

Intimate Partner Violence against Married Women and Associated Factors in Gedo Town, Oromia, Ethiopia

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Abstract

Background: Violence against women is worldwide public health problem. 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. The aim of this study was to assess intimate partner violence against married women in Gedo town, West Showa Zone, Oromia, Ethiopia.

Results: The mean age of the study participants were 30.58yrs with $SD \pm 7.01$ years and the majority of ethnicity were Oromo 285(86.9%). This study revealed that 27.6% of married women had faced physical violence with independent predictors of age (21-30)(AOR=11.874), have no formal education (AOR=10.53) & attended grade 1-8th(AOR=15.31), abduction(AOR=6.67), faced psychological violence(AOR=7.74), family size less than four (AOR=29.84) and living with her mother/father(AOR=12.99), while 31.0% were faced psychological violence with significantly associated of Educational level(have no formal education(AOR=3.52), age of first marriage(<16)(AOR=5.31), smoking tobacco(AOR=8.58), partner chew chat (AOR=2.12), Faced physically violence(AOR=5) and finally 21.7% were experienced sexual violence with independent predictors of educational(9-11th grade)(AOR=8.1), marriage(family supported (AOR=2.98), marital length(6-10yrs)(AOR=3.29), person live in the same HH(no one live)(AOR=3.71), smoker (AOR=19.1), Faced psychological violence (AOR= 2.37) respectively.

Methods: A community based cross-sectional study design with quantitative data collection methods were employed from April 5 to April 15/2015. The study participants were selected by using simple random sampling computer generated technique. Both bivariate and multivariate logistic regressions were used to identify associated factors. The results were presented by using tables, figures and narratives

Conclusion: This study determined that the prevalence of Intimate partner violence against married women and associated factors which revealed that the proportion of IPVAWs had faced one violence from the three types of violence were 102(31.3%) with 95% CI of (25.8%-36.2%), of which 56(17.2%) with 95% CI of (12.9%-21.8%) were faced two from three types of violence among this population. The overall overlapped of all three types of violence of IPVAW was 16(4.9%) with 95% CI (2.8%-7.4%) among married women in Gedo town. Finally this study identified sociodemographic and Household Related Factors associated with Intimate partner violence against married women.

Therefore, these factors would be emphatically considered during development of women health and family guidance by police makers in collaboration with others responsible bodies.

Keywords:-Intimate partner violence against married women, Gedo Town, Oromia, Ethiopia

Background

Violence against women (VAW) is worldwide public health problem. According to United nation(UN) declaration, Violence Against women includes “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life .However Gender based violence includes all other forms of violence such as: Trafficking in women, rape during war, female infanticide, honour killing, female genital mutilation (FGM) and others (1,2).

Intimate Partner Violence or Domestic Violence refers to the victimization of a person with whom the abuser has or has had an intimate or romantic relationship . Sexual coercion and Abuse by marital or other intimate partners are the two most globally prevalent forms of violence against women. Worldwide, one of the most common forms of violence against women is abuse by their husbands or other intimate male partners. Sexual violence has serious consequences for women's physical, mental, and reproductive health like depression, loss of self-confidence, injuries, unwanted pregnancy and disability up to death [1,2,3,4]

World Health Organization identified the scarcity of adequate information on the prevalence, nature, causes, and consequences of violence worldwide, as a serious obstacle to the wider recognition of the magnitude and seriousness of the issue, and the development of effective intervention strategies. Since then, international research has provided increasing evidence of the prevalence of violence against women, particularly physical violence perpetrated by intimate partners. A review of over 50 population-based studies done by World Health Organization in 35 countries before 1999 indicated that between 10% and 52% of women from around the world

report that they had been physically abused by an intimate partner at some point in their lives, and between 10% and 30% that they had experienced sexual violence by an intimate partner (1, 4). However, because of discrepancies in research design and methods, comparison of data was not possible between settings. In response, the World Health Organization (WHO) multi-country study on women's health and domestic violence against women was developed. (5)

Two theories, have heavily influenced Intimate partner violence against women (IPVAW) aetiology research; social learning theory, or the idea that violence may be transmitted from one generation to the next, and the feminist theory, or the idea that male dominance in society affects interpersonal relationships. Whatever the case, several complex and interconnected social and cultural factors are involved; all of them being manifestations of unequal power relations between men and women [6,7].

Community attitudes and actions with respect to IPVAW play an important role in shaping the social environment in which the victims are embedded. Similarly, the social environment that contribute either to condone and perpetuate or to reduce levels of IPVAW in the society plays an important role (8).

Several studies have indicated that a high risk of IPVAW in male-dominant or patriarchal societies where gender attitudes and perceptions of the community support marked inequality between men and women in addition to rigid gender roles can lead to justification and acceptance of IPVAW [9,10].

The problem of intimate partner violence against women in developing countries, especially in Sub-Sahara Africa is very high. Three African countries: Ethiopia, Namibia and Tanzania were 50%, 31% and 47% respectively (11). Research finding showed in Rwanda, among married women who reported experiencing physical violence at any time since 15 years of age, a large proportion (70%) reported their husband as a perpetrator (12).

In patriarchal societies which believe in male dominance the force used by a man to control his wife is seen as legitimate. Moreover, studies have found that males within patriarchic societies are more violent towards their wives than are males in societies believing in equality. Ethiopia is one of the patriarchal societies where many rural communities embrace various types of VAW (13, 14, 15).

Many rural communities in Ethiopia embrace various types of violence against women and even claim to have women who go to the point of saying: "If my husband does not beat me, it means that he does not love me," and similarly other sayings that they justify for their violence by husband. Due to these facts IPVAW, is the most common forms of VAW highly prevalent in Ethiopia and the magnitude of intimate partner violence against women varies place to place. Research findings showed that the highest and the lowest prevalence of intimate partner violence against women founded in East Wollega Zone, Western Ethiopia 68.6% and in Shimelba refugee camp, Northern Ethiopia 31% (16,17) respectively. Ethiopian government addresses domestic violence within its nine-year national reproductive health strategies. One of the strategy's targets is to ensure that all new law enforcement recruits are trained in the protection of women's rights, especially those pertaining to gender-based violence with revisions made in the family code(18).

In the Ethiopian context, the research work on area of violence against women in general and household or family basis in particular is extremely limited. The limitation of such research work in Ethiopia by no means implies the absence of the problem or insignificance of its magnitude in the country.

Methods and Materials

Study setting: The study was conducted from April 5-15, 2015, in Gedo town. Gedo Town is one of the district towns in west shoa zone, Oromia regional state, Ethiopia and it found 176km south western of Addis Ababa and 64km from Ambo Town. The town has 2kebeles and 2475 household and with total population of 27,000 of which 14807 were women and 12193 were men. From the total population mentioned 11927 were women in reproductive age group 15-49 year. In the town there is one district hospital, One Health centre, one Maternal and child health (MCH) clinic, five private clinic and two health posts. The town is inhabited mostly by Oromo ethnic group, who speak Afan Oromo as their mother tongue.

Study design

A Community based cross sectional study design with quantitative data collection methods was employed. The study inclusion criteria were reproductive age 15-49 year and who lived in the study area for more than at least 6 months duration and willingness to consent for participation in the study.

Sampling procedure and sample size determination

The sample size was calculated using a single population proportion formula using a proportion of 28.3% which was obtained from Gozaman woreda (19) with a confidence level of 95% and marginal error of 5% and by using a single population proportion formula. By considering 10% non-response rate, the final sample size was 326.

Survey was done in Gedo town to identify the eligible Women and consequently household code number was given. A list of reproductive age women 15-49 years were prepared and entered into computer SPSS

window 16.0 version from surveyed data then, selected by simple random sampling computer generated household number and data collectors were cross-check household number with sampled household number during data collection period. During the study period, 326 women's were recruited into the study by randomly selection.

Data collection procedures

Data were collected by face to face interview by using structured, pre-tested Afan Oromo version questionnaire. The questionnaires were initially prepared in English and translated to Afan Oromo and back to English by language experts and researchers to keep the consistency of the questionnaires. Four female, well trained clinical nurses had collected the data and two BSC Nurse had supervised during data collection period. Data collectors had cross checked household numbers of all with sampled household numbers daily.

The filled questionnaires were checked for consistencies and completeness daily by supervisor and principal investigators on the spot. Pre-test of the questionnaire were done on 5% of the sample in Guder town which is nearby to Gedo town, to identify any ambiguity, consistency and acceptability of questionnaire, and then necessary corrections were made before the actual data collection.

Data processing and analysis

After data collection, each questionnaire was checked for completeness and code was given before data entry. Data was entered, sorted, edited and cleaned for missed values. Data were analyzed by using SPSS version 16.0 statistical packages and presented by frequencies and percentages for categorical variables and means and standard deviations for numerical variables. Bivariate analysis was conducted primarily to check the variables which had an association with the dependent variable individually. Variables associated with the dependent variables at p-value <0.05 were then entered in to multiple logistic regression for controlling the possible effect of confounders and finally the variables which had significant association with Intimate partner violence (sexual, physical and emotional/psychological) by married domestic partner were identified on the basis of adjusted odds ratios (AOR), with 95% CI and p-value (<0.05) to fit into the final regression model. The results were presented using tables, figures and narratives.

Operational definition

Intimate partner violence against women means that women faced one from three types of violence (sexual, physical and emotional/psychological) by married domestic partner in the last 12 months.

Intimate partner: is defined as current husband relation made by legal or based on community cultural agreement.

Violence : is refers to the intentional use of physically, sexually, emotionally force or power, threatened or actual, against wife by her husband .

Ethical consideration

Ethical clearance letter is initially obtained from Ambo University research Ethical Committee. Then written consent was secured from Woreda administrate office to got permission. Verbal informed consent for participation was obtained from each study participants and the collected data were stored in a file, without the name of study participant and password protection of soft data and use of key and lock for hard copy data was employed to guarantee confidentiality.

Result

Socio Demographic Characteristics of the Study Participants

The complete response rate was 100% (326/326).

The mean age of the study participants were 30.58yrs with SD of ± 7.01 years which ranges from 17 to 49 years. Majority of study participants were Oromo ethnic group which account 285(86.9%), followed by Amhara which account 17(5.2%).

From total study respondents 152(46.3%) religion were protestant by religion followed by orthodox which account, 130(39.6%). Concerning to the educational level of the study participants about 68(20.7%) have no formal education and the majority of study participants educational level were range from 1-8th grade which consist of 197(60.1%) with regards to their occupation status almost more than half were housewife 184(56.1%) and the least were farmer 4(1.2%) (Table -1)

Prevalence and type of Intimate partner violence against married women

The prevalence of Intimate partner violence against married women in the past 12 months in Gedo town was determined which revealed that out of a total study participant about 90 (27.6 %) with 95% CI of (22.4% to 32.5%) were faced physical harmed in the past 12 month by their partner, of which physically harmed 35(10.7%)

were slapped/throwing something, and only 3(0.9) were burn/scalded, while the majority of participant had 71(21.7%) with 95% CI (17.2% to 26.4%) were forced to have sex of which 34(10.4%) were having sex because of fear of partner and 13(4.0%) were sex that was degrading/humiliating,

And also about 101(31.0%) with 95% CI (26.4 to 36.5%) were psychologically harmed of which 53 (16.3%) were insulted/made feel bad and only about 11(3.4%) were threaten/hurt/frigten by someone they care about.

Consequence of intimate partner violence against married women

From out of 326 sampled about 92 were faced some consequences of violence, of which 27(8.3%) were faced unwanted pregnancy, 23(7.1%) were injured/laceration and only about 2(0.6%) were deep cut of body parts. (Table -2).

Prevalence of Intimate Partner Violence Against Married Women

The proportion of IPVAV in Gedo town who faced one violence from the three types of violence were 102(31.3%) with 95% CI of (25.8%-36.2%), of which 56(17.2%) with 95% CI of (12.9%-21.8%) were faced two from three types of violence among this population.

The overall overlapped of all three types of violence of IPVAV was 16(4.9%) with 95% CI (2.8%-7.4%) among married women in Gedo town.

Factors associated at multivariate analysis with IPPV against married women

Associations found to be statistically significant in the bivariate analysis at a p-value <0.05 were included in the multivariable analysis to determine which factors best explained or predicted the Intimate partner physical violence among married women.

Using the multiple logistic regression analysis factors significantly predictive for Intimate partner physical violence among married women were: Being age 21-30 years were 11.87 Times (1.79 to 78.87) more likely to faced IPPV as compared to less than 20 years old women.

Married Women whom marriage arrangement through Abduction had 6.67times (1.97, 22.257) more likely to faced physical violence as compared to marriage ceremony by agreement of both partners and women who had lived with mother/father of her partner were 12.99times (4.15, 40.68) more likely to be faced physical violence as compared lived with her sister/brother and also married women's partner who attend school from grade 1-8th were 5.4 times (1.05 to 29.87) more likely to face physical violence as compared to those who attended grade 12th and above

Finally women who face psychological violence by their partner were 3.39times (3.395, 17.65) more likely to experienced physical violence as compared to not faced psychological violence (table- 3)

Factors associated at multivariate analysis with intimate partner sexual violence against married women

Associations found to be statistically significant in the bivariate analysis at a p-value <0.05 were included in the multivariable analysis to determine which factors best explained or predicted the Intimate partner sexual violence among married women. Using the multiple logistic regression analysis factors significantly predictive of Intimate partner sexual violence among married women were: Women's whose marriage arrangement through family supported were 2.98 times (1.23 to ,7.25) more likely to faced sexual violence as compared to marriage ceremony through agreement of both partners'. Women who had lived without other relative were 3.7times (1.134, 12.134) more likely to be faced sexual violence as compared to lived with her sister/brother.

Married Women who smoke tobacco currently were 19 times (2.99, 121.5) more likely to experienced sexual violence as compared to none smokers of tobacco.

Being duration of marital length 6-10 years were 3.2 times (1.225, 8.844) more likely to faced sexual violence by their partner as compared to those above 11 years of marital length .

Finally women who faced psychological violence by their partner were 2.4 times (1.093, 5.144) more likely to experience sexual violence as compared to not faced psychological violence (table -4)

Factors associated at multivariable analysis with intimate partner psychological violence against married women:-

Factors Associations found to be statistically significant in the bivariate analysis at a p-value of<0.05 were included in the multivariable analysis to determine which factors best explained or predicted the Intimate partner psychological violence among married women. Using the multiple logistic regression analysis factors significantly predictive of Intimate partner psychological violence among married women were:-: Married women who had not formal education were 3.5 times (AOR= 3.524, 95% CI (1.001, 12.382) more likely to faced psychological violence as compared to those who attended grade 12th and above.

Married Women who smoke tobacco currently were 8.6 times (1.741, 42.27) more likely to experience

psychological violence as compared to none smokers of tobacco.

Married women's partner who were chewing chat were two times (AOR=2.124, 95%CI (1.094, 2.121) more likely to faced psychological violence as compared to whose partner was not chewing chat and women who faced physical violence by their partner were 5 times (AOR=5.003, 95% CI (2.593, 9.857) more likely to faced psychological violence's as compared to had not faced physical violence in the last 12 months.

Finally, Women who married at age below 16years were 5 times (AOR=5.309, 95% CI (1.370, 20.573) more likely to experience psychological violence as compared to women who were married at age range between 17-20years (table-5)

Discussion

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. The aim of this study was to assess intimate partner violence against married women in Gedo town, which showed that: - The finding of this study revealed that 27.6%with 95% CI (22.4%-32.5%), 31.0% with 95% CI (26.4% -36.5%) and 21.7% with 95% CI (17.2%-26.4%) of respondents reported that they had physical, psychological and sexual violence by their partner within the last 12 months respectively. The current prevalence of intimate partner physical violence against women of this study was lower than research finding in Ethiopia by World Health Organization survey, before 10 years which was 48.7% (5), and in western Ethiopia which was 68.6% (16).The discrepancy of these findings might be attributed by difference in the year of the survey and also in recent years there are also number of community mobilization, activities implemented regarding ending gender based violence in the country which might have a positive impact on reducing violence.

The prevalence of IPVAV in this study is consistent compared to the findings from Agaro, Ethiopia used similar method reported the prevalence of IPVAV of 32%, 33%,for physical and sexual violence, respectively [20] and Within the last 12 months the prevalence of intimate partner physical violence against women was found to be consistent with research findings in northern Ethiopia 25.5%(21).

The overlap of physical and psychological violence is the most commonly occurring form in this study than the sexual violence which is best explained as physical violence is often accompanied by psychological attacks, threatening and controlling behaviours [22)

Another feature which was investigated in this study is having of forced sexual acts in intimate relationships. It basically accounts for 21.7% which is no far less than 33% during past 12 months in the study of Butajira, Ethiopia [15].This showed less of non-consensual sex is happening in consensual marriage.

In this study woman who does not have formal education was faced IPVAV as compared to those who have formal education, which is consistent with studies of WHO Multi-Country [5]. This is justified as educated women have greater range of choices in partners and able to negotiate greater autonomy and control of resources within the family. This in turn helps change norms and improves socio-economic conditions that capacitate them to protect themselves from IPVAV but those who do not educated were not do this due to lack of knowledge.

In this study parity of women who have more children were significantly associated with intimate partner violence against women. Similar findings were also reported by other research (16, 19). This could be due to the work load added to the women following increasing parity which may in turn result in failure to complete all household work as expected by her partner and finally lead to violence.

Marriage by abduction increases the likelihood of experiencing IPVAV. This is so because abduction by itself is physically, psychologically, and sexually forcing a woman to have sexual intercourse often followed by marriage. In these study the consequences of IPVAV was injury/laceration for (7.1%), (fracture/dislocation for(3.4%) abortion for(6.1%) deep cut of body parts for(0.6%) faced unwanted pregnancy for(8.3%) which was consistence with study done at Gozaman Woreda north west Ethiopia(19,23). On this research by considering the main strength of this research lies on its computer generated random sampling strategy for data collection and community-based study among married women, so that the results were generalizable to the general population of married women in the community and a set of reliability and validation rules were applied and all associated factors were taken after indication of significance in the Variable "goodness of fit" for the models.

And also this study had a few limitations: This study was crosssectional study design, so cause and effect relation was not assured because of cross-section study design.

Conclusions

This study determined that the prevalence of Intimate partner violence against married women and associated factors in Gedo town, which revealed that 27.6% of married women had faced physical violence with independent predictors of age, educational status (have no formal edu,grade 1-8th), abduction, effaced psychological violence, family size less four and living with her partners mother/father respectively, while 31.0% were faced psychological violence with significantly associated of Educational level of participant , age

at her first marriage, Currently smoking tobacco, Her partner chew chat, Faced physically violence and finally 21.7% were experienced sexual violence with independent predictors of Educational level of participant(9-11th grade),arrangement of marriage, Duration of marital length, person live in the same household , currently use tobacco , Faced psychological violence.

This study determined that the prevalence of Intimate partner violence against married women revealed that the proportion of IPVAWs had faced one violence from the three types of violence were 102(31.3%) with 95% CI of (25.8%-36.2%), of which 56(17.2%) with 95% CI of (12.9%-21.8%) were faced two from three types of violence among this population.

The overall overlapped of all three types of violence of IPVAW was 16(4.9%) with 95% CI (2.8%-7.4%) among married women in Gedo Town.

Intimate partner violence ranged from moderate to severe violence; slapping, push, gripped/shoved and Kicking/hit/bit was the most common type of physical violence encountered among women by their partner and also having sex because of fear of partner and insulted/made feel bad was the most common type of sexual and psychological violence respectively. Therefore, those factors associated with IPVAW would be emphatically considered during development of women health and family guidance by police makers in collaboration with others responsible bodies, would be better to give great emphasis on plan to reduce Intimate partner violence against married women in Ethiopia.

Policy makers and health planers would be better to design programs and plans to increase mobilizing of the local community on creating the awareness about violence against women through gender advocacy and formal/informal education using the evidences by incorporating IEC/BCC materials which considering violence against women protective efforts to break the norms that sustain women vulnerability in the society.

Gedo woreda health bureau and Health extension workers, in collaboration with the supporting structures such as health care services, women's affairs, legal authorities (police and court) and the traditional community leaders dealing with the conflicts in domestic relation should be strengthened through training and other possible ways of capacity building.

Federal ministry of health and women affairs would be better to give greater emphases to address gender roles and family relations, their reproductive health and women's involvement in establishment of future partner relationship should be improved through health education by using mass media, community mobilization and health education in more comprehensive manner to decrease violence against women.

Further prospective both quantitative and qualitative study methods on large scale and health-seeking behaviour of cases of violence, other types of gender based violence and long run consequences of violence by including rural communities are recommended for researchers

LIST OF ABBREVIATIONS

AOR:	Adjusted Odd Ratio
EDHS:	Ethiopian demographic and health survey
COR:	Crude Odd Ratio
IPVAW:	Intimate partner violence against women
SPSS:	Statistical Package for Social Sciences;
SSA:	Sub Saran African
UN:	United Nations
WHO:	World Health Organization

Competing interests

The author(s) declare that they have no competing interests.

Authors' contributions

Kemal A, Hawine T, Conceptualized the study, designed the study instrument and conducted the data analysis and wrote the first draft and final draft of the manuscript

Dereje Bayissa: Approved the research proposal with some revisions, participated in data analysis, revised subsequent drafts of the paper and involve in critical review of the manuscript. All authors read and approved the final manuscript.

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List of Tables:-

Table 1: Sociodemographic characteristics distribution of study respondents, in Gedo Town, West shoa Zone, Oromia region, Ethiopia, 2015

Characteristics	Frequency(N=326)	Percent (%)
Age(year)		
<20year	30	9.1
21-30year	136	41.5
>30year	160	48.8
Mean±St.Deviation	30.58±7.01	
Religion		
Islam	27	8.2
Orthodox	130	39.6
Protestant	152	46.3
catholic and wakefata	17	5.2
Ethnicity		
oromo	285	86.9
Amhara	17	5.2
Gurage and silte	24	7.3
Occupation		
Housewife	184	56.1
Marchent	84	25.6
Government employee	54	16.5
Farmer	4	1.2
Educational level of the participant		
Illiterate	68	20.7
Grad1-8 th	197	60.1
Grade 9-11th	22	6.7
12th and above	39	11.9
Arrangement of marriage		
Family supported	145	44.2
Abduction	42	12.8
Agreement of both	99	30.2
Negotiated by male partner	40	12.2
cultural tradition involved in marriage		
Sister replacement	4	1.2
Sister/daughter exchange	12	3.7
Inheritance of wife	29	8.8
Don't know	228	69.5
By religion	53	16.2

Table 2. Prevalence and type of intimate partner violence Against married Women in Gedo Town west shoa Zone, Oromia, Ethiopia, 2015

Variable	Frequency	Percent (%)
physically harm by their partner in the past 12 month		
Yes	90	27.6
No	236	72.4
Type of physical violence faced in the past 12 month		
Slapped/threw some thing	35	10.8
Push, gripped/shoved	21	6.4
Kicked/hit/bit	20	6.1
Choked	11	3.4
Burn/scalded	3	0.9
Sexual violence faced by their husband in the past 12 month		
Yes	71	21.8
No	255	78.2
Type of sexual violence faced in the past 12 month		
Sex that is degrading/humiliating	13	4.0
Having sex because of fear of partner	34	10.4
Physically forced to have sex	24	7.4
Faced psychologically harm by their husband in the past 12 month		
Yes	101	31.0
No	225	69.0
Types of psychological harm faced in the past 12 month		
Insulted/made feel bad	53	16.4
Humiliated in front of other	21	6.4
Intimidated on purpose	16	4.9
threaten/hurt/frighten someone they care about	11	3.4
consequence of violence you experienced in the past 12 month		
Injury/laceration	23	7.1
Loss of teeth	5	1.5
Fracture/dislocation	11	3.4
Abortion	20	6.1
Damage to ear	4	1.2
Deep cut of body parts	2	0.6
Faced unwanted pregnancy	27	8.3

Table 3: Predictors of Intimate partner physical violence among married women in Gedo town, west shoa zone, Oromia region, Ethiopia, 2015

Variable		Physical violence N (%)		95 % CI	
		YES	NO	PV	AOR
Age	<20	6(1.8%)	24(7.4%)	1	
	21-30	51(15.6%)	85(26.1%)	0.010	11.874(1.788,78.872)
	>30	33(10.1%)	127(39%)	0.025	9.745(1.339,70.910)
Educational level of participant	Illiterate	17(5.2%)	51(15.6%)	0.0220.0030.59	10.53(1.39,79.33)
	1-8 th grade	64(19.6%)	133(40.8%)	1	15.31(2.57,91.31)
	9-11 th grade	7(2.1%)	37(11.3%)		0.517(0.044,6.024)
	12 th and above	2(0.6%)			
Arrangement of marriage ceremony	Family support	41(12.6%)	104(31.9%)	0.1630.0021	1.756(1.006,3.876)
	Abduction agreement	17(5.2%)	107(32.8%)		6.67(1.974,22.57)
	of both	32(9.8%)			
Family size HHs	<4	54(16.6%)	84(25.8%)	0.000	29.84(8.010,111.159)
	>=5	36(11%)	152(46.6%)	1	
Individual person live in household	No one mother/father	54(16.6%)	125(38.3%)	0.640	1.318(0.415,4.19)
	your sister/brother	24(7.4%)	29(8.9%)	0.000	12.99(4.15,40.69)
		12(3.7%)	82(25.2%)	1	
faced psychological violence	YES	42(12.9%)	59(18.1%)	0.000	7.74(3.39,17.656)
	NO	48(14.7%)	177(54.3%)	1	

Table 4: Factor associated at multivariate analysis with Intimate partner sexual violence among married women in Gedo town, west shoa zone, Oromia region, Ethiopia, 2015

Variable		Sexual violence N(%)		95 % CI	
		YES N (%)	NO N (%)	PV	AOR
Educational level of participant	Illiterate	8(2.5%)	60(18.4%)	1	1.290(0.436,3.817)
	Grad1-8 th	40(12.3%)	157(48.2%)	0.645	8.106(1.581,41.560)
	Grade 9-11th	15(4.6%)	7(2.1%)	0.012	0.550(0.086,3.508)
	12th and above	8(2.5%)	31(9.5%)	0.527	
Arrangement of marriage	Family support	35(10.7%)	110(33.7%)	0.016	2.987(1.230,7.253)
	Abduction Agreement of both	12(3.7%)	30(9.2%)	0.810	0.840(0.203,3.469)
		24(7.4%)	115(35.3%)	1	
Duration of marital length	<5 year	29(8.9%)	94(28.8%)	0.840	0.901(0.328,2.476)
	6-10 year	22(6.7%)	50(15.3%)	0.018	3.292(1.225,8.844)
	>11	20(6.1%)	11(34.0%)	1	
Person live in the same household	No one living	48(14.7%)	131(40.2%)	0.030	3.709(1.134,12.134)
	Mother/father of you	13(4.0%)	40(20.3%)	0.042	3.835(1.051,13.998)
	Your sister/brother	10(3.1%)	84(25.8%)	1	
Family monthly income in average	<500	33(10.1%)	143(43.9%)	0.020	3.555(1.225,10.314)
	501-1000	14(4.3%)	59(18.1%)	1	1.625(0.278,9.502)
	1001-2000	5(1.5%)	30(9.2%)	0.590	7.065(1.751,28.505)
	>2001	19(5.8%)	23(7.1%)	0.006	
Currently use tobacco	Yes	7(2.1%)	2(0.6%)	0.002	19.085(2.99,121.50)
	No	253(77.6%)	253(77.6%)	1	
Faced psychological violence	Yes	34(10.4%)	67(20.6%)	0.029	2.371(1.093,5.144)
	No	37(11.3)	188(57.%)	1	

Table 5: Factor associated at multivariate analysis with Intimate partner psychological violence among married women in Gedo town, west shoa zone, Oromia region, Ethiopia, 2015

Variable		Psychological violence N(%)		95 % CI	
		YESN(%)	NO N (%)	PV	AOR
Educational level of participant	Illiterate	32(9.8%)	36(11.0%)	0.049	3.52(1.001,12.38)
	1-8thgrade	49(15.0%)	148(45.4)	0.823	0.88(0.282,2.734)
	9-11 th grade	11(3.4%)	11(3.4%)	0.286	2.24(0.51,9.92)
	12 th &above	9(2.8%)	30(9.2%)	1	
Age at your first marriage	<16yrs	11(3.4%)	10(3.1%)	0.016	5.31(1.37,20.57)
	17-20YEAR	27(8.3%)	93(28.5%)	0.246	11.63(9.7-12,3.78)
	>21 year	63(19.3%)	122(37.4%)		
Currently smoking tobacco	Yes	16(1.8%)	3(0.9%)	0.008	8.58(1.74,42.27)
	No	95(29.1)	222(68.1%)	1	
Her partner chew chat	Yes	36(11.0%)65(19.9%)	49(15.%)	0.026	2.12(1.09, 2.12)
	No		176(54.0%)	1	
Faced physically violence	Yes	42(12.9%)	48(14.7%)	0.000	5.0(2.59,9.86)
	No	59(18.1%)	177(54.3%)	1	