lack of knowledge about the marriage beforehand are factors attributing to IPV
Fesseha G, GMariam A, Gerbaba M, 2012	Community based cross sectional	Rural/urban refugee camp	Random sampling	422 married / cohabiting women in Shimelba	Interviewer guided structured questionnaire	25.5% 12months and 31.0% lifetime prevalence/	Maternal history of IPV, being farmer, lower level of education of partner, alcohol+khat+cigarette consumption
Fitaw Y, Haddis K, Million F, et al, 2005	Cross sectional	High school	Random sampling	367 female students	Self-administered structured questionnaire	/44% were sexually harassed and 20.4% survived attempted rape	Considerable proportion were responsible for house work; 8% undergone FGM
Fute M, Mengesha Z, Wakgari N, Tessema G, 2015	Institution based cross sectional	Public health facilities	Random sampling	660 female nurses	Self-developed structured questionnaire	/29.9%work place violence, 18.2% physical violence and 13% sexual harassment	Being female; younger age; short work experience; assignment in emergency and inpatient departments were positively associated with work place violence
GaromaS, Fantahun M, Worku A, 2012	Population based	Urban/Rural	Convenience sampling. Ever married women (15-49yrs) who gave live births within 5yrs	858 (cases=286, controls=572)	WHO multi-country study of violence against women questionnaire	/61.9% and 50.9% all forms of maternal IPV for cases and controls respectively	Maternal IPV is strongly associated with under-five child mortality
Malaju M, Alene G, 2013	Health institution based cross sectional	Rural	Stratified sampling	410 pregnant women	Structured questionnaire	/78.5% expected negative reaction for HIV positive test result from their parents	Education and economic empowerment of women
Misganaw A, Worku Y,	Survey, KI, FG	Urban	Convenience; Key Informant	299+29(all street females from Bahirdar) FG	Questionnaire developed from DHS	24.0% lifetime prevalence of rape among street females in Bahirdar/	Substance abuse
Mooney A, Kidanu A, Bradely H, Kumoji E, Kennedy C., Kerrigan D, 2013	Establishment based cross sectional; KI	Urban	Random % convenience sampling	350 female sex workers	Structured questionnaire	59% work related violence/	Risk for HIV within regular, non-paying relationships
Semahegn A, Belachew T, Abdulahi M, 2013	Community based cross sectional. Key informant	Rural/Urban	Systematic sampling. Purposive sampling.	682 married women 46 key informants	Structured interview adopted from WHO multi country studies on VAW & IPV. In depth interview.	78.0% of married women reported at least one form of IPV within 12months 73.3% different forms of psychological violence by male partners 49.1% sexual violence within 12/ months	Husband's alcohol consumption Lack of decision making autonomy in the household Being pregnant

## DISCUSSION

In Ethiopia, early marriage, the abduction of young women which can end in forceful unwanted marriage, female genital mutilation (incision, excision and or infibulation of the female external genitalia) and pregnancy at an early age all remain common (4). As the result, many women are exposed to physical (obstetric fistula, etc.) and psychological trauma (5). Oftentimes, young women are forced to leave their marriage and flee their homes to remote towns and cities where they end up as commercial sex workers and or living on the street (6). Some are even forced to leave the country illegally, and those who escape are vulnerable to physical and sexual slavery (7).

In one qualitative study on returnees from Middle Eastern Countries, almost all women among the respondents reported subjection to inhumane working conditions, physical and sexual maltreatment and denial of basic freedoms (7). Though violence can be perpetrated by anyone who wants to dominate a weaker victim, in practice intimate partner violence seems to have more attention of young researchers in Ethiopia.

GBV often committed by intimate partner can occur anywhere and at any time. Women are abused at home, at the work place (8), at school (9-12), during flight en route in search of refuge or at a refugee camp (13). The intimate person perpetuating the violence is usually a person with legal bondage or a de facto marriage with a husband, partner or boyfriend. The physical abuse ranges from slapping, pushing, punching, shoving, beating to acid burning causing from mild to severe damage to the body of the victim. Emotional abuse also ranges from bullying to constant harassment and life threatening remarks. Sexual abuse varies from offensive gender associated coercion to sexual assault and rape that result in female subordination, unwanted pregnancy, sexually transmitted infections including HIV and threat to life.

The life time prevalence of physical intimate partner violence against women in the community was in the ranges of 31% - 52.6% (13-15). The consequences of physical violence vary from mild physical injury to incapacitating disability and moderate to severe forms of emotional disturbances.

One of the earlier community studies conducted in Butajira Rural Health Program sites showed that emotional violence by the intimate partner was associated with depressive episodes among women in rural Ethiopia; lifetime prevalence of any form of intimate partner was found to be 72% (16). Whereas under five child mortality was strongly associated with victim-mothers of gender based violence (17). Intimate partner physical violence amongst the Eritrean refugees in northern Ethiopia is found to be high and a serious problem (13). A population based study conducted in several regions in Ethiopia showed that about fifty percent of young women in Ethiopia were married before the age of seventeen years and seventeen percent in early adolescence, i.e. before the age of fifteen with an elevated risk of intimate partner violence (4, 15,18).

A cross sectional study conducted in South Wello showed sexual violence by intimate/lifetime partner is significantly associated with HIV status (19). However, male partners' reaction towards an HIV positive female partner during HIV test disclosure is strongly associated with women having their own income (20). Domestic violence against women in rural Ethiopia is reported to be high as a result of a lack of decision making power, the husband's alcohol consumption and the victim being pregnant. These risk factors have exposed eight out of ten women to domestic violence by their partners, complicated further by the traditional acceptance of wife beating (14,18,21-24). While some of the studies focused on the rural life, few have looked into the street life in the cities. Women who live on the streets are more vulnerable to sexual assault, rape and HIV infection (6,25,26). Surprisingly, violence toward women health care providers in public health institutions has become a matter of immediate attention (8,27).

In some areas of rural Ethiopia high schools can be hours or even days walking distance from the student's home. Such students may be obliged to share rented small rooms until they finish their secondary education (Table 2b). This causes a significant problem for young female students, who are often exposed to sexual harassment, attempted rape, rape, sexually transmitted infections, abduction, early marriage and unwanted pregnancies (28-30).

The number of universities in Ethiopia has grown several fold within the last ten years. The number of college recruits has also reached over one hundred thousand per year. This results in increased numbers of young students

leaving their parental home for the first time. Young women students become vulnerable to peer-influenced exposure to harmful habit forming substances, and gender based violence (10-12). A study done in Hawassa showed a point prevalence of 40.3% gender based violence among female college students (9). While a separate study in the same place indicated that gender violence was perpetrated by a quarter of male students studied (11). A study which included street women between the ages of 15 and 49 years, showed a lifetime prevalence of rape as 24% (Table 2b). In addition to no protection to sexually transmitted infection including HIV and unwanted pregnancy, the women were exposed to physical as well as severe emotional disturbance (6,15,16,25,26,31).

Many Ethiopian young women migrate to Middle Eastern countries to seek employment. Many do so through traffickers or illegal agents, and are exposed to physical exploitation and sexual harassment. Their cultural identity is undermined and they are forced to become accustomed to alien cultural practices (5/7). Pre-migratory factors along with disappointed expectations and exploitation have been found to result in social defeat and severe form of mental illness (5,7).

Over 60% of the population of Ethiopia is below thirty-five years of age. Of these the female gender composition is a little over fifty percent (3). Domestic violence in general and gender based violence in particular deserves increased attention and intervention. Young women are often exposed to harassment and assault by men living within their vicinity (4,24,25,27,32,). There are few studies which look into the core causes of individual and organized violence in the country. All the studies noted in this paper show the seriousness of the problem of violence against women. Moderate to severe forms of mental illness (16,10,17,33,34) can occur immediately or be delayed long after the incidence has happened. Victimization of women is in many respects sanctioned by society and remains a social and public health agenda for the country. Women suffer the consequences of abuse as a result of detrimental traditional practices, and are often considered the initiators of their own victimization.

Victims have almost nowhere to go for proper counseling and treatment where their privacy and confidentiality is respected. Young women victims find it difficult to disclose what they have been through in fear of reprisal and embarrassment by either the perpetrators or their own guardians. This compounds their suffering and prolongs healing. Most try to manage through avoidance, emotional or religious coping (35), a mechanism that can suppress the trauma and affect the woman's life at any stage. Empowerment of women should start at an early age at home and in the kindergarten where they are taught about their rights and means of self-protection or regarded as their brothers' equals and equally entitled to safety and protection. Promotion of massive formal education of young people of both genders to ensure women's rights is recommended (36).

Teachers as well as parents and guardians should closely monitor the presence of any sign of physical or emotional harm in their children. As most studies reviewed here lack consideration of mental health consequences of GBV, further longitudinal studies should be encouraged with more emphasis on the same that might help stakeholders to develop feasible and acceptable modalities of psychosocial intervention programs for victims of GBV.

**CONCLUSION:** Violence causes distress and disruption in individuals, families and communities. Gender based violence is extraordinarily common and evident as domestic violence; it affects women made vulnerable by being internally displaced or refugees; it is prevalent in schools and the workplace. The suffering and psychological scars in combination with an implicit cultural sanctioning of such violence causes many women to struggle for years with fear, shame and self-blame; they have a high incidence of mental health disturbances as a result. The effects of gender based violence are not limited to the immediate victim, but the children of the woman can be profoundly affected as well. Further study is needed to explore the impact of violence and timely intervention and prevention of such should be the focus of a national psychosocial intervention program.

Ethiopia is now one of the leading countries to provide a temporary home for hundreds of thousands of refugees. Team of researchers consisting of experts from social and health sciences should be encouraged to conduct a holistic study as to the magnitude, dynamics, and impact of gender based violence and its consequences on the mental health of migrants and refugees and on their children in particular and psycho-social/economic impact in the country at large.

A multidisciplinary approach to study the dynamics of violence be it individual or organized is long overdue. For over half a century the country has undergone natural and manmade calamities costing hundreds of thousands of lives. Millions have survived and yet no one knows either how many of those who suffered have healed from their experiences or how many continue to suffer from the consequences of the disasters. What impact have the disasters made on the following generations is yet to be studied. More studies are needed concerning the root causes and risks associated with gender based violence. The more women are literate and financially capable of supporting themselves, the better will be their capacity to withstand any form of violence.

Young women should be empowered to protect themselves and report any offences knowing they will be taken seriously by the law. Those found guilty of sexual and physical assault should be prosecuted to the full extent of the law. Studies exploring the applicability of Western treatment and rehabilitation modalities for victims of violence should be considered in conjunction with culturally appropriate responses. While focusing on the provision of treatment and support for victims of violence and their children, prevention of individual and group violence as well as the prevention and appropriate support for the displaced, illegal migrants and the prosecuting of traffickers should also be a matter of immediate attention.

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