



INTIMATE PARTNER VIOLENCE AND HOUSEHOLD FOOD INSECURITY AMONG MARRIED WOMEN IN SODDO ZURIA WOREDA, SNNPR

BY: WOYNABEBA DAMENE (BSc)

ATHESIS RESEARCH SUBMITTED TO THE DEPARTMENT OF POPULATION AND FAMILY HEALTH, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, JIMMA UNIVERSITY, IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF THE DEGREE OF MASTER OF PUBLIC HEALTH (MPH), IN REPRODUCTIVE HEALTH.

June, 2014

Jimma, Ethiopia

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ABSTRACT

Background: Both intimate partner violence and food insecurity are becoming the most critical public and social health problems in developing nations. There are compelling reasons that link food insecurity to partner violence in the setting where both are common. Yet, little is known about the association with of food insecurity with intimate partner violence in Soddo Zuria Woreda, SNNPR

Objective: To assess the magnitude of intimate partner violence and its associated factor among married women in Soddo Zuria Woreda, Wolaita Zone, SNNPR

Methods: A descriptive cross-sectional study design among 15 randomly selected kebeles was conducted from March 15 to 30 2014. A total of 845 married women were selected by using systematic random sampling technique. The data were analyzed using Statistical Package for Social Sciences (SPSS) version 16. Data were entered, cleaned and descriptive and inferential statistics were computed. Both bivariate and multivariate regression analyses were done. A 95% confidence interval and a P-value ≤ 0.05 was considered to determine statistically significant association between independent and dependent variables.

Result: The life time and 12 months prevalence of intimate partner violence was 68.9% and 66.4%, respectively. About 65.4%, 55.7% and 53.9% women reported physical, sexual and psychosocial violence, respectively. The magnitude of household food insecurity was 60.1% in the previous 30 days. Variables such as household food insecurity [AOR=3.6, 95%CI=2.5, 5.2], women who had maternal intimate partner violence [AOR=1.9, 95%CI= 1.4, 2.7], being pregnant [AOR =1.7, 95%CI = 1.2, 2.4], age of the partner [AOR=.24, 95CI=.127,.46], male headed household [AOR =2.2, 95%CI=1.2,4.2], alcohol consumption by husband [AOR =1.9,95%CI= 1.3,2.6] were significantly associated with intimate partner violence.

Conclusion: The finding of this study indicated that intimate partner violence was found to be high in the study area. There are factors associated with intimate partner violence. Thus, any public health interventions designed in the study to avoid intimate partner violence should take into account improvement of household food security status and there is need for public education on intimate partner violence prevention thorough behavioral change strategies.

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ACRONYMY AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSA	Central statics Authority
DHS	Demographic and health survey
DPPC	Disaster Prevention and Preparedness commission
EDHS	Ethiopian demographic and health survey
FAO	Food and Agricultural Organization
FI	Food insecurity
GBV	Gender based violence
HFIAS	Household Food Insecurity Access Scale
HIV	Human Immunodeficiency Virus
IPV	Intimate partner violence
MDG	Millennium Development Goal
WFP	World food program me
WHO	World Health Organization
OR	Odds Ratio
PSNP	Productive Safety Net Programme
SNNPR	Southern Nations, Nationalities and peoples' Regional State
SPSS	Statistical Packages for Social Science
USAID	United States Agency for International Development

CHAPTER ONE: INTRODUCTION

1.1 Background

Intimate partner violence (IPV) is defined by WHO as “any acts of physical, sexual and emotional abuse by a current or former partner whether cohabiting or not. It includes acts of physical aggression, psychological abuse, forced inter-course and other forms of sexual coercion, and various controlling behaviors”(1).

Globally, evidence on the health consequences of IPV shows that IPV and sexual violence greatly damage the physical, sexual, reproductive, emotional, mental and social well-being of individuals and as well as families. The immediate and long-term health outcomes that have been linked to these types of violence include physical injury, unwanted pregnancy, abortion, gynecological complications, sexually transmitted infections (including HIV/AIDS), post-traumatic stress disorder, depression (2) and important cause of morbidity and mortality(3). For instance, literature revealed that 42% of women who have been physically and/or sexually abused by a partner have experienced injuries, more than twice experience depression, 16% greater chance of having a low birth-weight, 1.5 times more likely to acquire (HIV), and twice as likely to have an abortion(4).

IPV is associated with 7.9% of the overall disease burden(5). Maternal experience of IPV associated, with lower use of reproductive health care services (6)Women who had experienced IPV, more likely to have terminated a pregnancy(7). In addition to the physical and psychological impacts, the fear of violence, severely limits women’s contribution to social and economic development, thereby hindering achievement of the country development and the world at large. (8).

Food security, defined as access by all people at all times to enough food for an active healthy life, is one of several essential conditions for a population to be healthy and well nourished (9).

Here are studies that associate food insecurity with IPV. Studies in different countries revealed that food insecurity led to increased sexual vulnerability among women. Women were often forced to engage in transactional sex or remain in violent or an abusive relationship that was inextricably linked to gendered power relations increasing women's vulnerability to violence. Sex under these conditions was provided for themselves and their children (10-12).

Evidence suggests that even food insecurity with hunger associated with reduced chances of condom use and increased chances of itchy vaginal discharge, which is potentially indicative of sexually transmitted infection, food insufficiency is associated with over two times the chance of engaging in sex exchange, nearly 50% higher chance of intergenerational sex, associated with two times the chance of reporting forced sex (10, 12).

Multiple risk factors, for food insecurity, including low-income, rural, illiteracy, unemployment, woman heading the household, women with children are at increased risk for experiencing food insecurity (13-15). The evidence shows that food insecure households nearly five times face intimate partner violence during pregnancy increased likelihood of report depressive compared to women from food secure households and non partner violated women. (16).

1.2 Statement of the Problem

Intimate partner violence is widespread, increasingly seen as an important public health problem and also human rights violation in the world. The magnitude and consequences of Intimate partner violence was one of the public health issues across the globe (17,1,18). Worldwide prevalence of physical and/or sexual intimate partner violence among all ever-partnered women was 30.0% the prevalence was highest in the WHO African, Eastern Mediterranean and South-East Asia Regions, where approximately 37% of ever-partnered women reported having experienced physical and/or sexual intimate partner violence at some point in their lives (4).

The study in sub-Saharan Africa experiencing physical and/or sexual violence by their husbands ranged from 27% in Malawi to 59% in Uganda. Physical violence has been experienced by one-quarter to one-third of women in Malawi, Rwanda, and Zimbabwe; by half of the women in Cameroon, Kenya, and Zambia; and by 60% of Ugandan women (19).

Study on Experiences of Intimate Partner Violence and Related Injuries among Women in Japan shows that 14.3% of women who had ever had a partner had experienced violence from that partner, and 3.3% had suffered injuries related to such violence (20). Evidence suggests that the prevalence of mental disorder was higher among women who were reported any form of violence than compared with those who did not report violence (49.0%, compared with 19.6%) (21).

Studies in Ethiopia showed that the life time prevalence of experienced physical, sexual, and/or psychological abuse 78.0%, in North West Ethiopia, physical or sexual violence prevalence 64.7%, in South west Ethiopia, prevalence of intimate partner violence against women showed 76.5% in Western Ethiopia (22- 24).

According to WHO study done in Butajira, Ethiopia, the lifetime prevalence of any form of intimate partner violence was 72.0%. Lifetime prevalence of physical violence by an intimate partner was 49.5%. More than a quarter of the women had experienced moderate or severe forms of emotional violence, and more than half were partially or completely restricted in what they could do, requiring permission from their spouse (25).

As several studies in Ethiopia indicated that intimate partner violence causes 63% difficulty with daily activity, 23.5% pain, 37.3%, physical injury among victim intimate partner violence and the depression was more prevalent among women who had experienced physical violence than women who had never experienced such violence (7.0% compared to 2.7%) chances of having HIV were 1.97 times higher among women victims who have a history of lifetime partner violence when compared with women who are not victim(25 - 28).

The causes of intimate partner violence are complex and there is no single factor that explains further why some individuals are violent, or why violence is more prevalent in some communities than in others(1,29). However, according to WHO report the majority factors are associated with individual level, followed by the relationship and community level such as , lower levels of education , exposure to violence during childhood , use of alcohol, acceptance of intimate partner violence(2).

The evidences show that even though violence against women occurs in all social and economic classes, women living in poverty are more likely to experience violence. Increased attention must be paid to assess and tackle the risk factors for violent(2, 30). Women often occupy a primary role in household food production in sub-Saharan Africa, gender bias in the distribution of resources within the household places them at elevated risk for food insecurity compared with men (31).

Food insecurity is also one of the public health problems as the study in Athens show that low-income, rural, women with children are at increased risk for experiencing food insecurity. According to the study 20.6%, 32.9%, and 45 19.7% were living in households at risk for (marginal) food insecurity, with low food security, and with very low food security, respectively (14).The prevalence of food insecurity among women in Northern Jordan was 32.4%.(15).

As in many other developing countries, food insecurity is chronic problem in Ethiopia. The study in Southwest Ethiopia and South Ethiopia/Wolayita/ showed that 40% and 74.2% of households are severely food insecure, respectively (32,33).

Although the prevalence of both food insecurity and intimate partner violence are high as they have been well studied in indifferent settings, the relation between them have not been documented clearly. Food insecurity seems an important factor that predisposes mothers to violence. This study hypothesized that the prevalence of intimate partner violence would be higher in the food insecure women compared to that of food secure women of reproductive age group.

So, the aim of this study was to determine intimate partner violence and food insecurity its association among current married women in Sodo Zuria Woreda, Wolaita Zone, SNNPR, Ethiopia.

CHAPTER TWO: LITERATURE REVIEW

2.1 Definitions

The term “violence against women” encompasses many forms of violence, including violence by an intimate partner and other forms of sexual violence perpetrated by someone other than a partner (non-partner sexual violence. Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner (4, 34).

2.2 Prevalence of various forms of intimate partner violence

A study in Pakistan in 2011 showed that 12 month and lifetime prevalence of physical violence was 56.3 and 57.6%, sexual violence was 53.4% and 54.5%, and psychological abuse were 81.8% and 83.6%, respectively. Risk factors for intimate partner violence related mainly to the husband, his low educational attainment, unskilled worker status, low socioeconomic status of the family and five or more family members living in one household. (35).

The study in Moshi, Tanzania in 2011 showed that the prevalence of intimate partner violence year before the interview and life time experience was, 21% and 26% of women reported intimate partner violence. The chances of violence in one year period was high if the woman had borne five or more children two times, their husband or partner had other partners two times, and they had no more than a primary education nearly two times more likely to report the incident (36).

The study in Gondar Zuria District, Northwest Ethiopia, revealed that the prevalence of women who ever experienced physical, sexual, and/or psychological abuse was 50.8%. The prevalence of physical violence was found to be 32.2%, while that of forced sex and physical intimidation amounted to 19.2% and 35.7%, respectively. Exposure to parental domestic violence as a girl was the strongest risk factor for being victim of violence later in life while alcohol consumption was the major attribute of violent partners (37).

The study in Awi zone, North Western Ethiopia revealed that the prevalence of domestic violence was 78.0%. About 73.3%, 58.4% and 49.1% of women reported different forms of psychological, physical and sexual violence, respectively. Alcohol consumption by husband, being pregnant, decision making power and annual income were risk factors for domestic violence(22).

The study conducted in East Wollega Zone, Western Ethiopia show that lifetime and annual prevalence of intimate partner violence against women 76.5% and 72.5%, respectively. The prevalence of Physical, sexual and psychological violence of the respondents was 62%, 59% and 66.9% respectively. women who had no job, spousal alcoholic consumption two times, and previous witnesses of parental violence two times more likely to report the incident female headed respondents engaged into agricultural occupation and other activities appear to experience significantly lower levels of intimate partner violence (24).

The study done in Southwest Ethiopia reported that the prevalence of life time and past 12 months intimate partner violence was 64.7% and 41.5% respectively physical violence is 41.1% and sexual violence 50.1%.(23).

The other study conducted in Agaro town, South West Ethiopia indicated that women experienced physical and sexual violence in their life time was 32% and 33%, respectively. Emotional abuse was more than physical and sexual abuse (27).

According to WHO multi-country study in Ethiopia the lifetime prevalence of any form of intimate partner violence was 72.0%. Lifetime prevalence of physical violence was 49.5% and sexual violence was 59.5%. More than a quarter of the women had experienced moderate or severe forms of emotional violence (25).

Similarly in Butajira the WHO multi country study on women's and domestic violence found the proportion of partner parented women who had ever experienced physical or sexual violence or sexual violence or both by intimate partner violence in their life time 70.9% (38).

According to WHO multi country study on factor associated with intimate partner violence includes, secondary education, and formal marriage offered protection, while alcohol abuse, cohabitation, young age, attitudes supportive of wife beating, having outside sexual partners, experiencing childhood abuse and growing up with domestic violence, increased the risk of IPV(39).

Factor associate with intimate partner violence includes, young age and low income, Young age, low academic achievement low income, history of violence in family, alcohol use by men, low socioeconomic status(1,29)

The study on risk factors for domestic physical violence: national cross-sectional household in eight southern African countries showed that food insecurity, having multiple partners, education, household size, household income and remunerated employment (40).

The studies on the risk factor of domestic violence in India show that Women who have a lower household income education, age, belonging to lower caste, occupation, and have a partner who drinks/bets, size of the family type and length of the marriage, alcohol consumption, were found to be at greater risk of experiencing domestic violence (41).

2.3 Prevalence of food insecurity

The study done on Food Security Status and Produce Intake and Behaviors of Special Supplemental Nutrition Program for Women, Infants, and Children and Farmers' Market Nutrition Program Participants in Athens County, Ohio showed that 73.2% women were living in food insecure household (14).

The cross-sectional study on mother/child pairs in Ghana in 2013 the prevalence household food in security showed that household food insecurity of 54.%(42).

The study done in rural Southwestern Ethiopia showed that the prevalence of household food insecurity was 41% of women reported food insecurity (16).

The study in wlayta showed that 74.2% rural households are food insecure. Factors which influence households 'food security status include; households with large family sizes, large dependents, and young heads were food insecure (33).

2.4 Significance of the study

Researchers who are pertinent in this area of study in providing further information and for health program planners and policy makers to review, strength and design, better come up with women health program. Hence learning more of the factors that lead to intimate partner violence among married women in which represents half segment of the population is considerable strategic significance to national efforts and supports the fulfillment of the national objective. Understanding of the intimate partner violence with food insecurity predispose factors and preventive measures will be the key pre-requisite information required in designing relevant, effective and comprehensive women health programs. Most studies examined food insecurity and intimate partner violence independently but little is known about intimate partner violence and its association with food insecurity.

So, this study is supposed to generate information on intimate partner violence and its association with food insecurity among married women. Therefore, associated factors that increase intimate partner violence assist to develop preventive measure.

2.5 Conceptual Framework of the study

Intimate partner violence affected by husband characteristics such as age, education occupation, substance use, individual and relation factor such as, family history of intimate partner violence, type of marriage, number of children, duration of relationship and head of the house hold socio-demographic factor such as, age, region education occupation and house hold factor all these factor affect intimate partner violence.

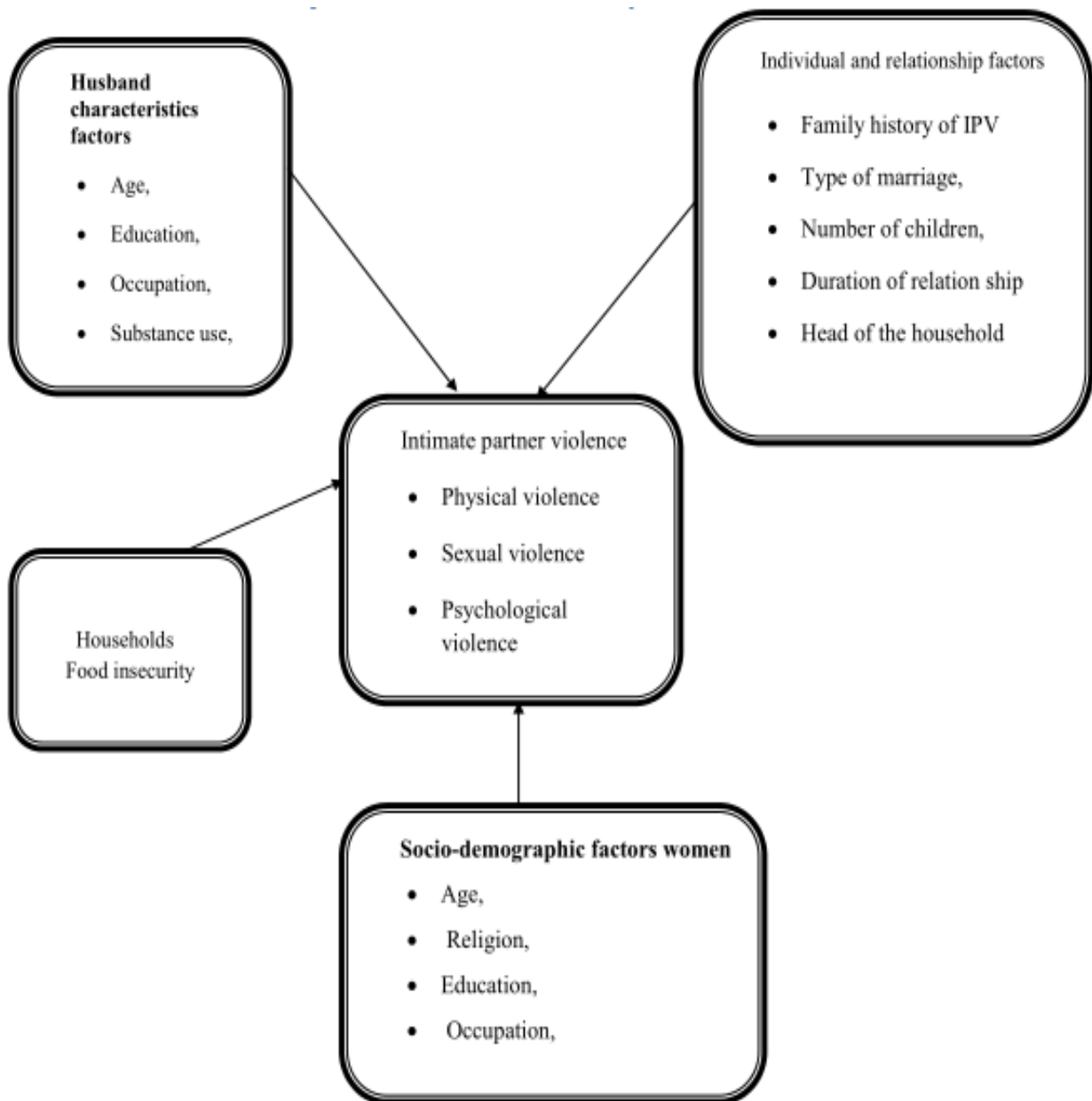


Figure 1 : Conceptual framework on intimate partner violence and its association with food insecurity among married women in reproductive age group in Soddo Zuria Woreda, Wolaita Zone, SNNPRS, ETHIOPIA, 2014

CHAPTER THREE: OBJECTIVES

3.1 GENERAL OBJECTIVE

To assess the intimate partner violence, food insecurity and its associated factor with among married women in reproductive age group in Soddo Zuria Woreda, Wolayta Zone, SNNPR May, 2014

3.2 Specific Objectives

1. To determine the magnitude of intimate partner violence among married women in reproductive age group in Soddo Zuria Woreda;
2. To determine the prevalence of food insecurity status among married women in reproductive age group in Soddo Zuria Woreda;
3. To identify factors associated with intimate partner violence among married women in reproductive age group in Soddo Zuria Woreda; and
4. To see the association between food insecurity and intimate partner violence among married women in reproductive age group in Soddo Zuria Woreda

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study area and period

The study was conducted in Sodo Zuria Woreda, which is found in SNNPR at the center of Wolaita Zone. Wolaita Zone is located between the Sidamo and Gamo-Goffaa highlands in the South central part of the country. Sodo zuria Woreda is one of the 12 Woredas in Wolaita zone and located about 480 kilo meters South West of Addis Ababa.

Recent data from Woreda health office plan for 2006 E.C have shown that the total population of the Woreda is 197,395 with 97,710 are female and 99,685 are male. The Woreda has 34 kebeles, 7 health centers, one clinic and 4 health posts(43).

Data from CSA report show that the Woreda is one of high density Woredas of over 500 people per square kilometers in SNNPR. The majority of the population are protestant with 66.67%, 26.83% are Ethiopian orthodox Christianity, 5.28% are catholic and 1.22% belong to others. The dominant ethnic group about 93% is Wolaita, followed by Amhara (2.6%) and Guraghe group (1.7%) and others altogether account for 2.7%.The economy of the people of Sodo Zuria Woreda is entirely based on agriculture. It is one of the ‘Enset’ culture parts of the country; and Enset; (False Banana) is grown as a staple food (44). Data were collected from March 15 to 30, 2014.

4.2 Study design

Community based cross-sectional study design.

4.3 Population

4.3.1 Source Population

All current married reproductive age group women in Soddo Zuria woreda .

4.3.2 Study Population

The study population comprised currently married women within the reproductive age group (15 to 49 years) residing in the selected kebeles.

4.4 Inclusion and exclusion criteria

4.4.1 Inclusion criteria

- All current married women of reproductive age group in Soddo Zuria woreda and residing in the area for at least 6 months.

4.4.2 Exclusion criteria

- Women who were ill and unable to respond to the questionnaire during data collection.

4.5 Sample size determination and sampling technique

The sample size was determined using sample size determination formula for estimation of a single population proportion formula as follows.

$$n = \frac{(Z_{\alpha/2})^2 P (1-P)}{D^2} = \frac{(1.96)^2 0.50(1- 0.50)}{(0.05)^2} = 384.2$$

Assumptions:

n = sample size,

$Z_{\alpha/2}$ = significance level at $\alpha = 0.05$

P = expected proportion of intimate partner violence among current married women (50%)

d = margin of error of 0.05 Therefore, using the formula the calculated sample size was 384.

Considering design effect, calculated sample size was multiplied by 2 and become 768. With 10% non response rate the total sample size was 845.

Sampling technique and procedure

Two stage probability sampling was used. The two samples that were employed were selection of the kebeles and households in each Kebele to be included in the sample. In the first step, 15 out of 34 Kebeles in Soddo zuria Woreda was randomly selected by using a lottery method. In the second step, from the list of total number of households in each of the selected 15 kebeles, the proportional to the size method was employed for determining the number of households to be included in the study from each kebele. Finally, the households to be included in the study were selected by systematic sampling technique.

The initial household was randomly selected by lottery method using number between 1 and the sampling interval k^{th} . Subsequent households were selected with every k^{th} interval. In case of more than one woman in a given household a lottery method was employed to identify the women to be interviewed. If the selected household had no the study subject (married women in reproductive age group), the next neighbor household was interviewed.

Sampling procedure

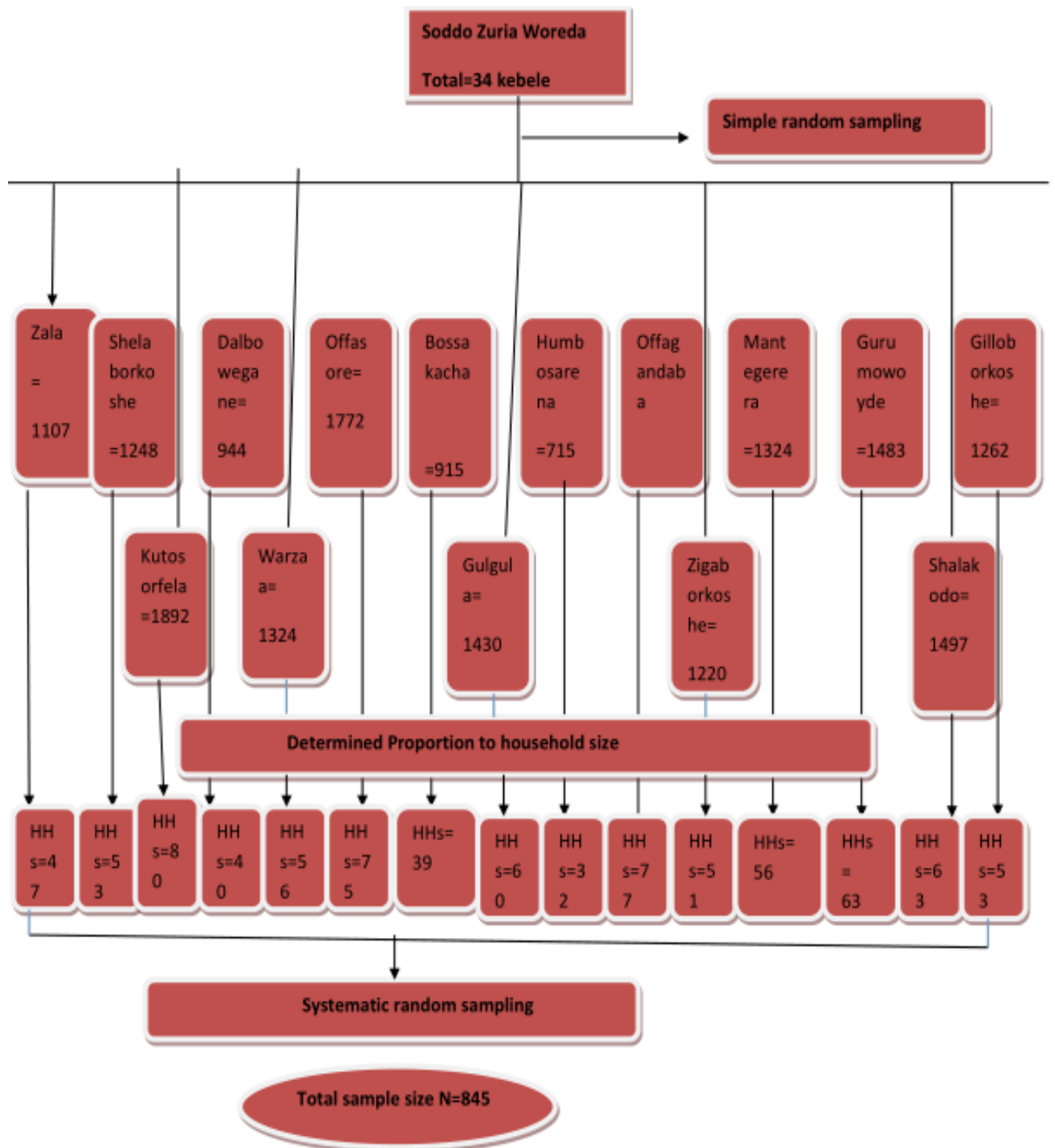


Figure 2, Schematic presentation of the sampling procedure, Sodo zuria Woreda

4.6 Data collection procedures (instrument, personnel, data quality control)

4.6.1 Data collection Instrument

The data collection instrument was adapted from the World Health Organization (WHO) Multi country Study on Women's Health and Life Experiences Questionnaire (25,18). This questionnaire was developed for use in different cultures and to be cross-culturally appropriate the questionnaire was include questions relevant for measuring intimate partner violence.

Food access was measured through household food insecurity access scale(HFIAS) developed for use in developing country settings The tool consists of nine questions that ask about changes households made in their diet in the previous four weeks (9).

The English version questionnaire was translated into Amharic. The Amharic and version again translated back in to English, and a comparison was made on the consistency of the two versions. The instrument was pre-tested among married women in reproductive age group (5% of the final sample size) before it was administered to the study participants. The pre-test was done on one of the rural kebeles of Damote Gale Woreda, where the cultural and socioeconomic characteristics are similar to the target population. Different domains were included in the questionnaire including the respondent's background information, intimate partner violence and household food security status.

4.7 Variables

4.7.1 Dependent Variables

- Intimate partner (physical, sexual violence emotional) violence

4.7.2 Independent Variables

- Socio-demographic: Age, religion, education, occupation
- Husband characteristics: Age, education level, occupation, substance use.
- Individual and relationship factor: Family history of IPV ,Type of marriage, number of children, duration of relationship, the head of household
- Household Food insecurity

Data collection Personnel

The data collectors were recruited from the Soddo zuria Woreda. The data collectors were those who are unemployed female nurse graduates and can speak the local language. Three BSC nurse supervised the data collection. Training was given by the principal investigator on the methods of data collection with respect to the study for two days. There were 10 data collectors and three supervisors.

4.8 Operational definitions

- ❖ **Intimate partner violence means;** women experience of one or more acts intimate partner violence by the current husband.

- ❖ Experiencing any of the six items considered as experiencing **physical violence**
 - Being slapped or object thrown at person
 - Being pushed or shoved
 - Being hit with a fist or object
 - Being kicked, dragged or beaten
 - Being choked or burned intentionally
 - threatened with or use of weapon/knife

- ❖ experiencing any of the three act considered as **sexual violence**
 - Physically forced to have sex
 - Forced to have sex that made her afraid
 - Presence of degrading sex

- ❖ Experiencing any of the three act consider as **psychological/Emotional violence**
 - Being belittled or humiliated in front of others
 - Subjected to fear or intimidation
 - Threatened, either her or someone close

- ❖ **The lifetime prevalence of partner violence:** the proportion of current married women reporting one or more acts of IPV by the current husband at any point in their lives.
- ❖ **Current prevalence:** is the proportion of current-married women reporting at least one act of IPV during the 12 months before the interview.
- ❖ **Food secure households:** A food secure household experiences none of the food insecurity (access) conditions or just experience worry, but rarely (9).

4.9 Data quality management and assurance

4.9.1 Data Quality Assurance

To assure quality of the data the following measures was undertaken: The questionnaire was translated to Amharic and back translated to English by a translator who is blind to the original questionnaire. Pre-testing of the questionnaire was undertaken in 5 percent of the sample size in other similar kebele in the Woreda before the actual data collection take place and corrections on the instruments made accordingly. A total of two days' intensive training was given for all supervisors and data collectors. Overall activity was controlled by the supervisors and principal investigator carefully during data collection.

4.10 Data processing and Analysis

The data was checked for completeness and consistency. Data entry and analyses was performed using SPSS (version 16 for Windows) and editing and clearing of the data was also be performed. First, descriptive analyses were carried out to explore the socio-demographic characteristics of the respondents. In order to predict the likelihood of intimate partner violence first all variable were entered into bivariate analysis by using inter method All the variables that were found significant in the bivariate analysis were included in the process of fitting a model. Multivariable logistic regression models were used to assess the association between predictor and the outcome variable (intimate partner violence). Furthermore, the unadjusted (crude) and adjusted odds ratios together with their corresponding 95% confidence intervals was computed. A P-value ≤ 0.05 was considered statistically significant in this study. In this study the association of different background factor of the respondents with the experience of the intimate partner violence in their life time was studied a both biavariate and multivariate level.

4.11 Ethical consideration

Ethical clearance was obtained from Jimma University, College of Public Health and Medical Sciences ethical committee. In addition the consent was obtained from soddo zuria woreda health office after thoroughly discussing the ultimate purpose and method of the study. And, informed verbal consent was obtained from each respondent. The respondents were informed that their inclusion in the study is voluntary and they are free to with draw from the study if they are not willing to participate. If any question they do not want to answer they have the right to do so. To ensure confidentiality of respondents, their names were left out on the questionnaire. All interviews are complete individually to keep confidentiality.

4.12 Dissemination plan

The finding of the study was submitted to Jimma University, College of Public Health and Medical Sciences and Soddo Zuria Woreda Health Office, SNNPR. The results will be publicly presented at Jimma University. An attempt will be made to publish the findings of this study in widely accessible national or international journals.

CHAPTER FIVE: RESULTS

5.1. Socio-demographic characteristics

Eight hundred thirty respondents participated in the study making the response rate 98.2%. Wolaita were the most dominant ethnicity 758 (91.3%) and most of them were housewives by occupation 606 (73.0%). Regarding to marriage arrangement majority 786(94.7%) of women's husband were engaged in monogamous type of marriage. The duration of marriage ranges from 1-28years with mean (SD) duration of their marital is $12.7 \pm (5.9)$ years. Majority of 770(92.8%) women had more than three children and 751 (90.5%) of the households were headed by men. Respondents whose mother had privies history of intimate partner violence were 42.8%. Regarding to the study participant's partner the mean age (\pm SD) of the study participant's partner was $34.5 (\pm 7.3)$ years with a minimum of 18 years and maximum 56 years and most of them were farmer by occupation 659 (79.4%) .Concerning the educational status of the partner were 278 (33.5%) no formal education and 484 (58.3%) primary educational level (table 1).

Table 1: Frequency distribution of respondents by socio-demographic characteristics in Soddo, Zuria Woreda, South Ethiopia, May, 2014

Socio-demographic variable	Number	%(percent)
Ethnicity		
Wolaita	758	91.3
Gamo	41	4.9
Other ^{s1}	31	3.7
Occupation		
House wife	606	73.0
Farmer	156	18.8
Others ²	68	8.2
Educational status		
No formal education	378	45.5
Primary	406	48.9
Secondary and above	46	5.5
Type of marriage		
Monogamous	786	94.7
Polygamous	44	5.3
Family history of intimate partner violence		
Yes	355	42.8
No	475	57.2
Duration of relationship		
<2	55	6.6
2-6	189	22.8
>6	585	70.5
Number of children		
None	43	5.2
1-2	17	2.0
>3	770	92.8
Head of the household		
Male	751	90.5
Female	79	9.5
Age of the partner		
18-29	216	26.0
30-39	425	51.2
>=40	189	22.8
Educational status		
No formal education	278	33.5
Primary	484	58.3
Secondary and above	68	8.2
Occupation of the partner		
Farmer	659	79.4
Merchant	86	10.4
Others ³	85	10.2

Other^{s1} (Amahara, gurage, hadiya, and sidama), Others² (merchant, government, employer and daily laborer),

Others³ (government employer, private employee and daily laborer)

The mean age (\pm SD) of the study participants was 30.9 (\pm 7.0) years with a minimum of 15 years and maximum 49 years [Figure 3].

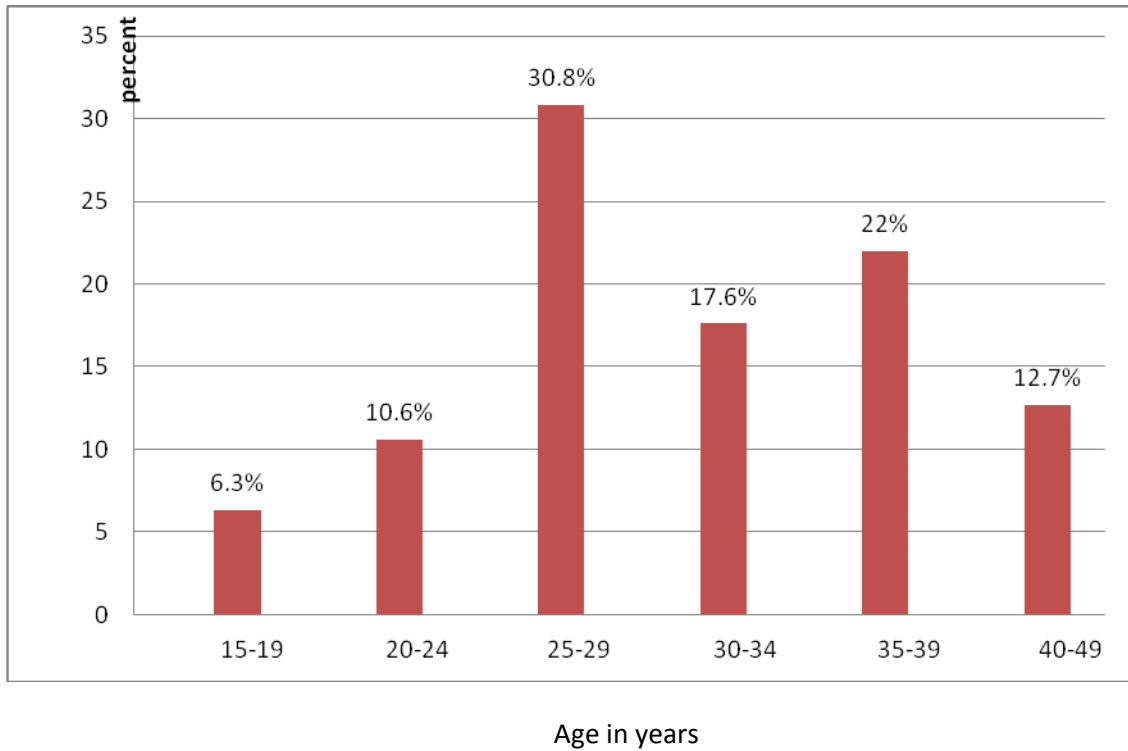
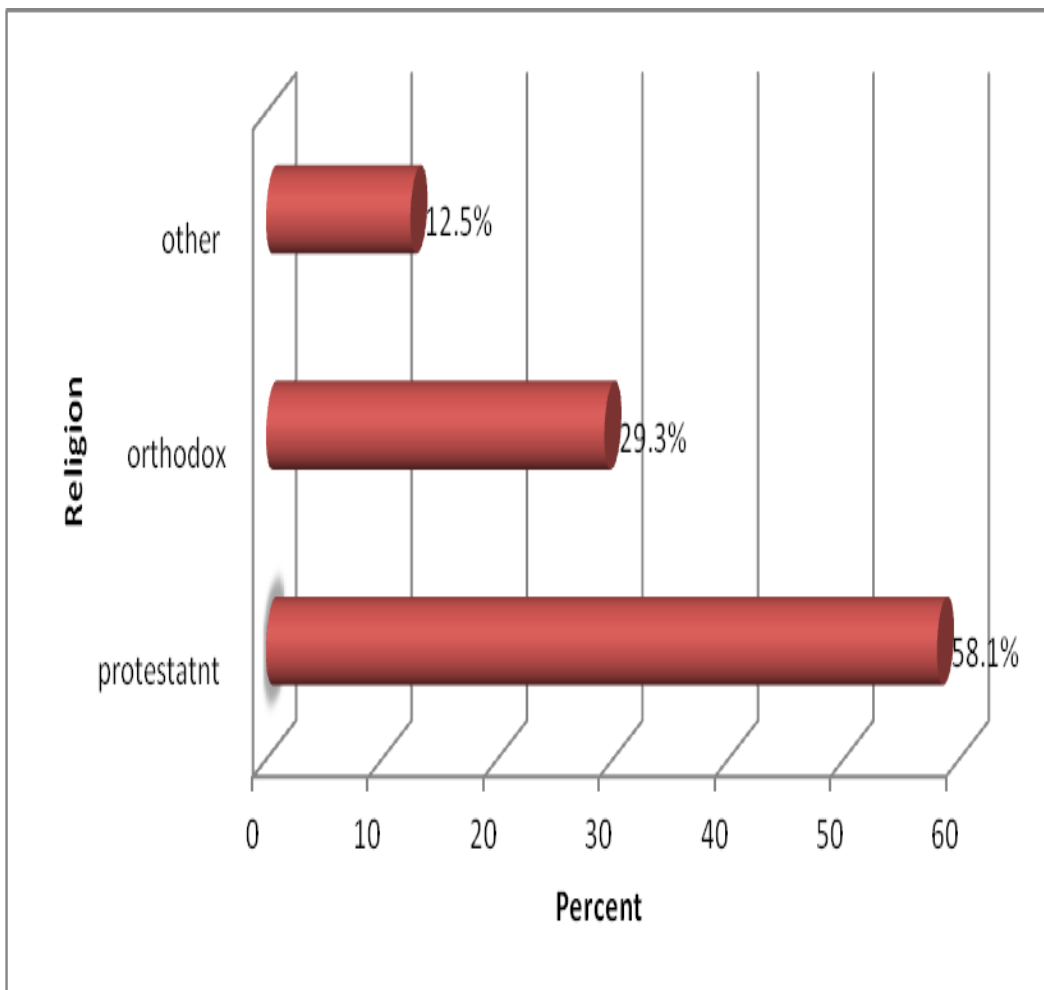


Figure 3: Frequency of age categories of the respondent's in soddo Zuria Woreda, south Ethiopia May, 2014.

In this study from the total participants more than half of respondents, 482 (58.1%) were protestant by religion followed by Orthodox (29.3%) [Figure 4]



NB: others includes (catholic and Muslim)

Figure 4: Distribution of religion among current married in soddo Zuria Woreda south Ethiopia May 2014.

5.2. Magnitude of Household Food Insecurity

This study shows that out of study participants 499 (60.1%) were live in food insecure households whereas 40% household were living in food secured household in the previous 30-day [Figure 5].

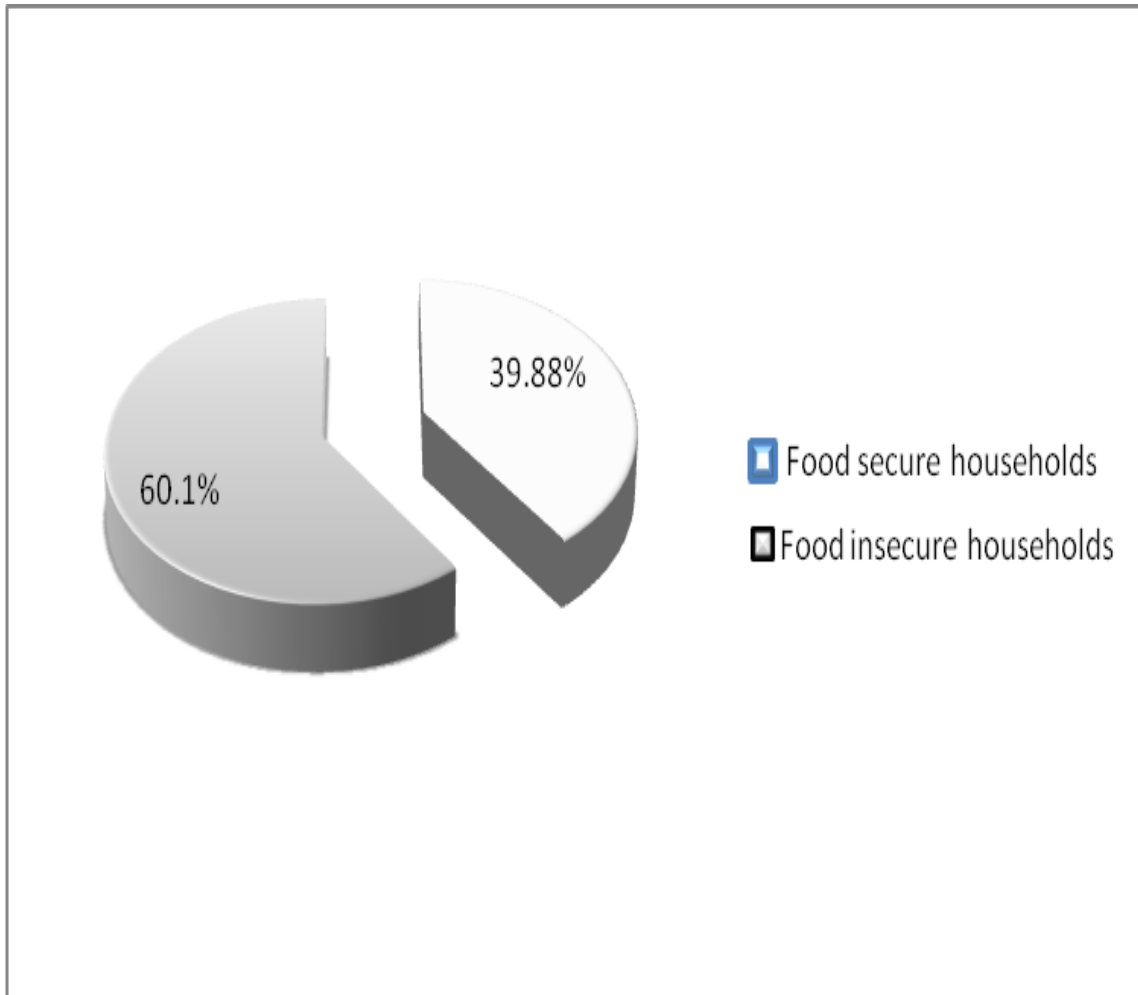
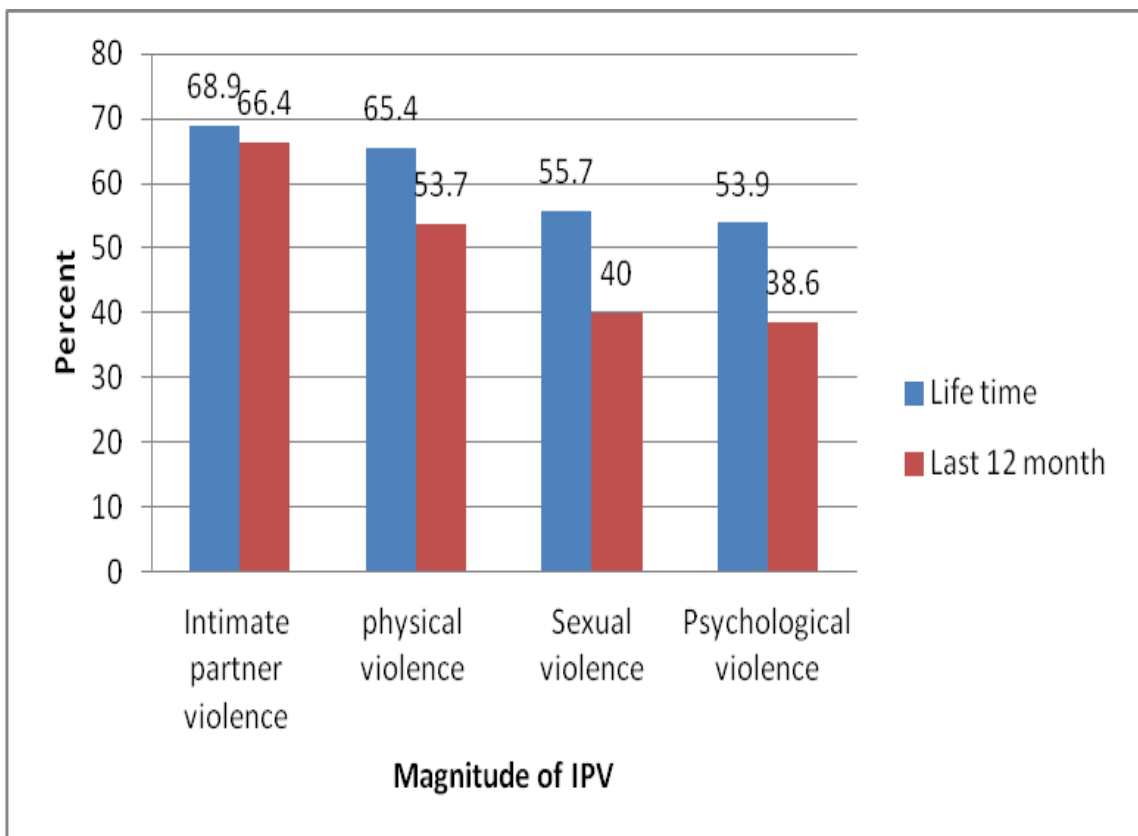


Figure 5: Magnitude of household food insecurity status of married women in soddo, Zuria Woreda, may, 2014

5.3. Magnitude Intimate Partner Violence

More than two third (68.9%) of the respondents reported that they had experienced at least one type of intimate partner violence in their life time and 551(66.4%) of them had experienced during the last 12 months.543 (65.4%) of them had experienced life time physical violence and 446 (53.7%) during the last 12 months. Regarding sexual violence 462(55.7%) of them reported sexual violence during their lifetime and 332(40.0%) during the last 12 months and also 447 (53.9%) of these married women were reported psychological violence in their life time and 320(38.6 %) during the last 12 months [Figure 6].



Multiple responses were possible

Figure 6: Percentage distribution of type of violence among current married women in Sddo, Zuria Woreda, Ethiopia, may, 2014.

5.4. History of Physical Violence

Five hundred fourth three 543(65.4%) and 446(53.7%) women reported that they had experienced different forms of physical violence during their entire lifetime and during the last 12 months respectively. Regarding their experience of different types of physical violence, slapping was the most frequently accounted act of violence representing for 388(46.7%) during their lifetime and 276(33.3%) in the last 12 months [Table 2].

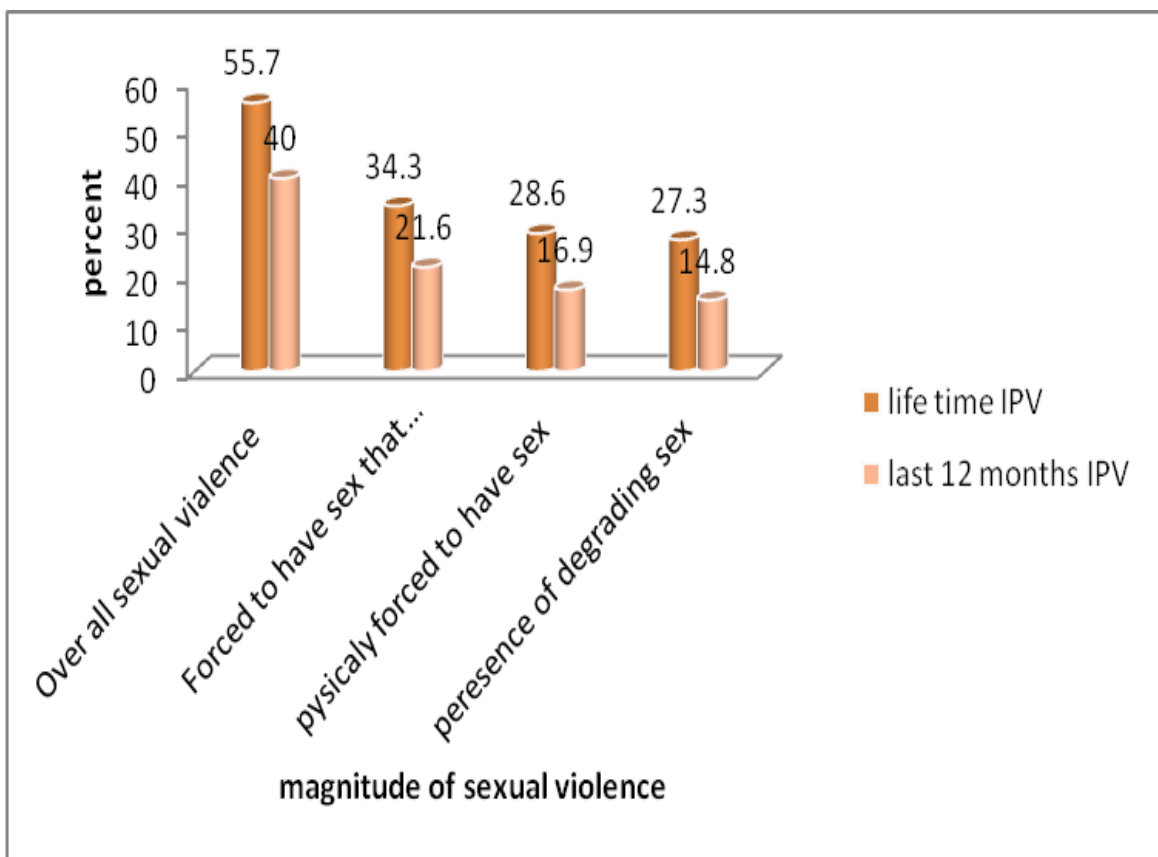
Table 2: The Prevalence of physical partner violence in their life time and 12 months among married women in soddo, Zuria Woreda, May, 2014

Type of physical violence	Life time prevalence N(percent)	12months prevalence N(percent)
Slapped her or thrown object	388(46.7)	276(33.3)
Push or shoved or pulled	250(30.1)	180(21.7)
Hit her with his fist or with some thing	230(27.7)	166(20.0)
Kicked her, dragged her or beaten	231(27.8)	145(17.5)
Choked or burnt her on purpose	169(20.4)	83(10.0)
Threatened to use or actually used a gun, knife or other weapon	155(18.7)	77(9.3)
Overall prevalence of physical partners violence	543(65.4)	446(53.7)

Multiple responses were possible

5.5. History of Sexual violence

Four hundred sixty two (55.7%) and 332 (40.0%) women reported that they had experienced different forms of sexual violence in their lifetime and during the last 12 months by their husband respectively. The type of sexual violence during the last 12 months includes respondents experienced sexual intercourse due to fear of their husbands/partners, 179(21.6%), forced them to have sexual intercourse without their interest or consent 140(16.9%) and presence of degrading humiliating sex 123(14.8%) [Figure7].

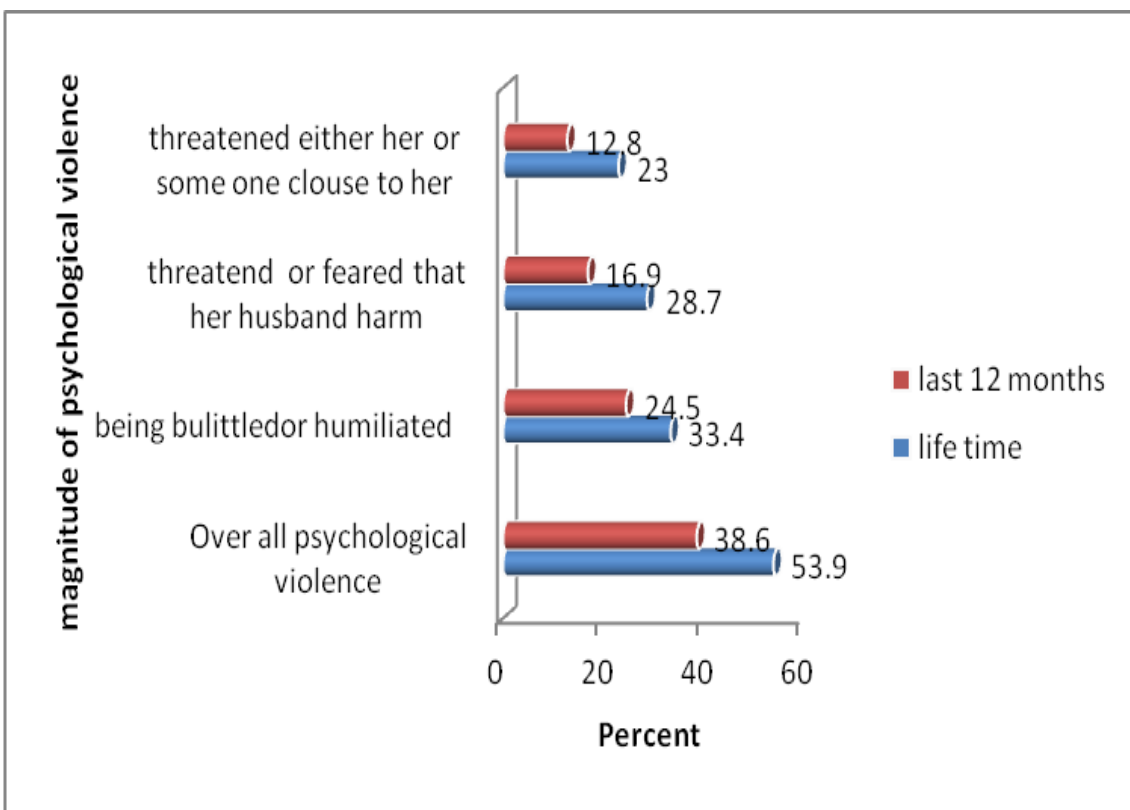


Multiple responses were possible

Figure 7: Percentage distribution of sexual violence in the life time and 12 months among women in Soddo, Zuria Woreda, May 2014

5.6. History of Psychological Violence

Four hundred fourth seven 447(53.9%) women reported different forms of psychological violence by their intimate partner. Among these: women reported 202(24.5%) of them were being belittled or humiliated, or, threatened to be harm 140(16.9%) and threatened, either you or someone close 106(12.8%) respectively by their husband in during the last 12 months [Figure 8].



Multiple responses were possible

Figure 8: Percentage distribution of Psychological violence in the life time and 12 months among married women in the reproductive age in Soddo, Zuria Woreda, may, 2014.

5.7. Factors associated with Life time intimate partner violence

During bivariate analysis age of the mother, history of mother abused, duration of relationship, head of the household, age of husband, being pregnant, alcohol use and household food in security were the predictor's variables of intimate partner violence among married women.

Accordingly, women living in food insecure household were, 3 times more likely to experience intimate partner violence than who do not. [COR =3.4 , 95%CI= 2.4,4.8]. Women whose mother had history of intimate partner's family with IPV were 2 times more likely to experience intimate partner violence than who do not had mother history of mother abused [COR=2.0 ,95%CI =1.5,2.8]. Male headed household were 2 times more likely to experience intimate partner violence than female headed household [COR=2.0 , 95%CI= 1.1,3.7] . Women whose husbands use alcohol were 1.8 times more likely to experience intimate partner violence than who do not use alcohol [COR=1.8, 95%CI = 1.3, 2.4]. Women who have been pregnant were 1.6 times more likely to experience intimate partner violence than who do not who have been pregnant [COR= 1.6, 95%CI= 1.2, 2.2]. However, the short duration of living with their intimate partner has protective factors to have violence when compared with those living for long duration [COR=0.6, 95%CI=0.4, 0.9]. Similarly the partners' age per a unit decrease the odds of having violence by 0.3. [COR=0.3, 95CI= 0.2, 0.5] [Table 3].

Table 3: Bivariate analysis of life time intimate partner violence among women in soddo Zuria Woreda, Ethiopia, May, 2014

Variable	Intimate partner violence life time		COR (95% CI)
	Yes (%)	No (%)	
Age			
15-19	26(50.0)	26(50.0)	1.4(0.7 -2.8)
20-24	64(72.7)	24(27.3)	0.5(0.3-.1.0)
25-29	195(76.2)	61(23.8)	0.6(0.3-0.7)*
30-34	89(61.0)	57(39.0)	0.9(0.6-1.5)
35-39	136(74.3)	47(25.7)	0.5(0.3-.83)
40-49	62(59.0)	43(41.0)	1
Occupation			
House wife	409(67.5)	197(32.5)	0.9(.5-1.5)
Farmer	119(76.3)	37(23.7)	0.6(0.3-1.1)
Others ³	44(64.7)	24(35.3)	1
History of violence of mother			
Yes	213(60.0)	142(40.0)	2.0(1.5-2.8)*
No	359(75.6)	116(24.4)	1
Duration of relationship			
<2	37(67.3)	18(32.7)	1.0(0.5-1.8)
2-6	144(76.2)	45(23.8)	0.6(0.4-0.9) *
>6	390(66.7)	195(33.3)	1
Number of children			
>3	540(70.1)	230(29.9)	0.7(.4-1.2)
1-2	6(35.3)	11(64.7)	2.8(0.9-9.0)
None	26(60.5)	17(39.5)	1
Head of the household			
Male	64(81.0)	15(19.0)	2.0(1.1-3.7)*
Female	64(81.0)	15(19.0)	1
Age of the partner			
18-29	173(80.1)	43(19.9)	0.3(0.2-0.5)*
30-39	291(68.5)	134(31.5)	0.6(0.4-0.9)
>=40	108(57.1)	81(42.9)	1
Occupation			
Farmer	461(70.0)	198(30.0)	0.8(0.5-1.3)
Merchant	55(64.0)	31(36.0)	1.1(0.6-2.0)
Others	56(65.9)	29(34.1)	1
Alcohol use			
Yes	182(60.9)	117(39.1)	1.8(1.3-2.4)*
No	390(73.4)	141(26.6)	1
Food security status			
Food insecure	296(59.3)	203(40.7)	3.4(2.4-4.8)*
Food secure	276(83.4)	55(16.6)	1
History of violence during pregnancy			
Yes	318(64.9)	172(35.1)	1.6(1.5-2.9)*
No	254(74.7)	86(25.3)	1

5.8. Independent factors associated with life time intimate partner violence

Accordingly, the likelihood of experiencing intimate partner violence among married women who had previous history maternal intimate partner violence in their life time was 2 times higher compared to those who had not [AOR=1.9, 95%CI= 1.4, 2.7].

The likelihood of being pregnant was 1.7 times higher as compared to those women who were not pregnant [AOR =1.7, 95%CI= 1.2, 2.4]. Women who had older age husbands intimate partner violence in their life time were higher than those women who had younger age husband [AOR=0.24, 95CI=0.13,0.46].

Women who live in male headed household were 2 times more likely to experience intimate partner violence compared to those women who did not. [AOR=2.2, 95%CI=1.2, 4.2]. Those women whose husband drinks alcohol had 1.9 times higher than those women's husband don't drink alcohol [AOR=1.9, 95%CI=.1.3, 2.6]. Similarly, those women who live in household food insecure household experience intimate partner violence in their life time 3.6 times higher than those women whose household were food secure [AOR=3.6,95%CI=2.5,5.2] [Table 4].

Table 4: Multivariate logistic regression analysis result of life time intimate partner violence among married women, Soddo Zuria, Woreda, May, 2014

Variable	Intimate partner violence life time		COR (95% CI)	AOR (95% CI)
History of mother abused				
Yes	213(60.0)	142(40.0)	2.0(1.5-2.8)	1.9(1.4-2.7)*
No	359(75.6)	116(24.4)	1	1
Violence during pregnancy				
Yes	318(64.9)	172(35.1)	1.6(1.2-2.2)	1.7(1.2-2.4)*
No	254(74.7)	86(25.3)	1	1
Head of the household				
Male	64(81.0)	15(19.0)	2.0(1.1-3.7)	2.2(1.2-4.2)*
Female	64(81.0)	15(19.0)	1	1
Age of the partner				
18-29	173(80.1)	43(19.9)	0.3(.2-0.5)	0.2(0.1-0.5)*
30-39	291(68.5)	134(31.5)	0.6(0.4-0.9)	0.6(0.4-0.9)
>=40	108(57.1)	81(42.9)	1	1
Alcohol use				
1. Yes	182(60.9)	117(39.1)	1.8(1.3-2.4)	1.9(1.3-2.6)*
2. No	390(73.4)	141(26.6)	1	1
Food security status				
in secured	296(59.3)	203(40.7)	3.4(2.4-4.8)	3.6(2.5-5.2)*
Secured	276(83.4)	55(16.6)	1	1

5.9 Factors associated with 12 month intimate partner violence

During bivariate analysis age of the mother, history of mother abused, duration of relationship, head of the household, age of husband, being pregnancy, alcohol use and household food in security were the predictor's variables of intimate partner violence among married women during the last 12 month.

Accordingly, in bivariate analysis there is higher likelihood of experiencing intimate partner violence in the life time among women who live in house hold food in secured. Women whom were living in house hold food in secured were, 3 times more likely to experience intimate partner violence than who do not. [COR =3.1, 95%CI= 2.2, 4.1]

Women whose mother had history of intimate partner were 1.7 times more likely to experience intimate partner violence than who do not had mother history of mother abused [COR=1.7 ,95%CI =1.2,2.2]. Male headed house hold were 1.8 times more likely to experience intimate partner violence than female head house hold [COR=1.8, 95%CI= 1.1, 3.1].

Women whose husbands use alcohol were 1.8 times more likely to experience intimate partner violence than who do not use alcohol [COR=1.8, 95%CI = 1.3, 2.4]. Women who have been pregnant were 1.6 times more likely to experience intimate partner violence than who do not who have been pregnant [COR= 1.6, 95%CI= 1.2, 2.2].

However, the short duration of living with their intimate partner has protective factors to have violence when compared with those living for long duration [COR=0.7, 95%CI=0.5, 0.9].Similarly the partners' age per a unit decrease the odds of having violence by 0.3. [COR=0.3, 95CI= 0.2, 0.5] [Table5].

Table 5: Bivariate analysis of 12 month intimate partner violence among current married women in sodd, Zuria Woreda, Ethiopia 2014

Variable	12 month intimate partner violence		COR (95% CI)
	Yes (%)	No (%)	
Age of the respondent			
15-19	21(53.8)	18(46.2)	1.1(0.5-2.2)
20-24	65(78.3)	18(21.7)	0.4(0.2-0.7)
25-29	193(72.3)	74(27.7)	0.6(0.3-0.8)
30-34	84(57.1)	63(42.9)	0.9(0.6-1.6)
35-39	84(57.1)	63(42.9)	0.6(0.4-0.9)
40-49	60(55.6)	48(44.4)	1
History of mother abused			
Yes	213(60.0)	142(40.0)	1.7(1.2-2.2)
No	338(71.2)	137(28.8)	1
Duration of relation ship			
<2	34(61.8)	21(38.2)	1.1(0.6-2.0)
2-6	139(73.5)	50(26.5)	0.7(0.5-0.9)
>6	377(64.4)	208	1
Violence during pregnancy			
Yes	304(62.0)	186(38.0)	1.6(1.2-2.2)
No	247(72.6)	93(27.4)	1
Head of the house hold			
Male	490(65.2)	261(34.8)	1.8(1.1-3.1)
Female	61(77.2)	18(22.8)	1
Age of the partner			
18-29	167(77.3)	49(22.7)	0.3(0.2-0.5)
30-39	283(66.6)	142(33.4)	0.6(0.4-0.9)
>=40	101(53.4)	88(46.6)	1
Alcohol use			
Yes	378(71.2)	153(28.8)	1.8(1.3-2.4)
No	551	279	1
Food security status			
in secured	286(57.3)	213(42.7)	3.0(2.2-4.1)
Secured	265(80.1)	66(19.9)	1

5.10. Independent predictors of intimate partner violence in the last 12 month

During multivariable analysis, house hold food insecurity, Violence during pregnancy, age of the partner alcohol use of the partner, head of the households were the predictor's variables of during 12 month intimate partner violence among married women.

As a result, women whom were living in house hold food in secured were, 3 times more likely to experience intimate partner violence in during the last 12 month than who do not. [AOR=3.2, 95%CI= 2.2, 4.5]. Women who have been pregnant were 1.8 times more likely to experience intimate partner violence than who do not who have been pregnant [AOR = 1.8, 95%CI= 1.3, 2.6]

Male headed house hold were 1.9 times more likely to experience intimate partner violence in during the last 12 month than female head house hold [AOR =1.9, 95%CI= 1.1, 3.5]. Women whose husbands use alcohol were 2 times more likely to experience intimate partner violence in during the last 12 month than who do not use alcohol [AOR =2.0, 95%CI = 1.4, 2.7]. On the other hand the partners' age per a unit decrease the odds of having violence by0.2. [AOR =0.2, 95CI= 0.1, 0.44] [Table6].

Table 6: Multivariable logistic regression independent predictors of intimate violence in the last 12 month among married women in, sodd, Zuria, Woreda, may, 2014

Variable	Intimate partner violence 12month		COR (95%CI)	AOR (95%CI)
	Yes (%)	No (%)		
History of mother abused				
Yes	213(60.0)	142(40.0)	1.7(1.2-2.2)	1.5(1.07-2.0)*
No	338(71.2)	137(28.8)	1	1
Violence during pregnancy				
Yes	304(62.0)	186(38.0)	1.6(1.2-2.2)	1.8(1.3-2.5)*
No	247(72.6)	93(27.4)	1	1
Head of the house hold				
Male	490(65.2)	261(34.8)	1.8(1.1-3.1)	1.9(1.1-3.5)*
Female	61(77.2)	18(22.8)	1	1
Age of the partner				
18-29	167(77.3)	49(22.7)	0.3(0.2-.5)	0.2(0.1-0.4)*
30-39	283(66.6)	142(33.4)	0.6(0.4-0.9)	0.5(0.3-0.8)
>=40	101(53.4)	88(46.6)	1	1
Alcohol use				
Yes	378(71.2)	153(28.8)	1.8(1.3-2.4)	2.0(1.4-2.7)*
No	551	279	1	1
Food security status				
in secured	286(57.3)	213(42.7)	3.0(2.2-4.1)	3.2(2.2-4.5)*
Secured	265(80.1)	66(19.9)	1	1

5.11. Independent factors associated with life time Physical violence

According to the finding of this study the experience of physical violence in their life time showed statically significant variable included ,history of mother abused, head of the house hold age of the partner, alcohol use, house hold food insecurity, violence during pregnancy were predictor of physical violence in their life time.

Consecutively Women whose mother had history of intimate partner were 1.8 times more likely to experience intimate partner violence than who do not had mother history of mother abused [AOR =1.8 ,95%CI =1.3,2.5].

Women whose husbands use alcohol were 1.9 times more likely to experience intimate partner violence than who do not use alcohol [AOR =1.9, 95%CI = 1.4, 2.7].

Women who have been pregnant were 1.6 times more likely to experience intimate partner violence than who do not who have been pregnant [AOR = 1.6, 95%CI= 1.2, 2.2].

Women whom were living in house hold food in secured were, 2.8 times more likely to experience intimate partner violence than who do not. [AOR =2.8, 95%CI= 2.0, 4.0]. Male headed house hold were 1.8 times more likely to experience intimate partner violence than female head house hold [AOR =1.8, 95%CI= 1.0, 3.2].But the partners' age per a unit decrease the odds of having violence by 0.4[AOR =0.4, 95CI= 0.3, 0.6] [Table 7].

Table 7: predictor of physical violence in their life time among current married women in, Soddo, Zuria, Woreda, May, 2014.

Variable	Physical violence life time		COR (95%CI)	AOR (95%CI)
	Yes (%)	No (%)		
History of mother abused				
Yes	201(56.6)	154(43.4)	2.0(1.5-2.6)	1.8(1.3-2.5)*
No	342(72.0)	133(28.0)	1	1
Head of the house hold				
Male	483(64.3)	268(35.7)	1.8(1.0-3.0)	1.8(1.0-3.2)*
Female	60(75.9)	19(24.1)	1	1
Age of the partner				
18-29	159(73.6)	57(26.4)	0.5(0.3-0.7)	0.4(0.3-0.6)*
30-39	275(64.7)	150(35.3)	0.7(0.5-1.1)	0.8(0.6-1.2)
>=40	109(57.7)	80(42.3)	1	1
Alcohol use				
Yes	169(56.5)	130(43.5)	1.8(1.4-2.5)	1.9(1.4-2.7)*
No	374(70.4)	157(29.6)	1	1
Food security status				
in secured	283(56.7)	216(43.3)	2.8(2.0-3.8)	2.8(2.0-4.0)*
Secured	260(78.5)	71(21.5)	1	1
Violence during pregnancy				
Yes	305(62.2)	185(37.8)	1.4(1.1-1.9)	1.6(1.2-2.2)*
No	238(70.0)	102(30.0)	1	1

5.12. Independent factors associated with 12 month physical violence

according to the finding of this study the experience of physical violence in 12 month showed statically significant variable included , head of the house hold, age of the partner, alcohol use, house hold food insecurity, violence during pregnancy were predictor of physical violence in during 12 month .

Women whom were living in house hold food in secured were, 1.9 times more likely to experience intimate partner violence than who do not. [AOR =1.9, 95%CI= 1.4, 2.6].

Women who have been pregnant were 1.6 times more likely to experience intimate partner violence than who do not who have been pregnant [AOR = 1.6, 95%CI= 1.6, 2.9].

So, women whose husbands use alcohol were 1.7 times more likely to experience intimate partner violence than who do not use alcohol [AOR =1.7, 95%CI = 1.6, 2.8].

Male headed house hold were 1.9 times more likely to experience intimate partner violence than female head house hold [AOR =1.9, 95%CI= 1.1, 3.2]. Though the partners' age per a unit decrease the odds of having violence by0.6 [AOR =0.6, 95CI= 0.4,0 .9] [Table 8].

Table 8: predictor of physical violence during 12 month among married women in, Soddo, Zuria, Woreda, May, 2014.

Variable	Physical violence 12 month		COR (95% CI)	AOR (95% CI)
	Yes (%)	No (%)		
History of mother abused				
Yes	75(56.0)	59(44.0)	1.6[1.2,2.1]	1.4[1.5,2.1]*
No	371(53.3)	325(46.7)	1	1
Head of the house hold				
Male	393(52.3)	358(47.7)	1.9[1.1,3.0]	1.9[1.1,3.2]*
Female	53(67.1)	26(32.9)	1	1
Partner age				
18-29	117(54.2)	99(45.8)	0.6[0.4,0.9]	0.6[0.4,1.2]*
30-39	249(58.6)	176(41.4)	0.5[0.4,0.7]	0.6[0.4,0.9]*
>=40	80(42.3)	109(57.7)	1	1
Alcohol use				
Yes	134(44.8)	165(55.2)	1.6[1.3,2.3]	1.7[1.6,2.8]*
No	312(58.8)	219(41.2)	1	1
Food security status				
in secured	233(46.7)	266(53.3)	2.1[1.5,2.7]	1.9[1.4,2.6]*
Secured	213(64.4)	118(35.6)	1	1
Violence during pregnancy				
Yes	241(49.2)	249(50.8)	1.6[1.2,2.1]	1.6[1.3,2.9]*
No	205(60.3)	135(39.7)	1	1

5.13. Independent factors associated with life time Psychological violence

Accordingly, Women who live in male headed house hold were 2.4 times more likely to experience Psychological violence compared to those women who did not. [AOR=2.4, 95%CI= 1.4, 4.2].

Women whose husbands use alcohol were 1.8 times more likely to experience Psychological violence than who do not use alcohol [AOR =1.8, 95%CI = 1.3, 2.5].

those women who live in house hold food in secured to experience Psychological violence in their life time were 2.8 times higher than those women's don't house hold food in secured.[AOR=2.8,95%CI=1.5,3.9]. But the partners' age per a unit decrease the odds of having violence by 0.4 [AOR =0.4, 95CI= 0.2, 0.8] [Table 9].

Table 9: predictor of Psychological violence life time among current married women in, Soddo, Zuria, Woreda, May, 2014

Variable	Psychological violence life time		COR (95%CI)	AOR (95%CI)
	Yes (%)	No (%)		
Violence during pregnancy				
Yes	318(64.9)	172(35.1)	1.3[1.0,1.7]	1.3[0.9,1.7]*
No	254(74.7)	86(25.3)	1	1
Head of the household				
Male	508(67.6)	243(32.4)	2.2[1.4,3.7]	2.4[1.4,4.2]*
Female	64(81.0)	15(19.0)	1	1
Age of the partner				
18-29	173(80.1)	43(19.9)	0.6[0.4,0.8]	0.4[0.2,0.8]*
30-39	291(68.5)	134(31.5)	0.9[0.6,1.3]	0.9[0.5,1.4]
>=40	108(57.1)	81(42.9)	1	1
Alcohol use				
Yes	182(60.9)	117(39.1)	1.7[1.3,2.3]	1.8[1.3,2.5]*
No	390(73.4)	141(26.6)	1	1
Food security status				
in secured	296(59.3)	203(40.7)	2.6[1.9,3.5]	2.8[2.1,3.8]*
Secured	276(83.4)	55(16.6)	1	1

5.14. Independent factors associated with Psychological 12 month

Accordingly, those women whose husband drinks alcohol had 1.6 times higher than those women's husband don't drink alcohol [AOR=1.6, 95%CI=1.2, 2.2].

those women who live in house hold food in secured to experience Psychological violence in 12 month were 2.5 times higher than those women's don't house hold food in secured.[AOR=2.5,95%CI=1.9,3.6].

Women who live in male headed house hold were 2 times more likely to experience Psychological violence compared to those women who did not. [AOR=2.0, 95%CI=1.3, 3.4] [Table10].

Table 10: predictor of Psychological violence in during 12 month among married women in, Soddo, Zuria, Woreda, May, 2014.

Variable	Psychological violence month 12		COR (95%CI)	AOR (95%CI)
	Yes (%)	No (%)		
Head of the house hold				
Male	391(52.1)	360(47.9)	1.9[1.2,3.1]	2.[1.3,3.4]*
Female	56(70.9)	23(29.1)	1	1
Alcohol use				
Yes	136(45.5)	163(54.5)	1.5[1.4,2.7]	1.6[1.2,2.2]*
No	311(58.6)	220(41.4)	1	1
Food security status				
in secured	223(44.7)	276(55.3)	2.5[1.9,3.5]	2.5[1.9,3.4]*
Secured	224(67.7)	107(32.3)	1	1

5.15. Independent factors associated with life time sexual violence

The variable that was significant in multivariable logistic regressions, age of the respondent, history of mother abused, Partner age, alcohol consumption of the partner, house hold food insecurity were predictor of sexual violence.

Hence, the likelihood of experiencing sexual violence among married women who were younger age in their life 2 times higher than who were not younger [AOR=2.3=1.5, 5.8]. The likelihood of experiencing sexual among married women who had previous history maternal intimate partner violence in their life time was 1.6 times higher compared to those who had not [AOR=1.6, 95%CI= 1.3, 2.2].

The likelihood of experiencing sexual violence among married women whose house hold headed by male was 2 times higher compared to those whose house hold not headed by male [AOR=2.0, 95%CI= 1.2, 3.5].

likewise those women who live in house hold food in secured to experience sexual violence in their life time were 2.7 times higher than those women's don't house hold food in secured.[AOR=2.7,95%CI=2.0,3.5]

In this study it was 20% less likely to experience sexual violence in their life time among women who had younger age partner compared to those who had older age [AOR= 0.3, 95%CI= 0.2, 0.5] [Table11] .

Table 11: Multivariable logistic predictor life time sexual violence among current married women in reproductive age in Soddo, Zuria Woreda, May, 2014

Variable	Sexual life time violence		COR (95% CI)	AOR (95% CI)
	Yes (%)	No (%)		
Age the respondent				
15-19	20(51.3)	19(48.7)	1.1(0.5,2.3]	2.6[1.3,6.4]*
20-24	54(65.1)	29(34.9)	0.6[0.3,1.1]	1.6[0.7,3.5]
25-29	156(58.4)	111(41.6)	0.8[0.5,1.3]	1.3[0.7,2.4]
30-34	66(44.9)	81(55.1)	1.4[0.8,2.3]	1.8[0.9,3.4]
35-39	109(58.6)	77(41.4)	0.8.[0.5,1.3]	0.9[0.5,1.6]
40-49	57(52.8)	51(47.2)	1	1
History of mother abused				
Yes	170(47.9)	185(52.1)	1.7(1.3-2.3)	1.6[1.4,2.2]*
No	170(47.9)	185(52.1)	1	1
Head of the house hold				
Male	407(54.2)	344(45.8)	1.9(1.2-3.2)	2.0[1.2,3.5]*
Female	55(69.6)	24(30.4)	1	1
Partner age				
18-29	151(69.9)	65(30.1)	0.4(0.3-0.7)	0.3[0.2,0.5]*
30-39	216(50.8)	209(49.2)	1.0(0.7-1.4)	0.9[0.6,1.5]
>=40	95(50.3)	94(49.7)	1	1
Alcohol use				
Yes	153(51.2)	146(48.8)	1.3(1.0-1.8)	1.4[1.0,1.9]
No	309(58.2)	222(41.8)	1	1
Food security status				
in secured	233(46.7)	266(53.3)	2.7(1.9-3.4)	2.7[2.0,3.7]*
Secured	229(69.2)	102(30.8)	1	1

5.16. Independent factors associated with 12 month sexual violence

The variable that was significant in multivariable logistic regressions age of the husband, house hold food insecurity were predictor of sexual violence.

Women who had older age husbands sexual violence in their life time were higher than compared to those women who had younger age husband [AOR=0.3,95CI=0.2,0.6]. In the same way those women who live in house hold food in secured to experience sexual violence in their life time were 2 times higher than those women's don't house hold food in secured.[AOR=2.3,95%CI=1.7,3.1] [Table 12] .

Table 12: Multivariate logistic regression analysis of 12 month sexual violence among married women, Soddo, Zuria, Woreda, and May, 2014

Variable	sexual 12month sexual violence		COR (95%CI)	AOR (95%CI)
	Yes (%)	No (%)		
Partner age				
18-29	128(59.3)	88(40.7)	0.4[0.3,0.6]	0.3[0.2,0.6]*
30-39	136(32.0)	289(68.0)	1.2[0.8,1.7]	1.2[0.8,2.0]
>=40	68(36.0)	121(64.0)	1	1
Food security status				
in secured	165(33.1)	334(66.9)	2.0(1.6,2.7]	2.3[1.7,3.1]*
Secured	167(50.5)	164(49.5)	1	1

CHAPTER SIX-DISCUSSION

6. Discussion

This study examined the magnitude of IPV and house hold food insecurity status based on the representative sample of 845 household taken from the soddo Zuria Woreda.

The finding from this study showed that seven out of ten (68.9%) and (66.4 %) of current married women experienced of the lifetime and 12months intimate partner violence, respectively. This finding is consistent with south west Ethiopia which was 64.7% and 41.5% of women had the experience intimate partner violence of lifetime and past 12 months respectively (23) and WHO multi-country study on domestic violence which was 71.0%(38). However the magnitude is lower than the study conducted East Wollega Zone,Western Ethiopia which reported 76.5% and 72.5% women had the experience intimate partner violence of lifetime and past 12 months respectively (24)and also lower than the study conducted in Awi zone, North Western Ethiopia which was 78.0% (22). and higher than the study done in Gonder Zuria which was 50.8% (37) and Moshi, Tanzania which was 26%(36) .This discrepancy might be presence of culture and traditional gender norms variations that maintain intimate partner violence within the community and also the variation of the sample size and the study setting may affect the prevalence of the violence.

More than sex out of ten (65.4) married women experience physical partner violence in their life time. This is consistent with the study done in east wollega which was 62 %(24). that higher than study done in rural Ethiopia which was 49.5%(22) and higher than the study done Agaro which was 32% (27) lower than the study done in North Western Ethiopia which was 73.3% (22).

This discrepancy may be the result of variations in socio-cultural as well as gender norms that maintain women beating take as normal within the community that May due caused by gender inequality And may be due to variation of the knowledge gap even they may not under stood as violence as the problem and all so the other difference may be due to the study settings in which some of them were includes urban but this study mainly focus on rural setting.

Regarding sexual violence in this study the prevalence of sexual violence was more than half (55.5%) married women experienced sexual violence during her life time this finding was consistent with the study done in Pakistan which was 54.5%(35), and consistent with the study done Southwest Ethiopia which was 50.1%.(23)and consistent with the study done in East Wollega which was 59%(24).

Concerning about the psychological violence half of the married women 447 (53.9%) and 320(38.6 %) of these married women were reported psychological violence their life time and during the last 12 months by their intimate partner.

This study was lower than study done in North Western Ethiopia which was 73.3% (22).and the study done in Pakistan 83.6% (35),and the study done wollega which was 66.9% (24).and higher than the study done around Gondar in Northwest Ethiopia(37) .

This variation might be due to violence relate issues are very sensitive and there might be non disclosure which might lead to under-reporting and the study settings and variation of the respondents might affect the prevalence. And the respondents may not considered psychological violence as violence or may not understand as the problem.

In this study physical violence were found more prevalent in the study area. Apart from methodological issues, the difference in magnitude of domestic physical violence among different body of literatures could be explained by socio cultural and societal perspectives and contexts of the population under study that differ between the nations and within the nations. It is also a fact that the women, due to continuous exposure to different forms of violence and abuse, may have difficulties in differentiating recent events exactly from more distant violence experiences.

The likelihood of experiencing intimate partner violence in their life time in this study was significantly associated history of maternal intimate partner violence. And multiple logistic regression showed that those Women who had maternal intimate partner violence was 1.9 times more likely to experience intimate partner violence compared to those who had not maternal intimate partner violence. This finding is consistent with the study done by WHO multi country study on factor associated with intimate partner violence(39).

Those pregnant women were more 1.7 times more likely to experience intimate partner violence compare to those who were not pregnant. This finding was consistent with the study done North Western Ethiopia. the factor includes decision making power on household issues were positively associated with intimate partner violence against married (22).This may due to during pregnancy her sexual interest may be decreased and she may not fulfill her husband's sexual interest which may cause conflict and violence.

Concerning the head of the house hold those house hold headed by male ware 2 times more likely to experience intimate partner violence compared to female headed house hold. This finding was consistent with the study done in Western Ethiopia the other factor associated with intimate partner violence includes, women who had no job annual house hold income were positively associated with intimate partner violence against married women(24).

This may be due to socio-economic status of male headed house hold in the community and they considered themselves as a dominant people in the house hold. This is due to perpetration of violence being considered as normal male behavior. The subordinate role of women in the society and family allows the violence to continue. Regarding to the age of the husband those women who had younger male were less likely to experience intimate partner violence compared to those women who had older male.

This study was consistent with North Western Ethiopia the age of the women husband increased the intimate partner violence also increase as well (22). This may due to those who live longer they may have more children and large family size in which lead to financial stresses and miss understanding also increase this may results in violence.

Concerning to alcohol consumption those women whose husbands drink alcohol were nearly 2 times experience intimate partner violence than did not drink alcohol. Likewise different studies found that the those women whose husband drink alcohol was more likely experiencing intimate partner violence (41,37, 39).

Regarding the prevalence of house hold food insecurity in this study 60.1% of married women were lived in household food in secured. This finding was relatively consistent with the study done 2013 among mother/child showed that household food insecurity of 54.% (42).and lower than the study done in wlayta showed that 74.2% rural households are food insecure (33)and also in consistent with the study done in Athens County, Ohio which

showed that 73.2% women were living in household's food insecurity (14). This variation may be due to seasonal variation may affect the status of house hold food insecurity and also the variation of the study participants.

In this study Household level food insecurity is another important associated factor with intimate partner violence. About 60.1% of current married women in this study reported house hold food insecurity, which can be one main cause of intimate partner violence. As a result, women reporting food insecurity were 3.6 times as likely as food secure women to report intimate partner violence. This finding was consistent with the study done in eight southern African countries the other factor associated with intimate partner violence includes include educational level ,house hold size house hold income and unemployed associated with intimate partner violence.(40) . And consistent with different literature which was shows that women living in poverty are disproportionately affected and lower educational achievement reduces a woman's exposure and access to resources, increases the acceptance of violence and maintains unequal gender norms (1,29).

This may be income generating women are assumed to enjoy better freedom of movement and therefore become far from the usual control of their husbands which again threatens the power relationship in the family.

In the Other hand those who had household food in secured may work outside their home and exposed to violence in contrary those who had been house hold food secured may stay in their home and not much exposed to violence. And also the variation may be due to in house hold food in secured the may be increases, financial stresses and miscommunication also increase, and this may result in violence towards the wife.

7. Conclusion and Recommendations

Nearly seven out of ten currently married women had experienced intimate partner violence in their life time hence intimate partner violence is not only a long lived practice but also the current public health problem for the study area. Physical violence of IPV is more common in the study setting. Similarly six out of 10 current married women were also lived in food in secured house hold.

There were modifiable factors such as ...being pregnant, head of the household, family history of intimate partner violence, alcohol use of partner, household food insecurity that were important factors related with the cause of intimate partner violence among current married women. More importantly, this study also revealed higher frequency of intimate partner violence is associated with household food insecurity. Thus, the Sodo Zuria Woreda health office of SNNPR should mobilize the local community and create awareness about intimate partner violence against women through gender advocacy and formal/informal education using the evidence, both men and women members of the household should be involved in intervention activities at all levels. The health sector should work with agricultural and gender sector as well as with the local community to reduce IPV and food insecurity and the agricultural sector should improve the household's food access. Further research is needed to explore the direction of the relation between intimate partner violence, and household food insecurity among current married women

6.3. STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths

- The questionnaire was adopted from validated instruments and pretested in the local context.
- The use of relatively large sample size.
- Intensive training for data collectors

Limitations of the study

- The cross-sectional nature of the data, which makes it impossible to draw inferences about the direction of relations among study variables.
- In addition the data are retrospective and thus are subjected to recall bias.
- Finally violence related issues are very sensitive and there might be non-disclosure which might lead to under-reporting

Reference

1. Krug EG ,et al (eds). *World report on violence and health*. Geneva, World Health Organization, 2002.
2. World Health Organization/London School of Hygiene and Tropical Medicine.*Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva, World Health Organization, 2010.
3. Campbell J. *Health consequences of intimate partner violence*. Lancet 2002;359.
4. World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.2013.
5. Vos T, Astbury J, Piers LS, Magnus A, Heenan M, Stanley L, et al. *Measuring the impact of intimate partner violence on the health of women in Victoria , Australia*. 2006;030411(06).
6. Rahman M, Nakamura K, Seino K, Kizuki M. *Intimate partner violence and use of reproductive health services among married women : evidence from a national Bangladeshi sample*. BMC Public Health [Internet]. BMC Public Health; 2012;12(1).
7. Antai D, Adaji S. *Community-level influences on women ' s experience of intimate partner violence and terminated pregnancy in Nigeria : a multilevel analysis*. 2012;
8. Combrinck.H, Wakefield L , *Linking Strategic Frameworks to Address Gender-Based Violence and HIV/AIDS in Southern Africa*.2007.
9. Coates J, Bilinsky P. *Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access : Indicator Guide VERSION 3 Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access : Indicator Guide VERSION 3*. 2007.
10. Tsai AC, Hung KJ, Weiser SD (2012) Is Food Insecurity Associated with HIV Risk? Cross-Sectional Evidence from Sexually Active Women in Brazil. PLoS Med 9(4).
11. Miller CL, Bangsberg DR. Food Insecurity and Sexual Risk in an HIV Endemic Community in Uganda. 2011.
12. Miller CL, Bangsberg DR. Food Insecurity and Sexual Risk in an HIV Endemic Community in Uganda. 2011.
13. Weiser SD, Leiter K, Bangsberg DR, Butler LM, Korte FP, Hlanze Z, et al. with High-Risk Sexual Behavior among Women in Botswana and Swaziland. 2007;4(10).
14. Hackett M, Melgar-quiñonez H, Taylor CA, Cecilia M, Uribe A. Factors associated with household food security of participants of the MANA food supplement program in Colombia. 2015;60(4).
15. Bawadi HA, Tayyem RF, Dwairy AN, Al-akour N. Prevalence of Food Insecurity among Women in Northern Jordan. 2012;30(1).

16. Dibaba Y, Fantahun M, Hindin MJ. The association of unwanted pregnancy and social support with depressive symptoms in pregnancy : evidence from rural Southwestern Ethiopia. *BMC Pregnancy Childbirth* [Internet]. *BMC Pregnancy and Childbirth*; 2013;13(1).
17. Abrahams N, Campbell J,etal. Perpetration of violence against intimate partners: health care implications from global data 2008;179(6).
18. Ellsberg M, and Heise L. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization,PATH; 2005.
19. Violence G, Africa S. *Africa ' s Health in 2010 Gender-based Violence in sub-Saharan Africa : A review of Demographic and Health Survey findings and their use in National Planning*. 2010.
20. Yoshihama M, Horrocks J. Experiences of Intimate Partner Violence and Related Injuries Among Women in Yokohama , Japan. 2007;97(2).
21. Bernarda A, Schraiber LB, Oliveira AFPLD. Violence against women by their intimate partner and common mental disorders. 2008;66.
22. Semahegn A, Belachew T, Abdulahi M. Domestic violence and its predictors among married women in reproductive age in Fagitalekoma Woreda , Awi zone , Amhara regional state , North Western Ethiopia. 2013.
23. Deribe K, Beyene BK, Tolla A, Memiah P, Biadgilign S. Magnitude and Correlates of Intimate Partner Violence against Women and Its Outcome in Southwest Ethiopia. 2012;7(4).
24. Abeya SG, Afework MF, Yalew AW. Intimate partner violence against women in western Ethiopia : prevalence , patterns , and associated factors. *BMC Public Health* [Internet]. *BioMed Central Ltd*; 2011;11(1):913.
25. Deyessa N, Berhane Y, Alem A, Ellsberg M, Emmelin M, Hogberg U, et al. *Clinical Practice and Epidemiology Intimate partner violence and depression among women in rural Ethiopia : a cross-sectional study*. 2009;10.
26. Feseha G, Abebe G, Gerbaba M. Intimate partner physical violence among women in Shimelba refugee camp , northern Ethiopia. *BMC Public Health* [Internet]. *BioMed Central Ltd*; 2012;12(1).
27. Deribew A: the physical health consequences intimate partner violence against women in Agaro Town, Southwest Ethiopia.*Ethiopia J. Health Sci*.2008, 17 .
28. Hassen F, Deyassa N. The relationship between sexual violence and human immunodeficiency virus (HIV) infection among women using voluntary counseling and testing services in South Wollo Zone , Ethiopia. *BMC Res. Notes* [Internet]. *BMC Research Notes*; 2013;6(1):1.
29. Jewkes R. *Violence against women III Intimate partner violence : causes and prevention*. 2002;359.
30. WHO: *Addressing violence against women and achieving the Millennium Development Goals*, Geneva Switzerland, 2005.

31. United Nations Development Programme Gender, agriculture and food security,2013.
32. Belachew T, Hadley C, Lindstrom D, Gebremariam A, Michael KW, Getachew Y, et al. Gender Differences in Food Insecurity and Morbidity Among Adolescents in Southwest Ethiopia. 2011.
33. Bekele W, Eneyew A., Causes of household food insecurity in Wolayta: Southern Ethiopia. 2012,3(3).
34. World Health Organization. Understanding and addressing violence against women ,2012.
35. Mogren I, Krantz G. Intimate partner violence in urban Pakistan : prevalence , frequency , and risk factors. 2011;10.
36. Ann B, Williams C, Mccloskey L. Gender Inequality and Intimate Partner Violence Among Women in Moshi , Tanzania. :2005, 31(3).
37. Yigzaw T, Yibrie A, Kebede Y: Domestic violence in Gondar Zuria district, Northwest Ethiopia. EJHD 2004, 18(3).
38. Garcia-moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts CH, Study WHOM. Prevalence of intimate partner violence : fi ndings from the WHO multi-country study on women ' s health and domestic. 2006;368.
39. Abramsky T, Watts CH, Garcia-moreno C, Devries K, Kiss L, Ellsberg M, et al. What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women ' s health and domestic violence. BMC Public Health [Internet]. BioMed Central Ltd; 2011;11(1):109.
40. Andersson N, Ho-foster A, Mitchell S, Scheepers E, Goldstein S. BMC Women ' s Health Risk factors for domestic physical violence : national cross-sectional household surveys in eight southern African countries. 2007;13.
41. . Mahapatro M, Gupta R N, Gupta V.The risk factor of domestic violence in India. Indian J Community Med [serial online] 2012 [cited 2013 Nov 20]; 37.
42. Saaka M, Osman SM. Does Household Food Insecurity Affect the Nutritional Status of Preschool Children Aged 6 – 36 Months ? 2013;2013.
43. wolayta zone and sodd zuria woreda health Offices 2013
44. CSA. Summary and Statistical Report of the 2007 Population and Housing Census. Addis Ababa, Ethiopia; 2008.

ANNEXE-I: QUESTIONNAIRE

Questionnaire on intimate partner violence and food insecurity among women in reproductive age group in soddo zuria woreda wolaita zone, SNNPRS ETHIOPIA

Consent Form

Dear women,

This is to understand the violent experience and food insecurity that women face daily in their life time. This questionnaire is designed for a research work approved by Jimma University (College of Public Health and Medical Sciences) to be conducted in partial fulfillment of a master's degree of public health in reproductive health.

I would like to assure you that everything you are about to tell remains strictly confidential. For the interview we don't need you real name or address. However, we really need your honest response to better understand the impact of intimate partner violence and food insecurity.

Some of the questions may be very personal and might be difficult to answer or talk about them but for many it is found to be helpful / useful opportunity to talk. There is no right or wrong answer. You are just kindly requested to share your experience; you may stop the interview or fail to answer questions that might make you uncomfortable. However your answers have their own values and contribution to understanding the issues and helping other women in the country.

It will take you 30-40 minutes to complete the whole questionnaire.

We thank you in advance for taking your time to respond to our questions!

Would you be willing to participate in the study?

01 yes 02. No

Interviewer name: date

Signature -----

Part I: Socio-demographic and economic information

101	Please can you tell me how many people live here, and share food? _____	102	the head of the household 1, male 2, female
103	How old are you? -----	104	Religion: 1. Orthodox 2. Muslim, 3. protestant, 4. catholic,
105	Ethnicity. 1 Wolaita 2. Amhara 3. Guraghe 4. Oromo 5. Other (specify)	106	educational level 1, Illiterate(can't read or write) 2. Elementary 3. High school completed 4. Above high school
107	Occupation 1. Housewife 2. Trading 3. Employee 4. Farmer 5. Other (specify)	108	Type of marriage 1. polygamous 2. monogamous
109	How long have you been married? _____	110	Number of children? _____
111	Have you ever had sex with another person in exchange of money or Material? 1, yes 2, no	112	When you were child, have you seen your mother being Beaten by her husband? 1. yes 2. no
113	I would now like you to tell me a little about your current husband. How old was your husband on his last birthday?	114	Educational status of your husband 1, Illiterate(can't read or write) 2. Elementary 3. High school completed 4. Above high school
115	what is the employment status of your husband 1. Employ Farmer 2. Merchant 3. Private employee 4. Daily laborer 5. Others specify _____	116	How often does/did your husband drink alcohol? Every day or nearly every day Once or twice a week 1-3 times a month Occasionally, less than once a month .Never

PART II: physical sexual and emotional violence: the next questions are about things that happen to many women and that your current or any other partner may have done to you. I want you to tell me if your current husband / partner, or any other person, has ever done the following things to you.

117	<p>Has he or any other partner ever....</p> <p>A,) Slapped you or thrown something at you that could hurt you?</p> <p>B,) Pushed you or shoved you or pulled your hair?</p> <p>C) Hit you with his fist or with something else that could hurt you?</p> <p>D), Kicked you, dragged you or beaten you up?</p> <p>E) Choked or burnt you on purpose?</p> <p>F,) Threatened to use or actually used a gun, knife or other weapon against you?</p>	<p>A) (If YES Continue with B If NO skip to next item)</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p>	<p>B) Has this happened in the past 12 months?</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p>
118	<p>Did your current husband ever.....</p> <p>A)physically force you to have sexual intercourse when you did not want to</p> <p>B) have sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do</p> <p>C) ever Forced you to do something sexual that you found degrading or humiliating</p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p>	<p>B) Has this happened in the past 12 months?</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p>
119	<p>a)Being belittled or humiliated in front of others</p> <p>b)Subjected to fear or intimidation</p> <p>C)Threatened, either you or someone</p>	<p>YES NO</p> <p>YES NO</p> <p>YES NO</p>	<p>YES NO</p> <p>YES NO</p> <p>YES NO</p>
	<p>Was there ever time when you were slapped, hit or beaten by your husband whilst you were pregnant?</p>	<p>YES NO</p>	<p>YES NO</p>

Part III: Household Food security information Now I am going to ask you questions about your household's food supply over the past four weeks. Food supply includes staples, sauces, and any other foods in your diet and the diets of all members of your household		
120	In the past four weeks, did you <u>worry</u> that your household would not have enough food?	Yes No
121	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)
112	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	Yes No
123	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)
124	In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	Yes No
125	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)
126	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	Yes No
127	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)
128	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	Yes No
129	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)
130	In the past four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food?	Yes No
131	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)
132	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	Yes No
113	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)

134	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	Yes No
135	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)
136	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	Yes No
137	If yes, how often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (3 to 10 times in the past four weeks) 3 = Often (more than 10 times in the past four weeks)

THANK YOU:

ANNEX-II

ምግብ ዋስትና እና በባለቤት ወይም በቅርብ ጋደኛ የሚደርስ ጥቃትን የምዳሰስ የተዘጋጀ መጠይቅ

ይህ መጠይቅ የተዘጋጀው በመረጃ ስብሰባ ወቅት ላገቡ 15-49 ዕድሜ ክልል ውስጥ ለሚገኙ እናቶች ነው።

የግለሰብ ስምምነት ፎርም

ውድ እህቱ ጤና ይስጥልኝ ስሜ-----ይባላል። በእሁኑ ወቅት በጂማ ዩኒቨርሲቲ ሁልተኛ ዲግሪዮን እየተማርሁ ነው። በእናቶች ላይ የሚደርሰውን የቅርብ ጓደኛ ጥቃት እና የምግብ እጥረት እያጠናሁ ነው። እርስዎም በአጋጣሚ በዚህ ጥናት እንዲሳተፉ ተመርጠዋል። የጥናቱ ዋና ዓላማ ስለእናቶች ጤናና የሕይወት ገጠመኞቻቸው በበቂ ሁኔታ ለማወቅና ለመረዳት ነው። የምንነጋገርባቸው ጉዳዮች በሙሉ በሚስጥር የተጠበቁ ይሆናሉ። በዚህ ጠናት ወረቀት ላይ ስምዎትም ሆነ አድራሻዎ አይመዘገብም።

በዚህ ጥናት ጤንነትዎን እና አንዳድ የሕይወት ገጠመኝዎን በተመለከተ ጥያቄዎችን አቀርብልዎታለሁ። ከምንነጋገርባቸው ጉዳዮች አንዳዶቹ ትንሽ ከበድ ያሉ ሊሆኑ ይችላሉ። ነገር ግን በእንደዚህ ዓይነት ጥናት ላይ የተሳተፉ ብዙ ሴቶች በጤናቸውና በህይወት ግጠመኞቻቸው መነጋገራቸው ጠቃሚ ሆኖ አግኝተውታል። እነዚህ ጥያቄዎች ትክክል ነው ወይም ትክክል አደለም የሚል ምልስ የላቸውም ። አንዳድ ጥያቄዎችን መመለስ ባይፈልጉ ልንተዋቸው እንችላለን። ነገር ግን ስለጤናዎና የህይወት ገጠመኝዎ በተመለከተ የምንጠይቅዎትን ጥያቄዎችና እርስዎ የሚነግሩኝ ማንኛውም ነገር በኢትዮጵያ ለሚገኙ ሌሎች ሴቶች ጤና ለመረዳትና ለማሻሻል ጠቃሚ ነው።

ከማቀርብልዎት ጥያቄዎች መካከል አንዳዶቹ ከእንደ በላይ መልስ ሊኖራቸው ይችላል። ቃለ-መጠይቁ በአማካኝ 30 ደቂቃ ይፈጃል።

በዚህ ጥናት ለመሳተፍ ይስማማሉ

አዎ ተስማምቻለሁ አልተስማማሁም ስለሰጡኝ ጊዜ አመሰግናለሁ

ወደ ቃለ መጠይቁ ይለፉ

ክፍል 2፡ የአካል፣ የወሲብና ስንልቦናዊ ጥቃትን በተመለከተ

አሁን የምጠይቅዎት ጠያቂዎች ብዙ ሴቶች ስለሚያጋጥማቸው ጉዳዮች ይሆናል፡-አሁን ካለዎት ባለቤትዎ እርስዎንም አጋጥሞዎት ሊሆን ይችላል፡፡ ሰለዚህ ከዚህ በታች የተዘረዘሩት ገጥሞዎት ከሆነ እንድትነግሩኝ በትህትና እጠይካለሁ፡፡

አካላዊ ጠቃትን በተመለከተ

ተ.ቁ	ጥያቄ ማጣሪያ	ሀ	ለ
115	አሁን አብሮዎት ያለው ባለቤትዎ የሚከተሉትን ጥካት አድርጎብዎት ያውቃል	መልስዎ አዎ ከሆነ ወደ ለ ይሂዱ. መልሱ አይደለም ከሆነ ወደ ሚቀጥለው ጥያቄ ይለጉ	ባለፈው አንድ ዓመት ውስጥ ይህ ገጥሞዎታል ያውቃል
		አዎ አይደለም	አዎ ይደለም
	ሀ) በጥፊ መትቶዎት፣ ወይም ሲመታዎ የሚጎዳ ነገር ወርውሮብዎት ያውቃል?	አዎ አይደለም	አዎ አይደለም
	ለ) ፀገፍትሮዎት ጉርዎን ኅትቶዎት ያውቃል?	አዎ አይደለም	አዎ አይደለም
	ሐ) በቦክስ በዱላ ወይም በሌላ በሚጎዳ ነገር መትቶዎት ወይም ደብድቦዎት ያውቃል?	አዎ አይደለም	አዎ አይደለም
	መ) ተጎትተዉ በርግጫ ተመተዉ ተደብድበዉ ያውቃሉ	አዎ አይደለም	አዎ አይደለም
	ሠ) አንገትዎን አንቆ፣ አፍኖ ወይም ሆነ ብሎ በእሳት አቃጥሎዎታ ያውቃል?	1 2	አዎ አይደለም
	ረ) በሽጉጥ፣ በጨቤ ወይም በሌላ መሣሪያ አስፈራርቶዎት ወይም ጎድቶዎት ያውቃል?	አዎ አይደለም	አዎ አይደለም

ወሲባዊ ጠቃትን በተመለከተ

ተ.ቁ	ጥያቄ ማጣሪያ	ሀ	ለ
116	አሁን አብሮዎት ያለው ባለቤትዎ የሚከተሉትን ወሲባዊ ጥቃት አድርጎብዎት ያውቃል?	መልስዎ አዎ ከሆነ ወደ ለ ይሂዱ. መልሱ አይደለም ከሆነ ወደ ሚቀጥለው ጥያቄ ይለጉ	ባለፈው አንድ ዓመት ውስጥ ይህ አጋጥሞዎት ያውቃል
		አዎ አይደለም	አዎ አይደለም
	ሀ) እርስዎ ሳይፈልጉ ጉልበት በመጠቀም የግብረ ሥጋ	አዎ አይደለም	አዎ አይደለም

	ግንኙነት እንዲፈጽሙ አድርገው ያውቃሉ?		
	ለ) አንድ ነገር ያደርገኛል ብለው በመፍራ ፍላጎት ሳይኖርዎት የግብረ ሥጋ ግንኙነት አድርገው ያውቃሉ?	አዎ	አይደለም
	ሐ) አንድ የማይፈልጉት ዓይነት የግብረ ሥጋ ግንኙነት ለመፈጸም አስገድድዎት ያውቃሉ?	አዎ	አይደለም
117	ስነልቦናዊ ትቃትን ይመለከታል	መልስዎ አዎ ከሆነ ወደ ለ ይሂዱ መልሱ አይደለም ከሆነ ወደ ሚቀጥለው ጥያቄ ይለፉ	ባለፈው አንድ ዓመት ውስጥ ይህ አጋጥሞት ያዉቃል
	ሀ) ባለቤትሽ ልሎች ባሉብት ሰድቦሽ ወይም አንቻሾሽ ያዉቃል አንመሰድ	አዎ	አይደለም
	ለ) ባለቤትሽ ጉዳት ያደርስብኛል ብለሽ ሰግተ ወይም ፈርተሽ ታዉቁለስ	አዎ	አይደለም
	ሐ) አንቺን ወይነወም ላንቺ የሚቀርብን ሰዉ አስፈራርቶ ያዉቃል	አዎ	አይደለም
118	እርጉዝ ሆነዉ የሚከተሉት አካላዊ ጥቃት ባለቤትዎ አደርሶዎዎት ያዉቃል በጥፊ በዱላ በርግጫ ወይም በእቃ ወርወሮ ተመትተዉ ያዉቃሉ	አዎ	አይደለም

ክፍል ሶስት፣ የቤትዎን ምግብ ዋስትናን የሚመለከቱ ጥያቄዎች		
119	ባለፈው ወር በቂ ምግብ ቤት ውስጥ አይኖርም ብለሽ ተጨንቀሽ ነበር?	አዎ አልሰጋሁም
120	አዎ ከሆነ መልስሽ በወር ውስጥ ምን ያህል ጊዜ?	1. በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) 2. አንዳንዴ(3-10 ጊዜ) 3. ሁል ጊዜ(ከ አስር ጊዜ በላይ)
121	በምግብ ወይም በገንዘብ እጥረት ምክንያት አንቺ ወይም በቤተሰብ ውስጥ የመረጣችትን ምግብ መመገብ ያልቻላችሁት ጊዜ ነበር?	1. አዎ 2.አልሰጋሁም
122	አዎ ከሆነ መልሱ ለምን ያህል ጊዜ?	በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) አንዳንዴ(3-10 ጊዜ) ሁል ጊዜ(ከ አስር ጊዜ በላይ)
123	ባለፈው ወር (አራት ሳምንት) ውስጥ የመግዛት አቅም ስላልነበራችሁ በቤተሰብ ውስጥ የተወሰነ የምግብ አይነት በልታቸ ነበር?	1.አዎ 2. የለም
124	አዎ ከሆነ መልስሽ ለምን ያህል ጊዜ?	በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) አንዳንዴ(3-10 ጊዜ) ሁል ጊዜ(ከ አስር ጊዜ በላይ)
125	ባለፈው አራት ሳምንታት ውስጥ ምግብ ስላነሰ ወይም ገንዘብ ስለሌለ የማትፈልጉትን ምግብ ተመግባቸ ነበር?	1.አዎ 2. አልነበረም
126	አዎ ከሆነ ለምን ያህል ጊዜ	1. በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) 2.አንዳንዴ(3-10 ጊዜ) 3.ሁል ጊዜ(ከ አስር ጊዜበላይ)
127	ባለፈው ወር ቤት ውስጥ በቂ ምግብ ስለሌለ ከሌላው ጊዜ ያነሰ ምግብ የተመገቡ ሰው አለ?	አዎ የለም
128	አዎ ከሆነ መልስሽ ምን ያህል ጊዜ?	በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) አንዳንዴ(3-10 ጊዜ) ሁል ጊዜ(ከ አስር ጊዜ በላይ)
129	ባለፈው ወር ውስጥ በቂ ምግብ ስለሌለ በቀን ውስጥ በጣም ትንሽ ምግብ የተመገባችሁት ቀን አለ?	አዎ የለም
130	ካለ ለምን ያህል ጊዜ?	በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) አንዳንዴ(3-10 ጊዜ) ሁል ጊዜ(ከ አስር ጊዜ በላይ)
131	ባለፈው ወር ውስጥ ምንም አይነት ምግብ ቤት ውስጥ ሳይኖር ቀርቶ ያውቃል (ገንዘብ ስለሌለ)?	1.አዎ 2. አያውቅም

132	አዎ ከሆነ ለምን ያህል ጊዜ?	1. በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) 2. አንዳንዴ(3-10 ጊዜ) 3. ሁል ጊዜ(ከ አስር ጊዜ በላይ)
133	ባለፈው ወር ውስጥ ምግብ ስለሌለ ከቤተሰብ ሳይበላ ያደረገ አለ?	1.አዎ 2.የለም
134	አዎ ከሆነ ለምን ያህል ጊዜ?	1. በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) 2.አንዳንዴ(3-10 ጊዜ) 3.ሁል ጊዜ(ከ አስር ጊዜ በላይ)
135	በቤተሰብ ውስጥ በምግብ እጥረት ምክንያት ባለፈው ወር ውስጥ ቀንና ማታ ምንም ምግብ ሳይበላ ያሳለፈ ሰው አለ ?	1.አዎ 2.የለም
136	አዎ ከሆነ ለምን ያህል ጊዜ?	1.በጣም ትንሽ ጊዜ (አንዴ ወይ ሁለቱ) 2.አንዳንዴ(3-10 ጊዜ) 3.ሁል ጊዜ(ከ አስር ጊዜ በላይ)

አመሰግናለሁ