



Childhood sexual abuse experiences and its associated factors among female high school adolescents in Arbaminch town, Gammo Goffa zone, Southern Ethiopia

By: Aleme Mekuria (B.Sc.)

A research Thesis submitted to Jimma University College of public health and medical sciences, Department of Population and family health in partial fulfilment of the requirements for the degree of masters of public health in reproductive health (MPH/RH).

June, 2014,
Jimma Ethiopia

Jimma University

College of public health and medical sciences

Department of population and family health

Childhood sexual abuse experiences and its associated factors among female high school adolescents in Arbaminch town, Gammo Goffa zone, Southern Ethiopia

By: Aleme Mekuria (Bsc.)

ADVISORS: Mulumebet Abera (Bsc, MPH, Assi. Prof. in RH,)

Aderajew Nigussie (Bsc, MPH/RH)

June, 2014

Jimma, Ethiopia

Abstract

Background-Child sexual abuse is a major concern of society because the physical and mental harm endured by children is extremely destructive. Besides the limited number of studies undertaken in Ethiopia with regard to childhood sexual abuse so far, little is known about child sexual abuse within our study area of interest. Therefore, this study is aimed at assessing the prevalence of childhood sexual abuse experiences and its associated factors among female high school students in Arba minch town, Gammu Goffa zone.

Methods and materials: For the quantitative part, school based cross sectional study was conducted from March 03 to 08 2014 among 362 grade ten female high school students in Arbaminch town. A pretested, structured self-administered questionnaire and in-depth interview guide were used. The presence of association was assessed using bivariate test. Multi-variable logistic regression was used to control confounding effects and the strength of association was expressed in odds ratio and its 95% confidence interval. For the qualitative approach 14 key informant in-depth interviews were selected purposively and data was analysed based on the thematic areas.

Result: The prevalence of life time rape among school adolescents in Arbaminch town was found to be 11%. The odds of experiencing life time rape was higher among students who lived alone (AOR=4.30; 95%CI: 1.81, 10.24) and among students who live with their friends (AOR= 3.31; 95%CI: 1.23, 8.89) than those living with their parents. The chance of experiencing rape among students who had no open discussion with their parents about sexuality and reproductive health matters was higher (AOR=2.93; 95%CI: 1.33, 6.45) than those who had discussion.

Conclusion and recommendations: This study revealed high level of rape among Arbaminch town high school female students. Ever had discussion, living arrangement of the student, and monthly income had statistically significant association with childhood sexual abuse. Unwanted pregnancy and abortion were the most common outcomes of rape. Comprehensive school based reproductive health education, community based awareness creation, open discussion about sexuality and reproductive health matters with students at family level are recommended.

Key words: Child Sexual Abuse, Arbaminch town, Ethiopia

Acknowledgements

I would like to extend my deepest gratitude and appreciation to my advisors Mrs. Muluemebet Abera and Mr. Aderajew Nigussie for their valuable and constructive comments throughout this research undertaking. I am also thankful to Jimma University College of Public Health and Medical Sciences for giving me the opportunity to go through research undertaking Process and the financial support.

My special thanks go to the study participants for their consent and provision of the required information.

Last but not least, I would like to thank the school directors of Arbaminch town for their contribution on arranging time and place of data collection.

Table of Contents

Abstract	I
Acknowledgements	II
List of tables	V
List of figures	VI
Abbreviations and acronyms	1
1.1 Background:.....	1
1.2 Statement of the problem	2
CHAPTER TWO	4
2. Literature review	4
2.1 The magnitude of CSA.....	5
2.1.1 Global CSA Estimate	5
2.1.2 CSA in Africa	6
2.1.3 CSA in Ethiopia	6
2.2 Myths on CSA.....	7
2.2.1 Child Sexual Abuse as a STD/HIV Avoidance Strategy	7
2.3 Relationship of perpetrator to the victim	7
2.4 Risk groups of CSA	8
2.5 The Negative Sequel of Child Sexual Abuse	9
CHAPTER THREE	13
3. Objectives.....	13
3.1 General objective.....	13
3.2 Specific objectives.....	13
CHAPTER FOUR	14
4. Methods and material	14
4.1 Study area and period.....	14
4.2 Study period.....	14
4.3 Study design	14
4.4 Source population.....	14
4.5 Study population	14
4.6 Inclusion criteria.....	14
4.7 Exclusion criteria.....	15

Childhood sexual abuse experiences and its associated factors

4.8 Sample size	15
4.9 Sampling procedure	16
4.10 Study Variables	18
4.11 Data collection method and procedure	19
4.12 Operational definitions and definition of terms.....	20
4.13 Data analysis.....	21
4.14 Data quality management.....	21
4.15 Ethical consideration.....	21
4.16 Plan for data dissemination and utilization of findings.....	22
Chapter Five Result.....	23
5. Result	23
5.1 Socio demographic characteristics	23
5.2 Parental characteristics of the students	24
5.3 Reported sexual history	25
5.4 Prevalence of Childhood sexual abuse.....	26
5.5 Perpetrator and conditions during Rape.....	27
5.6 Reporting about sexual abuse	28
5.7 The relationship of the perpetrator to the rape survivor	28
5.8 Reported outcome of the Rape survivors among Arbaminch town high school female adolescents, March 2014.....	29
5.9 Factors associated with life time rape	31
6 .Discussion.....	35
6.1 Strength and Limitations of the study	37
7. Conclusion	38
7.1 Recommendation	39
Reference.....	40
ANNEXES	44

List of tables

Table 1 socio-demographic characteristics of female high school students, Arbaminch town, march 2014 2014(n=362)..... 23

Table 2: parental socio-demographic characteristics of female high school students,Arbaminch town, march 2014(n=362) 24

Table 3 reported sexual history among female high school students in Arbaminch town, March 2014 25

Table 4: perpetrator and condition during rape among female high school students, Arbaminch town, March 2014..... 27

Table 5: factors associated with life time rape among high school female students Arbaminch town, March 2014..... 32

Table 6: multiple logistic regression analysis results showing association between life time rape and selected variables among female high school students, Arbaminch town, march 2014 34

List of figures

Figure 1: conceptual framework of the study 11

Figure 2: Schematic presentation of the sampling procedure, Arbaminch town, march 2014..... 17

Figure 3: life time prevalence of sexual abuse among female high school students,Arbaminch,March 2014
..... 26

Figure 4: the relationship of the abuser to the rape survivor among Arbaminch high school female
Adolescents, march 2014..... 28

Figure 5: Reported outcomes of childhood sexual abuse among female high school students, Arbaminch
town, March 2014 30

Abbreviations and Acronyms

ASRH-Adolescent Sexual and Reproductive Health

Bsc –Bachelor In science

CRC- Convention on the Rights of the Child

CSA- Childhood Sexual Abuse

HIV –Human Immune Deficiency Virus

PPS-Probability Proportional to Size

PTSD- Post Traumatic Stress Disorder

SNNPR – Southern Nations Nationalities Peoples Region

STDs- Sexual Transmitted Diseases

STI – Sexually Transmitted Infections

TTC- Teachers Training College

TVET –Technical Vocational Education Teaching

UNICEF- United Nations International Children’s Fund

CHAPTER ONE - Introduction

1.1 Background:

Researchers use a wide variety of definitions of 'childhood sexual abuse'. Many general population surveys define it as 'unwanted sexual contact' without asking for specific details of the behaviour. Some studies distinguish between 'contact abuse' and 'non-contact abuse' or 'penetrative abuse' and 'non-penetrative abuse'. Studies use different age cut off points (before the age of 15, 16, 17 or 18) to define CSA (1).

In its broadest sense, CSA includes unwanted and inappropriate sexual solicitation of, or exposure to, a child by an older person (non-contact abuse), genital touching or fondling (contact abuse), and penetration in terms of oral, anal or vaginal intercourse or attempted intercourse (intercourse). Many studies have used a narrow definition of CSA to include contact abuse and intercourse only.

Definitions of CSA also differ depending on the cut-off age used to define childhood. While in most countries 18 years of age is the legal cut-off used to define childhood, in many countries the age of consent, especially for sexual activity, is lower. However, the most widely-reported definition of childhood in large population surveys of CSA is 18 years or less(2).

In some definitions, only contact abuse was included, such as penetration, fondling, kissing, and touching. Non contact sexual abuse, such as exhibitionism and voyeurism, were not always considered abusive. Nowadays, the field is evolving towards a more inclusive understanding of CSA that is broadly defined as any sexual activity perpetrated against a minor by threat, force, intimidation, or manipulation. The array of sexual activities thus includes fondling, inviting a child to touch or be touched sexually, intercourse, rape, incest, sodomy, exhibitionism, involving a child in prostitution or pornography, or online child luring by cyber predators (3).

However, for the purpose of this study, sexual abuse is defined as a self report of unwanted and inappropriate sexual exposure to, a child by an older person; penetration in terms of oral, anal or vaginal intercourse.

1.2 Statement of the problem

Though growing body of researchers believe that child sexual abuse is dangerously growing worldwide, prevalence rate of cases vary depending on studies done in different places and time. A survey conducted on adults asking if they were sexually abused as children identified that approximately 20% of adult women and 5% to 10% of adult men in the United States experienced sexual abuse at some time in their childhood. Most survey findings seem consistent with the general trends that female children, compared with their male counterparts, are more likely to have suffered sexual abuse. In United States, the risk of sexual abuse towards girls is two times greater than boys. For instance a study conducted on 796 college students indicated that 19% of women and 9% of men had experienced some form of sexual abuse as children(4).

In Ethiopia, very few researches were conducted on prevalence of CSA, however, those available reports show significant number of female children are being affected and those children ended up in serious reproductive, social and psychological outcomes. A study done in South West Ethiopia also revealed that 68.7% of High School girls have reported that they were sexually abused including verbal or physical contacts(5).

Several consequences of sexual abuse of girls and boys including physical, psychological and social problem, and the consequence can be immediate as constraining their educational performance, risk to Human Immune Deficiency Virus (HIV), Sexually Transmitted Infections (STI) and the late consequence could be social isolation, fear, phobia and hopelessness(6).

A number of factors that make individual children vulnerable to sexual abuse have been identified; female sex, unaccompanied children; children in foster care, adopted children, stepchildren; physically or mentally handicapped children; history of past abuse; poverty; war/armed conflict; psychological or cognitive vulnerability; single parent homes; social isolation (e.g, lacking an emotional support network); parent(s) with mental illness, or alcohol or drug dependence. Children living with their biological parents, as long as they are not offenders, have a greater advantage of being protected as compared to those who live with relatives, legal guardians and those living on the street (6-7).

In developing countries like Ethiopia, Underreporting is common. The problem of obtaining accurate statistics on the prevalence of child and adolescence sexual abuse can be attributed to several factors. For example, inconsistencies in the definitions given to what constitute child sexual abuse, fear, social stigma against homosexual behaviour, and other social and cultural factors. It is committed in “complete secrecy” and most victim children do not report as they are “too ashamed to talk about it(8).

Even though those few researches which had been undertaken in Ethiopia showed the magnitude, the predisposing factors and its complication in very few areas of the country, little has been explored about the pattern of CSA in the context of high school students in SNNPR in general and in Arbaminch town in particular. Thus, this study has been conducted in Gammo Goffa zone, Arbaminch town with the aim of identifying predisposing factors of CSA among female high school students for possible interventions.

school prevention programmes are effective in dealing with other social issues such as preventing bullying and drug use (However, one key distinction between CSA and bullying or drug use is that in sexual abuse, the child is most often the victim of such behaviour, rather than the perpetrator. Behaviour change is therefore an explicit goal of prevention programmes aimed at preventing bullying and drug use and is often measured in evaluations of such programmes. The consensus in the sexual abuse literature is that school prevention programmes have been found to be effective in increasing children’s knowledge and skills(9).

In Ethiopian context school based ASRH, life skill trainings in formal education are lacking therefore the findings of this research will help to identify the factors related to CSA and the negative impact of it thereby helping in setting strategies in increasing the awareness of school children through training, highlighting different approaches of sexual abuse, how and for whom to report, what action to take before this mal adaptive behaviour acts up on them(5).

This study will summarize the very real pain of child victim’s experience in the Gammo Goffa zone and we hope, by increasing awareness of students and community about this problem along with different stockholders; our words will play a remarkable role in prevention of CSA.

CHAPTER TWO

2. Literature review

Globally Child Sexual Abuse (CSA) has been part of history for centuries but it has not always been an acceptable subject of public conversation. For years, it was taboo in society to discuss any Disturbing intimate details of family life and public knowledge about sexual abuse was minimal. (10).

In developing countries, Lack of working tools and financial support were perceived as major problems among the key professionals. Corruption at community and institutional levels was seen as jeopardizing justice. Community passivity and lack of knowledge about laws regulating sexual offences were identified as additional challenges for conducting fair investigations. Myths and cultural beliefs also justified abuse (11).

In sub Saharan Africa, the National Centre for Victims of Crime, in 2007, reported that girls are victimized at least 3 times more than boys, and 1 in 4 adolescent girls and 1 in 6 boys will experience CSA before reaching the age of 18. Sexual abuse is more likely where the child is female, and where there is marital conflict, low parental attachment, overprotective parenting, parental alcohol abuse, absence of a parent, and presence of a stepfather (12-13).

In Ethiopia studies show there is significant child sexual victimization, there is a conspiracy of silence around the subject. Part of the reason of course lies in community structure that does not talk about sex and sexuality at all. Parents do not speak to children about sexuality as well as physical and emotional changes that take place during their growing years. There are few factors that can predict the impact of CSA will have on a victim in childhood or adulthood, and also concluded that the trauma from CSA does have both short-term and long-term effects the most common emotions that children feel after a CSA incident are fear and anxiety. There is fear of the consequences of revealing the abuse and also about being punished for participating in the abuse. Long term difficulties include depression, anxiety disorders, personality and eating disorders, and substance use disorders (14).

School programs have a paramount advantage towards prevention of CSA, educate children about victimization, alerting children to the frequency and nature of the problem, teaching them some skills to avoid threatening encounters, encouraging them to tell an adult about such episodes, are some of the strategies of the prevention of CSA (15).

2.1 The magnitude of CSA

2.1.1 Global CSA Estimate

The WHO estimates that 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact. Much of this sexual abuse is inflicted by family members or other people residing in or visiting a child's family home- people normally trusted by children and often responsible for their care(16).

A recent meta-analysis of the international literature found that approximately 20% of women and 8% of men experience sexual abuse as children. The sexual victimization of children remains a significant problem, both in the U.S and internationally(17).

A study conducted on child sexual abuse in India in 2007 revealed that from the total of 12,447 child respondents, 53.22% reported having faced one or more forms of sexual abuse that included severe and other forms. Among them 52.94% were boys and 47.06% girls. The age wise distribution of children reporting sexual abuse in one or more forms showed that though the abuse started at the age of 5 years, it gained momentum 10 years onward, peaking at 12 to 15 years and then starting to decline (18).

In the same country five years later a self- report survey was conducted among adolescents in carela, south India in the 15–19 y age group. Sexual abuse was widely prevalent and both boys and girls were equally susceptible. Overall, 35.3 % adolescents reported experiencing one or other form of sexual abuse. Among the girls 35% and among the boys 36 % reported lifetime experience of sexual abuse (19).

The prevalence of CSA differs from place to place depending on the method of the data collection and size of the sample, a population based study done in Brazil in 1936 respondents from 1040 households Prevalence of CSA among girls (5.6%) was higher than among boys (1.6%), Boys experienced CSA at younger ages than girls and 60% of all reported CSA happened before age 12. Physical abuse was frequently associated with CSA at younger and older ages. CSA after age 12 was associated with an increased number of sexual partners in the last 2 months (9).

2.1.2 Childhood Sexual Abuse in Africa

Researches regarding Childhood Sexual Abuse have been conducted in Africa, most of them are in sub-Saharan Africa predominantly from South Africa, these papers showed the prevalence CSA is high particularly females were highly victimized than males. A Cross-sectional survey conducted in ten Southern African countries in 2007 among school children aged 11-16 years. About 25% of boys and 29% of girls reported experiences of forced or coerced sex.(20).

In Tanzania 2009, Center for disease Control and United Nations international Children's Emergency Fund conducted a national survey of violence against children (URT, 2011) that revealed higher figures of CSA: Among individuals aged 13-24 years, 28% of females and 13% of males experienced sexual abuse perpetrated by an adult before reaching 18 years of age. The most common forms were sexual touching and attempted sexual intercourse(21).

2.1.3 Childhood Sexual Abuse in Ethiopia

Very few studies have been undergone with regard to CSA in Ethiopia. The prevalence differs from place to place. A study done in Addis ababa in the year 2012 on child sexual abuse cases from Child Protection Units of Addis Ababa Police Commission and three selected non-governmental organizations (working for the welfare of sexually abused children in Addis Ababa) showed that the prevalence of sexual victimization was 23% and majority of the sexual abuse incidence were committed against female children in their own home by someone they closely know. The psychological trauma and physical complaints presented by victims include symptoms of anxiety and depression (7).

A study done in Addis Ababa on male high school students indicated that the life time prevalence of rape and sexual harassment of boys were 4.3% and 68.2%, respectively According to their report (66.7%) of the perpetrators were known by the victims (6).

A study done on female students in Jimma zone in 2010, South West Ethiopia revealed that the prevalence of sexual abuse was 16.6%, that is experience of sexual assault (*verbal* such as insulting children using taboo sexual words; *visual*-displaying pornography, forcing one to show his/her sex organ or forcing you to see somebody's sex organ and *physical*, i.e, fondling, touching in a sexual manner, and raping). Moreover, females who were sexually abused had higher mean of self-report depression scores. They also indicated more incidences of panic, and PTSD syndromes than their counterparts (22).

2.2 Myths on Childhood Sexual Abuse

2.2.1 Child Sexual Abuse as a STD/HIV Avoidance Strategy

A further feature of the African literature explains that the frequently cited perception that child sexual abuse may, in part, be explained by beliefs in the 'cleansing' nature of sex with virgins and young girls. That is, sexual intercourse with children may cure one of disease, or in other ways bring good fortune or financial success. They also speculate that a major contributing factor to the increase in sexual assaults on young girls/virgins in sub-Saharan Africa is the belief that such females are less likely to be infected with the HIV virus. Citing they report that, in some areas, it is believed that such intercourse will actually cure STDs (23).

There are many commonly held beliefs about sexual abuse. **One** is that abusers are always men. In fact, reports of female perpetrators are on the rise, involving both male and female victims. At least 5% of abusers are known to be women. Another myth is that the abuser is usually a stranger. More than 70% of abusers are immediate family members or someone very close to the family. **Remember** - bad guys don't always **look** bad; they're often the people we love. A **third** myth is that the abuser is always hated. Often the victim loves and protects the perpetrator. Some children feel "special" about the abuse. It may be the only attention or physical contact they're getting. Because of this, some survivors even into adulthood will deal with the abuse by minimizing it. Thus, they make the abuser and the events "OK", to make it feel like they're okay. (24).

2.3 Relationship of perpetrator to the victim

Despite the widespread nature of childhood sexual abuse, there have been few studies of the prevalence in certain regions until recently. A number of new studies are currently under way in sub-Saharan Africa. In 2009, a nationally representative sample of 1242 girls and women, aged 13–24 years, in Swaziland, found that 33.2% of respondents reported an incident of sexual violence before they reached the age of 18 years(25).

In that study, the most common perpetrators of the first incident were men or boys from the respondent's neighbourhood, boyfriends or husbands. The first incident most often took place in the respondent's home, so included sexual violence by intimate partners and dating sexual

violence. A recent study compared the first national, population-based data available on child sexual abuse before the age of 15 years in three Central American countries.

Early Identification of a perpetrator

1. Adult shows undue attention toward a child.
2. Insists on touching, hugging, kissing even when child does not want it.
3. Overtly interested in child's sexuality.
4. Constantly manoeuvres to get time alone with children and has little interest with someone of her age.
5. Buys children expensive gifts for no apparent reason.
6. Frequently intrudes a child's privacy.

Childhood Sexual Abuse includes a broad range of behaviours, which can be perpetrated across a broad range of intrafamilial and extra familial relationships, and there is considerable variability in the duration and frequency of the abuse(26).

A case-control study carried out with 201 children aged 2 to 12 years of age who had attended consultations at pediatric clinics and referral centers for victims of sexual violence in Brazil showed that from the sexually abused children intra familial perpetration was the most common, In 70% of cases abuse was intrafamily, with the perpetrator being a family member or someone who lives with the child. Children who suffered extra familial abuse had been victimized by teachers, neighbors and, in some cases, strangers (27).

A study by Dereje worku, Abebe Gebremariam in Jirren high school female students, South West Ethiopia reported that from the total of 222 female students who had experienced some form of sexual abuse, majority of the perpetrators were unrecognized persons (36%), followed by school mates (31.5%), interfamilial perpetrators (16.7%) and neighbours (15.8%) (5).

2.4 Risk groups of CSA

In terms of risk factors, being female is considered a major risk factor for CSA as girls are about two times more likely to be victims than males. Several authors do, however, point out that there is a strong likelihood that boys are more frequently abused than the ratio of reported cases would suggest given their probable reluctance to report the abuse(28-29).

With respect to age, children who are most vulnerable to CSA are in the school-aged and adolescent stages of development, though about a quarter of CSA survivors report they were first abused before the age of 6. Overall, while low family or neighbourhood socioeconomic statuses is a great risk factor for physical abuse and neglect its impact on CSA is not as proven. the absence of one or both parents or the presence of a stepfather, parental conflicts, family adversity, substance abuse and social isolation have also been linked to a higher risk for CSA . On one hand, CSA could appear to occur more frequently among underprivileged families because of the disproportionate number of CSA cases reported to child protective services that come from lower socioeconomic classes (3, 30)

The violence suffered by children in institutions can be exacerbated when they are housed with adults or older children; this may lead to physical and sexual victimization by other older children and adult inmates. The impact of institutionalisation goes beyond the immediate exposure of children to violence (31).

Some study findings show that socio economic characteristics has nothing to do with child sexual abuse for example a population-Based Study of Childhood Sexual Contact in China in 2007 revealed that socioeconomic origins seem unrelated to sexual contact in childhood. They found no significant link between childhood contact and socioeconomic background such as father's occupation and whether the child lived in an urban or rural area at age 14 (32).

2.5 The Negative Sequel of Child Sexual Abuse

Childhood physical and sexual abuse has a wide number of psychological sequelae. Among these are low self-esteem, anxiety, depression, anger and aggression, post-traumatic stress, dissociation, substance abuse, sexual difficulties, somatic preoccupation and disorder, self injurious or self-destructive behaviour, poor school performance, substance abuse, prostitution, delinquency, transmission of abusive behaviour to subsequent generations and most of the various symptoms and behaviours seen in those diagnosed with borderline personality disorder (33).

Childhood Sexual Abuse has a devastating long term effect on later life economy of the victim. A study done on the impact of having suffered sexual abuse as a child on later life economic outcomes using a nationally representative dataset of individuals aged 50 and older and living in Ireland indicated a large and statistically significant link between CSA and being out of

employment due to being sick and/or permanently disabled; adults who had experienced CSA were 3.8 times more likely to be permanently sick or disabled as opposed to adults who did not experienced CSA(34).

The long-term consequences of child abuse and neglect are not relegated to only the victim they also impact their families, future relationships, and society. It is a complex societal problem that requires a comprehensive response (35).

CSA status serves as an important moderator of the association between sexual Functioning and sexual distress in women. Specifically, women with a history of CSA show higher levels of distress in the context of good sexual functioning as compared to women without a history of CSA (36).

The high proportion of CSA is a serious problem in the country. In light of the above literature review factors that are identified to influence CSA are female sex, unaccompanied children; children in foster care, adopted children, stepchildren; physically or mentally handicapped children; history of past abuse; poverty; psychological or cognitive vulnerability; single parent homes; social isolation (e.g. lacking an emotional support network); parent(s), living alone. The CSA could possibly be decreased by provision of school health services like life skill trainings, modifying the behaviour of school adolescents in response to episodes of the sexual abuse and immediate reporting to responsible body when the offence faces. As far as the investigators knowledge is concerned, no similar studies conducted in SNNPR in general and in our study area in particular, hence, an analysis of the main behavioural factors that influence CSA in girls might be of profound importance in the formulation of policy towards prevention of CSA.

Childhood sexual abuse experiences and its associated factors

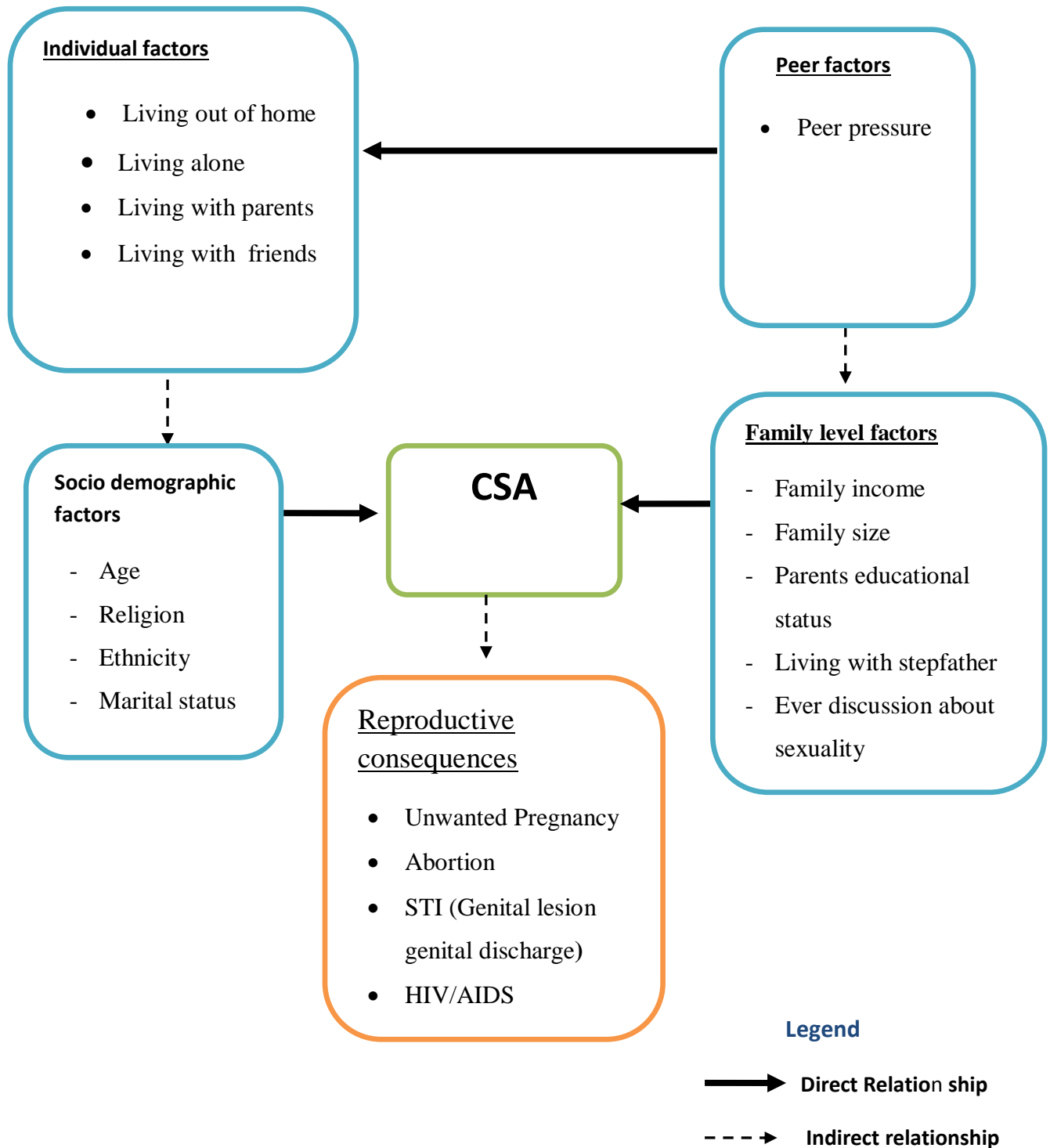


Figure 1: conceptual framework of the study (adapted from the ecological model of adolescent health and development)

2.6 Significance of the study

In developing countries the number of CSA is now becoming prevalent and Ethiopia is one of the developing countries where children involvement in this maladaptive sexual behaviour is evident.

In most Ethiopian cultures, sex is something that is not discussed openly. Hence public knowledge towards sexual abuse particularly CSA is very low. Even though Ethiopia adopted the convention on the rights of the child in article 16 no 1: which states parties should take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of abuse(37), the existing few studies undertaken in the country showed significant number of children are still sexually abused. Living alone, absence of parents, peer pressures were found to be associated with CSA.

Besides the limited number of studies undertaken in the country with regard to CSA so far, the prevalence of CSA and its associated factors within our study area of interest is still not known, therefore; the objective of this study is to assess Childhood sexual abuse experiences and its associated factors among female high school students in Arbaminch town and there by create public awareness for action.

The findings of this study may help to plan, develop and promote a more comprehensive school-based CSA or victimization prevention program, coping strategies of CSA, and inclusion of life skill trainings as part of formal education program in primary and secondary schools. Therefore; Preventive education may be more effective in helping children to disclose and react to the victimization of CSA. Moreover, this study will also provide pathways and information for other researchers who want to conduct further study on the issue; consequently findings will help as a baseline data for future study.

CHAPTER THREE

3. Objectives

3.1 General objective

To assess Childhood sexual abuse experiences and its associated factors among female high school adolescents in Arbaminch town, march 2014

3.2 Specific objectives

- To estimate the prevalence of childhood sexual abuse experiences among female high school adolescents in Arbaminch town
- To identify factors affecting Childhood sexual abuse among female high school adolescents in Arbaminch town
- To determine the self reported reproductive outcomes of childhood sexual abuse
- To explore cultural and societal perspectives of childhood sexual abuse

CHAPTER FOUR

4. Methods and materials

4.1 Study area and period

Arbaminch is the capital city of Gammu Goffa zone. It is located 505kms far to the south of Addis Ababa. The town is one of the low lands in the SNNPR having a hot climate with average temperature of 29⁰c and annual mean rain fall of 900mm. It is surrounded by mountainous high lands from its whole South-West-North directions and in its opposite South-East-North direction the surface is filled with water bodies (Lake Abaya and Chamo) and the rest with jungle of natural forest including the forty springs of Arbaminch river. The town has 2 subdivisions; Secha and Sikela, each 5kms apart. According to 2007 census, population projection of 2014, **89575** populations are living in Arbaminch town (38).

According to the profile of data collected from the town's Educational Office, the town has one General hospital two health centre, the educational institutions found in the town are: fourteen (14) 1st cycle and 2nd cycle primary schools which are consisting of students from grade 1 to 4 and grades 5 to 8 respectively. There are also 7 high schools, 2 preparatory school, 1 TVET School, 1 TTC, 1 Health Science College and a University with in the town.

4.2 Study period

The study was conducted from March 03 to 08/2014

4.3 Study design

School based cross-sectional study design by using both quantitative and qualitative method of data collection was employed.

4.4 Source population

All high school female adolescents in Arbaminch town

4.5 Study population

Randomly selected female adolescents from the source population

4.6 Inclusion criteria

Regular (day time) grade ten female adolescents who were present in the school on the day of the administration of the questionnaire were included.

4.7 Exclusion criteria

Students who were not able to complete the questionnaire due to serious illness were excluded

4.8 Sample size

To determine the sample size for the quantitative study, the following standard single population proportion formula was used

$$n_0 = \frac{(Z_{\alpha/2})^2 P(1-P)}{d^2}$$

where , n_0 = initial sample size derived from estimation formula

$n = (Z \alpha/ 2)^2$ = is confidence level, i.e. 1.96 to be 95% confident

P = is the prevalence of CSA for females(5).

d = is margin of error to be tolerated and taken as 5%

n_f = final sample size

So, $n_0=335$

$n_f = 335 + 34$ (non response rate,10% of the calculated sample size) =**369**

For the qualitative part 14 in-depth interviews were used purposively.

4.9 Sampling procedure

A simple random sampling technique was employed to select grade ten female students from each high schools of Arbaminch town. There were seven high schools in Arbaminch town, but one school, '*Limat meles Zenawi secondary school*' was new and lacks grade ten students, hence it was excluded. Therefore the sampling was done among the rest six schools.

Grade ten high school students were chosen because the investigators believe that they are mature enough to have the courage to report their sexually abusive experiences, and at the same time their ages are expected not to be too far above maximum age for adolescents (19 years). The total sample size was allocated by probability proportional to size (PPS) to the **six** schools in the town. Then from grade ten students number of female students were selected by simple random sampling system from each school based on the proportionally allocated sample size.

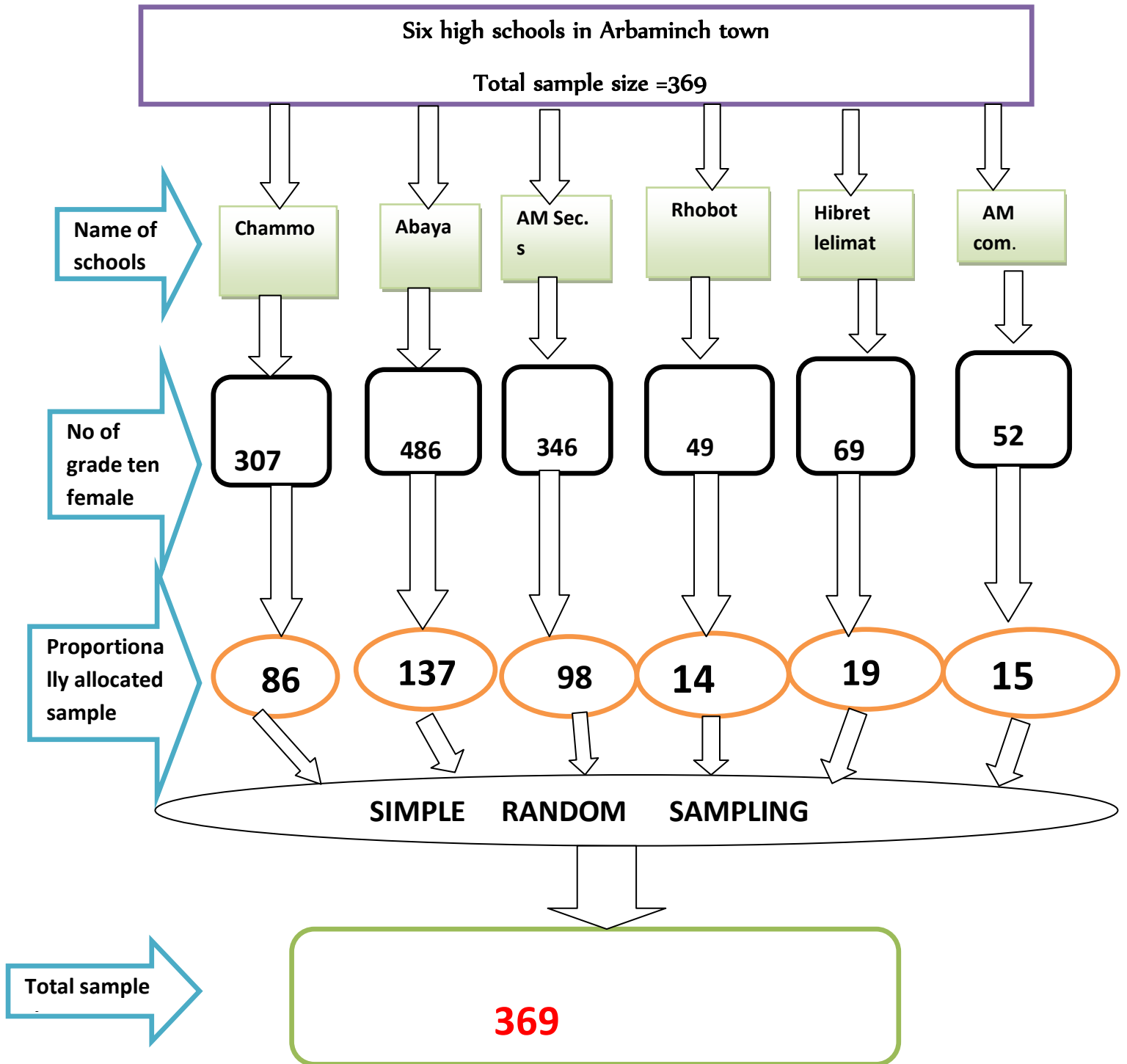


Figure 2: Schematic presentation of the sampling procedure, Arbaminch town, march 2014

4.10 Study Variables

 **outcome variable**

- ✘ Child sexual abuse

 **Independent variables**

Socio-demographic characteristics of the respondents

- | | |
|---|------------------------------|
| ✘ Age | ✘ Religion |
| ✘ Sex | ✘ Marital status |
| ✘ Ethnicity | |
| ✘ Family size | ✘ Parents occupation |
| ✘ Living arrangement(living
alone, Living with friends,
Living with stepfather) | ✘ Parents educational status |
| | ✘ Having discussion |
| | ✘ Monthly income |

4.11 Data collection method and procedure

Data collection was facilitated by six female Bsc. Nurses: They were clearly briefed about the purpose of the research and importance of strictly getting only the sampled subjects. Intensive training on the data collection methods was given for two days. Two health officers were recruited for supervision. A pretested, structured, anonymous self administered questionnaire was used, which was partly adopted from the standard “childhood experience of care and abuse Questionnaire (CECA.Q)”(39). The questionnaire was first prepared in English translated to Amharic then back translated to English language for its consistency by two different individuals who speak both English and Amharic fluently.

In order to maintain confidentiality, separate rooms for students were arranged ahead of time. Data collection facilitators were assigned in each room. The sitting arrangement of the participants was considered: All the selected girls were called and made to sit in prior arranged rooms. Each student took a single seat with sparse arrangement of chairs and desks. No names or identifiers were included on the questionnaire. Students were instructed to fill the questionnaire and leave it in the prepared collecting box. The above procedures were intended to ensure confidentiality and avoid possibilities of immediate handling of filled questionnaires by supervisors. This was followed by an awareness class about the nature and consequences of child abuse, preventive measures and coping strategies.

For the qualitative method of study

To enrich the findings of the quantitative study and look the social and cultural aspects and perspectives of society about the life time exposure of child sexual abuse and its associated factors, 14 in-depth interviews were conducted. Place of in-depth interview was selected as to the convenience of the participants.

Female school teachers and adolescent students who were not involved in the quantitative study and were thought to be informative (Participants of clubs, school mini media) were selected conveniently among students. Before beginning the interview, the participants were briefed about the purpose and use of data. Then after obtaining verbal consent, the data collectors made the interview by using semi-structured interview guide. The interview was entirely tape recorded and field notes were taken.

4.12 Operational definitions and definition of terms

Sexual Coercion – is the act of forcing (or attempting to force) a female student through physical body harm, violent threats, verbal insistence, deception, cultural expectation or economic circumstance to engage in a sexual behaviour against her will.

Sexual harassment – is unwanted sexual behaviour such as physical contacts or verbal
Comments, jokes, questions, and suggestions

Child sexual abuse (CSA)/ Rape - a self report of unwanted and inappropriate sexual exposure to, a child by an older person; penetration in terms of oral, anal or vaginal intercourse

Extremely poor/Below puberty line – a family income <\$1.25 USD/per day

Reproductive outcomes- if a female exposed to unwanted pregnancy, abortion, STIs HIV/AIDS, after having sexual intercourse

Interfamilial member- includes blood related union to the rape survivor including relatives (father, mother, brother, sister, uncle, Aunt, nephew, nice, etc...)

Extra family member- anyone who has no blood related union to the rape survivor (friends, acquaintances, neighbors, etc...)

4.13 Data analysis

For the quantitative part, data was entered in to Epi-data V2.2, cleaned, edited and then exported to SPSS version 20 statistical package for analysis and was cleaned for inconsistencies and missing values.. Descriptive statistics including frequencies, percentages, mean, and standard deviations were used to describe findings. The presence of association was assessed using bivariate analysis and associations with p-value <0.05 was considered as statistically significant. Multi- Variable logistic regression was used to control confounding effects and the strength of association was expressed in odds ratio and its 95% confidence interval. In the bi-variate analysis Variables with P-value <0.2 were candidate for the final model.

For the qualitative data, the tape recorded interview was thoroughly listened and fully transcribed to the language of the discussion (Amharic) by one .The final transcribed audio record data and field notes were translated into English. Responses and comments were grouped and categorized according to the themes. Then major findings were narrated and summarized based on thematic areas.and finally writing up and description was performed.

4.14 Data quality management

The principal investigator and supervisors were making supervision on the data collection process. To check the accuracy and validity of the questionnaire, pre-testing of the questionnaire was done on five percent (5%) of the actual sample prior to the actual study period in Chench high school, which was outside and adjacent woreda to Arbaminch town. The questionnaires checked for completeness and consistency.

4.15 Ethical consideration

Ethical clearance was obtained from Jimma university ethical review committee. A formal letter was also submitted to Gammo Goffa zone educational office and subsequently to high schools of the Arbaminch town where the study took place, written permission from the parents of the respondents was obtained a day before the data collection time .

Oral and written permissions from the schools and the respective study subjects were taken. The objective of the study was explained to the subjects and their consent to participate in the study was assured before completing the questionnaire. Furthermore, the study participants were reassured for an attainment of confidentiality.

4.16 Plan for data dissemination and utilization of findings

The findings will be presented to the Jimma University scientific community and will be submitted to the College of Public Health and Medical Sciences department of Population and family health. The findings will also be communicated to the local health planners and other relevant stakeholders in Gammo- Goffa zone and Arbaminch town educational office level in the area to enable them take recommendations into consideration during their planning process. Presentation and publication to scientific forum and journals will be considered.

Chapter -Five

5. Result

5.1 Socio -demographic characteristics

Out of the expected 369 participants a total of 362 female students appropriately completed the questionnaire. Seven respondents were excluded due to grossly incomplete and inconsistency responses. Therefore; the study was done among 362 female respondents yielding 98 % response rate. Two hundred twenty two (61%) of the respondent were in the age group 16 -17yrs with mean age of 16.6yrs \pm 1.1 yrs. Majority of the respondents were Gammo 275(52.7%) followed by Amhara 37(10.2%). Orthodox Christianity was the most frequent religion 185(51.2%) followed by protestant 296(27.6%). About 337(91.4%) were single. The living arrangement of the students indicated that 196(54.1%) were living with their Parents, 72(19.9%) with their friends, and 94(26.0) alone. (Table 1)

Table 1 socio-demographic characteristics of female high school students, Arbaminch town, march 2014 2014(n=362)

Variables		No.	%
age	14-15	55	15.2
	16-17	221	61.0
	18-19	89	23.8
Religion	Orthodox	185	51.2
	Muslim	8	2.2
	Protestant	147	40.7
	Catholic	11	2.9
	Other	11	3.0
Marital status of the student	Single	337	91.4
	Married	25	6.9
	Other	6	1.7
living arrangement of the student	father and mother	196	54.1
	Friends	72	19.9
	Alone	94	26.0

5.2 Parental characteristics of the students

Majority of the respondents fathers' 140(38.7) were governmental employees. 143(39.4%) of their mothers were house wives. most of the students' fathers 247(72.6%) have completed secondary school and above and 214 (59.5%) of the students' mothers were at secondary and above level of education. About 122(34.5%) students came from a family size of less than 5 (Table 2).

Table 2: parental socio-demographic characteristics of female high school students,Arbaminch town, march 2014(n=362)

Characteristics		No.	%
Occupation of the students father	Government employee	140	38.7
	Farmer	114	31.5
	Merchant	88	24.3
	Day labourer	20	5.5
	Total	362	100
Educational status of the student's father	Below secondary	196	54.1
	Above secondary	166	55.9
	Total	362	100
Occupational status of the students mother	House wife	143	39.4
	Merchant	94	26.0
	Government employee	63	17.4
	Farmer	44	12.2
	Other	18	5
	Total	362	100
Educational status of the student's mother	Below secondary	254	70.6
	Above secondary	108	29.4
	Total		100
Family size	<5	122	34.5
	5-9	209	59.0
	> =10	31	6.5
Total		362	100

5.3 Reported sexual history

Among the total 362 respondents, 79(21.8%) reported being sexually active. From those who were sexually active students, majority 52(66.7%) started sex at the age of 13-16, the mean age of first sexual debut was 15.12 years with ± 1.75 SD. About 27(34.1%) of them started sexual intercourse based on their willing. Majority of the respondents 194(53.6%) came across other children who had been sexually abused. Out of the 362 female students 187(51.7%) have had open discussion with their parents about sexuality and reproductive health matters (Table 3).

Table 3 reported sexual history among female high school students in Arbaminch town, March 2014

Characteristics		No.	%
History of sexual intercourse	Yes	79	21.8
	No	283	78.2
Reason for starting of sexual intercourse	Based on interest	27	34.1
	Peer pressure	21	26.6
	Engagement in marriage	13	16.5
	Forcefully	9	11.4
	To get money	9	11.4
Ever come across other children who had been sexually abused	Yes	193	53.3
	No	169	46.7
Ever discussion with parents or guardians	Yes	187	51.7
	No	175	48.3
Recommendation to alleviate the problem	stiff punishment of the abuser	126	34.8
	health announcement in mass media	113	31.2
	school health education	68	18.8
	Reporting to legal body	55	15.2
Age at which sexual intercourse started	9-12	8	10.3
	13-16	52	66.7
	17-19	19	23

5.4 Prevalence of Childhood sexual abuse

The life time prevalence of rape in this study was 40(11.0 %). The occurrence of life time verbal harassment was 145(40.1%), abuse by caressing breasts / touching genitals to be 104(28.7%).

The prevalence of unwelcomed kissing among those study subjects was 106(29.3%) (Figure 3)

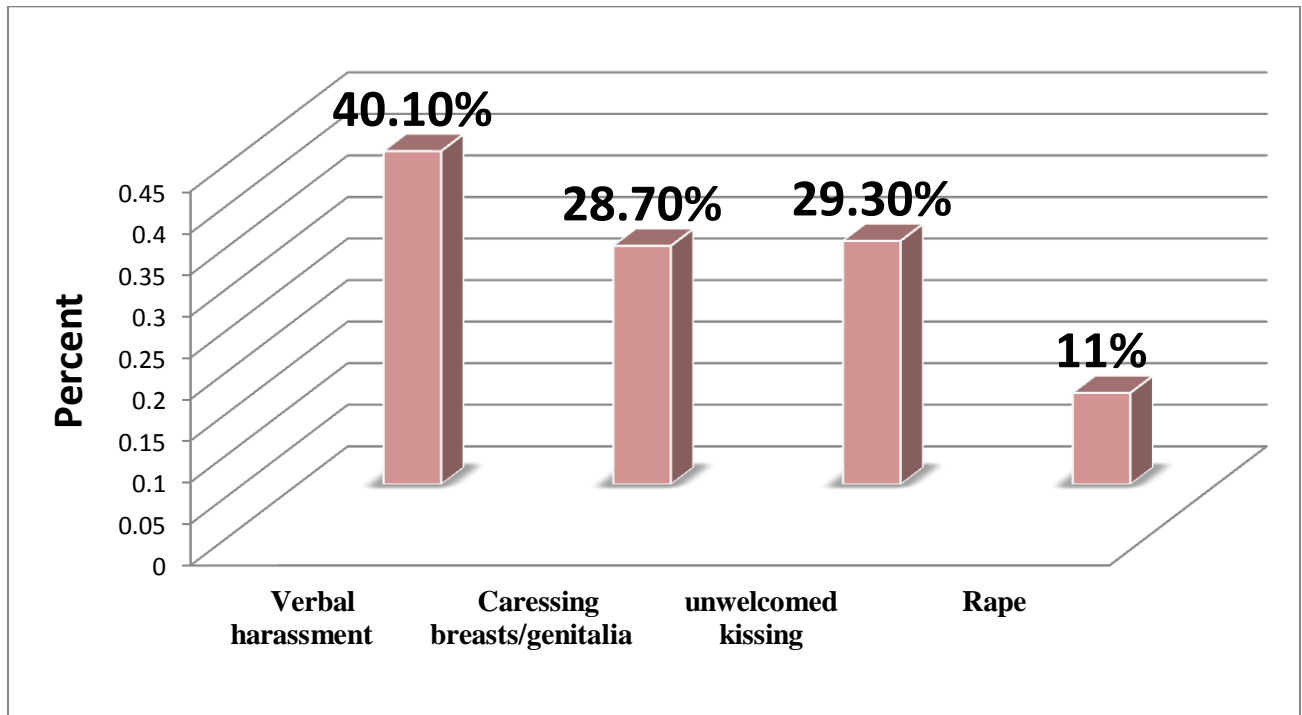


Figure 3: life time prevalence of sexual abuse among female high school students, Arbaminch, March 2014

5.5 Perpetrator and conditions during Rape

All of the rape survivors were raped by male perpetrators. Among the 40 female students who reported to experience rape 12(30%), responded that the estimated age of the perpetrator was more than 10 years compared to their age. 32(80%) were in the age range of 13-16 years. Almost half 20(50%) of them were living alone during the occurrence of the event (table 5).

Table 4: perpetrator and condition during rape among female high school students, Arbaminch town, March 2014

Characteristics		No.	%
Estimated age of the perpetrator	more than 10 years	12	30
	5-10 years	8	20
	1-5 years	4	10
	equal to my age	5	12.5
	Other	11	27.5
	Total	40	100.0
Living with , when the abuse happened	with my parents	10	25
	with my friends	10	25
	Alone	20	50
	Total	40	100
place of the abuse	In the victims house	7	17.5
	In the perpetrators house	19	20
	at school	2	5.0
	Hotel	8	20.0
	Other	4	10
	Total	40	100
	age at which sexually abused	9-12	3
13-16		32	80
17-19		5	12.5
Total		40	100.0

5.6 Reporting about sexual abuse

From the total 40 rape survivors, majority 25(62.5%) of them didn't share the condition to anybody. Out of those who didn't report to legal bodies, , their main reason not to report to legal bodies was,12(44.4%) fear of their families,5(18.5%) didn't know what to do,8(22.2%) fear of stigma,2(7.4%)fear of the perpetrator and 2(7.4%) due to other unspecified reason.

From the rest 15(42.9%) victims who shared the situation to someone else, only 7(17.5%) reported to legal body (police). 5(33.3%) shared to their friends, 2(13.3%) to their parents and 1(6.7%) shared to her sister. Regarding the action taken against the perpetrators, on 8 (53.3%) perpetrators no legal action was taken but on 5(33.3%) perpetrators imprisonment was taken as legal action.

5.7 The relationship of the perpetrator to the rape survivor

Out of the 40 rape survivors, 34(85.0%) were raped by extra family members and the rest 6(15.0%) were raped by family members (Fig. 4).

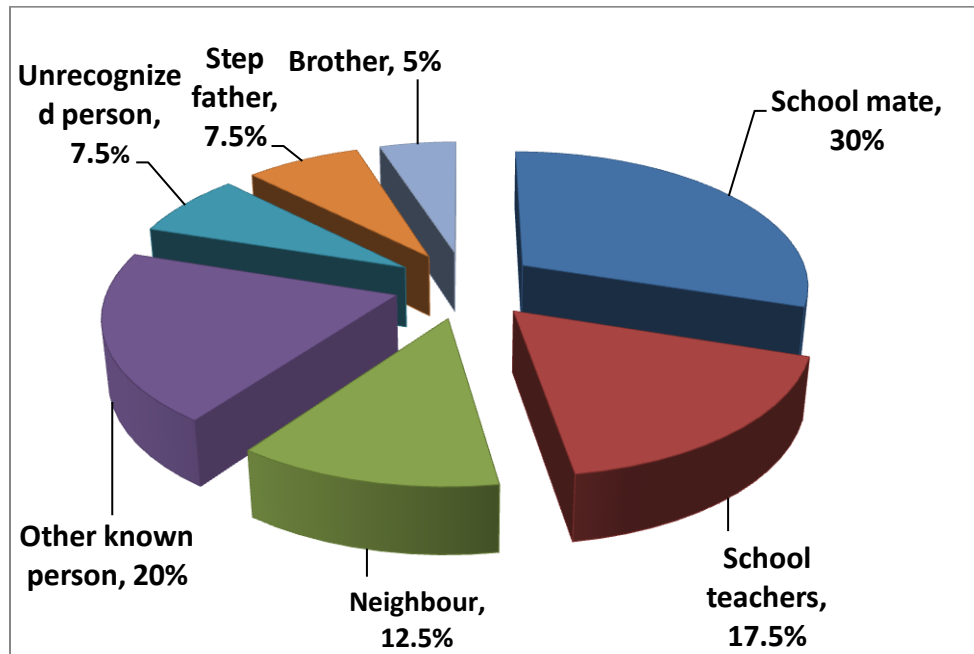


Figure 4: the relationship of the abuser to the rape survivor among Arbaminch high school female Adolescents, march 2014.

The qualitative finding is in line with the above finding. Most of those key informants explained that most students that they knew were abused by their friends and acquaintances and someone very close to the family member as well. As they explained specially those individuals who want to have sexual relation with female children, they deliberately make strong intimacy with any one of their brothers, visit their home frequently, this is a strategy to get thrust from the family then wait the opportunity of attack and they do it. But sexual abuse by family members or someone very close to the family member was not uncommon; step fathers, even sometimes fathers and brothers are involved.

One of the female school directors stated,

“.....I remember in my kebele a girl was living with her father following the divorce of her parents. The drunkard father came to her bed in the mid night, muffled her mouth with his hands and raped her. The condition continued frequently through time. She came to me and shared her secret including her current pregnancy from her birthfather. I convinced her to report to legal bodies. Her father had been accused to court but finally she couldn't tolerate the psychological impact and disappeared from the town, I haven't seen her then.....”

5.8 Reported outcome of the Rape survivors among Arbaminch town high school female adolescents, March 2014

From the total 40 girls who reported to experience rape, 10(25%) ended up with unwanted pregnancy. Of those ten survivors of rape who reported to had have unwanted pregnancy, 8 aborted and the rest, two gave live birth. Of the rest five survivors, four reported to have genital discharge/lesion and one come up with HIV/AIDS. (fig 4)

The qualitative finding supported this finding. Most of the key informants agreed that a number of students that they knew had faced some sort of complications after being raped. Pregnancy and abortion were the common ones they knew. Most students who experienced rape, one thing they keep it secret and do not tell to anybody for fear of stigma. Second, due to fear and shame they do not have the courage to buy emergency contraceptives rather they remain silent then pregnancy follows subsequently they try to terminate. Due to financial problem some students go to local traditionally working people, the poor hygienic procedure and trauma leads them in serious illness even some females are dying at home.

Childhood sexual abuse experiences and its associated factors

An 18 years old female student stated that:

“.....last year I remember my friend (female) deceived by one of our classmate that he appointed her to work assignment , she went to his home .he made sex against her willing (as she told me). Two months later she was terrified and crying the whole day including class hours, when I ask her she told me the condition and as she was pregnant. She told him but he denied. I reassured her and discussed with my elder brother then he gave me three hundred Eth. Birr, lastly I took her to marry stops clinic and then the pregnancy became terminated.....”

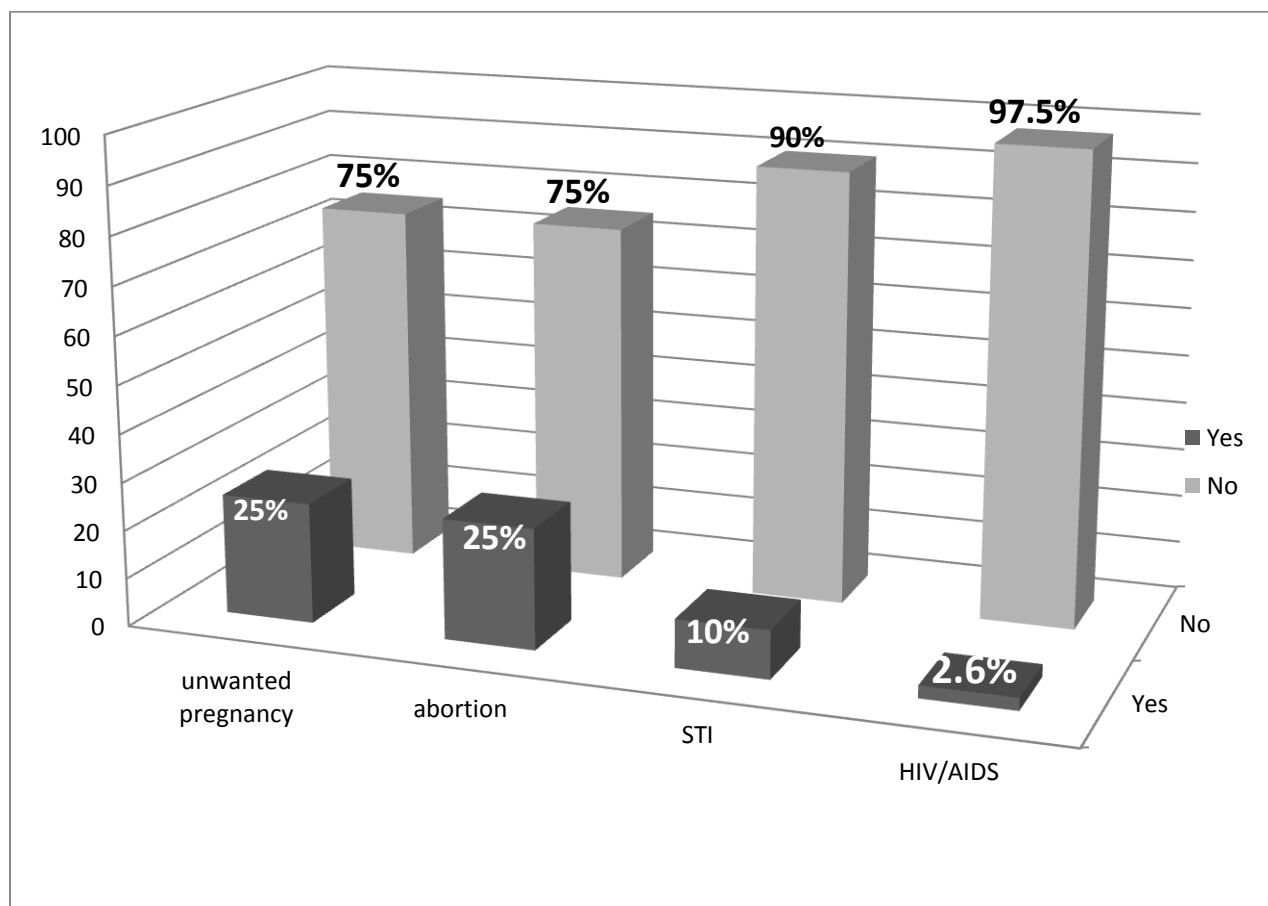


Figure 5: Reported outcomes of childhood sexual abuse among female high school students, Arbaminch town, March 2014

5.9 Factors associated with life time rape

Factors associated with life time rape was assessed. The bi-variate analysis yielded that living arrangement of the student, ever discussion about sexuality and reproductive matters with parents, father's educational status and monthly income had statistically significant association with life time rape (Table 6).

In the bi variate analysis, Variables which have statistically significant association with the dependent variable and variables which have borderline statistically significant association with the dependent variable were included in the final model to see the effect of individual variable on the dependent variable while controlling for confounding. Those Variables with $PV < 0.25$ were candidates for the final model.

Childhood sexual abuse experiences and its associated factors

Table 5: factors associated with life time rape among high school female students Arbaminch town, March 2014

variables	Ever raped			PV
	yes	NO	COR(95%CI)	
Living arrangement				
father and mother	10(5.1%)	186(94.9%)	1	0.001
Friends	10(13.9%)	62(86.1%)	3.00(1.19,7.5)	
Alone	20(21.3%)	4(78.7)	5.02(2.24,11.2)	
family size of the student				
>5	24(10.3%)	208(89.7%)	0.76(0.38,1.50)	0.435
<5	16(13.1%)	106(86.9%)	1	
marital status of the student				
Single	35(10.6%)	296(89.4%)	1	0.350
Married	5(16.1%)	26(83.9%)	1.6(0.58, 4.50)	
fathers educational status				
Below secondary	34(17.3%)	162(82.7)	5.59(2.28,13.9)	0.001
Above secondary	6(3.6%)	160(96.4)	1	
educational status of the mother				
Below secondary	31(12.2%)	162(82.7%)	1.49(0.68, 3.26)	0.202
Above secondary	9(8.5%)	9(8.5%)	1	
Monthly income				
<=712.5 ETB(37.5USD)	29(20.9%)	110(79.1%)	5.08(2.44,10.55)	0.001
>712.5ETB(37.5USD)	11(5.9 %)	212(95.1%)	1	
Ever had discussion				
No	29(16.6%)	146(83.4%)	3.17(1.53,6.58)	0.002
Yes	11(5.9%)	176(94.1%)	1	

Childhood sexual abuse experiences and its associated factors

Multiple logistic regression was done to assess factors associated with life time rape. Living arrangement, father's educational status, ever had discussion with parents or guardians on sexuality and monthly income had statistically significant association with childhood sexual abuse (Table 8)

The odds of experiencing life time rape among students who were living with their friends was higher than those who were living along their parents. (AOR= 3.31; 95%CI: 1.23, 8.89)

The odds of experiencing life time rape was higher among students who lived alone than those who lived along with their parents (AOR=4.30; 95%CI: 1.81, 10.24)

The qualitative findings supported this finding, most of the key informants mentioned that living with parents has preventive effect from sexual abuse, living away from parents or becoming out of sight from parents exposes adolescent girls to rape. Especially students who come from other rural woredas departing from their families living alone or with friends are highly vulnerable to Sexual abuse. Peer pressure also accentuates the condition; students who live with their friends gradually share the behaviour and consider those mal behaviours as normal especially accompanying males and enjoying in the night; hence forth, are easily exposed sexual abuse. An 18 years old female key informant stated,

“.....I know a girl who came to Arbaminch town from one of the neighbouring rural woredas perceiving to have better education in the town. She was living in our compound renting one of the rooms. As she told me she hasn't had any sexual relationship previously but after coming here (Arbaminch), one day around 8:00pm while she was coming back from her female classmates home after study, two men standing on her way in the dark and took her forcefully to their home and raped her.....”

Students who did not have open discussion about sexuality and reproductive health matters with their parents were about three times more likely to experience rape as compared to those students who had open discussion with their parents.(AOR=2.93;95% CI: 1.33,6.45)

The odds of experiencing rape among Students who had family income \leq 712.5ETB (37.5 USD)/month was about three times higher than those students with monthly income $>$ 712.5 ETB (37.5 USD/month (AOR= 3.82; 95% CI: 1.76, 8.31).

Childhood sexual abuse experiences and its associated factors

Table 6: multiple logistic regression analysis results showing association between life time rape and selected variables among female high school students, Arbaminch town, march 2014

Variables	Life time rape		COR(95%CI)	AOR (95% CI)
	Yes	No		
Ever had discussion with parents				
No	29(16.6%)	146(83.4%)	*3.17(1.53,6.58)	*2.93(1.33,6.45)
Yes	11(5.9%)	176(94.1%)	1.00	1.00
fathers educational status				
Below secondary	34(17.3%)	162(82.7)	5.59(2.28,13.9)	*4.69(1.84,11.95)
Above secondary	6(3.6%)	160(96.4)	1.00	1.00
living arrangement				
Father & mother	10(5.1%)	186(94.9%)	1.00	1.00
Friends	10(13.9%)	62(86.1%)	*3.00(1.19, 7.54)	*3.31(1.23, 8.89)
Alone	20(21.3%)	74(78.7)	*5.02(2.24,11.24)	*4.30(1.81, 10.24)
Monthly income				
<=712.5 ETB (37.5 USD)	110(79.1)	29(20.9)	* 5.08(2.44, 10.55)	* 3.82(1.76, 8.31)
>712.5 ETB (37.5USD)	11(5.9 %)	212(95.1%)	1.00	1.00

*significant at P<0.05

Almost all study participants suggested possible solutions to combat the problem, of these 126(34.8) suggested stiff punishment of the abuser, 113(31.2%) recommended implementing health announcements in the mass media, 68(18.8) suggested school health education and 47(13.0) recommended reporting to legal bodies.

Chapter Six

6 .Discussion

The life time prevalence of rape among female high school students in Arbaminch town was 11.0%. This finding is consistent with studies done in Debarq, North West Ethiopia, on female high school students, Addis Ababa university students, Wolayta sodo female university students, and Tanzania school children, 8.8%, 12.7%, 8.7%, 8.7% respectively (11, 40-42).

This finding is much lower than a study done in south west Nigeria teenagers which is 42.1%. This discrepancy may be due to social and cultural variation between the study subjects in reporting, and due to different levels of under reporting in our case(9).

The commonly perpetrators in our study were school mates/friends (35.3%) followed by school teachers (20%) and neighbours (14.7%). From interfamilial abusers, step fathers and brothers became the leading. This finding is consistent with a study done in Addis Ababa by Jemal Jibril, and A study done in Jimma school children, which showed greater number of children respondents were perpetrated by someone they closely know.(7). Again this finding is comparable with a study done in Bahirdar college students which indicated that the most frequent perpetrators of rape were intimate partners 58%, family members (11.8%) and teachers (2.9%).This finding is also consistent with a study done in Tanzania, Dareselam school children, which showed the most commonly perpetrators were found to be neighbours, teachers, peers, family and friends (11, 43).

Our study assessed the contributing factors for child hood sexual abuse , ever had discussion with parents about sexuality, living arrangement of the student, father's educational status and monthly income had significant association with child hood sexual abuse.

Students who did not have open discussion about sexuality and reproductive health matters with their parents are about three times more likely to experience life time rape as compared to those students who had open discussion. This finding is consistent with a study done in Bahir dar town that the odds of experiencing life time rape was much higher among students who did not ever had open discussion than who had discussion (42). This may be In our set up open discussion with parents or guardians about sexuality and reproductive health matters is considered as shame and taboo, henceforth most of the respondents were lacking this trend. Consequently this leads to

missing opportunities of getting experiences, and life skills from parents against the prevention of CSA and escaping mechanisms when conditions arise.

The living arrangement of the student has also statistically significant association with life time rape. The likely hood of experiencing life time rape was about four times higher among students who lived alone than those who lived along with their parents. This finding is consistent with a study done in Addis Ababa university female students; it showed that living with parents had a protective effect from rape as compared to living alone. The finding is also comparable with a study done in south west Nigeria that child Sexual abuse is commoner among students who do not live with their biological parents when compared with those live with their biological parents. The possible explanation may be children who live with their parents may have direct control over, and this minimizes their chance of being out of home, therefore are less likely to be exposed to rape experiences. Moreover, the biological parents will care more, cater for their needs, and even empathize with them more than their non biological parents (9, 43).

Students whose father's educational level below secondary were about four times more likely to experience life time rape than those students whose father's education level above secondary level.(AOR=4.69;95%CI:1.84,11.95).Even though this finding is inconsistent with other studies (42, 43).

In our study the possible reason could be when father's educational level is higher they may give more attention to their daughter, understand their needs and discuss reproductive issues freely hence student's exposure to CSA may be highly minimized.

The odds of experiencing rape among Students who had family income ≤ 712.5 ETB (37.5 USD)/month was about four times higher than those students with monthly income > 712.5 ETB (37.5USD/month.This finding is in line with a study conducted in Jimma University specialized hospital female adolescent students that all raped female survivors were with low income category. The possible explanation could be the economical dependence of the female urges them to approach towards the financial and some gifts of cosmetics and this may lead to easily exposure to sexual abuse.

Our study also assessed to see the reproductive consequences of individuals who experienced rape. From those who reported to experience rape, 25% ended up with unwanted pregnancy. 20% abortion, 10% reported to have genital discharge/lesion and 2.6% ended up with

HIV/AIDS. This finding is consistent with a study done in Jimma, Jiren high school students which showed that unwanted pregnancy, abortion, and STIs were found to be the most common consequences of CSA. Again this study is consistent with a study done in Debre birhan High school students which indicated that the consequence of child sexual abuse was ended up in unwanted pregnancy (20.5%) followed by abortion (13.7%) (5, 42).

In our study the reported outcome of HIV and STI is much lower than a study done in Jimma University Specialized Hospital. This difference could be due to methodological variations, in the case of the Jimma study the result was confirmed based on the test result of HIV and STIs where as in our case it was merely self report. Moreover our respondents may not know their sero- status particularly for HIV, hence forth; under reporting could also be there (44).

6.1 Strength and Limitations of the study

Strength

- The study has both qualitative and quantitative method of data collection that help understanding of the situation.

Limitation

- The prevalence of childhood sexual contact may be underestimated because stigma related social desirability bias.
- Recall bias

Chapter Seven Conclusion and recommendations

7.1 Conclusion

The life time prevalence of rape in this study was 11%. This indicates high level of child hood sexual abuse in Arbaminch town. School mates/friends, school teachers and neighbours were the most common perpetrators. Family member abusers were not uncommon; hence step fathers and brothers became the leading abusers from family members.

Living arrangement, ever had discussion, of the student, and father's educational status and monthly income had significant association with child hood sexual abuse .Ever discussion with parents or guardians about sexuality and reproductive health matters has preventive effect from rape. However there was no significant difference in life time experience of rape by difference in other socio demographic variables like, mothers' educational status, family size, and marital status of the student.

Students who were living alone or with their friends were at high risk of experiencing rape than those living with their biological parents.

Students who reported to have experienced sexual abuse ended up with different negative reproductive consequences. From those who reported to experience rape, unwanted pregnancy, and abortion were the most common ones followed by e genital discharge/lesion and HIV/AIDS.

7.2 Recommendations

Based on the findings we forward the following recommendations to the specific concerned bodies.

1. Parents

- Parents should make close follow up and give due attention to school female children; as much as possible female children better to attend their school living along with their family rather left alone or with their friends.
- The advantage of Open discussion about sexuality and reproductive health matters with school female children is paramount; therefore, parents have to break the silence against CSA and discuss all about the nature and its negative consequence.

2. Policy makers

- The policy makers have to work on provision of comprehensive school based reproductive health education including, victimization prevention programs and life skill trainings must be provided besides the formal education to school children.

3. **Children, Female, and youth affair office in Arbaminch town**

- Children, female, and youth affair office in Arbaminch town has to work on community mobilization and awareness creation with regard to CSA, perpetrators, report to legal bodies.

Reference

1. Daniel S Halperin PB, Philip D Jaffe, Roger-Luc Mounoud, Claus H Pawlak, Jerome Laederach, Helene ReyWicky, Florence Astie. Prevalence of child sexual abuse among adolescents in Geneva: results of a cross sectional survey *BMJ* 1996;312:1326-9.
2. Gavin Andrews JC, Tim Slade, Cathy Issakidis and Heather Swanston. child sexual abuse. *Comparative Quantification of Health Risks*.
3. Delphine Collin-Vézina IDaMH. *Child and Adolescent Psychiatry and Mental Health* 2013.
4. Laura E. Kwako JGN. Clinical child psychology and psychiatry. Childhood sexual abuse and attachment: An intergenerational perspective. 2010;15(3):407–22.
5. Dereje worku AG. Child sexual abuse and its outcomes among high school students in south west Ethiopia. *tropical doctor*. 2006:36.
6. Rahel Tesfaye Haile NDK, and Getnet Mitike Kassie. Prevalence of sexual abuse of male high school students. *BMC International Health and Human Rights* 2013.
7. Jemal J. The child sexual abuse epidemic in Addis Ababa. *Ethiop J Health Sci*. 2012;22.
8. Rahel Tesfaye Haile NDK, and Getnet Mitike Kassie. Prevalence of sexual abuse of male high school students. *BMC International Health and Human Rights*. 2013.
9. Diego G Bassani LSP, Jorge U Béria, Luciana P Gigante, Andréia CL Figueiredo, Denise RGC Aerts, and Beatriz CW Raymann. Child sexual abuse in southern Brazil and associated factors. *BMC Public Health* 2009.
10. Whittier N. *The politics of child sexual abuse: Emotion, social movements, and the state*. New York 2009.
11. Kisanga F. *Child sexual abuse in urban Tanzania: Possibilities and barriers for prevention*. sweden: Umeå University 2012.
12. Mathews B. *Teacher Education to Meet the Challenges Posed by Child Sexual Abuse*. *Australian Journal of Teacher Education*. 2011;36 (11).
13. Ramona Alaggia M. *An Ecological Analysis of Child Sexual Abuse Disclosure: Considerations for Child and Adolescent Mental Health*. , *J Can Acad Child Adolesc Psychiatry*. 2010;19(1):32-9.

14. Fortier D, Messman-Moor, Peugh, DeNardi, & Gaffrey. Severity of child sexual abuse and re-victimization: The mediating role of coping and trauma symptoms. *Psychology of Women Quarterly*. 2009;33:308-20.
15. David Finkelhor N, and Jennifer Dziuba-Leatherman. Victimization Prevention Programs for Children: A Follow-Up. 2005;85(12).
16. Emily V. Trask¹ KW, and David DiLillo. Treatment Effects for Common Outcomes of Child Sexual Abuse: A Current Meta-Analysis. *NIH Public Access*. 2011;16(1): (6–19).
17. Pereda N GG, Forns M, Gomez-Benito J. The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*. PubMed 2009;29(328–338).
18. Ministry of Women and Child Development, India Go. *Child Abuse in INDIA Kriti*, New Delhi 2007.
19. Sureshkumar PKKSMGGK. Prevalence and Spectrum of Sexual Abuse among Adolescents in Kerala, South India. *Indian J Pediatr* 2013.
20. (Andersson N P-SS, Milne D, Ormer K, Marokoane N, Laetsang D, Cockcroft A. Prevalence and risk factors for forced or coerced sex among school-going youth: national cross-sectional studies in 10 southern African countries. *BMJ Open*. 2012;2(2):1-9.
21. Affairs URoTUMoJaC. *The Law of Marriage Act* 2011.
22. Haileye A. Psychopathological correlates of child sexual abuse the case of female students in jimma zone, south west ethiopia. *Ethiop J Health Sci*. 2013 23(1).
23. Lalor K. Child Sexual Abuse in Sub-Saharan Africa: a Literature Review *Child Abuse and Neglect*. 28:439-60.
24. Barabara E. Bogorad PD, A.B.P.P. *Sexual abuse. Surviving the Pain*. 1998.
25. Organization WH. *Understanding and addressing violence against women* 2012.
26. Mulmule PBBaAN. sexual abuse in 8-years old child where do we stand legally? *Indian journal of psychological medicine*. 2013;35(2):203–5.
27. Edila Pizzato Salvagni MBW. Development of a questionnaire for the assessment of sexual abuse in children and estimation of its discriminant validity *ornal Peditria*. 2006.
28. O’Leary PJ BJ. Gender differences in silencing following childhood sexual abuse. *J Child Sex Abuse* 2008;17:133–43.

29. Tonia JBLBEHSTT. The current prevalence of child sexual abuse worldwide. *Int J Public Health* 2013;58:469–83.
30. Delphine Collin-Vézina IDaMH. Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies. *Child and Adolescent Psychiatry and Mental Health* 2013.
31. Unicef. Violence against Children in care and justice institutions. 1999;176.
32. Ye Luo WLP, and Edward O. LaumannBA. Population-Based Study of Childhood Sexual Contact in China: Prevalence and Long-Term Consequences *Child Abuse Negl.* 2008 32(7):721–31.
33. Lalor K. Child Sexual Abuse, Links to Later Sexual Exploitation/High-Risk Sexual Behaviour, and Prevention/Treatment Programs *Trauma, Violence and Abuse.* 2010 11:159-77.
34. Alan Barrett YK. Childhood Sexual Abuse and Later-Life Economic Consequences 2012.
35. academies Iomon. *New Directions in Child Abuse and Neglect Research* 2013.
36. Kyle R. Stephenson CPH, and Cindy M. Meston. Childhood Sexual Abuse Moderates the Association between Sexual Functioning and Sexual Distress in Women. *Child Abuse Negl.* 2012;36(2):180–9.
37. organization Yafw. convention on the rights of children Addis Ababa 1992.
38. commition FroEpc. Summary and statistical report of 2007 population and housing Census. Addis Ababa 2007.
39. A. Bifulco OB, P. M. Moran and C. Jacobs. The childhood experience of care and abuse questionnaire (CECA.Q): Validation in a community series. *British Journal of Clinical Psychology.* 2005;44:563–81.
40. A. T. Assessment of sexual violence among female students in Wolayta Soddo University southern Ethiopia. *US National Library of Medicine.* 2013.
41. Worku A. AM. Sexual violence among female high school students in Debarq north west Ethiopia. *East African Medical Journal.* 2002.
42. Tadesse S. Assessment of Sexual Coercion Among Addis Ababa University Female Students. AA: AA; 2004.
43. Bizuayhu Shimekaw BM, Zelalem Alamrew. Prevalence and associated factors of sexual violence among private college female students in Bahir Dar city, North Western Ethiopia. open access. 2013;5(6).

44. Demisew Amenu DH. SEXUAL ASSAULT: PATTERN AND RELATED COMPLICATIONS AMONG CASES MANAGED IN JIMMA UNIVERSITY SPECIALIZED HOSPITAL. *Ethiop J Health Sci.* 2014.;24(1).

ANNEXES

Annexe-1: Survey Instruments

Informed Consent agreement

Dear student,

This study is proposed to assess factors associated with childhood sexual abuse among high school adolescents here in Arbaminch town, and you are chosen to participate in this study.

The study will involve various intimate and private life questions. In order to effectively attain the objective we are asking your help. Here is a questionnaire for you to complete and there is no need to put your name on the questionnaire; no individual responses will be reported. Your answers are completely confidential. It is your full right to refuse to answer any or all of the questions. If you don't want to participate you can leave the format on the table (upside down). But you are requested to remain on your seats until others finish filling the format. However, your honest answers to these questions will help us in better understanding of what people think, say and do about certain child sexual behaviors, so; we request your truthful and keen participation. Please take a few minutes to answer to the questions.

Would you willing to participate?

_____ Yes, I want to participate in the study (Please go to the next page).

_____ No, I don't participate in the study (Thank you very much

Childhood sexual abuse experiences and its associated factors

Jimma University, College of public health and medical sciences

Department of population and family health

Questionnaire- Questionnaire code _____

School type in accordance with ownership: public Private

Part 1: Respondents Socio-demographic information

S.no	Questions	Choices/alternatives
1.1	What is your age in completed years?	
1.2	To which religion do you belong?	1.Orthodox Christian 2.Moslem 3.Protestant 4.Catholic 5.other,specify-----
1.3	To which ethnic group do you belong?	1.Gammo 2.wolayta 3.konso 4. Goffa 5.Amhara 6. Other, specify-----
1.4	Marital status	1. single 2. married 3.divorced 4.other,specify-----
1.5	Do your father and mother live together?	1. Yes 2. no

Childhood sexual abuse experiences and its associated factors

1.6	For Q.no 1.5 if your answer 'no' what was the reason?	<ol style="list-style-type: none"> 1. Divorce 2. One of them alive <ol style="list-style-type: none"> a, father b, mother 3. Both of them not alive 4. Other, specify_____
1.7	With whom are you currently living?	<ol style="list-style-type: none"> 1. Both parents 2. Friends 3. Alone 4. Relatives 5. Mother only 6. Father only 7. Other, specify_____
1.8	With whom you slept together in your home?	<ol style="list-style-type: none"> 1. Father 2. Mother 3. Sister/sisters 4. Brothers 5. Alone 6. Other, specify_____
1.9	What is your father's occupation?	<ol style="list-style-type: none"> 1. government employee 2. merchant 3. farmer 4. day labourer 5. other ,specify_____
1.10	What is your fathers educational status	<ol style="list-style-type: none"> 1. Illiterate 2. Grade 1-4 3. Grade 5-8 4. Grade 9-12 5. Above grade 12

Childhood sexual abuse experiences and its associated factors

1.11	What was your mother's occupation?	<ol style="list-style-type: none"> 1. government employee 2. merchant 3. farmer 4. day labourer 5. house wife 6. other ,specify_____
1.12	What is your mothers' educational status?	<ol style="list-style-type: none"> 1. Illiterate 2. Grade 1-4 3. Grade 5-8 4. Grade 9-12 5. Above grade 12
1.13	Generally how much is your family monthly income in Birr?	_____Eth. Birr
1.14	Your family size	_____

Childhood sexual abuse experiences and its associated factors

Part-2 History of childhood sexual abuse

s.no	Questions	Alternatives/choices
2.1	When you were a child or teenager did you have any unwanted sexual Experiences?	<ol style="list-style-type: none"> 1. Yes 2. No
2.2	If yes ,what type of sexual abuse did you have ?(more than one answer can be chosen)	<ol style="list-style-type: none"> 1. Verbal harassment 2. breasts caressed 3. unwelcomed kissing 4. genitals touched 5. vaginal intercourse 6. anal sex 7. Oral sex 8. Other, specify-----
2.3	What was your age at which you started sex?	
2.4	What was your age at which you were sexually abused?	
2.5	Sex of the perpetrator?	<ol style="list-style-type: none"> 1. Male 2. Female
2.6	Age of the perpetrator(estimation) compared to yours	<ol style="list-style-type: none"> 1. More than 10 years 2. More than 5-10 years 3. More than 1-5years 4. Equal to my age 5. I can't guess
2.7	With whom were you living, when the abuse happened?	<ol style="list-style-type: none"> 1. Both parents 2. Friends 3. Alone 4. Relatives 5. Mother only 6. Father only

Childhood sexual abuse experiences and its associated factors

2.8	Where was the place of the act occurring?	<ol style="list-style-type: none"> 1. In the victim's house 2. In the perpetrators house 3. At school 4. Hotel 5. Other, specify_____
2.9	After the attack did you share the problem to anyone else?	<ol style="list-style-type: none"> 1. Yes 2. No
2.10	For Q.no 2.9, if your answer is 'yes' to whom did you report?	<ol style="list-style-type: none"> 1. Friends 2. Family member 3. School teacher/director 4. Police 5. Other, specify-----
2.11	Is there any action taken to the perpetrator	<ol style="list-style-type: none"> 1. Sentenced 2. Financial penalty 3. Forced to marry 4. Other /Specify/-----
2.12	For Q. no 2.9, if your answer is 'no' What was the reason of not reporting?	<ol style="list-style-type: none"> 1. Do not know what to do 2. Afraid of perpetrators 3. Afraid of parents 4. fearing of stigma 5. other, specify_____
2.13	Have you ever come across other children who had been sexually abused?	<ol style="list-style-type: none"> 1. Yes 2. No
2.14	Have you had any discussion with your parents or guardians regarding CSA and reporting it?	<ol style="list-style-type: none"> 1. Yes 2. No

Childhood sexual abuse experiences and its associated factors

Part 3- the relationship of the perpetrator to the victim

s.no	Question	Alternatives/choices
3.1	Who was the perpetrator?	<ol style="list-style-type: none"> 1. Interfamilial 2. Unrecognized person 3. School mate 4. School teacher 5. Neighbour 6. known person 7. Other , specify_____
3.2	For the above question if your answer is 'interfamilial' what was the relationship of the perpetrator?	<ol style="list-style-type: none"> 1. Father 2. Brother 3. mother 4. Sister 5. Step father 6. Uncle 7. Other, specify-----

Part 4- outcomes of the child hood sexual abuse

s. no	Question	Alternatives/choices
4.1	Did you encounter problem After the sexual abuse?	<ol style="list-style-type: none"> 1. Yes 2. No
	If for Q. no 4.1 your answer is yes answer Q 4.2 , 4.3 & 4.4	
4.2	What reproductive problems you faced?(more than one answer is possible)	<ol style="list-style-type: none"> 1. Unwanted Pregnancy/birth 2. Abortion 3. STI(Genital lesion, Genital discharge) 4. HIV/AIDS 5. Other, specify-----

Childhood sexual abuse experiences and its associated factors

የግለሰብ ስምምነት ፎርም

ወድ እህቴ ጤና ይስተልኝ ስሜ ----- ይባላል። በአሁኑ ሰዓት በጅም የኒቨርሲቲ ነዉ የምሰራዉ። በአርባምንጭ ከተማ በቤት ህጻናት ላይ የሚደርሰዉን አስገዳዶ መድፈር፣ የወሲብ ትንኮሳና ሊያስተሉ የሚችሉትን ችግሮችን በማጥናት ላይ እገኛለሁ። አንቺም ለዚህ ጥናት በአጋጣሚ ተመርጠሻል። ለጥያቄዎቹ የሚተሰጧቸዉ መልሶች ለጥናታችን ጠቁሜታ ስላላቸዉ የራስሽ የሆነና እዉነተኛ ምላሽ እንድትሰጧን እንጠይቃለን። ማንኛዉም የምትሰጧን መልስ ለጥናቱ ጥቅም ብቻ የሚዉል ሲሆን ስምሽን በጥያቄዉ ወረቀት ላይ አትመዘግቢም። ይህንን ጥያቄ በከፍል ወይም ሙሉ በሙሉ የመተዉ፣ በፈለግሽ ሰዓት ማቋረጥ ሙብትሽ የተጠበቀ ነዉ። ይሁንና የአንቺ ምላሽ አንቺን እና አንቺን በመሳሰሉ ሴት እህቶቻችን ላይ የሚደርስባቸዉን የወሲብ ትንኮሳ ያለበትን ደረጃ እና ሊያስሰከትሉ ሚችሉትን ጉዳዮች ለማወቅ ስለሚጠቅም እዉነተኛ የሆነ አስተያየትና ምላሽ እንድትሰጧን እንጠይቃለን። ጥያቄ ካለሽ እንመልሳለን።

እስማማለሁ

አልስማማም

ስለትብብርሽ እናመሰግናለን።

Childhood sexual abuse experiences and its associated factors

ይህ ቃለመጠይቅ በ አርባምንጭ ከተማ በሴት ልጆች ላይ የሚደርስባቸውን የወሲብ ትንኮሳ ደረጃና ሊያስከትሉ ሚቸሉትን ጉዳዮች ለማጥናት ተዘጋጀ። ጥያቄዎቹ ምርጫ ስላላቸው መልስሽን በማክበብ ምላሽን ግለጩ።

ክፍል አንድ፡አጠቃላይ መረጃ

ተ.ቁ	ጥያቄ	ምርጫ
1.1	ዕድሜ	
1.2	ሃይማኖት	1.አርቶዶክስ 2.ሙስሊም 3.ፕሮተስታንት 4.ካቶሊክ 5.ሌላ,ይገለጽ-----
1.3	ብሄረሰብ	1.ጋሞ 2.ወላይታ 3.ኮንሶ 4. ጎፋ 5.አማራ 6. ሌላ, ይገለጽ-----
1.4	የጋብቻ ሁኔታ	1. አላገባሁም 2. አግብቻለሁ 3.ተፋትቼአለሁ 4.ሌላ,ይገለጽ-----

Childhood sexual abuse experiences and its associated factors

1.6	በአሁኑ ጊዜ ምትኖሪው ከማን ጋር ነው?	<ol style="list-style-type: none"> 1. ከትዳር ጓደኛዬ ጋር 2. ከአባቴ ጋር 3. ከእናቴ ጋር 4. ከ እናት አባቴ ጋር 5. ከጓደኞቼ ጋር 6. ብቻዬን 7. ከዘመድ ጋር 8. ሌላ ይገለጽ-----
1.7	ከማን ጋር ነው የምታድራገው?	<ol style="list-style-type: none"> 1. ከአባቴ ጋር 2. ከእናቴ ጋር 3. ከእህቴ/ቶቼ 4. ወንድሜ/ወንድሞቼ 5. ብቻዬን 6. ሌላ ካለ ይገለጽ-----
1.8	የአባትሽ ስራ ምንድነው?	<ol style="list-style-type: none"> 1. የመንግስት ሰራተኛ 2. ነጋዴ 3. ገበሬ 4. የቀን ሰራተኛ 5. ሌላ ይገለጽ_____
1.9	የአባትሽ ትምህርት ሁኔታ	<ol style="list-style-type: none"> 1. ያልተማረ 2. ከ 1-4 የተማረ 3. ከ 5-8 የተማረ 4. ከ 9-12 የተማረ 5. ከ 12 በላይ 6. ሌላ ይገለጽ_____

Childhood sexual abuse experiences and its associated factors

1.10	የእናትሽ ስራ ምንድነው?	<ol style="list-style-type: none"> 1. የመንግስት ሰራተኛ 2. ነጋዴ 3. ገበሬ 4. የቀን ሰራተኛ 5. የቤት እመቤት 6. ሌላ ,ይገለጽ_____
1.11	የእናትሽ የትምህርት ሁኔታ	<ol style="list-style-type: none"> 1. ያልተማረች 2. ከ 1-4 የተማረች 3. ከ 5-8 የተማረች 4. ከ 9-12 የተማረች 5. ከ 12 በላይ
1.12	ወርሃዊ የቤተሰብ ገቢ በግምት ስንት ይሆናል?	_____ የኢት.ብር
1.13	የቤተሰብ ብዛት	_____

ክፍል-2 የግብረ ስጋ ግንኙነትን ተመለከቱ ጥያቄዎች

s.no	ጥያቄ	ምርጫ
2.1	የግብረ ስጋ ግንኙነት ፈጽመሽ ታቂያለሽ;	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም
2.2	ለ ተራ ቁጥር 2.1 መልስሽ አዎ ከሆነ የመጀመሪያ ግብረ ስጋ ግንኙነት ያረግሸዉ በስንት ዓመትሽ ነበር	
2.3	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ያደረግሽበት ምክንያት	<ol style="list-style-type: none"> 1. በፍላጎት 2. በትዳር 3. ተገድጄ 4. ገንዘብ ለማግኘት 5. በ ጓድኛ ተጽዕኖ 6. በ አልኮል መጠጥ 7. ሌላ ካለ ይገለጽ-----
2.4	ከልጅነትሽ አስካሁን ድረስ የወሲብ ጥቃት ደርሶብሽ ያዉቃል?	<ol style="list-style-type: none"> 1. አዎ 2. አልገጠመኝም
ከዚህ በታች የተዘረዘሩት አንዳንድ ሴቶችን የገጠማቸዉ ናቸዉ ::አንችንሽ?		
2.5	በቃላት በቀልድ ያልተፈለገ የወሲብ ጥያቄ	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም
2.6	ያልተፈለገ ወሲብ ትንኮሳ፡ ጡት /ብልት/ መነካካት ወዘተ...	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም
2.7	ከፍላጎትሽ ዉጪ ተስመሽ ታዉቅለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም

Childhood sexual abuse experiences and its associated factors

2.8	ከ ፍላጎት ጋር ወይንም ተገደሽ የግብረ ሰጋ ግኑኝነት አድርገሽ ታወቁዎልሽ ?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም
2.9	ከሆነ ለስንት ጊዜ ያህል ?	
2.10	የደፋሪው ጾታ	<ol style="list-style-type: none"> 1. ወንድ 2. ሴት
2.11	የደፈረሽ ሰው ዕድሜው በግምት ምን ያህል ይሆናል ካንቺ ምን ያህል ይበልጣል ወይም ያንሳል	<ol style="list-style-type: none"> 1. በ 10 ዓመት ይበልጣል 2. ከ 5-10 ዓመት ይበልጣል 3. ከ 1-5 ዓመት ይበልጣል 4. ከ እኔ ዕድሜ እኩያ ነው 5. አላስታወስም
2.12	በ ወቅቱ ዕድሜሽ ስንት ነበር?	
2.13	አስገድዶ መድፈሩ ስፈጸምብሽ ከማን ጋር ነበር የምትኖሪው?	<ol style="list-style-type: none"> 1. ከ እናት አባቱ ጋር 2. ከጓደኞቼ ጋር 3. ብቻዬን 4. ከ ዘመዶቼ ጋር 5. ከ እናቴ ጋር ብቻ 6. ከ አባቴ ጋር ብቻ
2.14	ይህ ስገድደዶ መድፈር የተፈጸመው የት ነበር ?	<ol style="list-style-type: none"> 1. እኔ በምኖርበት ቤት 2. በደፋሪው ቤት 3. ትምህርት ቤት 4. ሆቴል ውስጥ 5. ሌላ ይገለጽ _____
2.15	ጥቃቱ እንደደረሰብሽ ችግርሽን ለሰው አካፍለሽ ነበር ?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም

Childhood sexual abuse experiences and its associated factors

2.16	ለጥያቄ ቁጥር 2.15 መልስሽ አዎ ከሆነ ለማን ነበር ያካፈልሽዉ/ ርፖርት ያደረግሽዉ/ ?	<ol style="list-style-type: none"> 1. ለጓደኞቼ 2. ለ እህቴ 3. ለ ወንድሜ 4. ለ እናት አባቴ 5. ለ መምህራን/ርእሰ መምህር 6. ሌላ , ይገለጽ-----
2.17	ለ ህግ አካል/ ፖሊስ/ ርፖርት አድርገሽ ነበር ?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም
2.18	ለ ጥያቄ ቁ.2.17 መልስሽ አዎ ከሆነ በአስገዳጅ ደፋሪዉ ላይ የተወሰደ እርምጃ ነበር?	<ol style="list-style-type: none"> 1. ምንም 2. በፍርድ ቤት የእስራት ቅጣት ተዎስኖበታል 3. የገንዘብ ቅጣት ተዎስኖበታል 4. እንዲያገባኝ ተወሰነ 5. ሌላ /ይገለጽ/-----
2.19	ለጥያቄ ቁጥር 2.15 መልስሽ አይደለም ከሆነ ለምን ነበር ርፖርት ያላረግሽዉ?	<ol style="list-style-type: none"> 1. እዉቀቱ አልነበረኝም 2. ደፋሪዉን ስለምፈራ 3. ቤተሰቦቼን ስለምፈራ 4. እንዳያገለግኝ ስለምሰጋ 5. ሌላ ይገለጽ_____
2.20	ሌላ ተገደዉ የተደፈሩ ልጆች ታዉቂያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም
2.21	ከቤተሰቦችሽ ጋር ስለ ወሲባዊ ጥቃት ተወያይተሽ ታዉቂያለሽ?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም

ክፍል 3- የአስገዳዳ ደፋሪው ከተደፋሪው ጋር ያለው ግኑኝነት

ተ.ቁ	ጥያቄ	አማራጮች
3.1	አስገዳዳ መድረሩን የፈጸመው ማን ነበር ?	<ol style="list-style-type: none"> 1. የቤተሰብ አባል 2. የማላውቀው ሰው 3. የ ትምህርት ቤት ጓደኛ 4. የትምህርት ቤት መምህር 5. ጎሬቤት 6. የማውቀው ሰው 7. ሌላ , ይገለጽ_____
3.2	ከላይ ለተገለጸው ጥያቄ መልስሽ የቤተሰብ አባል ከሆነህ ማነው ?	<ol style="list-style-type: none"> 1. አባቴ 2. ወንድሜ 3. እናቴ 4. አህቴ 5. እንጅራ አባቴ 6. አጎቴ 7. ሌላ, ይገለጽ-----

ክፍል 4- ካለፈቃድሽ በመደፈርሽ የተነሳ ከሚከተሉት ችግሮች የትኞቹ ኢጋጥመዉሻል?

ተ.ቁ	ጥያቄ	ምርጫዎች
4.1	ያልተፈለገ እርግዝና /መዉለድ/	1. አዎ 2. አይደለም
4.2	ማስወረድ	1. አዎ 2. አይደለም
4.3	የብልት ፈሳሽ/ቁስል/የአባላዘር በሽታ	1. አዎ 2. አይደለም
4.4	የብልት መጎዳት/መቁሰል	1. አዎ 2. አይደለም
4.5	ኤች አይ ቪ	1. አዎ 2. አይደለም
4.6	ሌላ ካለ ይገለጽ	
4.7	ቸግሩን ለመቀነስ ምን ዓይነት እርምጃ መወሰድ አለበት ትያለሽ ?	1. ጥፋተኛን መቅጣት 2. በ ትምህርት ቤት ስነተዋልዶ ትምህርትን ማስፋፋት 3. ለሚመለከተዉ የህግ አካል ሪፖርት ማድረግ 4. ብዙሃን መገናኛን በመጠቀም ስለ ወሲባዊ ትንኮሳ ትምህርትን ማስፋፋት 5. ሌላ ካለ ይገለጽ-----

አመሰግናለሁ ::

Annexe-2: Survey Instruments

Informed Consent agreement for the qualitative assessment

Dear student,

This study is proposed to assess factors associated with childhood sexual abuse among high school adolescents here in Arbaminch town, and you are chosen to participate in this study.

The study will involve various intimate and private life questions. In order to effectively attain the objective we are asking your help. Would you willing to participate?

_____ Yes

_____ No, I don't

Guide line for Qualitative part of study

Age

Marital status

1. What do you think about CSA?
 - Definition
 - Types
 - Who is affected more (male female)? Why?
2. What is your perception towards the factors which affect CSA?
3. Have you come across a female child who is sexually abused?
 - What was her/his age at time of the abuse?
 - The relationship of the abuser to the victim
 - The place of the act
 - What happened to the child after the act?
4. What do you think about the outcomes?
 - Reproductive
5. What do you recommend on the prevention or of CSA with regard to
 - Individual level
 - Law
 - Community
 - School

Childhood sexual abuse experiences and its associated factors

Research Proposal Reviewing Format for Advisers to all postgraduate Programs

Ser No	Description	Remark/comment
1	Title	
2	Summary/ABSTRACT/	
3	Introduction/background	
4	Statement of problem	
5	LR	
6	Rationale/significance of the study	
7	Conceptual framework	
8	Objectives	
	• General	
	• Specific	
9	Methods	
	• Study area	
	• Study design	
	• Source population	
	• Study population	
	• Inclusion & exclusion criteria	
	Sample size determination sampling frame	
	Sampling technique	
	Instrument & data collection procedure	
	Variables	
	• Dependent variables	
	• Independent variables	
	Operational definition	

Childhood sexual abuse experiences and its associated factors

	Data analysis	
	Data quality assurance	
	Ethical consideration	
	Dissemination plan	
10	Did the research involve the special population group (like children, pregnancy, prisoners, handicapped, homeless, and other?)	
11	Does informed consent & information sheet attached? Translated? Formulated? For study subject to comprehend the message	
12	Any protection of research participant confidentiality, benefit	
13	Work plan & budget	
14	Questionnaire	
	Conclusion	

Name of the student: Aleme Mekuria

Topic: prevalence of child sexual abuse and its associated factors among high school adolescents in gammo goffa zone Arbaminch town

Reviewed by:

Name

Signature

1st Advisor: Mulumebet Abera (Bsc, MPH/Rh, Ass.prof. in Rh,)

2nd Advisor: Aderajew Nigussie(Bsc, MPH/Rh)