Ending Domestic Violence against Women in Ethiopia

Yemane Berhane¹

The problem of domestic violence in developing countries started surfacing in the last decade. However, lack of data from these countries still curtails a full understanding of the issues, and the magnitude and potential impacts it has on the life of women affected by domestic violence. Although the existence of domestic violence is well recognized in Ethiopia from anecdotal social and legal reports, no systematic reports were made until recently.

Domestic violence against women takes various forms. Physical, sexual and emotional assaults occur at alarming levels. Community based studies in Ethiopia indicated 50-60% of women experienced domestic violence in their life time (1-3). Sexual violence is also reported to occur more than physical violence in a recent Butajira study (2). Perpetrators are mainly intimate partners and close family members.

About 60% of rape cases documented in Adigrat Hospital involved children and adolescents and about 20% were raped before. The study also indicated that 70% of the rape cases were students. Although 90% of the perpetrators were identified by the victims only 42% were arrested by police (4).

A school-based study involving randomly selected 1401 female high school students in central Ethiopia clearly indicated the seriousness of the problem. Sexual harassment was reported by 74% of the participating female students. Completed rape and attempted rape were reported by 5% and 10% of female students respectively. About 85% of the reported rape victims were under 18 years of age. Among the girls who reported to have been raped 24% had vaginal discharge and 17% have become pregnant. Social isolation, fear and phobia to social circumstances, general hopelessness, and

suicide attempts were also reported by the rape victims (5).

Ethiopia has one of the highest prevalence of both sexual and physical violence by an intimate partner. In countries where the status of women is generally low younger women are more likely to suffer from domestic violence compared to older women. About 33% of Ethiopian women who participated in the survey reported that they were physically forced to have intercourse by a partner within the last 12 months, which is one of the highest among the participating countries. This high rate of forced sex seriously compromises women's ability to protect themselves from HIV. Women in Ethiopia reported probably the highest rates emotionally abusive acts. The prevalence of injury (which is 19%) among those women ever abused physically is low in Ethiopia. The reason for such low level of injury among the Ethiopian women is not well understood. Although the overall level of physical violence in Ethiopia is very high violence during pregnancy was not correspondingly high, and the severity of injury was less compared to the countries that have an overall low level of physical injury (2).

The legal codes in Ethiopia used to support male superiority imposing lesser stringent sanctions on perpetrators of violence against women whether that happens within or outside wed-lock. The current constitution of the country ensures gender equality and incorporates the major United Nations conventions on human rights and the elimination of all forms of discrimination against women. Revisions in the penal code have also made punishments for crimes of abduction, rape and other sexual assaults more severe (6) M. Ashenafi. However, women still disproportionately suffer from physical and sexual violence. Lack of information about women's

rights, limited access to legal services, insensitivity of law enforcement bodies, and the generally poor status of women in the society are some of the main reasons that accounted for the continuation of domestic violence despite the better legal and constitutional provisions.

The above facts and concerns indicate that the seriousness of the problem of domestic violence against girls and women in Ethiopia is beyond imagination in the 21st century. Women suffer from sexual, physical and emotional violence without making their voices heard and without getting the proper protection and support they deserve as citizens of the country and as mothers of citizens.

Ending domestic violence starts with a full understanding of the problem. The few studies in Ethiopia provided some insight into the magnitude of the problem but lack thoroughness and depth. We need to fully understand the circumstances, reasons, consequences and impact of domestic violence in the Ethiopian context in order to attack the problem from its roots. There are variations in these issues from country to country and withing the national boundaries (7). Research activities need to be supported locally to strengthen efforts to end domestic violence. Law enforcement bodies, women activists, civil society organizations and other concerned organizations need to work together with researchers to generate the required information and to translate research findings into action. This Journal encourages intiatives aimed at ending domestic violence by timely publishing local research works. The two articles included in this issue of the Journal and the special issue published earlier would provide a useful insight to local circumstances. They also encourage other researchers to produce more elaborate research building on what is known so far.

Reference

- 1. Deyessa N, Kassaye M, Demeke B, Taffa N. Magnitude, type and outcomes of physical violence against married women in Butajira, southern Ethiopia. Ethiop Med J. 1998 Apr; 36(2):83-92.
- 2. Gossaye Y, Deyessa N, Berhane Y et al. Butajira Rural Health Program: Women's life events study in rural Ethiopia. Ethiop J Health Dev 2003;(Second Suppl): 1-51.
- 3. Yigzaw T, Yibrie A, Kebede Y. Domestic violence around Gondar in northwest Ethiopia. Ethiop J Health Dev 2004;18(3): 000-000.
- Gessessew A, Mesfin M. Rape and related health problems in Adigrat zonal hospital, Tigray Region, Ethiopia. Ethiop J Health Dev. 2004;18(3):000-000.
- 5. Mulugeta E, Kassaye M, Berhane Y. Prevalence and outcomes of sexual violence among high school students. Ethiop Med J. 1998;36(3):167-74.
- Ashenafi M. Advocacy for legal reform for safe abortion. Afr. J. Reported Health. 2004; 8(1):79-84.
- Heise L, Garcia Moreno C. Violence by intimate partners. In: World Report on Violence and Health, World Health Organization (WHO). Geneva 2002;89-121.