

**PREVALANCE OF DOMESTIC VIOLENCE AND ITS PREDICTORS AMONG
PREGNANT WOMEN IN MANNA WOREDA, JIMMA ZONE, SOUTH WEST
ETHIOPIA**

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**THESIS SUBMITTED TO THE DEPARTMENT OF POPULATION AND
FAMILY HEALTH, COLLEGE OF PUBLIC HEALTH AND MEDICAL
SCIENCES, JIMMA UNIVERSITY; IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR DEGREE OF MASTERS OF PUBLIC HEALTH IN
REPRODUCTIVE HEALTH (MPH/RH)**

JUNE, 2011

JIMMA, ETHIOPIA

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ABSTRACT

Background: Domestic violence during pregnancy is an attack that puts not just one, but two lives at risk. The overall objective of this study was to assess the prevalence of domestic violence and its predictors among pregnant women in Manna Woreda, Jimma Zone, South West Ethiopia.

Methods: A cross-sectional study was carried out among 662 pregnant women in manna Woreda, Jimma zone south west Ethiopia from march 25, 2011 to April 10, 2011. We used Simple Random sampling method to select the pregnant women included in the study. A structured interviewer administered questionnaire was used to collect the quantitative data and Focus Group Discussion and In-depth-interviews were undertaken to capture qualitative data. Data was entered into SPSS for windows version 16.0, edited, cleaned and analyzed. Descriptive statistics (mean or median) were calculated for continuous variables and percent for categorical variables. Bivariate and multiple logistic regression analyses were used to identify the predictors. We present the results using odds ratio and 95% confidence intervals. The qualitative data were analyzed manually using thematic framework and triangulated with quantitative findings.

Results: A total of 611 study subjects participated giving a response rate of 92.29%. The overall prevalence of domestic violence was 68.9%. Prevalence of physical, sexual and psychological violence were, 242(40.6%), 144(24.2%) and 187(31.4%), respectively. Physical violence was associated with alcohol consumption of husbands (Adj. OR =0.65, 95%CI, 0.44,0.95) and husband desires of current pregnancy(Adj. OR= 1.55(1.09,2.20) and sexual violence was associated with educational status of pregnant women(Adj. OR= 3.3, 95%CI, 0.44,0.91) and alcohol consumption of husbands(Adj. OR= 2.8, 95%CI, 0.19,0.43). predictors of psychological violence were husbands desires of current pregnancy (Adj. OR= 4.7, 95%CI, 0.32, 0.72) and alcohol consumption of husband(Adj. OR= 4.8, 95%CI, 0.40, 0.92).

Conclusion: prevalence of domestic violence among pregnant women was very high. Educational status, alcohol consumption and desires of pregnancy were the risk factor of domestic violence.

Recommendation Health education programs should be directed toward increasing awareness on domestic violence and health workers and other influential health providers should take lead in introducing awareness and behavioural change in the community and further research using a longitudinal design to prove the current hypothesis is necessary.

ACKNOWLEDGEMENTS

First and foremost I am very thankful to my advisors Prof. Tafera Belachaw and Mr.Mulusew Gerbaba (MPH/RH) for their assistance, constructive comments and suggestion throughout the thesis development. My heartfelt gratitude also goes to Jimma University for giving me this educative and golden opportunity.

Also I would like to thank study subjects, data collectors, supervisors, Woreda health office, zonal health Desk all other bodies those hep me in realization of this thesis.

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ACRONYMS

ANC	ANTE NATALCARE
EDHS	ETHIOPIAN DEMOGRAPHIC AND HEALTHSURVEY
IDI	IN-DEPTH-INTERVIEW
DV	DOMESTIC VIOLENCE
SRS	SIMPLE RANDOMSAMPLING
SPSS	STATISTICAL PACKAGE FOR SOCIALSCIENCE
WHO	WORLD HEALTHORGANIZATION
OR	ODDS RATIO
HEW	HEALTH EXTENSION WORKERS
JU	JIMMA UNIVERSITY

Chapter1: Introduction

1.1 Background

The United Nations conference on population and development, Declaration on the Elimination of violence against woman and Beijing world conference on Women recognize violence against Women as violation of basic human rights(1).

The United Nations declaration on the Elimination of Violence against women (1993) defines violence against women as “any act of gender- based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (2)”

A widely accepted definition of domestic violence is definition of world health organization. Define as the physical, sexual or psychological abuse of an adult woman by a man with whom she has or has had an intimate relationship, regardless of whether the couple are living together Although domestic violence can be perpetrated by other family members or occur within same-sex relationships, it is argued that male partners particularly use violence in order to maintain dominance and control over female partners (3). The global dimensions of this violence are alarming, no society can claim to be free of such violence, and the only variation is in the patterns and trends that exist in countries and regions (4).

Violence against pregnant women is of particular concern because of the additional risk to the unborn child. Violence can harm a child through direct injury, causing placental damage, premature contractions, membrane rupture, or fatal death or through indirect mechanisms such as stress, substance abuse, or abuse-related maternal health problems (5). Factors associated with increased risk for violence both before and during pregnancy are young age, low education and income levels (6).The other most common reason given for the increased risk of violence during pregnancy is that the father/male partner feels a greater sense of stress over the impending birth. The stress manifests itself as frustration, which is directed back at the perceived source: the mother and her unborn child (7).

1.2 Statement of the problems

It is estimated that up to 20% of pregnant women experience violence during pregnancy making it more common than gestational diabetes or pregnancy hypertension, condition routinely screened for in pregnant women by physicians. “Homicide is a leading cause of traumatic death for pregnant and postpartum women in the United States, accounting for 31 percent of maternal injury deaths. Each year, about 324,000 pregnant women in this country are battered by their intimate Partners. In 2000 Only in USA, 1247 pregnant women killed by their intimate partner, more than three pregnant women per day”. Violence is a significant cause of morbidity and mortality for pregnant women, and pregnant women experiencing violence have an increased incidence of substance mental disorders, chronic physical disorders, and sexual complaints (5).

Women’s who reported having experienced abuse in their relationship were also more likely to report that their pregnancies were unintended, in some cases un intended pregnancies resulted directly from physical violence that included marital rape.

Domestic violence during pregnancy is linked to depression, substance abuse, smoking, anemia, first and second trimester bleeding, less than optimal weight gain, and unhealthy eating pattern. It also associated with a reduction in birth weight (9). It is a risk factor for mother and unborn child and screening programs should be adopted to diagnose those at risks (10).

Domestic violence during pregnancy has been associated with placental abruption, stillbirth, low-birth-weight infants and premature lab our .Abdominal trauma during pregnancy may lead to fetal fractures and rupture of the mother’s uterus and in extreme cases the violence may result in maternal or fetal death (11)

The knowledge of the prevalence domestic violence against women and its predictors is limited in Ethiopia due to scarcity of studies; especially among pregnant women no study conducted to knowledge of researcher. According to Manna Woreda women affair office report, there were 922 different reported cases domestic violence both on pregnant and non pregnant women in the Woreda in 2002E.C.

Chapter 2: Literature review

2.1 literature Review

Historically, domestic violence has been framed and understood exclusively as a women's issue. Domestic abuse affects women, but also has devastating consequences for other populations and societal institutions. Men also can be victims of abuse; children are affected by exposure to domestic violence, and formal institutions face enormous challenges responding to domestic violence in their communities (12). The effects of domestic violence on victims are more typically recognized, but perpetrators also are impacted by their abusive behaviour as they stand to lose children, damage relationships, and face legal consequences. Domestic violence cuts across every segment of society and occurs in all age, racial, ethnic, socio-economic, sexual orientation, and religious groups. Domestic violence is a social, economic, and health concern that does not discriminate. As a result, communities across the country are developing strategies to stop the violence and provide safe solutions for victims of domestic violence (13). Domestic violence is a major public-health problem that affects millions of people and often results in physical and emotional injuries and even deaths (14). The statistics about those who are affected by intimate partner violence are staggering; domestic abuse affects 3%-5% of current adult relationships in the United States, including more than 2 million women. Nearly one-third of women can expect to be the victim of intimate partner violence sometime in their lifetime (15). Violence against women and girls continues to be a global epidemic that kills, tortures, and injure physically, psychologically, sexually and economically. It is one of the most pervasive of human rights violations, denying women and girl's equality, security, dignity, self-worth, and their right to enjoy fundamental freedoms.

Even though most societies ban violence against women, the reality is that violations against women's human rights are often endorsed under the garb of cultural practices and norms, or through miss interpretation of religious doctrine. Moreover, when the violation takes place within the home, as is very often the case, the abuse is effectively condoned by the unspoken silence and the passivity displayed by the state and the law-enforcing machinery (16). The global

dimensions of this violence are alarming, as highlighted by studies on its incidence and prevalence. No society can claim to be free of such violence; the only variation is in the patterns and trends that exist in countries and regions. Specific groups of women are more vulnerable, including minority groups, indigenous and migrant women, refugee women and those in situations of armed conflict, women in institutions and detention, women with disabilities, female children, and elderly women (17).

Magnitude of domestic violence

The extent, validity and reliability of the data available are critical in determining the magnitude of the problem and in identifying priority areas for intervention. Prevalence studies with samples of representative populations are relatively new in developing countries.

Debate regarding the magnitude of the problem is also clouded by the fact that domestic violence is a crime that is under recorded and under-reported. When women seek treatment they may have to go to the police and health care officials who have not been trained to respond adequately or to keep consistent records. On the other hand, shame, fear of punishment, lack of information about legal rights, lack of confidence in, or fear of the legal system and the legal costs involved make women reluctant to report incidents of violence (18). Studies on violence vary in sample selection, size, questionnaire administration, the definitions used and in the extent of the study parameters, which can range from physical abuse alone, to physical, sexual and psychological abuse combined (19). The proportion of ever-partnered women who had ever suffered physical violence by a male intimate partner ranged from 13% in Japan city to 61% in Peru province, with most sites falling between 23% and 49%. The prevalence of severe physical violence (a woman being hit with a fist, kicked, dragged, choked, burnt on purpose, threatened with a weapon, or having a weapon used against her) ranged from 4% in Japan city to 49% in Peru province. The vast majority of women physically abused by partners experienced acts of violence more than once (20). In Canada 29% of women reported being physically beaten by a current or former partner since the age of 16, 20% of women physically abused by a male partner in new Zealand (14). In Palestine, 35.2% of the women physically beaten have reported at least one form of

injuries as a result of their victimization (21). Fractures and deep cuts on body parts were among the major injuries reported by women in Canada with a history of intimate partner violence (16). In Kenya 42% of women in one district reported having been beaten by a partner. In Uganda and Zimbabwe 41% and 32% of women reported being beaten or physically harmed by a partner respectively (22).

Magnitude of domestic violence during pregnancy

Murders of pregnant women perpetrated by intimate partners and suicide of women while pregnant or during the period following the end of pregnancy have been documented worldwide. (23). This form of family violence also puts children at higher risk of having emotional problems. Given such risks, the presence of intimate partner abuse in a family should be an important consideration in child protection issues. Domestic violence results in homicide as well (23, 24). Victims who live in a household where weapons are present and drugs are used have a greater risk of being killed by their abuser (24). An environment of stress and fear can also lead to obstetrical adverse outcomes through physiological responses triggered by stress (*e.g.* hormonal response), through the adoption of certain risky behaviours by women or controlling behaviour by the violence perpetrator. Maternal deaths due to domestic violence take place both in developed countries and developing nations. Nonetheless, with a greater degree of subordination to men, less legal and police protection, fewer options to prevent and deal with unwanted pregnancies, it is likely that women from developing countries have a greater risk of maternal death due to domestic violence than women living in developed nations (25). Abused women experience physical problems related to stress and more often have more medical complications during their pregnancy than other women (26). Women are four times more likely to suffer increased abuse as a result of an unintended or unwanted pregnancy. Pregnancy itself can also be a result of domestic violence, in the form of sexual abuse or denial of access to birth control (27). The study conducted in Turkey shows almost all physical violence cases were done by partner (97.00). The husband was also the source of the majority of emotional violence cases (81.4%). (20).

Factors associated with domestic violence

Several complex and interconnected institutionalized social and cultural factors have kept women particularly vulnerable to the violence directed at them, all of them manifestations of historically unequal power relations between men and women. Factors contributing to these unequal power relations include: socioeconomic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, and legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status. Lack of economic resources underpins women's vulnerability to violence and their difficulty in preventing themselves (28). Other associated factors are Age at first union, Number of children ever born, Women's demographic characteristic (E education, Religion, Ethnicity and women's work status and Husband or partner's characteristic like Husband's Education, and Husband's Occupation (29). Study conducted in Rwanda identified some associated factors such as alcohol use and having multiple sexual, low education, socioeconomic status and short-duration relationship (30).

\

Independent variable

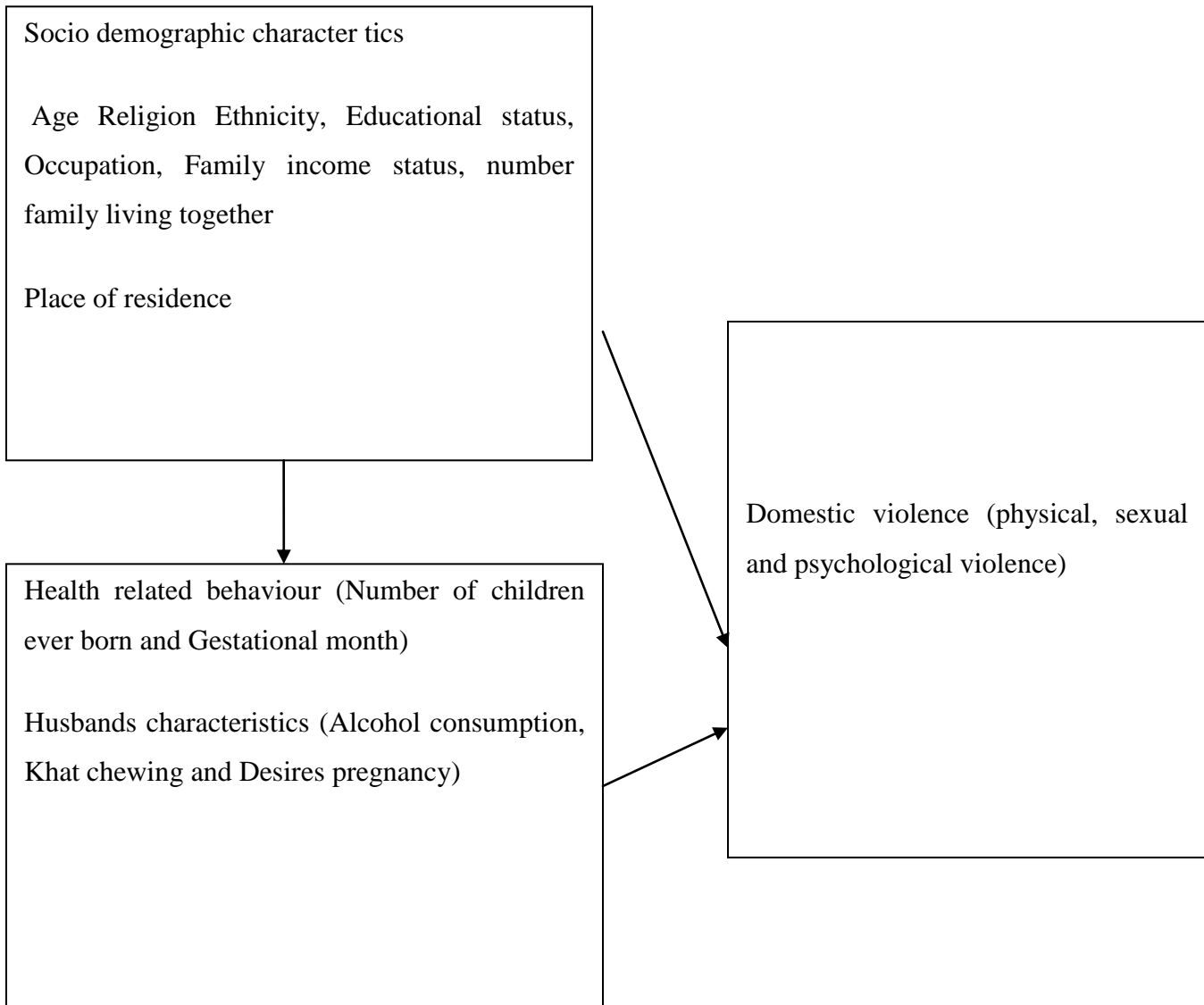


Figure 1: conceptual frame work for domestic violence on pregnant women in Manna Woreda, Jimma Zone South West Ethiopia June 2011

2.2 Significance of the study

Defining the problem and assessing the scope of domestic violence against pregnant women is the most important for understanding and developing appropriate solutions.

United Nation conference on population and development and Beijing world conference on Women also identified that lack of data, statistics, and techniques to quantify incidents of violence against women make monitoring and surveillance of quick response and preventive programs challenging.

Therefore this particular study was to address some of the issue by presenting important information regarding prevalence and associated factors of physical, sexual and psychological violence among pregnant women in manna Woreda, Jimma zone, south west Ethiopia, where the finding will be used by policy makers, planners and implementer's to apply in the study area and in the same areas of the country. This study finding will also help the researchers as base line for further investigation.

CHAPTER 3: OBJECTIVE OF THE STUDY

3.1 General objective

The overall objective of this study was to assess the prevalence of domestic violence and its predictors among pregnant women in Manna Woreda, Jimma Zone

3.2 specific objectives

1. To determine the proportion of pregnant women who experienced physical, sexual and psychological violence among pregnant in Manna Woreda, Jimma Zone.
2. To identify predictors of domestic violence among pregnant in Manna Woreda, Jimma Zone.
3. To explore reasons of domestic violence among pregnant women in manna Woreda, Jimma zone.

CHAPTER 4: METHODS AND MATERIALS

4.1. Study area and period

The study was conducted in Manna Woreda, Jimma zone from March 25, 2011 to April 10, 2011.

Manna Woreda is located 385 km from Addis Ababa & 20 km from Jimma on the road Jimma to Agaro. It is administratively divided into 23 rural and 2 town kebeles. The woreda has a total population of 169,720 among which 89,480 men and 10,423 women and pregnant women respectively. The Woreda has 3 health centres and 520 health Posts according to information of woreda health office.

4.2 Study design

Community based Cross sectional study using both quantitative and qualitative methods was conducted

4.3 populations

4.3.1 Source population

Quantitative data: All pregnant women living in Manna woreda, Jimma zone during data collection period.

Qualitative data: Nurses working in MCH Clinic, kebele women affairs, males those have pregnant women and pregnant women living in the woreda during data collection period and not included in quantitative interview.

4.3.2 Study population

Quantitative data: Sampled pregnant women living in the Woreda during data collection period.

Qualitative data: conveniently selected nurses working in MCH Clinic, Kebele women affairs, males those have pregnant women and pregnant women those not included in quantitative data to prevent information contamination

4.4 Inclusion and Exclusion criteria

Inclusion criteria

Pregnant women who lived in the woreda at least for 6 months at the time of data collection

Exclusion criteria

Those were mentally ill, unable to communicate

4.5 Sample Size and Sampling Procedures

Sample size Determination

Quantitative: The sample size for this study was determined using single population proportion formula by assuming expected magnitude of domestic violence on pregnant women in the area to be 50%, 95% confidence level, 0.04 tolerable error and with 10% allowance for non response

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

Where n = required sample size

$Z_{\alpha/2}$ = critical value for normal distribution at 95% confidence level which equals to 1.96 (z value at $\alpha = 0.05$)

P = Expected magnitude of domestic violence in the area, 50%

d = precision (margin of error 0.04).

Total sample size = 601

10% non response rate = 61, Grand total 662

Sampling procedure

After 12 kebeles (48% of the study area) were by lottery methods the total 662 study subjects were proportionally distributed based on their number of pregnant women using the census data taken from respected health posts and Lottery methods was used to reach to study subjects.

The total 662 subjects were proportionally distributed to 12 selected kebeles based on their number of pregnant women. The number of pregnant women of each kebele was obtained from respective health posts provided a sampling frame that contains the women's name, unique numbers and name of clusters. Lottery method was used to select Study subjects.

Table 1: Proportional allocation of pregnant women to selected kebeles Manna Woreda, Jimma zone, south west Ethiopia.

No	Name of kebeles	Number of pregnant women in each kebele	Sampling fraction	Number pregnant women taken
1.	Doyo toil	279	16.96%	47
2.	Doyo bikila	385	16.96%	65
3.	Gudata bula	294	16.96%	50
4.	Hunda toil	378	16.96%	64
5.	Korelelisa	234	16.96%	40
6.	Gube mulata	202	16.96%	34
7.	Yabu	351	16.96%	60
8.	Dabasa	289	16.96%	49
9.	Bilida	378	16.96%	64
10.	Haro	295	16.96%	50
11.	Bilida	489	16.96%	83
12.	Kenteri	329	16.96%	56
Total		3903		662

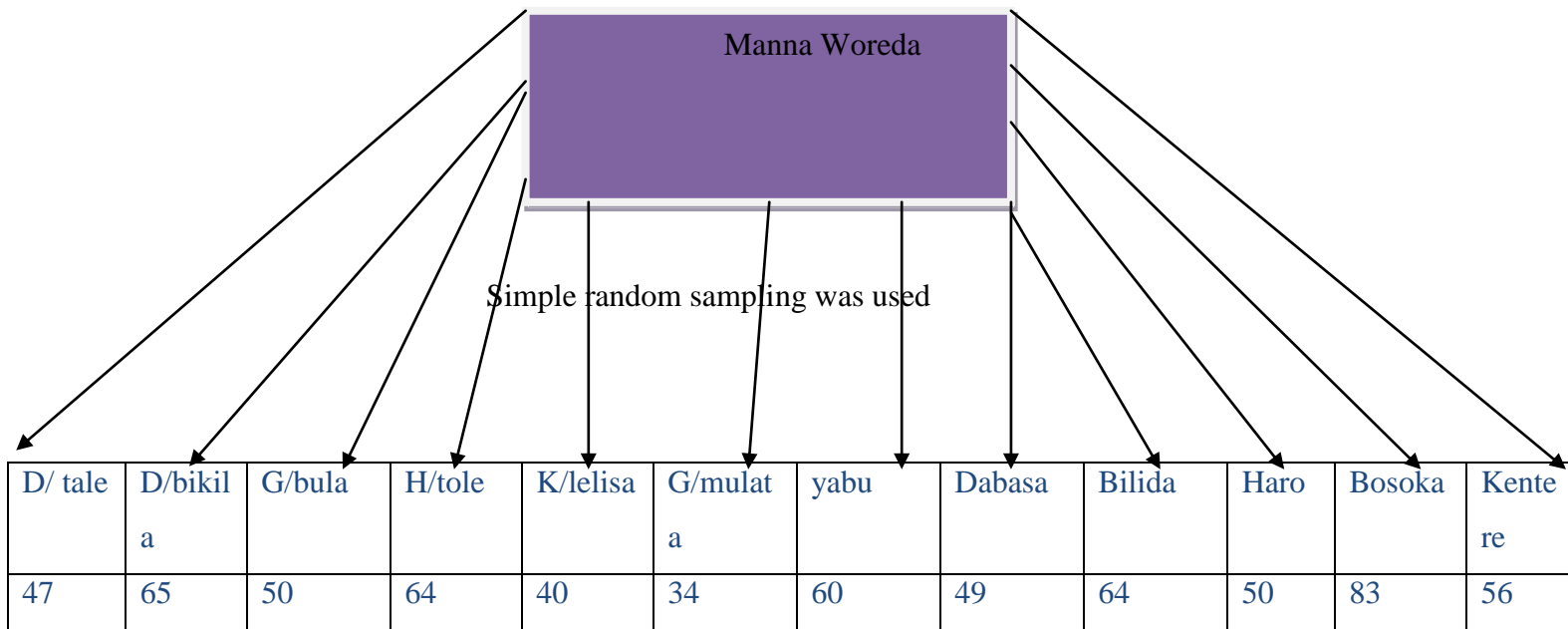


Figure 2: Schematic representation of sampling procedure for domestic violence on pregnant women in Manna Woreda, Jimma Zone, South West Ethiopia

For qualitative data collection, Four FGDs were conducted with a total of 24 individuals drawn one group from kebele women affairs offices, one group from males partners, those have pregnant women and two group from rural and urban resident pregnant women and those not included into quantitative data and Five in-depth interviews were conducted among 2 nurses working in MCH departments in Yabu and Bilida health centres and three pregnant women.

4.6 Data collection and measurements

4.6.1 Data collection instrument

Data were collected using adopted questionnaire from WHO used for assessment of domestic violence. The adopted questionnaire was contextualized to the local situation and to the research objectives. The questionnaire was prepared first in English then translated in to Afan Oromo, and back to English by another person to check for consistency. A semi-structured open-ended interview guide was developed and used for qualitative data collection

4.6.2 Study variables

Dependent variables

Domestic violence (Physical violence, Sexual violence and Psychological violence)

Independent variables

Socio-demographic characteristics (age, sex, ethnicity, education, religion, marital status, occupation, income).

Health related behavior (Number of children ever born, Gestational month) and husbands behaviour (Alcohol consumption, Khat chewing and Husband desires of current pregnancy)

4.7 Data collectors training and pre-testing

Health Extension Workers (HEW) working in selected kebeles during the time of data collection was recruited as data collectors. They were trained for 2 days by the principal investigator on the methods, objectives, study instruments, consent form, how to interview and other technical procedures before data collection. The adapted questionnaire was pre-tested on 5% of the sample size in a nearby kebele so as to ensure clarity, wordings, logical sequence and skip patterns of the questions and the pre-test kebele was not be included in the study. Amendments were made on the questionnaire after the pre-test.

Two nurses who Has bachelor degree were recruited as supervisor and they checked activity of data collectors regarding the completion of questionnaires, clarity of responses and proper coding of the respondents by taking 10% of the questionnaire.

The principal investigator also checked the supervisors, incomplete and unclear filled questionnaires were given back to the interviewers to be completed.

4.8 Data collection process

Interviewer administered face to face interview data collection technique was used in each selected kebeles. In order to complement and triangulate the quantitative with qualitative 4 FGDs with 6 members were conducted on pregnant women, male partners of pregnant women and women from the Kebele Women Affairs Offices.

4.9 Operational Definition of terms

Domestic violence

It is any kind of physical or sexual or psychological violence

Women experienced Violence

If the women had ever been exposed to any

Physical, psychological or sexual violence defined below since the Beginning of pregnancy.

Physical violence by an intimate partner

- Was slapped or had something thrown at her that could hurt her
 - Was pushed or shoved
 - Was hit with fist or something else that could hurt
 - Was kicked, dragged or beaten up
 - Was choked or burnt on purpose
 - Was punched or kicked
-
- Perpetrator threatened to use or actually used a gun, knife or other weapon against her

Sexual violence by an intimate partner

- ❖ Was physically forced to have sexual intercourse when she did not want to
- ❖ Had sexual intercourse when she did not want to because she was afraid of what partner might do
- ❖ Was forced to do something sexual that she found degrading or humiliating
- ❖ Having unpleasant sex
- ❖ Disagreements about sex. E.g. timing frequency to have sex
- ❖ Having sexual experience, in fear weapons or physically hurting
- ❖ Having sex when physically or mentally unable to say to yes to agree
- ❖ Having sex by partner's continual arguing

Psychological violence

- ✚ Was insulted or made to feel bad about herself
- ✚ Was belittled or humiliated in front of other people
- ✚ Perpetrator had done things to scare or intimidate her on purpose, e.g. by the way he looked at her, by yelling or smashing things
- ✚ Perpetrator had threatened to hurt someone

4.10 Data entry and analysis

Quantitative data were checked for completeness, inconsistencies, cleaned then coded and entered in to computer and the statistical analysis was done using SPSS for windows version 16.0 Descriptive statistics was computed and presented as mean or median for continuous variables and as percentages for categorical variables. Bivariate analysis was primarily used to check variables that have association with the dependent variables individually. Variables that were found to have association with dependent variables was entered to multiple logistic regressions model to identify their independent effects after controlling the possible effect of confounders and finally we present the results as adjusted odds ratios and 95% confidence intervals. All statistical significance was considered at $p < 0.05$. The qualitative data were summarized manually by thematic area and presented in triangulation with the quantitative findings.

4.11. Data quality control

Data collection instrument was pre-tested on 5% of the subject and adjustments was made based on the assessment of it's an appropriateness. Data collectors and supervisors was trained for 2 days. Throughout the data collection supervision was made by supervisor and principal investigator to keep the quality of data to its maximum. Response was checked for its completeness and was edited accordingly. Variables found to have association were entered in multivariable logistic regression for controlling the possible effect of confounders.

4.12 Ethical clearance

The proposal was submitted to Research Ethical Clearance Committee Health and Medical Science Collage of Jimma University. Ethical clearance letter was given to Jimma Zone Health Desk and to respected study Woreda. The objective of the study was explained to respondents and verbal consent was obtained. To assure confidentiality interview was conducted privately (in the absence of any person around) and the names of the respondents was not written on the questionnaire. The right of the respondent not to participate or withdraw from the study was respected.

4.13. Dissemination of results

The result of the study will be presented to JU community as part of MPH thesis and it will be disseminated to JU College of Public Health and Medical Science, Department of Population& Family health, Regional health bureau, Zonal Desk and District health office and to other concerned bodies. Further attempt will be made to publish it on Local and International scientific journals.

Chapter5: Results and discussion

5.1: Results

Socio-Demographic Characteristics

Out of six hundred sixty two to be sampled, 611 pregnant mothers were participated in this study giving the response rate of 92.29%.The mean age (\pm SD) of the respondents was 25.47(\pm 3.83). Almost two-third of the respondents 381 (62.4%) were illiterate. More than three quarters, 537(87.9%) lives in rural areas and 434 (71.0%) of them live households with family size of 4-6 persons. The majority, 515(84.3%) of respondents were Oromo in ethnicity and 518(84.8%) were Muslim in religion. About half 313(51.2%) of the pregnant women were found in their second trimester of gestational age. (See Table1)

Table 2: Socio-Demographic characteristics of pregnant women in Mana Woreda, Jimma Zone, South west Ethiopia June 2011

Variables	Frequency	Percent
Age of respondents		
20-24	374	61.2
25-29	117	19.1
30-34	109	17.8
\geq 35	11	1.8
Mean(\pm SD)	25.47 \pm 3.833	
Residence		
Rural	537	87.9
Urban	65	10.6
Semi-Urban	9	1.5
Religion		
Muslim	518	84.8

Orthodox	63	10.6
Protestant	22	3.6
Others*	7	1.1
Ethnicity		
Oromo	515	84.3
Amhara	36	5.9
Others**	60	9.8
Educational status		
Not attended formal education	381	62.4
Attended formal education [€]	230	37.6
Occupation		
Farmer	547	89.5
Merchant	31	5.1
Civil servant	18	2.9
Others***	15	2.5
Family monthly income		
100-299	319	52.2
300-499	258	43.0
500 and above	29	4.8
Number of family in the house		
1-3	142	23.2
4-6	434	71.0
7 and above	35	5.7
Number of children before this pregnancy		

1-3	556	91.0
4-6	55	9.0
Gestational month		
1-3	108	17.7
4-6	313	51.2
7-9	190	31.1

*Catholic, Joba, wake feta

**kulo, Kefa, Gurage, Tigre, kambata, Sidamo, Hadiya, Selte

***Student, Skilled labourer, unskilled labourer

€ At least read and write

Prevalence of physical violence

Two hundred forty-eight 248(40.6%) respond to have experienced physical violence during pregnancy either with or without sexual or psychological Violence. Out of these 126(45%) had experienced most commonly throwing followed by beating and stabbed with sharp objects by their partners which accounts 35% and 14% respectively. The other form of physical violence in the study area was pulling from hair (6%). Among those physically violated 101(42.8%) were reported it was the continuation of previous history and 43(42.1%) of them said the frequency physical violence has increased over the current pregnancy (*See fig5*).

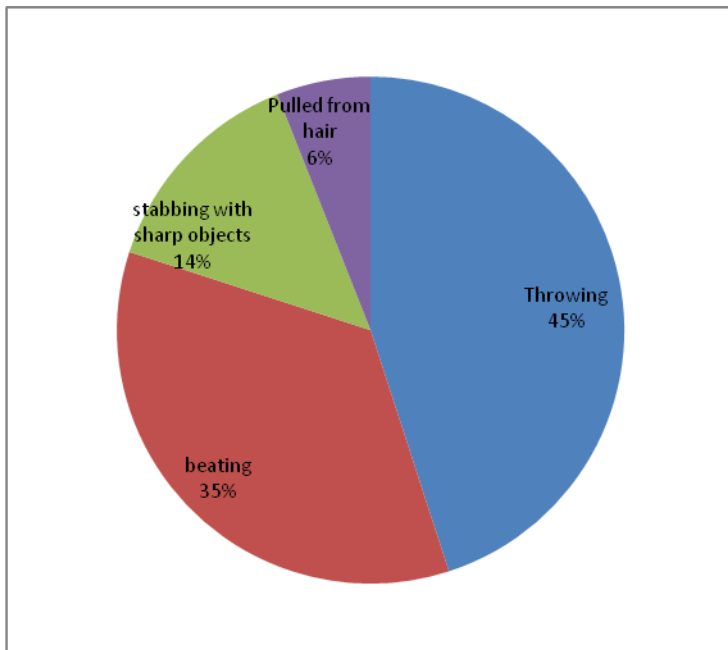


Figure 3: Common types of physical violence experienced among pregnant women with their current pregnancy, Manna Woreda, Jimma Zone, April 2011

More than 90 %(234) of pregnant women had been physically abused by the father of the unborn child, and mother-in-low, brother-in-low and sister- in-low were the sources of physical violence for 5.4% of the respondents.

Sexual Violence

One hundred fifty-one (24.7%) of the pregnant women experienced one or more types of sexual violence with or without Physical or psychological Violence. These include: having unwanted sex due to fear of the husband, 100(34.9%), having unpleasant sex, 56(19.5%), disagreement about the frequency and timing of sex, 49(17.3%) having sex to avoid fighting or being hurt, 45 (15.5%) and touching in a sexual way (petting) when the women is not ready psychologically 36(12.5%). For the majority of the respondents, 594(97.5%) the source of sexual violence was husband and for the rest 2.5% brother in law and other husbands relatives were raised as sources of sexual violence.

Psychological violence One hundred ninety-two (31.4%) of the respondents experienced psychological Violence with or without sexual or physical Violence. Most commonly the violence was perpetrated in the form of husbands deciding a friend of pregnant women 66(34.4%), keeping her away from their family or friends 40(21.10%) and 36(18.0%) afraid to disagree with husbands idea in fear of violence on them and on other family members such as children, 30(15.35%) saying insulting words and 20(10.3%) were always worrying about physically or sexually hurting (fig5).

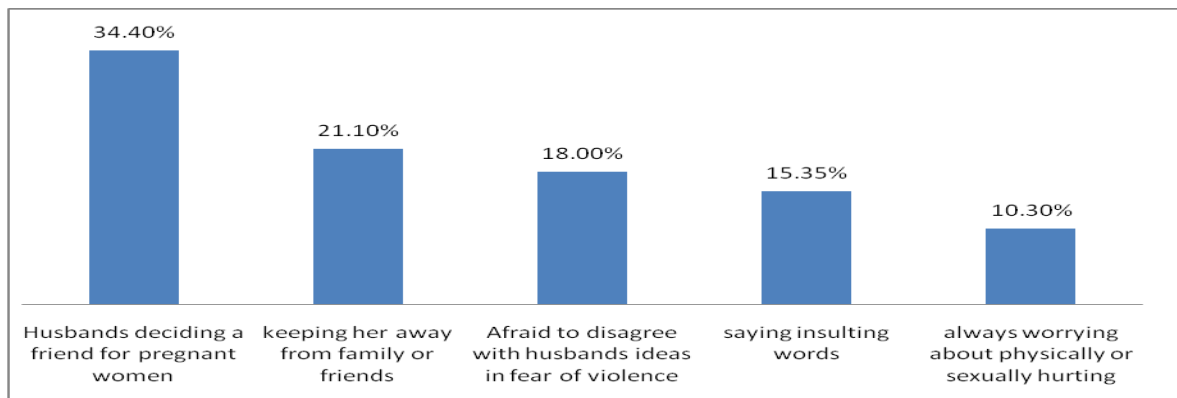


Figure5: Types of psychological violence commonly experienced in manna Woreda, Jimma zone, south west Ethiopia, June 2011

The source of psychological violence for 157(82.0%) was husbands and other husbands relatives also have around one-fifth of psychological violence. Mother-in-law (5.4%), father-in-law (9.3%), sister-in-law (3.3%)

Table 3: summary of Prevalence of domestic violence experienced by pregnant women in manna Woreda, Jimma zone, south west Ethiopia

Types of domestic violence	Yes (%)	No (%)
Physical violence	248(40.6)	363(59.4)
Sexual violence	151(24.7)	460(75.3)
Psychological violence	253(31.4)	358(58.6)
Over all prevalence of domestic violence	421(68.9%)	190(31.1)

Factors associated with domestic violence

It was observed that the frequency of physical violence was associated with residence ($P=0.02$), alcohol consumption of the partner ($P=0.02$) and desires of the current pregnancy by the husband ($p=0.02$) at Bivariate analysis (Table4).

Table 4: Bivariate associations between physical violence and background characteristics among pregnant women in Manna Woreda Jimma Zone, South West Ethiopia May 2011

Variables	Had Physical Violence		P-value	OR(95% CI)
	Yes (%)	No (%)		
Age of study subject				
20-24	144(38.5)	230(61.5)	0.28	0.94(0.58,6.49)
25-29	49(41.9)	68(58.1)		1.6290.46,5.50)
30-34	49(45.0)	60(55.0)		1.43(0.43,4.980)
35 and above	6(54.5)	5(55.5)		1.00
Residence				
Rural	236(39.6)	360(60.4)	0.02	0.19(1.37,18.52)
Urban	10(76.9)	3		1.00
Educational status of study subject				
Not attended formal education	154(40.4)	227(59.1)	0.87	0.98(0.73,1.44)
Attended formal education	94(40.9)	136(59.1)		1.00
Occupation				
Farmer	213(38.9)	334(61.1)	0.13	1.06(0.06,18.62)
Merchant	15(48.4)	16(51.6)		1.57(0.98,25.23)
Civil servant	12(66.7)	6(33.3)		0.50(0.26,9.45)
Others	8(53.3)	7(46.7)		1.00
Monthly income of family				

100-299	128(40.1)	191(59.9)	0.05	0.48(0.19,1.61)
300-499	113(43.0)	150(57.0)		0.41(0.17,1.00)
500 and above	7(24.1)	22(75.9)		1.00
No of children before this pregnancy				
1-3	225(40.5)	331(59.5)	0.84	1.00
4-6	23(41.8)	32(58.2)		0.95(0.61,1.86)
Number of family living in the same house hold				
1-3	63(44.4)	79(55.6)	0.59	1.00
4-6	163(37.6)	271(62.4)		0.95(0.55,6.62)
7 and above	22(62.9)	13(37.1)		1.5(0.53,4.76)
Gestational month				
1-3	43(39.8)	65(60.2)	0.82	1.00
4-6	126(40.3)	187(59.7)		1.05(0.64,1.72)
7-9	79(41.6)	111(58.4)		0.97(0.76,1.23)
Desires of husband current pregnancy				
Yes	70(48.3)	75(51.7)		1.00
No	176(37.9)	228(62.1)	0.02	1.21(1.09,2.20)
Alcohol consumption of husbands				
Yes	154(37.3)	259(62.7)	0.01	0.67(0.44,0.95)
no	92(46.9)	104(53.1)		1.00
Khat Chewing of husbands				
Yes	53(36.3)	93(63.7)	0.26	3.42(0.84,1.84)
No	45(41.7)	270(58.3)		1.00

All variables that were significantly associated with physical violence at bivariate analysis were further examined at multiple logistic regressions and the final predictors of physical violence were alcohol consumption (0.02) and husband's desires of current pregnancy (0.02) (see table5).

Table 5: Predictors of Physical Violence among pregnant women in Manna Woreda, Jimma zone south west Ethiopia June, 2011

Variables	Had physical Violence?		P value	AOR(95% CI)
	Yes (%)	No (%)		
Alcohol consumption of husbands				
Yes	70(48.3)	75(51.7)	0.01	0.65(0.44,0.95)
no	176(37.9)	228(62.1)		1.00
Desires of husband current pregnancy				
Yes	154(37.3)	259(62.7)		1.00
No	92(46.9)	104(53.1)	0.02	1.55(1.09,2.20)

Physical Violence was high among pregnant women whose pregnancies were not desired by their husband's, (Adj. OR= 1.55, 95% CI, 1.09, 2.20) compared to those whose pregnancies were desired by husbands.

Physical violence was less occurred among pregnant women whose husbands consumed (Adj. OR= 0.65, 95%CI, 0.44, 0.99) compared to those whose husbands consumed alcohol.

Residence was significantly associated with physical violence at bivariate analysis, but this association was removed at the final model

Sexual violence

Sexual violence in the study area was associated with educational status of the pregnant women (0.01), alcohol consumption of the husbands (0.00) and husbands desires of current pregnancy by husbands(0.00) at Bivariate analysis (see table6)

Table 6: Bivariate associations between Sexual Violence and associated factors among pregnant women in Manna Woreda Jimma Zone, South West Ethiopia June 2011

Variable	Had sexual Violence		P- value	OR(95%CI)
	Yes (%)	No (%)		
Age of study subject				
20-24	91(24.3)	283(75.7)	0.85	1.02(0.83,1.25)
25-29	28(23.9)	89(76.1)		1.04(0.98,12.65)
30-34	29(26.6)	80(73.4)		0.8(0.67,3.45)
35 and above	2(18.2)	9(81.8)		1.00
Residence				
Rural	149(25.0)	447(75.0)	0.42	4.0(0.46,6.5)
Urban	1	12(92.3)		1.00
Educational status of study subject				
Not attended formal education	80(21.0)	301(79)	0.02	0.67(0.47,0.94)
Attended formal education	70(30.4)	160(69.6)		1.00
Occupation				
Farmer	153(24.3)	414(75.7)		1.96(0.00,-)
Merchant	10(32.3)	21(67.7)	0.57	3.27(0.00,-)
Civil servant	4(22.2)	14(77.8)		3.64(0.00,-)
Others	3(20.0)	12(80.0)		5.65(0.00,-)
Monthly income of				

family				
100-299	78(24.5)	41(75.5)	0.14	0.64(0.27,1.49)
300-499	68(25.9)	195(74.1)		0.29(0.38,2.11)
500 and above	49(13.8)	25(86.2)		1.00
Gestational month				
1-3	22(20.4)	86(79.6)	0.28	1.00
4-6	81(25.9)	232(74.1)		0.34(0.23,1.98)
7-9	47(24.7)	143(75.3)		0.87(0.68,1.12)
Desires of husband current pregnancy				
Yes	106(25.7)	307(74.3)	0.00	1.19(1.56,3.44)
No	44(22.40)	152(77.6)		1.00
Alcohol consumption of husbands				
Yes	65(44.8)	80(55.2)	0.00	3.62(2.28,4.99)
no	85(18.3)	379(81.7)		1.00
Khat chewing of husbands				
Yes	46(31.5)	100(68.5)	0.14	1.58(0.50,1.09)
No	104(22.5)	359(77.5)		1.00

All variables associated with sexual violence at bivariate analysis were entered in to multiple logistic regressions to prevent confounders and finally predictors of sexual violence were found to be educational status of mothers and alcohol consumption of husbands.

Table 7: Predictors of Sexual violence among pregnant women in manna Woreda, Jimma zone, south west Ethiopia, June 2011

Violence	Had sexual violence		P-value	AOR(95%CI)
	Yes (%)	No (%)		
Educational status of pregnant Women				
Not attended formal education	80(21.0)	301(79)	0.01	3.3(0.44,0.91)
Attended formal education	70(30.4)	160(69.6)		1.00
Alcohol consumption (husbands)				
Yes	65(44.8)	80(55.2)	0.00	2.8(0.19,0.43)
No	85(18.3)	379(81.7)		1.00

Sexual violence was significantly higher among pregnant women, whose husbands consume alcohol (Adj. OR=2.8, 95%CI, 0.19, 0.43) compared to those whose husbands not consume alcohol.

Sexual violence was more common among pregnant women those not attended formal education (Adj. OR= 3.3, 95%CI, 0.44, 0.91) compared to those attended formal education (at least who read and write).

Psychological violence

Psychological violence in the study area was associated with alcohol consumption of the husbands (0.01), husband's desires of current pregnancy (0.00), gestational month (0.01) and family income (0.01) at bivariate analysis. (See table 8).

Table 8: Bivariate associations between Psychological Violence and associated factors among pregnant women in Manna Woreda Jimma Zone, South West Ethiopia, June 2011

Variable	Exposed to any sexual Violence		P-value	OR(95%CI)
	Yes (%)	No (%)		
Age of study subjects				
20-24	110(29.4)	264(70.6)	0.65	0.70(0.14,3.332)
25-29	35(29.9)	82(70.1)		0.72(0.14,3.55)
30-34	45(41.3)	64(58.7)		0.62(0.12,3.07)
35 and above	4(36.4)	7(63.6)		1.00
Residence				
Rural	192(31.4)	402(68.6)	0.22	2.62(0.56,11.5)
Urban	2(15.4)	11(84.6)		1.00
Educational status of study subject				
Not attended formal education	118(31.0)	263(69.0)	0.62	0.914(0.64,1.30)
Attended formal education	76(33.0)	154(67.0)		1.00
Occupation				
Farmer	170(31.1)	377(68.9)	0.99	
Merchant	16(91.6)	15(48.4)		
Civil servant	5(27.8)	13(72.2)		
Others	3(20.0)	12(80.0)		
Monthly income of family				
100-299	120(37.6)	199(62.4)	0.01	0.54(0.22,1.31)

300-499	67(25.5)	196(74.5)		0.93(0.38,2.27)
500 and above	7(24.1)	22(75.9)		1.00
Gestational month				
1-3	32(29.6)	76(70.4)		
4-6	92(29.4)	221(70.6)	0.01	0.54(0.22,1.31)
7-9	70(36.8)	120(63.2)		0.93(0.38,2.21)
Number of family living in the same house				
1-3	42(29.6)	100(70.4)	0.11	0.93(1.02,3.07)
4-6	142(32.7)	292(67.3)		1.28(0.76,2.13)
7 and above	10(28.6)	25(71.4)		1.37(0.92,2.02)
Desires of husband current pregnancy				
Yes	151(36.6)	262(63.4)	0.00	1.00
No	43(21.9)	153(78.1)		2.05(0.32,0.71)
Alcohol consumption				
Yes	59(40.7)	86(59.3)	0.02	1.67(0.42,0.92)
no	135(29.1)	329(70.9)		1.00
Khat chewing of husbands				
Yes	56(38.4)	90(61.6)	0.04	1.46(0.47,1.04)
No	138(29.8)	325(70.2)		1.00

All significant variables were further analyzed at multiple logistic regressions. Alcohol consumption and pregnancy desire were found to be the final risk factors for psychological violence, where association of gestational month and family income were dispread (table.9)

Table 9: The final predictors of Psychological Violence among pregnant women in manna Woreda, Jimma zone, south west Ethiopia, June 2011

Variable	Had psychological Violence?		AOR(95% CI)
	Yes (%)	No (%)	
Desired pregnancy by husband			
Yes	151(36.6)	262(63.4)	1.00
No	43(21.9)	153(78.1)	4.7(0.32,0.72)
Alcohol consumption			
Yes	59(40.7)	86(59.3)	4.8(0.40,0.92)
no	135(29.1)	329(70.9)	1.00

Psychological violence was significantly higher among pregnant women, whose pregnancies were not desired by their husbands (Adj. OR = 4.7, (5%CI, 0.32, 0.72) when compared to those with desired pregnancies.

Psychological violence was more common among pregnant women those whose husbands consume alcohol (Adj. OR= 4.8, 95%CI, 0.40, 0.92) compared to pregnant women whose husbands not consume alcohol.

Results of qualitative study

The majority of the discussant were described the factors that can emerge marital conflict lead to violence. The three most cited factors as having influence on domestic violence were: living in an extended family, financial problems and husband's family two-third of the discussant justify that because of the were lived with an extended family in were they use resources in common and the decision on resources mostly given by Mother-in-law or by father-in-law, it is difficult to use the resources as they want and further approval from them and if they live in separated places and use their resources privately they underlined that their marital conflict will decrease. Other factors mentioned as causes of domestic violence were, go out side home without husbands permission and alcohol consumption by husbands. One third of the discussants rose as they were physically violated by Mother-in-law and seven of the discussants expressed as they were physical violence by the father of unborn child and mother-in-law and brother –in-law. The issue of husbands' family was also underlined during In-depth-interview by pregnant women.

“My daily activities was supervised by his mother or by his sister, any of my movement outside the home was with his mother or with his sister”. Pregnant women of age 20, Gudata Bula Kebe
Meaning: “My daily activities were supervised by his mother or by his sister and reported to him, when they were together. He also prefers any of my movement outside the home should be with his mother or with his sister”. (Pregnant women of age 20, with 1st time pregnancy in 2nd trimester in Gudata Bula Kebele)

The other cause of marital conflict identified during Focus group Discussions and In-depth-interview was alcohol consumptions of husbands Participants also raised alcohol consumption as the other cause of marital conflict. All participants of FGD were raised alcohol consumption of husbands, especially at as one one of the main cause of marital conflict. This issue was also raised by pregnant women those participated in In-depth-interview as the main cause of marital conflict.

“I was very worried about my safety and that of my child, when he drunk, I had no body to help me at night, so I had to do anything which can prevent being assaulted. I didn't want to say

anything, even when he was in wrong” (pregnant women of age 23, with 2nd time pregnancy, in Bilida kebele).

Health professionals participated in In-depth-interview were directs the causes of domestic violence to culture, one nurse working in Yabu health centre said that because of domestic violence is embedded in to culture, both pregnant women and husbands accepts as it is way of life, there fore pregnant women are not ready to report to any one and not seek care unless it is severe case in fear of disclosure.

5.2 Discussion

The results of the current study showed that D.V was very high among pregnant women in the study area (68.9%). The majority of pregnant women were exposed to physical violence 248(40.6%), followed by psychological violence 192(31.4%) and sexual violence 152(24.7%). The major predictors of domestic violence in our finding were alcohol consumption of husbands, desired pregnancy, and educational status of pregnant women. This finding was supported by similar study conducted in Nigeria, in which the major predictors of D.V were family income, alcohol consumption of husbands and desired pregnancy (20).

The over all magnitude of D.V reported in our results (68.9%) was almost similar to the finding reported from study conducted among Indian pregnant women, which showed 66% of domestic violence (25). But little bit higher than the finding of study conducted among pregnant women of Nigeria, which was 63.2% experienced domestic violence (20). This finding was also higher than the result of the cross-sectional study conducted in an inner London teaching Hospital which reported 30.7%(26).It might be as a result of different sample size or as a result of cultural difference among the studies population.

Maybe the other reason for reporting different prevalence was as a result of defining domestic violence in different ways between the studies, the current study define D.V in line to WHO definition of D.V, whereas the above study consider only physical and sexual violence.

The overall prevalence of domestic violence in the study area was 421(68.9%). This finding is comparable with study conducted among Indian pregnant women, 66% (25) . But little bit higher than the finding of study conducted among pregnant women of Nigeria, which was 63.2% (20). This finding was also higher than the result of the cross-sectional study conducted in an inner London teaching Hospital, 30.7 %(26). Possible explanation for this is maybe as a result of cultural difference or using different tools. Defining DV in different ways may also the other reason for this difference?

Two hundred forty-eight 248(40.6%) of pregnant women experienced physical violence during pregnancy either with or without other forms Violence. This is consistent with the study conducted in Rwanda,39 % (33). More than 90 %(234) of pregnant women had been physically abused by the father of the unborn child, and mother-in-law, brother-in-law and sister- in-law were the sources of physical violence for 5.4% of the respondents.

As to sexual violence, One-fourth of the respondents 151(24.7%) were abused sexually which is consistent with the study conducted in Jos, Nigeria (24.9%).

But higher than that of Turkish pregnant women, reporting 8.1 %(23). It might be related to the level of awareness of the community, where the majority of our study subjects were rural residents and more than half of them were not attended formal education.

It might be also as a result of different sample size or as a result of cultural difference among the population.

Regarding to psychological violence, around one-third 253(31.4%) of the respondents were exposed to psychological violence.

Similar result was reported among pregnant women in Nigeria (20).This finding was also consistent with study in Rwanda, 32.9% (25), But lower than that of Turkey, in where 89% of the respondents exposed to psychological violence (33). Possible explanation for this maybe Cultural and level of awareness can play major in expressing of domestic violence. The fact that domestic violence in our society is a hidden agenda, maybe pregnant women are reluctant to express all of violence against them.

Physical Violence was high among pregnant women whose pregnancies were not desired by their husband's, (Adj. OR= 1.55, 95% CI, 1.09, 2.20) compared to those whose pregnancies were desired by husbands.

This is consistent with the Study conducted among pregnant women in Pakistan, where physical violence was more common among pregnant women with undesired pregnancies (28).

Similarly the study conducted in Egypt showed significant association between physical violence and undesired pregnancy (30).

The possible explanation is that pregnant women may be able to increase new contacts with others outside the home because of the pregnancy; for example, visits with healthcare providers, providing additional contacts and support for her, which may results in late accomplishing home duties. Also going outside without his permission may also other causes for violence.

In current study physical violence was less occurred among pregnant women whose husbands consumed alcohol (Adj. OR= 0.65, 95%CI, 0.44, 0.99) compared to those whose husbands not consumed alcohol. But this was not supported by other literatures and also it was not supported by qualitative finding

The possible explanation for this is that it maybe as a result of coping mechanism of pregnant women, by expecting the consequence of alcohol consumption by husbands

“I was very worried about my safety and that of my child, when he drunk, I had no body to help me at night, so I had to do anything which can prevent being assaulted. I didn’t want to say anything, even when he was in wrong” (pregnant women of age 26, with 4th time pregnancy, in Bilida kebele).

Sexual violence was significantly higher among pregnant women, whose husbands consume alcohol (Adj. OR=2.8, 95%CI, 0.19, 0.43) compared to those whose husbands not consume alcohol.

Study conducted in Rwanda showed similar association (25). Similarly the association between sexual violence and alcohol consumptions was reported in Nigeria (20).

Sexual violence was more common among pregnant women those not attended formal education (Adj. OR= 3.3, 95%CI, 0.44, 0.91) compared to those attended formal education (at least who read and write). Study conducted in Perak, Malaysia showed similar association between sexual violence and educational status of pregnant women (27). Similarly study conducted in India

showed significantly high prevalence of sexual violence among pregnant women those not attended formal education.

The reason why is that, Education may act as protective factor, since those attended formal education (at least who read and write) were reported lower level of sexual violence.

Psychological violence in the study area was associated with husband's desires of current pregnancy (Adj. OR= 4.8, 95%CI, 0.40, 0.92) and alcohol consumption of the husbands (Adj. OR = 4.7, (5%CI, 0.32, 0.72). Psychological violence was significantly higher among pregnant women, whose pregnancies were not desired by their husbands (Adj. OR = 4.7, (5%CI, 0.32, 0.72) when compared to those with desired pregnancies.

The study conducted in USA also showed at significant high prevalence of psychological violence among pregnant women with undesired pregnancies (22). Possible explanation for this maybe becoming pregnant was associated with the women's decreasing ability to perform her usual responsibilities, especially as gestational age increase. Psychological violence was more common among pregnant women, whose husbands consume alcohol (Adj. OR= 4.8, 95%CI, 0.40, 0.92) compared to pregnant women, whose husbands not consume alcohol. Income status of the family and gestational month were associated with psychological violence at bivariate analysis but these associations were disappeared at final model.

Regarding the cause that provokes violence, the present study identified that husband's relatives were mentioned as the main of D.V. Similar result was reported from qualitative study in Rwanda (25). Pregnant women justify this, as because they live in extended families the conflicts with their husbands increased, when the resources were used in common.

“My daily activities were supervised by his mother or by his sister and reported to him, when they were together. He also prefers any of my movement outside the home should be with his mother or with his sister”(Pregnant women of age 20, with 1st time pregnancy in 2nd trimester in Gudata Bula Kebele). The second cause of violence, as revealed in this study, was financial

problems. This is consistent with qualitative study among pregnant women attending ANC clinics in Assiut University Hospital (30).

The possible explanation is that: when the women merely asking for home expenses and the husbands believe that the women over spend the resources.

Alcohol consumption of husbands was also raised as a cause that provokes domestic violence among pregnant women.

Health professionals directs the causes of domestic violence to culture, one nurse working in Yabu health centre said that because of D.V is embedded in to culture, both pregnant women and husbands accepts as it is way of life, which is similar with the report from world health organization, putting culture and values that give men priority rights over women and girls and notions of family as the private sphere and under male control (31).

Chapter VI. Strength and limitation of the study

This study was done community based with quantitative and qualitative methods. This study was also assessed the major types of D.V and was tried to minimize tolerable errors. In addition this study highlighted some of the predictors of domestic violence, which will hopefully inform interventions to prevent this problem.

This study had several limitations. First the potential under reporting could be expected on such sensitive topic. Mother's desire of pregnancy, violence history at child-hood, age at first marriage and alcohol consumptions of pregnant women were not questioned. Furthermore, the study suffers from the usual limitations of cross- sectional study.

Chapter VII: Conclusion and recommendation

7.1 conclusions

The study showed that prevalence of domestic violence among pregnant women was high. The current study has determined the proportion of pregnant women who were experienced physical, sexual and psychological violence. Furthermore Predictors of DV and factors that provoke domestic violence were also identified.

7.2 Recommendations

Health education should be directed toward increasing awareness and behavioural change of peoples on domestic violence. Health workers should take lead in introducing awareness and behavioural change in the community. Further detailed study should be conducted.

Annex I: Reference

1. World Health organization. Domestic violence against women and girls: global estimates of domestic violence on women and girls in June 2000
2. Parken B, Soeken K, Bullock L. Assessing for Abuse during Pregnancy. Severity and frequency of injuries and associated prenatal care .J. American Medical association 1992; 267(233): 376-378
3. Hassan F.Physical intimate partner violence in Chile, Egypt, Indian and Philippines. Injury control and safety promotion 2004; 1195): 111-116
4. World Health organization. Multi-country Study on Women's Health and Domestic Violence against Women: in 2005.5th edition, WHO, Geneva, 2007
5. Linda J, Koenig J, Daniel K, Rachel A. Physical and Sexual Violence during Pregnancy and After Delivery. American J. Public Health. June 2006; 96(6):1052
6. Mental health center. Domestic Violence - Harmful Effects of Domestic Violence. Available at <http://www.webmd.com/mental-health/tc/domestic-violence-harmful-effects-of-domestic-violence> (accessed on oct 20, 2010).
7. Muhajarine N. Physical abuse during pregnancy: prevalence and risk factors. CMAJ • APR.1999; 160(7):1007-1011
8. Bacchusa L, Mezeya G, Bewley S. Domestic violence: prevalence in pregnant women and associations with physical and psychological health. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2003; 113: 6–11
9. Berhane Y. Domestic Violence against Women in Ethiopia. *Ethiop. J. Health Dev.*
10. Dibaba Y. prevalence of intimate partner physical violence against women and associated factors in kofale district, arsi zone, central Ethiopia. *Ethiop .J. Health Sci.*2006; 16(2):119-129
11. Deyessa N, kassahe M, Demeke B, Taffa N. Magnitude, type and outcomes of physical violence against married women in butajira, southern Ethiopia. *Ethiop Med J.* 1998;36(2):83-92
12. Nasir K, Hyder A. Violence against pregnant women in developing countries.europian.J.Pub.Health.2003; 13:105-107

13. Heise L, Garcia - Moreno C. Violence by intimate partners. In: World Report on Violence and Health, World Health Organization (WHO). Geneva 2002; 89-121.
14. Gulcur L. domestic violence and sexual abuse in Ankara, turkey. MSc Thesis.2003:12-22
15. World Health organization. Multi-country Study on Women's Health and Domestic Violence against Women. Special report on violence against women, its causes and consequences .World Health Organization 2005
16. Muhajarine N. Physical abuse during pregnancy: prevalence and risk factors. JAMC • 6AVR. 1999; 160 (7):107-111
17. Hammoury.N, khawajan.m, Domestic violence against women during pregnancy.JW.Health.2009; 18(3):017-111.20,2010)
18. Pan American health organization. WHO regional office.Maternal death due to domestic violence. Available at <http://www.paho.org/english/ad/ge/FSmaternaldeath-domviol.pdf> (accessed on Oct 20, 2010)
19. Pan-American health organization. Domestic violence during pregnancy. Available at <http://www.paho.org/english/ad/ge/vawpregnancy.pdf>
20. Ani G. Pattern of domestic violence among pregnant women in Jos, Nigeria. SA FamPract 2009; 51(4):343-345
21. Ghosh, D. *Research and Practice in Social Sciences*.2007;3(1):48-72. Available at <http://www.researchandpractice.com/articles/3-1/ghosh-3.pdf>(accessed on nov04, 2010)
22. National coalition against Domestic violence. Domestic violence and pregnancy fact sheet.2009.available at www.ncadv.org (assessed on Oct 12, 2010)
23. Karaoglu L, Celbis O, Ecran C. physical, Emotional and sexual violence during pregnancy in malatya,Tukey. Europian J.P.health.2005; 16(2): 149-156
24. Ghosh,D. predicting vulnerability of Indian Women to Domestic Violence Incidents. *Research and practice in Social Sciences*.2002;3(1):48-7

25. Ntaagnira J, muula AS, sisiya S, stoskopfc, Rudatsikira E. factors associated with intimate partner violence among pregnant women in Rwanda. Rural and remote health 2009; 1153(9). Available at: <http://www.rrh.org.au>
26. Bacchus L, mezey G, Bewley S. Domestic violence: prevalence in pregnant women and associated factors with physical and psychological health. European J. Obstetrics & Gynecology and Reproductive Biology 2004;9(3): 6-11
27. Jahanfar S, kamarudin E, Nordin B et al. Prevalence of domestic violence against pregnant women in perak, Malaysia. Archives of Iranian Med 2007;10(3):376-378
28. Fikre F. Domestic violence and health of Pakistani pregnant women. Int J gynaecol Obstet 1999; 65(5):195-201
29. 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
30. Mohamed A, Hammam H, Abdel-wahed M, Ibrahim H, Labib S. domestic violence against women attending outpatient clinics in Assiut university Hospitals. Ass. Univ. Bull. Environ. Res. March 2008, 11 (1)
31. World Health Organization. Domestic violence against women and girls. Innocent Research Centre, Florence, Italy. 2006; 6-14.
32. Fisher A, Singh S, Shuper P, Carey M, Otchet F. Physical abuse during pregnancy. CMAJ 2005; 172(5):637-41
33. Gulcir L. Domestic violence and sexual abuse in Ankara, Turkey. Research and Practice in Social Sciences. 2007; 391):48-74.

ANNEX II: QUESTIONNAIRE

JIMMA UNIVERISTY COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCE

POST GRADUATE SCHOOL DEPARTMENT OF POPULATION AND FAMILY HEALTH

QUESTIONNAIRE FOR DOMESTIC VIOLENCE ON PREGNANT WOMEN RELATED INFORMATION

INTRODUCTION AND INFORMED CONSENT FORM

Hello! My name is -----I am working in research team of Jimma University College of Public health &Medical Science Post Graduate School. This is a study to be conducted with objective of assessing domestic violence on pregnant women among pregnant women in Manna Woreda of Jimma Zone. As the study is directly related to pregnant women, you are one of the women who are selected to participate in this study, therefore you are kindly requested to participate in this study and provide the information required from you. Your participation in this study is completely on voluntary bases. Interview will be conducted privately (in the absence of any person around) and your name will not write on the questionnaire.

Please remember that if you need to, we can stop and take a break at any time. And also please remember that I will continue to make sure your answers are absolutely confidential and there will be no way of linking. At last I would like to tell you that you can withdraw if you are not interested at any time

Are you willing to assist?Yes_____No_____

Questionnaire code number_____

Name of interviewer_____sign_____date of interview_____

Name of supervisor_____sign_____date of interview_____

I. Socio-demographic and economic Characteristics of Respondents

Ser. No	Questions	Response and Coding category	Go to
1.1	How old are you?	_____ year	
1.2	Where is your residence?	1. Urban 2. Semi-urban 3. Rural	
1.3	What is the highest education level you have attained?	1. Illiterate 2. 1-4 3. 5-8 4. 9-12 5. Collage or University	
1.4	What is your religion	1. Muslim 2. Orthodox 3. Protestants 4. Catholics Others(specify)_____	
1.5	What is your ethnicity?	1. Amhara 2. Oromo 3. Tigre 4. Gurage 5. Others (specify)_____	

1.6	What is your occupation?	1. Farmer 2. Merchant 3. student 4. civil servant 5. Government employee 6. Others(specify)_____	
1.7	How much is your monthly income in birr? Including the various sources of income.	1. < 100 2. 100-299 3. 300-499 4. 500 and above	
1.8	What is your marital status?	1. Single 2. Married 3. Widowed 4. Divorced	
1.9	How many family members living in the house (including yourself)?	_____	
1.0	How many children you have before this pregnancy?	_____	
1.1	Gestational month at the time of screening classified as	1. 1-3 2. 4-6 3. 7-9	

II. Physical violence

	Questions	Coding Categories	Go to
2.1	Did your current partner pushed you during this pregnancy?	1. Yes 2. No	
2.2	Did your current partner beat you during this pregnancy?	1. Yes 2. No	
2.3	Did your partner thrown you during this pregnancy?	1. Yes 2. No	
2.4	Did your partner pulled you during this pregnancy?	1. Yes 2. No	
2.5	Did your partner pulled you from hair during this pregnancy?	1. Yes 2. No	
2.6	Did partner threaten to cut or stab you with a knife or other sharp object during the current pregnancy?	1. Yes 2. No	
2.7	Did you exposed to any the above before this pregnancy?	1. yes 2. No	If Q 2.7 is no go to Q no2.11
2.8	If Q no2.7 is yes, was it increased in frequency?	1. yes 2. No	

2.9	If No 2.7 is yes, was it increased in severity during this pregnancy?	<ol style="list-style-type: none"> 1. yes 2. No 	
2.10	Did you exposed any of physical hurting which is different from what you answered up to now?	<ol style="list-style-type: none"> 1. Yes 2. No 	
2.11	If q.no.2.10 is yes mention it?	<hr/> <hr/>	
2.10	IS there another family member who hurts you physically?	<ol style="list-style-type: none"> 1. Yes 2. no 	
2.11	If q2.12 is yes who is that?	<ol style="list-style-type: none"> 1. Mother –in-low 2. Father-in-low 3. Sister-in-low 4. Brother-in-low 5. Other family members 	

III .Sexual violence

Sr no	Questions	Coding category	Go to
3.1	Are there times when sex between you or your partner is unpleasant for you?	1. yes 2. no	
3.2	Have you ever been engage in sexual activities with your partner because you in afraid of him?	1. yes 2. no	
3.3	Does your partner ever force you to engage in sexual activities when you didn't want to?	1. yes 2. no	
3.4	Do you and your partner ever have disagreements about sex: for example, timing and frequency to have sex during this pregnancy?	1. yes 2. no	
3.5	Does your partner ever force you to have a sexual experience by using a weapon, or by physically hurting you during this pregnancy?	1. Yes 2. no	
3.6	Does your partner ever have sex with you when you were physically or mentally unable to say yes or agree to the activity during this pregnancy?	1. yes 2. no	
3.7	Have you ever "given in" to a sexual encounter with your partner to avoid fighting or being hurt during this pregnancy?	1. yes 2. no	
3.8	Have you ever had by your partner's continual arguing and / or pressure during this pregnancy?	1. yes 2. no	
3.9	Does your partner ever touched you in a sexual way that has made you feel uncomfortable during this pregnancy?	1. yes 2. no	

3.10	Was there any kind of sexual hurting on you which is different from the above	<i>1. Yes</i> <i>2. No</i>	
3.11	If q.no 3.10 is yes mention it?	<hr/> <hr/>	
3.12	Was there any other family member who abuses you sexually?	<i>1. Yes</i> <i>2. No</i>	
3.13	If q.no.12 is yes who is that?	<hr/> <hr/>	

IV. Psychological violence

Sr no	Questions	Coding category	Go to
4.1	Does your partner control most or all of your daily activities?	1. yes 2. no	
4.2	Does he tell you who you can be friends with?	1. yes 2. no	
4.3	Does your partner keep you away from your family or friends?	1. yes 2. no	
4.4	Does he sometimes say insulting things or threaten you?	1. yes 2. no	
4.5	Are you afraid to disagree with your partner because he might hurt you or other family members?	1. yes 2. no	
4.6	Are you worried that you might physically or sexually hurt by your partner?	1. yes 2. no	
4.7	Are you so angry about what's happened that you have experienced before?	1. yes 2. no	
4.10	Do you feel safe on a day- to-day basis?	1. yes 2. no	
4.11	Does your partner expose you to anything which disturbs you which you are not asked above?	3.	

4.12	If q.no.11 is yes, mention	<hr/> <hr/>	
------	----------------------------	-------------	--

IV. Possible factors associated with DV during pregnancy

Sr no	Questions	Coding category	Go to
5.1	Did your husband desire this pregnancy?	1.yes 2. no	
5.2	Does your partner consume alcohol?	1. Yes 2. no	If Q no.3 is no Go to Q no.5
5.3	If Q no.3 is yes how many times per week?	1. Once 2. Two-three days 3. Four or more days	
5.4	Does your partner chewing a khat?	1. Yes 2. No	
5.6	If Q no.5 is yes how many days per week?	1. Once 2. two-three days 3. Four and above	
5.7	Does your husband have another wife?	1. Yes 2. no	
5.8	If Q no.7 yes how many wife including you?	1. 2 2. 2-4 3. 5 and above	

FDG topic of discussions

What is domestic violence?

What are the Factors that provoke domestic violence?

What are the reasons for conflict in your family?

In-depth interview guide questionnaire

What is your relationship like with husbands?

What is your relationship like with other family members?

Do you feel comfortable with your partner and with his relatives?

What are the causes or factors that provoke family conflict in your home?

MANA BARUMSA DIGRII LAMMAFFAATTI DIPARTIMENTII DHIMMA UMMATA FI
FAYYAA MAATII

GAAFFIILEE WAA'EE MIIDHAA DUBARTOOTA ULFA IRRA KARAA MAATTII
ISAANIIN GAHAN IRRATTI QOPHAHAN

WAL BARNOOTAAFI EYYAMA GAAFACHUU

Akkam jirtu! Maqaan koo _____ ani garee qoannoo univeristii jimmaatti kollejii
public health fi medicalaatti man a barumsaa digrii lammafatiifin hojedha. Kuni qo'annoo
waa'ee dhibbaa dubartoota irra karaa maatii isaanin gahu ilaalchisee hadholee ulfa kannen Aanaa
maannaa kessa jiraatan irratti gaggefamu yemmuu ta'u isinis waa'ee dhimma kanaaratti
odefannoo nuufi kennuu dandessu waan ta'eefi fedha kessan yootaate gaafilee kana itti fufuna .
Yoofetan giddutti boqonnaa fudhachuu dandanya, akkasumas yeroo feetan giddutti kutuus ni
dandessu. Dhumaratti deebiin kessan hundi iccitin kan qabamu ta'uu isaa isiniifi ibsuun barbaada

Fedha qabdu?

Eyyen _____

Lakki _____

Lakk coodii gaaffii _____

Maqaa nama gaafatuu _____ mallattoo _____ guyyaa _____

Maqaa supervisaraa _____ mallattoo _____ guyyaa _____

Haala jiruufi jireenyaa fi waa'ee qabanya ilaalchisee

Lakk.	Gaaffilee	Deebiifi mallattoo deebii	Ce'i(deemi gara gaaffii lakk)
1.1	Waggan kee meeqa?	_____	
1.2	Essa jiraatta?	<ol style="list-style-type: none"> 1. Magaala 2. Baadiyyaa 3. Magaala 	
1.3	Hanga kutaa meeqaa barateetta?	<ol style="list-style-type: none"> 1. Hin baranne 2. Dubbisuufi barreessuu nan danda'a 3. Kutaa tokko hanga afurii 4. Kutaa 5-8 5. Kutaa 9-12 6. Kollejji ykn univeristii 	
1.4	Amantaa kee maali?	<ol style="list-style-type: none"> 1. Muslima 2. Ortodoxii 3. Protestantii 4. Katoliki 5. Kan biraa(Ifa godhi)_____ — 	
1.5	Sabni kee maali?	<ol style="list-style-type: none"> 1. Amara 2. Oromoo 3. Tigree 	

		4. Guragee 5. Kan biraa(Ifa godhi)_____ -	
1.6	Hojiin kee maali?	1. Daldaltuu 2. Qotee bulaa 3. Hojettuu motummaa 4. Barataa 5. Kan biraa(Ifa godhi)_____ -	
1.7	Galiin kee ji'aa meeqa?	1. <00 2. 100-299 3. 300-499 4. 500 fi isaa oli	
1.8	siwaliin nama meeqatu mana tokko keesa jiraata?)	_____	
1.9	Osoo kana hin ulfaahin dura ejoollee meeqa desseerta?	_____	
1.10	Erga ulfoofte ji'a meeqa?	Ji'a _____ fi turban_____	

I. Miidhaa qaama irra gahu

lakk	Gaaffiillee	Deebiifi mallattoo deebii	Ce'i(deemi gara gaaffii lakk)
2.1	Abban manaakee erga ulfoofte sidarbata, sidhiita, ykn wanta qaama kee madeessu sirratti hojeta?	1. Eyyen 2. B. miti	
2.2	Yoo gaaffin lakk 2.1 eyye ta'e kana dura wanta akkana sirran gahee beeka?	1. Eyyen 2. B. miti	
2.3	Yoo gaaffin lakk 2.1 eyye ta'e miidhaan qaama kerran gahu wagga darbe kana dabalaa dhuferamo akkami?	1. Eyyen 2. B. miti	
2.4	Yoo gaaffin lakk 2.1 eyye ta'e miidhaan qaama kerran gahu wagga darbe kana cimaa dhufe ra?	1. Eyyen 2. B. miti	
2.5	Yoo gaaffin lakk 2.1 eyye ta'e humnaan si ukkamsuuf haalee beeka?	1. Eyyen 2. B. miti	
2.6	Tobanitti si'a meeqa dhuga?	1. hin dhugu 2. si'a tokko 3. si'a lama 4. si'a sadiifi isaa oli	
2.7	Yeroo dhugee dhufu sirukuta?	1. Eyyen 2. Miti+	
2.8	Darbatee dada ykn utubaa	1. Eyyen	

	manaatti sibuusee beeka?	2. B. miti	
2.9	Billan ykn meeshaa qara qabuun siwaraanuufi maatiin kee yaalee beeka?	1. Eyyen 2. miti	
2.10	Madaa ykn dhiibbaa biraa qaama kerra maatiin kee gessiseen gara mana yaalaa demtee bekta?	1. Eyyen 2. miti	
2.11	Yoo gaaffin lakk 8 hin deemne ta'e sababni isaa maali?	1. Midhaa mana yaalaa dhaquu barbaachisu waan hinturreefi 2. Maqaa maatii kootii eguufi jecha 3. Qarshii waanan hin qabneefi 4. Kan biraa (Ifa godhi)_____	

I. Miidhaa walqunnamtii saalaa ilaalchisee

Lakk.	Gaaffilee	Deebiifi mallattoo deebii	Ce'i (dee mi gara gaaf fii lakk)
3.1	Dhirsii kee yeroo ati fedhii hinqabnetti walqunnamtii saalaa siwaliin gochuufi humnaan sidirqisiisee beeka?	1. Eyyen 2. miti	
3.2	Osoo fedhii hin qabaatin sababa isa sodaattee fi qofa walqunnamtii saalaa gootee beeka?	1. Eyyen 2. miti	
3.3	Yeroon ati walqunnamtii saalaa dhirsaa kee waliin goote sitti toluu dide jira?	1. Eyyen 2. miti	
3.4	Dhirsaa kee waliin yeroon ati waa'ee walqunnamtii saalaaratti waldhabdan jira? Fkn yoomifi hangam hagamitti gochuu akka qabdan irratti?	1. Eyyen 2. miti	
3.5	Dhirsikee meshaa qara qabu fayyadamee ykn humnaan sidirqisiisee walqunnamtii saalaa	1. Eyyen 2. miti	

	siwaliin godhee beeka?		
3.6	Yeroo sidhukkubufii ati dubbachuu hindandenyee dhirsi kee siwaliin walqunnamtii saalaa godhee beeka?	1. Eyyen 2. miti	
3.7	Yeroon ati lola ykn walitti bu'insa hanbisuufi walqunnamtii saalaa raawwate jira?	1. Eyyen 2. miti	
3.8	Yeroon ati fedhakee malee sababa sirsikee irra deddeebi'ee sigaafateefi qofa walqunnamtii saalaa rawwate jira?	1. Eyyen 2. miti	
3.9	Yeroon dhirsikee diqqa osoo ati walqunnamtii saalaa hin hin barbaadin qaama ketti bu'e fi sitti hin tolin jira?	1. Eyyen 2. miti	
3.10	Sababa walqunnamtii saalaa osoo hin barbaadin dhirsaa kee waliin gooten mana yaalaa deemtee bekta?	1. Eyyen 2. miti	
3.11	Yoo gaaffin 3.10 miti mate sababni isaa maali?	1. Waanan yella'eefi 2. Maatiin kiyya ofirraa nafagessu jedhee waanan shakkeefi 3. Kanbiraa(Ifa godhi)_____	

Dhiibbaa xinsammuu irrann gahu ilaalchisee

Lakk.	Gaaffilee	Deebiifi mallattoo deebii	Ce'i(deemi gara gaaffii lakk)
4.1	Dhirsikee hojii ati guyya guyyan hojettu hunda ykn irra caalaa isaa ni to'ata?	1.eyyen 2. miti	
4.2	Enyun hiriyaa godhachuu akka qabdu sitti himaa?	1.eyyen 2. miti	
4.3	Maatiikee ykn hiriyoota kee waliin akka wal hin argine nigodha?	1.eyyen 2. mitii	
4.4	Waanta sammuu sixuqu siin jedhee beeka?	1.eyyen 2. miti	
4.5	Sababa isa sodaattuufi wanta inni mutesse osoo sitti hin tolin fudhattee beekta?	1.eyyen 2. miti	
4.6	Midhaan qaama keerran ykn sababa walqunnamtii saalaa gootanuufi jecha narra gaha jettee sodaattee beekta?	1. yyen 2. iti	
4.7	Wanta kannan dura dhirsi sirraatti baayyee artee bekta?	1. eyye n 2. miti	
4.8	Yeroo isin waloltan ijoollenkessan mana kessa jiru?	1. eyye n 2.	

		miti		
4.9	Erga waloltanii booda manakeetii akka baatu sigodha?	1. eyye n 2. miti		
4.10	Goyyaa guyyaatti gammachuun sitti dhagahama?	1. eyye n 2. miti		

I. Wantoota midhaa dubartoota ulfa irran gahuu danda'an

Lakk.	Gaaffilee	Deebiifi mallattoo deebii	Ce'i(deemi gara gaaffii lakk)	
5.1	Turtii gaa'elaa	1. =1 year 2. -4 year 3. =5		
5.2	Dhirsii kee ulfa kana ni barbaada?	1. yyen 2. iti		
5.3	Dhirsii kee nidhuga?	1. yyen		

		2. iti	
5.4	Yoo deebin lakk 5.3 ta'e torbanitti yeroo meeqa dhuga?	1. i'a tokko 2. i'a lama 3. i'a sadiifi isaa oli	
5.5	Dhirsii kee caatii niqaama?	1. yyen 2. iti	
5.6	Yoo deebin lakk 5.3 ta'e torbanitti yeroo meeqa qaama?	1. i'a tokko 2. i'a lama 3. i'a sadiifi isaa oli	
5.7	Dhirsii kee haadha manaa biraa qaba?	1. yyen 2. iti	
5.8	Yoo deebin lakk 7 eyye ta'e meeqa qaba?	1. 1 2. 2 3. ≥ 3	

Gaafilee gadifagenyaan gaafataman

1. Waliin jireenya kessan kessaatti sodhaan sitti uumamee beeka?
2. Jiruun keessan sitti toluu didee beeka?
3. Cinqiin jiruukessan lamaan sitti dhagahamee beeka?
4. Qophumman jiruu keessatti sitti dhagahamee beeka?
5. Wantotni walitti bu'insa kessaniifi sababa ta'an maalfaadha?

Qabxilee mariifi dhihaatan

1. sababoonni maatii kee kessatti yeroo heddu jequumsa uuman ?
2. Enyunni jeequmsa maatii kessan kessatti umamuufi sababa kan ta'u?
3. dhiironni maalifi haadha manaa isaanii irran miidhaa gahu jetanii yaaddu?

