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Correlates of Domestic Violence against Women in Bahr Dar, Amhara Region, Ethiopia

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Abstract

In many developing countries, domestic violence has recently become not only human rights or public health concern but also a development issue. Studies suggest that Ethiopia has the highest prevalence of domestic violence against women. However, evidence from representative, population-based studies is limited and the factors that contribute to this high level of domestic violence are not well documented. This study, using data collected from a sample of married women aged 15-49, attempted to identify the correlates of domestic violence against women in Bahr Dar, the capital city of Amhara Region. Descriptive statistics and logistic regression were used in the data analysis. Findings show that a high proportion of the study population experienced recent threats or physical abuse (58%) and that more than 60% of these women reported three or more specific acts of violence over a period of 12 months. Respondents' age, duration of current marriage, number of children greater than four, household size, education, type of marriage arrangement, type of family, and husbands' alcohol drinking habit emerged as powerful risk factors for domestic violence against women. While age at marriage, work status, attitude towards gender roles and decision making in the conjugal household and respondents' experience of fathers beating mothers were found to be weak predictors of violence against women. Eliminating harmful practices such as arranged marriage or marriage by force, enhancing female education, and improving gender equity are suggested as possible interventions for reducing the prevalence of domestic violence against women

Key words: intimate partner; women; risk factors; alcohol drinking; police

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Introduction

Violence is a global phenomenon that occurs in all communities regardless of race, class, faith, immigration status, education, gender, identity or sexual orientation. Worldwide, more than 1.6 million people lose their lives as a result of violence (WHO, 2000). Women in developing countries are vulnerable to various kinds of violence. Violence against women perpetrated by husband or other intimate male partners, usually called domestic violence, is the most common form of gender-based violence (Heise et al., 1994; Heise and Gottemoeller, et al., 2002). Domestic violence is defined as "the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners" (WHO, 1996; Watts and Mayhew, 2004).

Studies show that violence against women by intimate male partners or husbands has been directly associated with a number of both immediate and long-term physical and psychological injury to women (Diaz-Olavarrieta et al., 2002; Gomez and Meacham, 2001; Heise and Ellsberg, 2001). Studies also show that it has an impact on the reproductive health of women. It contributes to unwanted pregnancies or increased risk of sexually transmitted infections among victims by compromising their ability to dictate the terms of their sexual relationships (Koenig et al., 2004). During pregnancy, it increases the likelihood of miscarriage, premature or preterm labour, foetal distress, low birth weight infants, maternal morbidity and mortality (Heise et al., 1994; Asling-Monemi et al., 2003). Socially, it ruptures the myth of the home as a protective space, exposing it as a chamber of terror for many (Hassan and Menon, 2004). It is found to devastate the women who suffer it, affect the children who witness it, and dehumanize the men who perpetrate it. It has negative consequences for individuals, their families, as well as the wider society. As existing researches show, it can cause serious physical and mental injury to women and negatively affect their employment situation, their overall productivity, and their participation in public life (Harper and Parsons, 1997; Maman et al., 2000; WHO, 2002).

Evidence highlighting the prevalence of domestic violence and its immediate and long-term impact on women is growing globally. In Sub-Saharan Africa, research findings show that prevalence ranks highest even in comparison with levels in other developing regions. For instance, as many as 27% of Zambian married women, 28% of Cameroonian women and 28% of Kenyan women report having exposure to domestic violence within the past 12 months (USAID, 2006), a rate more than twice that observed in other impoverished regions of the world like Latin America, Southeast Asia and South Asia (Kishor and Johnson, 2004: Watts and Zimmerman. 2002). A study using a convenient sample of women in Sierra Leone indicated close to two third (66%) of women as ever experiencing partner violence (Coker and Richter, 1998). A population-based household survey in rural Uganda confirms that intimate partner violence among women in rural Uganda was 20% for the past 12 months, and nearly one in 10 women in South Africa report exposure within the past 12 months and a quarter reported lifetime exposure (Koenig et al., 2003; Jewkes and Abrahams, 2002.). In Ethiopia, however, the level of domestic violence is highest in the World. A WHO multi-country study on women's health and domestic violence against women reported that 71% of ever partnered women in Ethiopia experienced domestic violence (WHO, 2005). A study of domestic violence around Gondar in Northwest Ethiopia shows that 51% of the women included in the study had experienced physical or sexual abuse (Yigzaw et al., 2004).

In some countries in Sub-Saharan Africa (e.g., Zimbabawe), intimate partner violence is so commonplace that it is accepted as justifiable by more than half of the women themselves (Hindin, 2003). In Ethiopia also data from the Demographic and Health Survey show that a significant majority of women justify a husband beating his wife if she goes out without his permission (64.2%), neglects children (64.6%); argues with him (56.7%), refuses sex (44.3%), and burns the food (61%). Overall, four in five women of reproductive age justify wife beating for at least one of the specific reasons (CSA and ORC Macro, 2006). It appears that the long-established traditions and cultural values foster male dominance and wife beating (Habtamu, 2003).

The pervasive presence of domestic violence thus indicates that a significant proportion of the human population is deprived of a very important component of well-being and the freedom to enhance even conventional aspects of well-being linked with health. Thus, freedom from domestic violence needs to be a significant part of any effort for socio-economic development.

In light of the mounting evidence of its prevalence, awareness about the diverse and harmful immediate and long-term consequences, as well as the extent and magnitude of violence against women by intimate male partner has been increasing. Consequently, it has recently emerged as a growing concern among researchers interested in women's health and empowerment. It is increasingly being recognized not only as an issue of human rights but also as a serious public health concern (Heise et al., 1999; Heise and Garcia-Moreno, 2002).

In Ethiopia, other than anecdotal social, legal or news reports or statements made by some personalities (UNFPA, 2005; IRIN, 2006), there are very few population based studies on the prevalence and causes of domestic violence (Deyessa et al., 1998; Gossaye et al., 2003; Yigzaw et al., 2004; WHO, 2004). These studies have limitations in that they fail to examine and address the root causes or correlates of domestic violence. A recent study around Gondar in Northwest Ethiopia (Yigzaw et al., 2004) attempted to look at some of the important correlates, but the study was based on ever partnered women. Moreover, the study did not include important factors likely to induce domestic violence such as marriage type, age at marriage, family type, duration of marriage, number of children and household size among others. This lack of in-depth research has limited efforts to better understand domestic violence and to respond to it effectively. This study attempts to contribute further in our understanding of the factors associated with domestic violence by considering currently married women.

In this article, we seek to show current status and illuminate the factors that affect women's risk of domestic violence by reporting findings on the prevalence, nature and potential determinants of domestic violence among currently married women in Bahr Dar, the state capital of the Amhara Regional State, Ethiopia. Domestic violence against women as reported by Kassa (2004) was among the most dominant type of violence in the city. An important objective of the study was, therefore, to explore the variability in prevalence rates of domestic violence against women by socio-demographic variables.

Methodology

. Background of the Study Area

The Amhara Regional State is the second largest region in the country in terms of population size. The region is sub-divided into 11 Administrative Zones. Bahr Dar, the regional capital is located 564 Km North West of Addis Ababa. It contains nine administrative units known as *kebeles*. According to recent estimates, the city has a population of 167,000 (www.mogaboy.com).

Sample Design

The study was based on primary data collected in March 2005 from a sample of currently married women selected using a two stage sampling design. The primary sampling unit was the *kebele* and the secondary unit was the household. Of the nine *kebeles* in the City, three *kebeles* were selected using simple random sampling. Assuming 50% prevalence of domestic violence, 95% confidence interval and a 5% margin of error, a sample of 400 households was determined. A 10% allowance was made for non-response and vacant households. The final sample obtained was 440 households. These households were distributed in the three *kebeles* using probability proportional to size, size being the total population in each *kebele*, obtained from the Office of the *Kebele* Administration. Fresh list of households in the selected *kebeles* was first prepared and households were selected systematically using a random start. Married women aged 15-49 living in the selected households were included in the study.

Questionnaire Development

A structured questionnaire that included specific questions on demographic and socio-economic characteristics as well as questions about specific experiences of violence such as forced sex, threatening or shouting, punching or beating, threatening with a weapon, slapping and burning, was

first prepared in English and then translated into Amharic and back translated into English to ensure consistency of the translation. It was pretested before it was implemented in the field.

Quality control and data management

Two supervisors and 10 interviewers with experience in conducting interviews were recruited and trained for data collection. Several approaches were used to ensure that data of high quality are collected. Supervisors reviewed each completed questionnaire identifying inconsistencies and skipped questions. One of the authors reviewed a sample of the questionnaires at the end of each day's fieldwork. Further checks were conducted in the office before data entry occurred. Data management plan, which included definition of standard format for identification of records and variables, list of variables for checking internal consistency, expected value ranges for all variables, etc. was prepared and data was entered into the computer by an experienced data entry clerk using SPSS version 11.0.

Ethical Consideration

Before launching the fieldwork, approval was obtained from the Population Studies and Research Centre, Addis Ababa University. Bahr Dar City Administration was also informed about the study and their approval was obtained. Prior to starting the interview, each respondent was informed verbally of the purpose and nature of the study and that the information will be kept confidential and their consent was obtained.

Data Analysis

We use an ecological framework proposed by Heise (1998) which suggests that intimate partner violence arises from the interaction of personal, situational and socio-cultural factors. Descriptive statistics and logistic regression are used for data analysis. Descriptive statistics (percentages, cross tabulations, bars and charts) were used to describe the situation, while logistic regression was used to identify the potential risk factors associated with recent occurrence of physical violence. Our dichotomous dependent variable was defined as 0 = no episodes of physical threats or violence from the current male partner during the preceding 12 months and 1 = one or more episodes of physical threats or violence during this period. Coefficients (Bs) are expressed as odds ratios relative to the reference category. The main independent variables considered include age, age at marriage, duration of marriage and number of children as demographic variables and education, household size, work status, marriage type (arranged or with consent), type of family the respondent was living in (nuclear or extended) and husband's risk behaviour (drunkenness) as socio-economic variables. In addition, indicators of women autonomy and attitude towards gender equity, such as making decisions regarding major household issues and family planning matters, childhood experience of domestic violence (i.e., if domestic partner violence prevailed in the household where the respondent was brought up) are also included as independent variables. Existence of any interaction between the independent variables (multicollinearity) was examined using collinearity diagnostic statistics. Tolerance and variance inflation factor obtained suggested the existence of no strong correlations between the independent variables.

Although psychological violence is also pervasive and seriously affects the wellbeing of women, in this paper, we consider physical violence only for two reasons: (i) almost every woman has reported one kind or another form of psychological violence in the last 12 moths, (ii) it is difficult to quantify psychological violence because of memory lapse as it occurs more frequently compared to physical violence. We considered current physical violence, that is, violence that occurred during the 12 months preceding the survey. Current physical violence was assessed on the basis of six actions: forced sex, threatening or shouting, punching or beating, threatening with a weapon, slapping and burning (Garcia-Moreno et al., 2005). A woman experiencing at least one of these in the last 12 months preceding the survey (even if she faced it only once), is considered as having experienced physical violence.

Results

Socio-demographic profile

Close to forty per cent (38.6%) of the women were younger than 25 years, 36% were between 25 and 34 years and about a quarter were 35 years of age or older. A little over 40% got married before their 18^{th} birth anniversary. Close to two-third (64.3%) were in their first union, while 36% were married two or more times. Marriage was arranged by someone else for the majority of the women (73.6%) and only 21.1% of the marriages were based on the agreement of the bride and bridegroom, while 5.3% was forced. One in every five women was married to husbands more than five years older than themselves. About a fifth had no children, 53.2% had 1-4 children and 27% had five or more children (Table 1).

Demographic variables	No. of cases	% of total in category	% experienced domestic violence
Age Group			
15-24	170	38.6	64.2
25-34	159	36.1	44.7
≥ 35	111	25.2	35.0
Age at Marriage			
< 15	67	15.2	62.7
15-17	124	28.2	61.3
> 17	249	56.6	55.4
		20	

Table 1: Respondents by background demographic characteristics: Bahr Dar, 2006

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Duration since current marriage					
0-4	162	38.8		62.0	
5-9	126	28.6		59.5	
10-14	60	13.6		58.3	
≥15	92	20.9		54.9	
Type of Marriage					
Forced	23	5.2		95.7	
Arranged by some one else	324	73.6		66.8	
With Agreement	93	21.1		52.5	
Number of times married					
Once	283	64.3		56.2	
Twice or more times	157	35.7		61.7	
Number of Children					
0 222	87	19.8		10.5	
1-4	234	53.2		56.8	
≥5	119	27.0		67.2	linebuod's e
Total	440	100	38		None

About 22% of the women had no education, 27% had primary education, while just over half (50.6%) had high school or higher education; more than two third (68.4%) were house wives, 13% worked in the informal sector and only 12% were professionals. The majority of women (53.4%) were living in extended families and close to a quarter (23.4%) in households with more than five persons. About a third (31.8%) were married to husbands with no or primary education. Almost all women (93%) were married to husbands with some kind of work (Table 2).

Table 2: Respondents by background socio-economic characteristics: Bahr Dar, 2006

			No.			
Socio-economic variables	Numl cases	ber of	Per total categ	in		
Education		21.4-		199	i ignisio	A-11477
Respondent's education						
None	98		22.3		66.3	
Primary	119		27.0		58.8	
Secondary education	117		31.1		54.7	
Above secondary Education	86		19.5		53.5	
Education						
Husband's education						
None	38		8.6		73.7	
Primary	102		23.2		65.7	

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Secondary education	137	31.1	54.0		
Above secondary Education	163	37.0	53.4		
Respondent's work Status		In manere y			
Not working	299	68.0	57.4		
Working	141	32.0	48.5		
Husband's work status					
Not working	30	6.8	76.7		
Working	410	93.2	56.8		
Family type					
Extended	235	53.4	63.2		
Nuclear with children	149	33.9	48.3		
Husband and wife only	56	12.7	35.4		
Household size					
2-3	166	37.7	40.5		
4-5	171	38.9	63.5		
> 5	103	23.4	77.8		
Total	440	100	58.2		

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Prevalence of domestic violence

Overall, 256 (close to 60%) women were exposed to at least one form of violent physical behaviour during the 12 months preceding the survey. Forcing a wife for sex was the most common type of domestic violence reported by about 40% of the women followed by threatening/shouting and punching or beating reported by 31.6% and 29.8%, respectively. A significant proportion of the women also reported other forms of physical violence: threatening with a stick or weapon, pushing/pulling or slapping and burning (Table 3).

Table 3: Per cent of respondents by specific type of violent behaviour: Bahr Dar,	
Amhara Region	

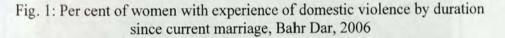
Type of violence	Per cent of all women, (n=440)	Per cent of exposed women, (n=256)
Forced for sex	39.5	68.0
Threatened/shouted at	31.6	54.3
Punched or beaten	29.8	51.2
Threatening with a stick/weapon	23.9	41.0
Pushed/pulled/slapped	20.5	35.2
Burned/scaled	13.0	22.3
Exposed to all kinds of physical Violent behaviour	E01 .	9.4
Exposed to at least one type of violence	58.2	1

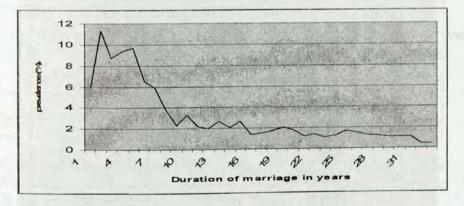
Forced sex, threatening or shouting, punching or beating were reported by more than half of the women exposed to recent violent behaviour, 41% were threatened with a stick or weapon and 57.4% were pushed, slapped or

burned and 9.4% experienced all the five types of physical violent behaviours in the last 12 moths (Table 3). Most of the women (63%) who reported experiencing recent violence from their spouses reported three or more specific acts of violence during the preceding year.

Prevalence by Socio-demographic Background Characteristics

Younger women (15-24) experienced higher rates of domestic violence compared to women aged 25-34 or 35 and older. About two-third of the women under 35 years of age reported having experienced violent behaviour but 35% of those aged 35 years or older had such experience. Prevalence also declined with increasing duration of marriage. Recent weds experienced much higher prevalence of domestic violence compared to those with longer duration of marriage (Table 1). Prevalence was low during the first year of marriage but peaked during the next 2 - 4 years following marriage and then asymptotically declined with increasing duration of marriage (Figure 1).





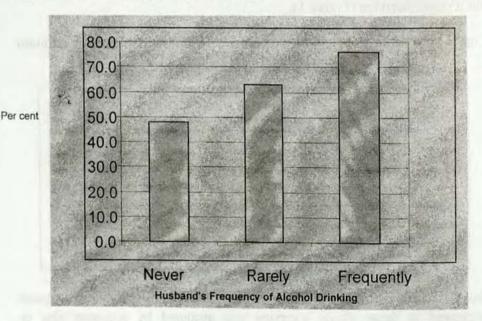
Women who were forced to marriage had a considerably higher prevalence compared to those whose marriage was arranged by someone else or conducted on the basis of mutual understanding (Table 2). Prevalence declined with increasing level of education. Husbands' education appears to be more associated with occurrence of domestic violence compared to wives' education. However, prevalence differed between those with no

education and those with more than high school education by only about 13% for women and 20% for husbands (Table 2).

Prevalence of domestic violence is lower among working women. It is much lower among women married to working husbands. Prevalence of domestic violence increased with number of persons in a household (Table 2).

Prevalence of domestic violence is higher among women married to husbands who frequently drink alcohol. More than three quarters of women married to husbands who frequent alcohol encountered domestic violence compared to 63% of those who rarely drink alcohol and to 48% of those who have never drunk alcohol (Figure 1).

Fig.2: Per cent of respondents exposed to recent violence by frequency of husband's alcohol drinking, Bahr Dar, 2006



Contrary to expectations, women who make decisions on some important household economic issues and family planning matters reported a higher prevalence (62%) compared to those who do not make any decision on these matters (55.6%). Women with positive attitude towards gender, that

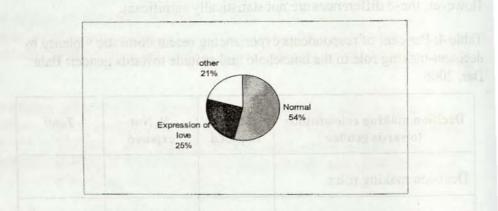
is, those who believe in gender equity also reported a higher prevalence (58.9%) compared to those with negative attitude, 56.5% (Table 4). However, these differences are not statistically significant.

Table 4: Per cent of respondents experiencing recent domestic violence by decision-making role in the household and attitude towards gender: Bahr Dar, 2006

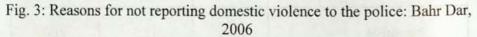
Decision making role/attitude towards gender	% Exposed	% Not exposed	Total
Decision making roles	- ALCEN		
Do not make decisions	55.6	44.4	100
Make decisions	62.0	38.0	100
Attitude towards Gender	e they do ne	e of reporting	100
Negative	56.5	43.5	100
Positive	58.9	41.1	100
Total	58.2	41.8	100

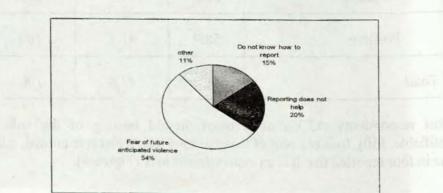
Most respondents (52.3% of women) viewed beating of the wife as justifiable. Fifty four per cent of these women stated that it is normal, while one in four reported that it is an expression of love (Figure 4).

Fig.4: Per cent distribution of respondents according to their view towards wife beating, Bahr Dar, 2006



Although domestic violence is considered as a crime in the legal code, women do not seek legal support as the majority of the women (66.4%) reported that it is unusual to report domestic violence to the police because they think reporting to the police does not help or they anticipate another violence because of reporting or they do not know how to report (Fig. 3).





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Variables	8.50	β	S.E.	$Exp(\beta)=odds ratio$
Age		2.90 1		anticontry of
15-24		ionoc ugi	and work	1.000
25-34	Sec.	-0.394	0.202	0.674*
35 +	TTO BALL	-0.561	0.521	0.571
Age at first marriage	to during	A REAL PROPERTY AND		and a first state of the second state of the s
< 17	Lines Ph	Section		1.000
17 +	10-10-00	-0.231	0.218	0.794
Marriage duration	1216.00	N WORK		A State I when some in
0-4	a nei d	Times.	in hori i	1.000
5-9	Eding	-0.088	0.085	0.916**
10 +		-0.431	0.213	0.650**
Number of children	O.MO	-0.511		Vation
None				1.000
1-4		0.116	0.637	1.123
≥5	12010	0.651	0.306	1.918*
Household size	E.045	2.297		Fordaul

Table 5: Relative risks: multivariate analysis

2-3 persons	- Seculina 1	and a subscreep	1.00
4-5 persons	0.332	1.418	1.393**
> 5 persons	0.502	0.318	1.651*
Wife's education			
No or Primary	- Cont		1.000
Secondary or higher	-0.276	0.236	0.759*
Husband's education	1020		
No or Primary			1.000
Secondary or higher	-0.758	0.382	0.469**
Wife's work status	12/1 122/10	and the second	
Not working	1000	Cash Rental In	1.000
Working	-0.004	0.171	0.996
Husband's work status	0.085		
Not working	12.0 411.0		1.000
Working	-0.511	0.362	0.600
Marriage type			
With agreement	040 - 211		1.00
Arranged by others	0.692	0.251	1.997***
Forced	2.297	1.045	9.943***

Table 6 shows the effects of the socio-demographic variables on the outcome variable. Most of the socio-demographic variables included in the logistic model had a limited explanatory power towards predicting the risk of recent domestic violence against women. Nevertheless, all the variables indicated the expected direction of relationship with the dependent variable. Among the demographic variables, age of women, age at marriage, and duration of marriage are found to be inversely related to the likelihood of occurrence of recent domestic violence against women; while number of children and household size were found to be positive predictors. Women in the age group 25-34 and those aged over 35 years had a much lower likelihood of experiencing domestic violence (p<.05) compared to the reference category (odds ration 0.674 and 0.571, respectively). Similarly, although statistically not significant, women who married after age 17 years were 0.8 times less likely to encounter recent domestic violence compared to those marrying before this age. The likelihood of domestic violence falls with increasing duration of marriage. Women married for ten or more years were significantly less likely to encounter violence (p<.05) compared to the reference category (odds ratio 0.65). Women with 1-4 children were 1.2 times likely and those with 5 or more were found to be about twice as likely as those with no child to experience domestic violence. This may be due to poverty and inability to support the family as most households with larger number of children are likely to be poor. In a study involving nine most populous ethnic groups in Ethiopia, poverty and inability to support the family were found to be the major causes of domestic conflict (Habtamu, 1998).

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Family yype				
Nuclear				1.000
	0.547	0.305	0.073	1.728*
Attitude towards gender				
Negative				1.000
Positive	-0.100	0.330	0.762	0.905
Decision making				
Do not make decisions				1.000
Make decisions	-0.208	0.299	0.487	0.812
Husband's alcohol drinking				
Always				1.000
Rarely	-0.215	0.130	0.030	0.807**
Never	-0.305	0.150	0.042	0.737**
Experience of family violence				
No experience				1.000
Have experience	0.011	0.207	0.959	1.011

Note: * p<10% ** p<5%, *** p<1%

Education and work status were found to be the socio-economic risk factors influencing the occurrence of domestic violence negatively. Couples who

had higher than primary education were found to have a significantly lower chance of experiencing recent domestic violence (P < 0.05). Similarly, working couples were found to be less likely to experience domestic violence.

Women who make decisions regarding household issues and those who have positive attitude towards gender equality were also found to be less likely to experience domestic violence (after controlling the effect of other variables) compared to those who do not (odds ratio 0.905 and 0.812, respectively).

Marriage type emerged as a very strong predictor of the risk of domestic violence. Women whose marriage was arranged by someone else were 1.9 times more likely to experience domestic violence and those who were forced to marry were about ten times likely to experience violence (p<.01) compared to the reference category (married with mutual agreement). The type of family (whether nuclear or extended) and the number of persons in the household the respondent lived in are found to be directly related with occurrence of domestic violence. Couples living in extended families and those in households with more than five persons were found to be at a significantly higher risk of experiencing domestic violence (p< 0.05) compared to the reference category.

Husbands' frequency of alcohol drinking was also found to affect domestic violence negatively. Women married to husbands who rarely drink alcohol are 0.81 times less likely, while those married to husbands who never consume alcohol are 0.737 times less likely to be exposed to recent domestic violence compared to those married to husbands who frequent alcohol. There is no relationship between domestic violence and experience of family violence during childhood. Women brought up in households where there was no family violence were found to be equally likely to experience violence as those brought up in non-violent families.

Discussion

Our study builds on previous research on domestic violence in Ethiopia (Deyessa et al., 1998; Gossaye et al., 2003; Yigzaw et al., 2004) and makes several new and important contributions to understanding the determinants of domestic violence from the perspective of currently married women.

Among the demographic risk factors, age of the respondent and duration of marriage emerged as important predictors. During the early years of marriage, violence and divorce is common. Tilson (2000) shows that 45% of first marriages in Ethiopia end in divorce within 30 years, and two third of women who divorce do so within the first five years of marriage. With increasing age and longer duration in union, both husband and wife get to know each other and have faith in each other and tendency of misunderstanding each other gets reduced. Moreover, they gain respect in the community they live in and hence the likelihood of husband-wife violence declines. Although age at marriage turned out to have no statistically significant effect on the occurrence of domestic violence, it shows that a woman who married at younger age is exposed to a higher risk of domestic violence. Marriage for women who marry at young age is either arranged by someone else or takes place by force. This may explain the higher risk among those who married before the legally accepted age of 18 vears.

Our fertility indicator (number of children) appears to be the most important risk factor for the occurrence of domestic violence among the demographic variables. Women may be held responsible for either having no children or having too many children and that may result in abuse. Besides, having many children creates barriers to economic autonomy and establishes the context for pronounced dependency. This may explain the fact that women who had five or more children were the group at the highest risk of experiencing violence. Our findings are consistent with findings elsewhere (Coker and Richter, 1998; Jewkes et al., 2000).

The patterns of household decision-making used as a measure of the interpersonal dynamics between husband and wife were found to be weak predictors of domestic violence. Nevertheless, it can be observed from the data that the greater the number of decision-making areas men control, the

more likely they are to exercise violence with their wives. Attitude towards gender roles appears to have no influence on the occurrence of domestic violence. Household decision-making appears to be a better predictor of domestic violence compared to attitude towards gender role. It does not matter whether a woman views gender roles positively or negatively, she is likely to be exposed to violence.

Respondent's work status as well as that of her husband failed to attain statistical significance as predictors of violence. An exception was that of education: women with secondary or higher education had significantly lower risks of violence (odds ratio 0.76) than those in the reference category (no or primary education). More educated women have more career and employment opportunities and may be less likely to be abused because they are perceived as more valuable by their husbands as well as their in-laws. Women married to husbands with secondary or higher schooling also experience significantly lower risks of violence (odds ratio 0.47) than the reference group. Educated men are more likely to respect their wives, make joint decisions on household issues and pay attention to the needs of their wives compared to uneducated husbands.

The strength of the association between alcohol consumption and domestic violence was also noteworthy. Women whose husbands never consumed alcohol faced much lower risks of domestic violence than those whose husbands "always" drank alcohol (odds ratio 0.737). The risk of violence to women whose husbands "rarely" consumed alcohol was also significantly lower than those with husbands in the always–drinking reference group (odds ratio 0.81). This supports the conclusion that alcohol may play a direct precipitating role in domestic violence against women.

Although there are studies which witness that children who experienced family violence are more likely to become victims of violence in adulthood (Ellsberg et al., 1999; Jewkes, 2002; Martin et al., 2002), our finding does not support this. Women with the experience of father beating mother were not found to be at a high risk of being exposed to violence perpetrated by husbands in Bahr Dar. Men brought up in abusive homes are more likely to become perpetrators of violence against women than women brought up in such families (Albert, 1987) but data limitation did not allow us to examine this. It is an area for future research.

Cultural values and norms appear to enhance the practice of domestic violence against women. The fact that two in three women justify wife beating and consider it as either normal or an expression of love highlights the importance of cultural factors. The practice has been maintained through generations and is justified for cultural reasons. Women have recourse to the legal system (the police and the courts) but societal norms (traditionalism and patriarchal social arrangement) inhibit many from seeking legal redress. Moreover, many women are not aware of their rights under the law or believe that it is of not much help. These pose serious challenge to preventing domestic violence and need to be addressed. Having laws that make domestic violence a criminal offence may not achieve much as long as the majority are not aware of the existence of such laws or consider the practice as a legitimate part of their culture.

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Conclusion

Although this study is based on survey research method only and the sample size was small, it has shown that women experience multiple forms of violence in their marital home. The study has also identified a number of important factors associated with partner perpetrated violence against women.

Domestic violence against women not only seriously undermines women's potential to function and to live the lives they value but also diminishes the capacity of children during their development and growth. Marital violence thus not only reduces well-being in and of itself, but also reduces the possibilities of improved well-being on others, as well as transfers the negative effects from one generation to the other. This has implications not only for individual families but also for a country's overall development. Reducing the incidence of marital violence thus needs to be an important policy goal.

Although rarely understood in these terms or directly addressed by development policies, many countries including Ethiopia have taken a range of measures to deal with marital violence, and no longer view it as a private matter. Due attention is being paid by women's movements and the international human rights movement and NGOs and intergovernmental organizations. Laws which make domestic violence a criminal offence have been enacted; family law has been revised in favour of women and women's groups have been established. However, there is still a lot more to be done to reduce the incidence of domestic violence as it remains a substantially under-reported crime.

Our study offers a more comprehensive picture of the dynamics of gender gap (in education, employment, decision making) within marriage and the link to violence. Another important dimension of our study is the relationship between domestic violence and the way marriages are formed (whether by force/abduction, arranged by someone else or with agreement or consent). Our findings clearly indicate that incidence of domestic violence can be reduced if measures to improve women's access to education and employment are enhanced. It also shows that eliminating

harmful traditional practices such as early marriage and marriage by abduction can reduce the incidence.

However, as our study is based on a small sample, a study using a larger sample combining qualitative research methods may reveal a better insight into some of the risk factors we could not address such as age difference between spouses, mismatch in education, as well as household economic status, among others that are likely to be factors for spousal disagreement. It is equally important to look into the societal norms and values in order to explain why the practice is maintained.

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REFERENCES

Albert R. Roberts. 1987. Psychological characteristics of batteries: A study of 234 men charged with domestic violence. *Journal of Family Violence*, 2(1):81-93.

Asling-Monemi, K., R. Pena, M. C. Ellsberg, and L.A. Person. 2003. Violence against women increases the risk of infant and child mortality: A Case-reference Study in Nicaragua. *The Bulletin of the World Health Organization* 81(1):10-18.

Central Statistics Authority [Ethiopia] and ORC Macro. 2006. Ethiopia Demographic and Health Survey 2005. Addis Ababa, Ethiopia and Calverton, Maryland, USA.

Coker A. L. and Richter D. L. 1998. Violence against women in Sierra Leone: frequency and correlates of intimate partner violence and forced sexual intercourse. *African Journal of Reproductive Health*, 2(1):61–72.

Deyessa N, Kassaye M, Demeke B, Taffa N. 1998. Magnitude, type and outcomes of physical violence against married women in Butajira, Southern Ethiopia. *Ethiopian Medical Journal*, 36(2):83-92.

Diaz-Olavarrieta C, Ellertson C, Paz F, Ponce de Leon S, Alarcon-Segovia DA, 2002. Prevalence of battering among 1780 outpatients at an internal medicine institution in Mexico. *Social Science and Medicine*, 55(9):1589–1602.

Ellsberg M.C., Rena R, Herrera A, Liljestrand J, Winkvist A. 1999. Wife abuse among women of childbearing age in Nicaragua. *American Journal of Public Health*, 89:241–4.

Garcia-Moreno, C., H.A. Jansen, M. Ellsberg, L. Heise et al., 2005. WHO Multi-Country Study on Women's Health and Domestic Violence Against Women: Initial Results on Prevalence, Health Outcomes ad Women's Response. Geneva: WHO.

Gomez A and Meacham D., (Eds.). 2001. Women and mental health: reflections of inequality, Women's Health Collection No. 6. Santiago, Chile: Latin American and Caribbean Women's Health Network.

Gossaye Y, Deyessa N, Berhane Y et al. 2003. Butagira Rural Health Program: Womenn's life events study in rural Ethiopia. *Ethiopian Journal* of Health Development 2003 (second supplement):1-51.

Habtamu Wondimu. 1998. Conflict resolution in the families of nine ethnic groups in Ethiopia. *The Ethiopian Journal of Education* 18(2):19-40.

Habtamu Wondimu. 2003. Family Violence in Addis Ababa: Challenges of Reconciling Culture and Human Rights in Ethiopia. Paper Presented at the XVth International Conference of Ethiopian Studies. July 2003. Hamburg, Germany.

Harper, M and Parsons L. 1997. Maternal deaths due to homicide and other injuries in North Carolina: 1992-1994. *Obstetrics and Gynecology*, 90(6):920-923.

Hassan, Z. and Menon, R. 2004. Unequal citizens: A study of Muslim women in India. Delihi: Oxford University Press.

Heise L and Ellsberg M. 2001. Violence against women: impact on sexual and reproductive health, in: Murphy E and Ringheim K, (eds.). Reproductive Health, Gender and Human Rights: A Dialogue, Washington, DC: Program for Appropriate Technology in Health.

Heise L, M. Ellsberg and M., Gottemoeller, 2002. A global overview of gender-based violence, *International Journal of Gynecology and Obstetrics*, 78 (Suppl.):S5–S14.).

Heise L, Pitanguy J, Germain A. 1994. Violence against Women: The Hidden Health Burden. Washington, DC: World Bank.

Heise L. (1998), Violence against women: an integrated, ecological framework. *Violence Against Women*, 1998, 4(3):262-290.

Heise L., Ellsberg M and M. Gottemoeller, 1999. Ending violence against women. *Population Reports Series* No. 11.

Heise, L. and C. Garcia-Moreno, 2002. Violence by intimate partners. In Krug, Dahlberg et al. *World report on violence and health*. Geneva: WHO.

Heise, L. Raikes A., Watts, C. H. and Zwi A.B. 1994. Violence against women: A neglected public health issue in Less Developed Countries. *Social Science and Medicine* 39(9):1165-1179.

Hindin M. J. 2003. Understanding women's attitudes towards wife beating in Zimbabwe. *Bulletin of the World Health Organization* 81(7):501–508.

http://www.mogaboy.com. (population size of Bahir Dar)

IRIN, UN Office for the Coordination of Humanitarian Affairs, 2006. the humanitarian news and analysis service.

Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science and Medicine* 202; 55:603–170.

Jewkes R. 2002. Intimate Partner Violence: Causes and Prevention. Lancet 359:1423-1429

Jewkes R. and N. Abrahams. 2002. The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science and Medicine* 55(7):1231-44.

Jewkes R.K., Penn-Kekana L.S, Levin J. B. et al., 2000. Prevalence of emotional, physical and sexual abuse of women in three South African provinces. *South Africa Medical Journal* 91:421-8.

Kassa M. 2004. Prevalence and forms of violence against women in Bahr Dar, Ethiopian Women Lawyers Association. Bahr Dar.

Kishor S and Johnson K, 2004. Profiling Domestic Violence: A Multi-Country Study, Calverton, MD, USA: ORC Macro.

Koenig, M. A., Lutalo T. Zhao F, Nalugoda F, et al., 2004. Coercive sex in rural Uganda: Prevalence and associated risk factors. *Social Science and Medicine* 58(4):787-798.

Koenig, MA., Tom Lutalo, Feng Zhao et al., 2003. Domestic violence in rural Uganda: evidence from a community-based study. *Bulletin of the World Health Organization* 81(1):53–60.

Maman, S., Campbell, J., Sweat, M. D. and Gielen, A.C. 2000. The intersection of HIV and Violence: Directions for future research and interventions. *Social Science and Medicine* 50:459-478).

Martin SL, Moracco KE, Garro J, Tsui AO, Kupper LL, Chase JL, et al., 2002. Domestic violence across generations: findings from northern India. *International Journal of Epidemiology* 31:560–72.

Tilson, D. 2000. Divorce in Ethiopia: the impact of early marriage and childlessness. *Journal of Biosoc Sci* 32(3):355-72.

United Nations Population Fund. 2005. State of World Population 2005: The promise of equality, gender equity and reproductive health and the Millennium Development Goal.

United States Agency for International Development. 2006. Addressing Gender based violence through USAID Health Programs: A Guide for Health Sector Program Officers.

Watts, C. and C. Zimmerman. 2002. Violence against Women: Global Scope and Magnitude. *Lancet* 359: 1232-1237.

Watts, C.and S.Mayhew. 2004. Reproductive Health Services and Intimate Partner Violence: Shaping a Pragmatic Response In Sub-Saharan Africa, International Family Planning Perspective. *International Family Planning Perspective* Dec 2004.

World Health Organization. 1996. Violence against Women. Geneva, Switzerland: World Health Organization. WHO document FRH/WHD/96. 27.

World Health Organization. 2000. Reproductive health during Conflict and Displacement: A Guide for Program Managers. Geneva: WHO.

World Health Organization. 2002. World Report on Violence and Health, Geneva: World Health Organization.

World Health Organization. 2005 Multi-country Study on Women's Health and Domestic Violence against women. Geneva, WHO. Available at: http://www.Who-int/gender/violence/em/

World Health Organization/United Nations High Commission for Refugees. 2004. Clinical Management of Rape Survivors: Developing Protocols for use with refugees and internally displaced persons. Revised edition. Geneva: WHO/UNHCR.

Yigzaw T, Yibrie A, Kebede Y. 2004. Domestic violence around Gondar in North West Ethiopia. *Ethiopian Journal of Health Development* 18(3):134-139.