

PREVALENCE OF INTIMATE PARTNER VIOLENCE AND ASSOCIATED FACTORS  
AMONG ANTI-RETROVIRAL TREATMENT USER'S WOMEN ATTENDING ADAMA  
TOWN PUBLIC HEALTH FACILITY, CENTRAL ETHIOPIA



BY:

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**Prevalence of Intimate Partner Violence and Associated Factors among ART user's women Attending Adama Town Public Health Facility, Central Ethiopia 2019:**

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## **Abstract**

**Background:** Intimate partner violence against women (IPVAW) is a behavior within an intimate relationship that causes physical, sexual or psychological harm to the victim. It is well recognized as a gross violation of human rights and affects the health of women, families and community at large. HIV infected women face increased risk of IPV than uninfected women. However, the level to which they experienced violence and its associated factor has not been well investigated in the local context.

**Objective:** To determine prevalence and associated factors of IPV among ART users women visiting chronic care unit Adama town public health facility

**Methods:** A facility-based cross-sectional study was conducted from March 1- April 1, 2019 among 396 ART users' women visiting chronic care unit of Adama town public health facility. Validated WHO tools were used to measure IPV and systematic random sampling technique was used to select individuals. The collected data were entered, using Epi data 4.4.1 and analyzed using SPSS version 24. Descriptive statistics were used to compute summary statistics and proportion. Variables at a cut off value (0.25) on bivariate and (0.05) on multivariable logistic-regression were used to identify predictors of IPV.

**Result:** A total of 396 women participated in the study, providing a response rate of 100%. The prevalence of current IPV 32.3% and lifetime IPV was 45.5%. Having history of exposure to first coerced sexual intercourse [AOR =3.0 (1.73, 5.44)], male multi-partnership [AOR = 2.2 (1.21, 4.06)], women who justified husband wife beating is normal when she refused to have sex with her husband [AOR = 2.3 (1.29, 4.12)], using contraceptive [AOR = 3.33 (1.67, 6.62)] and women whose partner were farmer [AOR = 3.9 (1.43, 10.79)] were found to be significant factors for IPV among ART user's women

**Conclusion:** One in three women reported at least two or more forms of violence from their partner. Individual level factor (exposure to first coerced sex, partner's occupation, contraceptive use and women's acceptance of violence) were identified as a determinant. In addition relationship factor, male multi-partnership was identified as a predisposing factor. In view of this addressing risky behavior practiced among male partner and challenging women attitude toward violence was crucial in reducing violence among this population

**Key word:** Intimate partner violence, HIV/AIDS, Adama and Ethiopia

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## ACRONYMS AND ABBREVIATIONS

|         |  |
|---------|--|
| AIDS    | Acquired Immune Deficiency Syndrome                    |
| ART     | Anti-Retroviral Treatment                              |
| AOD     | Adjusted odds ratio                                    |
| AUDIT-C | Alcohol use disorder identification test scale         |
| CD4     | Cluster of Differentiation 4                           |
| COR     | Crude odds ratio                                       |
| EV      | Emotional violence                                     |
| HIV     | Human Immune-Deficiency Virus                          |
| IPV     | Intimate Partner Violence                              |
| IPVAW   | Intimate Partner Violence against Women                |
| OD      | Odds Ratio   |
| PMTCT   | Prevention of Mother-to-Child Transmission             |
| PV      | Physical violence                                      |
| SD      | Standard Deviation                                     |
| STI     | Sexual Transmitted Disease                             |
| SV      | Sexual Violence  |
| UK      | United Kingdom   |
| UNAIDS  | United Nation Program on Human immune deficiency virus |
| UNDVAV  | United Nation Declaration on Violence Against Women    |
| UNGA    | United Nation General Assembly                         |
| VAW     | Violence Against Women                                 |
| WHO     | World Health Organization                              |



## CHAPTER 1: INTRODUCTION

### 1.1. Background

Violence against women (VAW) is a universal phenomenon that persists in all countries of the world. It is well recognized as a gross violation of human rights and major public health problems that affect the health of women, families and community at large. United Nations Declaration on the Elimination of Violence against Women (UNDVAV) also affirm that violence against women constitutes a violation of the rights and fundamental freedoms of women and impairs their enjoyment of those rights and freedoms(1).

According to injury prevention and control center intimate partner violence against women (IPVAW) defined as a behavior within an intimate relationship that result in or likely to result physical, sexual or emotional harm to individual. It includes the acts of physical aggression, sexual coercion, and emotional abuse and controlling behavior's that is caused by a current or former intimate partner (i.e., spouse, boyfriend, dating partner, or ongoing sexual partner) (2).

Intimate partner violence refers specifically to abuse within an intimate relationship while VAW is broader and encompasses any abuse perpetrated within a family or outside the family. It may take various forms, including physical violence such as (slapping, hitting, kicking, beating, choking and threatening by using guns), sexual violence (forced sexual intercourse and other forms of sexual coercion) and emotional violence such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children (3). The occurrence of each these forms of IPV are often characterized by their coexisting nature i.e. physical IPV is often followed by sexual, and is usually accompanied by psychological violence. For instance, in the WHO multi-country study, 23–56% of women who reported ever experiencing physical or sexual IPV had experienced both(4).

Globally around 35% women experiences intimate partner violence, out of which 30% of violence are perpetrated by partner, making intimate partner violence the commonest form of all violence against women (5). Intimate partner violence against women (IPVAW) is unique in nature that it can occur frequently or prolonged, often occurring over many years. Both the immediate trauma and long-term cumulative effects of this abuse may have devastating effects on the indiv

dual life (6). In many setting victims often face, this problem without any social supports as it commonly occurs behind closed doors and even unrecognized by the victim's closest to the problem. This nature makes partner violence against women to deeply root itself in many societies where it is considered a prerogative of men and a purely domestic matter in the society (7).

Now a day intimate partner violence and HIV infection are extensively interconnected, i.e. one exacerbates the burden of the other. IPV increase the risk of HIV acquisition, possibly as a result of non-consensual sex or difficulties in negotiating safer sex. Furthermore, male perpetrators of intimate partner violence are more likely to have HIV/STIs than non-perpetrators. In another direction being living and diagnosing with HIV/AIDS is also related with increased occurrence of new or worsening of existing IPV (8,9)

International community of women living with HIV define intimate partner violence against HIV positive women as any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV by her partner(10). This definition highlights the abuses of power which can also take place in relation to women and girls in the health, financial and legal sectors and can exacerbate the negative experiences of sero positive women

## **1.2. Statement of problem**

The problem of violence against women is considered as an iceberg phenomenon since it is underestimated and undisclosed especially among HIV positive women. It is typically underpinned by dominant culture and social norms which makes it to silently distribute over many societies, culture and community making many women to experience violence as their day to day activity. Violence against women is increasingly accepted as a root cause that predispose women for HIV infection and remains parts of their life after they are tested positive (11,12). As a result of this, large number of women living with HIV regularly face stigma, discrimination and violence at a greater severity, making them to lead poorer quality of life than their counterpart (13,14)

A study from a different part of the world showed that distribution of IPV among HIV positive women is a serious public health concern. Higher rates of IPV are seen among HIV-infected populations, and the WHO estimates that women who are HIV-positive have 1.52 greater odds of experiencing IPV compared to women who are not HIV-positive (5). A meta-analysis among HIV positive women from developed country found that 55% of women are affected with a IPV throughout their life (15).

By region the prevalence IPV among HIV infected women in Africa is among the highest. It ranges from 5% in south African to 37% in the democratic republic of Congo(16). In Ethiopia according to 2018 UNAIDS country data report, the past 12 month partner violence among reproductive age women is 20%, with some study reporting up to 46% of partner violence (16,17).

The effect of IPV among HIV positive was found to be multidimensional. Violence perpetrated from male partner to women living with HIV has a direct health consequence for both women and her partner by increasing the risk of future ill health. Fear of new or increased violence prevents women from disclosing her HIV status to partner, which may lead to unprotected sex and an increased risk of HIV/STI transmission to her partner (18,19).

On the other hand IPV affects physical, sexual and psychological wellbeing and deteriorates women skills required to make independent decisions about sexual health that might protect health and risk of HIV/STI transmission (20). Lack of independent decision making in turn lead

the women to have low relationship power, and impaired communication on issues regarding negotiation of condom and safe sexual practice which may increase women chance of re infection with a new virus and develop viral resistance (9).

Effect of IPV also extend beyond re-infection with new virus, but also acts as a barrier that prevents women enrollment into care continuum i.e. (linkage into care, retention in care, adherence to drug and viral suppression (21,22). As a result many HIV positive women remain out of care and fail to take up treatment or non-adherent to ART with a meta-analysis of this evidence suggesting that, women exposed to violence is associated with 55% lower odds of self-reported ART adherence (23,24). A consequence of reduced adherence to HIV care and treatment due to violence predispose women to greater risk of virologic failure (36% decreased odds of viral suppression), lower CD4 count, higher incidence of opportunistic infection, and greater risk of her own death (22,25,26)

A consequence of non-adherence due to a violent relationship is not only limited to maternal health outcome, but also extends to affect the health of the child. It increase the likelihood HIV transmission during pregnancy and postpartum period, putting infant at greater risk of both mother-to-child transmission and other infant morbidities like malnutrition and respiratory tract infection by increasing the likelihood of early mixed feeding (27).

United nation general assembly also recognized that intimate partner violence against women as a major obstacle in the ongoing battle against HIV epidemic. It is considered as major threat for the achievement of 2030 goal of ending HIV epidemic by preventing achievement of three ninety by 2020 (28).

Currently, there has been an increased concern about the link between IPV and HIV, due to complex interactions between violence and HIV infection (29,30). As a result of this interaction HIV prevention program at national and international level has focused on the importance of stopping violence against women as the strategy in controlling HIV epidemics as it increased risk of HIV infection and exacerbated in HIV positive women (28,31). To respond effectively toward controlling effort it requires adequate information regarding prevalence, form of violence and predicting factors. However, only little is known regarding experience and predicting factors as much study in our country focuses on women of general population and lifetime experience

which may not predict true figure of violence after the women become sero-positive. Therefore, the study aims to fill the gap by providing important information on the prevalence and the reason behind current IPV experience among ART users' women.

### **1.3. Significance of the study**

Intimate partner violence has been recognized repeatedly as an important predictor of poor health outcomes for those living with HIV by affecting retention to care, adherence to therapy and frequency of follow-up; all of which lead to more hospitalizations and progression to severe disease. It has also been repeatedly reported that ART user's women experience violence with greater severity and frequency than their counter part. This might be related to poor health condition that arising from violence related problem

Despite all these health problems only little study was done as much study in our country focus on violence that occurs among women of general population. Therefore, to improve health problem of all women, especially those WLHIV, that arise from violence related problem requires, adequate and up to date information regarding their experience and its associated factors. So this study aimed at providing important information on risk factors that help regional health, zonal health, woreda health office, local planners and community to design effective service delivery strategy that helps to improve the health problem related to violence.

## **CHAPTER -2: LITERATURE REVIEW**

IPV is a behavior within an intimate relationship that results in physical aggression, sexual coercion, and emotional harm to a woman in a relationship. In order to have a better understanding of the study the existing literature is reviewed. The reviewed literature tried to show the prevalence of IPV and associated factors among this population. All relevant literature from different part of the world was reviewed.

### **2.1. Prevalence of IPV among HIV positive women**

The interconnections between violence against women and HIV, both as a root cause and consequence of HIV, are now widely acknowledged. Many studies, including a report from world health organization and UNAIDS document that there is an undeniable link between intimate partner violence and HIV/AIDS, which leads many HIV positive women to experience violence from their partner at a higher rate than their counterpart. For example a cross sectional study conducted in Togo in 2011 showed that prevalence of both types of violence combined (physical and sexual violence) was 51.6% among HIV-infected and significantly higher than among uninfected women (18.6%) (32).

A study from the United Kingdom in 2011 showed that, 14% and 52% of the women were experienced current and lifetime violence from their partner respectively (33). A study in Kazakhstan in 2013 also found that, 52% of the women had experienced partner violence with 40% and 37.5%, physical and sexual violence respectively (34). A study conducted in south India in 2014 also found that 19.2% of the women had experienced IPV of which 14% is psychological and 4.1% is physical violence(35). A study conducted in united states of America in 2013 and 2018 also revealed that the prevalence of current IPV among HIV positive women is 26.5% and 51% respectively (36,37)

A study from different part of Africa also found that intimate partner violence among this population is widely distributed. A study conducted in Osogbo southwest Nigeria in 2010, revealed that 23.6% women had experienced intimate partner violence of which (17%), (21%), and (2%) are physical, psychological and sexual violence respectively (38). In a cross-sectional study conducted in Ugandan, in 2011, 29.3% and 36.6% of respondent had experienced current and life time partner violence respectively (39). In the study out of 29.3% reported current

violence, 17.6% and 12.1% are physical and both sexual/psychological violence respectively. Another study conducted in Nigeria in 2011, also found that, 27.4% of the respondent were reported violence from their partner with 30% physical violence and 10.7% psychological violence (19). A study conducted in Togo, in 2011 also reported that, 63% of women had experienced violence from their partner in their lifetime (32). A study from the Nigeria tertiary hospital in 2013 also found that, 35% of respondent had experienced violence from their partner with 54%, 35% and 34%, are psychological, physical and sexual violence respectively (40). Another study from Uganda in 2015 also revealed that, 29% of respondent were reported current IPV (41).

This high prevalence of IPV is also evidenced in Ethiopia. A cross-sectional study conducted in Ethiopia found that, 46% of the respondent report IPV, with 43.7% and 25%, physical and sexual intimate violence respectively (17)

## **2.2. Factors associated with IPV among HIV positive women**

Violence against women is the result of the complex interaction between individual, relationship, and socio- cultural and environmental factors. Although some factors are consistently associated with increased risk of violence against women across many countries, others are context specific and vary between countries or even within countries. In some cases, the factors associated with a woman experiencing violence may be the same as those associated with a man perpetrating violence such as low level of education. A factor that is attributed to partner violence against women living with HIV may relate to socio demographic factors, general health factors and fertility/reproductive history of respondent, behavioral factors and women's acceptance violation.

### **2.2.1. Socio-demographic factor**

Most of studies among HIV positive women identify the age of the women as a determinant of IPV among ART users' women. In a study conducted in Kano Nigeria found that, older women ( $\geq 30$  yrs) have 50% increased risk of violence as compared to their younger counterpart (19). However, this pattern does not seem to persist as finding from the United Kingdom (2011), Osogbo Nigeria (2011) and Uganda shows that, older women are at decreased risk of violence than their younger counterpart (33,39,41). Partner age were also identified as a predictor of violence among women as it is indicated in study from osogbo Nigeria (2010) that women whose



husband/partner is young is at high risk than women whose partner/husband is older (38). But in contrast to this, finding from southwest Nigeria reported that women whose partner is young is at decreased risk of violence as compare to their counterpart (40)

A study conducted in southwest Nigeria, Togo and Uganda among this women showed that, the lower (no formal/primary) education level attained by the respondent, the more likely that the women report violence than those above primary level (32,39,40). In another direction study in north Nigeria and the UK found that, there is no association between educational level attained by respondent and violence (19,33). In the same study of north Nigeria identified that non formal education attained by partner is associated with increased risk of violence (19).

Marital status of the women is also reported as the determinant factors of violence between partners. A study conducted among HIV positive women in Kano Nigeria revealed that, divorced women had more than two-fold increased risk of violence compared to women who were single (19). Another study in Osogbo Nigeria and South India identified that divorced women had at high risk of partner violence as compared to married women (35,38). But in contrast to this finding, study in Uganda found that married women is at high risk of partner violence as compared to not married women (41).

Employment status of both partners is also another factor that is identified as a determinant factor for the occurrence of violence among women. A study conducted in Osogbo Nigeria, found that respondent whose partner is not employed had at high risk of violence as compared to women whose husband/partner has employed (38). Study in Togo, also showed that unemployment status in women was found to increase the risk of violence from a partner (32).

### **2.2.2. Behavioral factors**

Behavioral factors practiced among partners were also other major factors that contribute to the occurrence of violence within women. A study conducted in southwest Nigeria and osogbo southwest Nigeria, found that women whose partner drink alcohol were more likely to report IPV than those whose partners did not drink alcohol (38,40). In a study conducted in Kazakhstan (2013) and America in 2014, also identified that women who were using alcohol are more likely to be abused by their partner as compared to their counterpart (34,42).

Histories of partner involvement in the riot/fight were also found to be associated with the occurrence of violence. For instance, a study conducted in Togo, in 2011, found that partner history of involvement in a fight/riot was associated with an increased risk of perpetrating violence (32).

Sero-status disclosures were also another factor that increases women risk of experiencing intimate partner violence. A study from northern Nigeria, southwest Nigeria and Kenya reported that Women disclosed her sero-status to their partners were more likely to experience violence as compared to those who have not (19,40,43).

Having multi-partnership from either of the partners was also another factor, i.e. frequently identified as a major factor associated with IPV. A study conducted in Togo and Nigeria found that, women whose husband/partner engage in multi-partnership had increased risk of violence than those who do not (32,38).

### **2.2.3. Reproductive history/fertility history**

There is also evidence that supports fertility history of women, as a major factor that is associated with the occurrence of violence. For example, a study from south India found that, a woman with more children ( $\geq 2$ ) had at high risk of intimate partner violence as compared to those with less number of children (35). In another study conducted in osogboo Nigeria showed that being nulliparous increase the risk of experiencing violence than their counterpart (44). Having history of exposure to first non-consent sexual act were also another factor identified in a study conducted in Togo in 2011 as compared to women who did not exposed (32)

### **2.2.4. General health status**

Evidence also support that general health status of the women can determine the rate at which the women can experience violence from their partner. A study conducted in Uganda kabala hospital, in 2010 found that current use of ART service by women after adjusting for age, parity, and education level and employment status of the respondent were significantly associated with increased risk of violence among women (39).

A study from south India in 2014, also identified that low CD4- count predispose women to violence (35). In contrast to this finding, a study conducted in the united kingdom found that, there is no association between CD4 count and violence (33). According to a study conducted in

nyanza region of Kenya and Zambia, contraceptive use/negotiation were identified as the determinant factors of violence between the partners (43,45).

### **2.2.5. Women acceptance of violence**

Several studies have shown that conservative attitudes or acceptability of violence is associated with victimization reports among women. A study conducted in Togo and Ethiopia found that women who agree with the statement a man should show “who the boss is” is at high risk of violence than those who do not agree (17,32). On the other hand study from Kazakhstan 2013 identified that there is no association between women attitude and experience of violence(34)

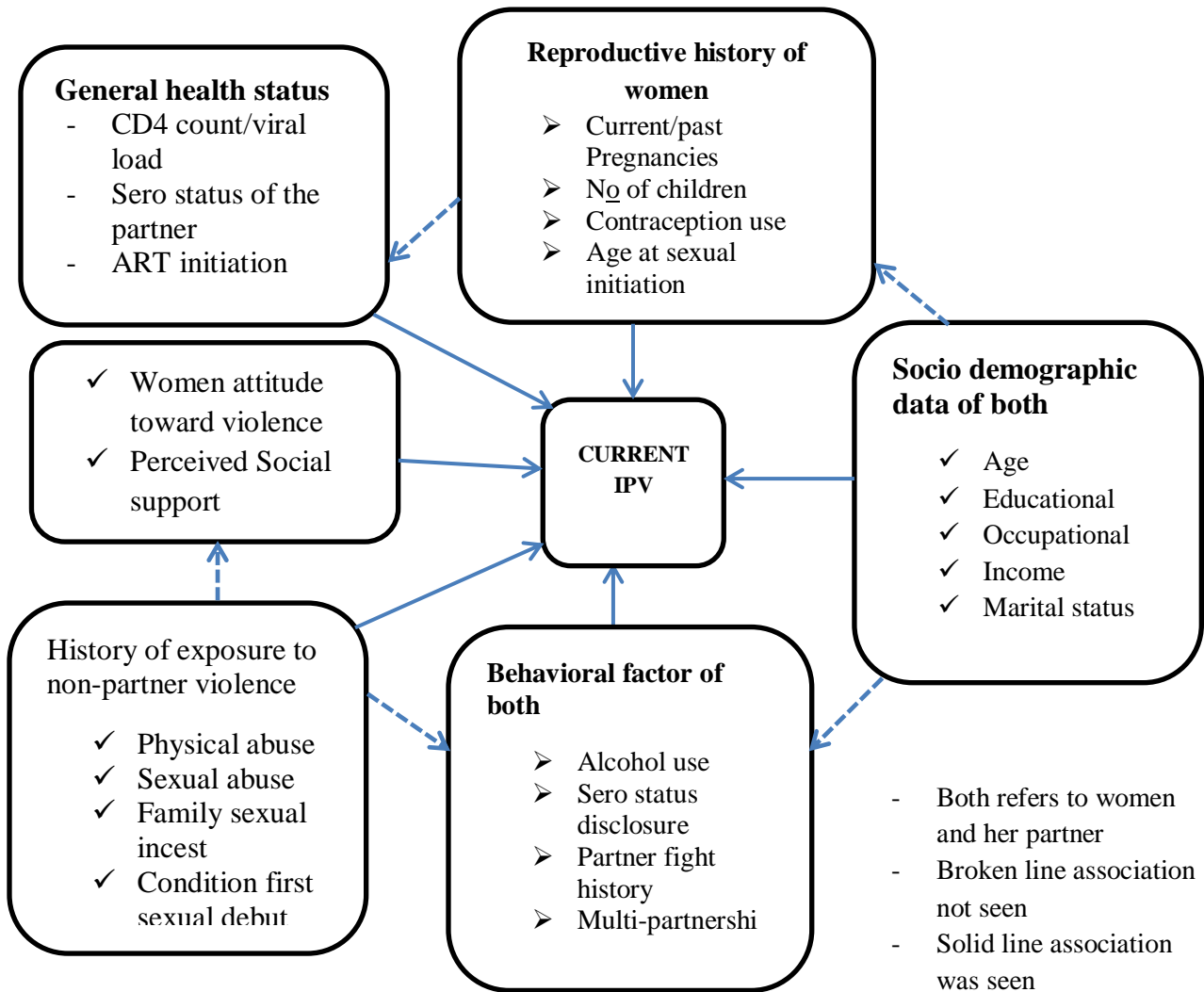
### **2.2.6. Past history of violence or exposure to non-partner violence**

Experiencing of domestic violence and physical and sexual violence during childhood and after a childhood period were another factor that was identified as a determinant of violence among women. A study conducted in United Kingdom and Togo in 2011 identified that sexual abuse since the age of fifteen were associated with current experience of partner violence among women(32,33).

In general, the reviewed literature identified factors that are associated with the occurrence of IPV among ART users. This includes socio-demographic factors (education, employment status, age and marital status), past experience of violence, woman’s acceptance of violence and behavioral factor (alcohol use, sero-status disclosure and involvement in the fight), general health status (CD4, ART) and reproductive history (parity). Since women living with HIV/AIDS are more vulnerable to different health problems, including IPV, than women of general population they need social support from someone else. But none of the reviewed literature takes into account of this variable. On the other hand, majority of the study conducted among this population assess lifetime experience, which may result in possible report of violence that occurs before the actual existence of HIV infection. The present study aims to prevent the dilution of result by assessing past twelve month partner violence with the existence of HIV infection.

### 2.3. Conceptual Framework

Based on the review of different literature the conceptual framework indicated below is developed. There are different factors that are associated with the occurrence of IPV in women. This includes socio-demographic data, women attitude toward violence, behavioral factors, fertility history and general health of the women.



**Figure 1: Conceptual framework of the study developed after review of different literature, central Ethiopia, March 1- April 1/2019**

## **CHAPTER-3: OBJECTIVE**

### **General objective:**

- To assess prevalence of intimate partner violence and its associated factors among ART user's women attending Adama town public health facility from March 1-April 1 /2019, central Ethiopia, 2019 G.C.

### **Specific Objective:**

- To determine the prevalence of intimate partner violence among ART users women in Adama town public health facility
- To assess factors associated with intimate partner violence among ART users women in Adama town public health facility

## **CHAPTER 4: METHOD AND MATERIALS**

### **4.1 Study Area and Period**

The study was conducted in, Oromia regional state, Adama town. The town is located 8.54°N 39.27°E at an elevation of 1712 meters, 99 kilo meter southeast of Addis Ababa, the capital city of Ethiopia. The town has fourteen administrative kebeles with an estimated total population of 220,212 of whom 108,872 were male and 111,340 were female. There are one government hospital and six health center that provides services for the community. Based on the town health office report currently 10,944 people are on ART service out of which 4517 are male and 6427 are female of age greater than 15 years. Four thousand seventy two ART user's women were currently served in hospital while 2345 of women were served in health facility. The study was conducted from March 1-April 1 2019.

### **4.2. Study design**

Facility based cross sectional study design was employed with both methods of data collection technique.

### **4.3. Populations**

#### **4.3.1. Source population**

All women aged 15 years and above who are using ART service in Adama town public health facility providing ART service

#### **4.3.2. Study population**

For quantitative: ART user's women who visit ART unit of Adama town public health facilities for ART service during the study period and fulfill eligibility criteria

For qualitative: women support group ART user's women other than those included in quantitative and health care provider working in ART unit

#### **4.3.3. Study unit**

Selected ART user women

#### **4.3.4. Inclusion and exclusion criteria**

##### *4.3.4.1. Inclusion criteria*

ART user's women and age greater than 15 years reported having an intimate partner relation within the past twelve months preceding the survey were eligible for recruitment

#### 4.3.4.2. Exclusion Criteria

Critically ill and newly enrolled ART user's women during data collection period

### 4.4. Sample size and Sampling technique

#### 4.4.1. Sample size for objective one

The required sample size for the study was determined by using single population proportion formula. The proportion of IPV among HIV positive women (P) is taken to be 46%, from studies conducted in Ethiopia (17)

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

P = proportion of IPV (46%)

d = marginal errors (0.05)

Z $\alpha/2$  = confidence level (1.96)

$$\begin{aligned} n &= \frac{(1.96)^2 (0.46) (0.54)}{(0.05)^2} \\ &= \frac{(3.8416) (0.2484)}{(0.0025)} \\ &= 382 \end{aligned}$$

Since the total number of target population is less than 10000 using a correction formula the total sample size is

Where n = 382

N= target population= 6427

Then NF = final sample size after using the correction formula is

$$\begin{aligned} n_f &= \frac{n}{1+n/N} \\ &= \frac{382}{1+382/6427} = 360 \end{aligned}$$

- Considering 10% non-response rate the calculated final sample size was= **396**

#### 4.4.2 Sample size of the second objective

Table 1: Sample size and its estimation using predictors for the study Adama town, central Ethiopia, 2019 G.C

| Variable  | CL  | Power | Ratio of unexposed: exposed | % outcome in unexposed group | AOR  | % outcome in exposed group | Sample size | Reference |
|---|-----|-------|-----------------------------|------------------------------|------|----------------------------|-------------|-----------|
| Sero-status disclosure (respondent)                       | 95% | 80%   | 0.16                        | 14.06                        | 2.15 | 85.93                      | 33          | (19)      |
| Acceptance violence (respondent)                          | 95% | 80%   | 0.437                       | 43.7                         | 2.95 | 56.3                       | 150         | (17)      |
| Null parity   | 95% | 80%   | 1.81                        | 64.4                         | 0.3  | 35.2                       | 112         | (44)      |
| Partner history of involvement in fight                   | 95% | 80%   | 3.67                        | 78.62                        | 2.6  | 21.4                       | 40          | (32)      |
| Partner history of alcohol consumption                    | 95% | 80%   | 0.93                        | 18.1                         | 2.23 | 33.0                       | 295         | (38)      |
| Employment status of the partner                          | 95% | 80%   | 0.66                        | 40                           | 2.25 | 59.5                       | 236         | (38)      |
| Educational level of partner (being low)                  | 95% | 80%   | 1.41                        | 58.5                         | 0.70 | 41.5                       | 301         | (19)      |
| Educational level of respondent (low)                     | 95% | 80%   | 5.2                         | 82.5                         | 0.04 | 15.9                       | 34          | (32)      |
| Partner History of engagement in multiple sexual violence | 95% | 80%   | 0.49                        | 33.2                         | 4    | 66.5                       | 91          | (32)      |
| Age of partner (being young)                              | 95% | 80%   | 0.72                        | 42.3                         | 1.86 | 57.7                       | 365         | (38)      |

**Qualitative:** A total of 12 in depth interview, six ART user women other than those included in quantitative part, four women's support groups (drug Aderance supporters) (2 male and 2 females), and two health care providers were conducted.



#### 4.5. Sampling technique

There are four public health facility providing ART service in the town. All public health facilities with ART service (four PHF) were included in the study. To get the required sample in each facility, a total sample size was allocated to each health facility using proportion to size allocation based on average client served in each health facility. Finally the required sample from each health facility was selected every 3<sup>rd</sup> interval (ANNEX- IV).

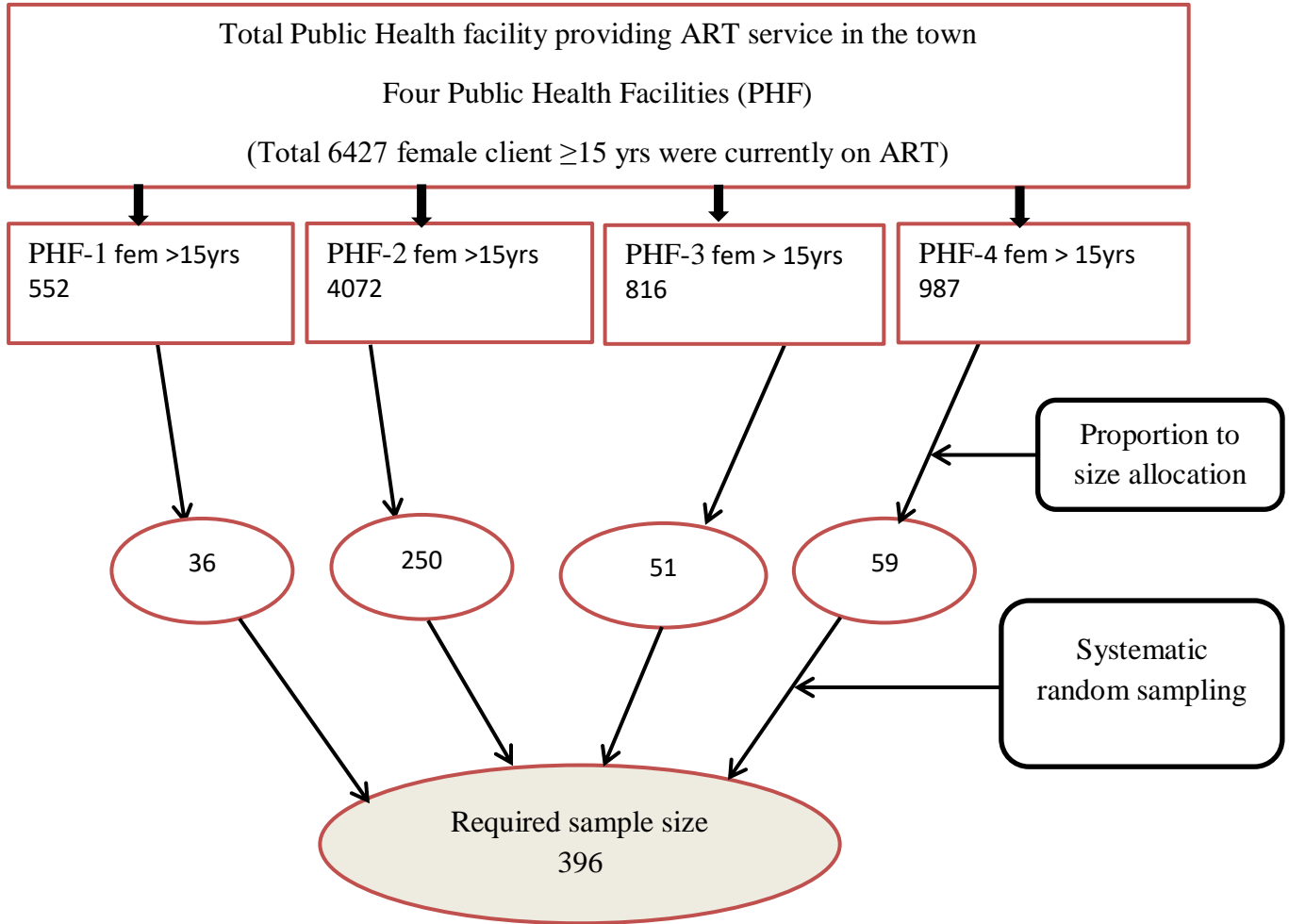


Figure 2: Schematic presentation of sampling technique of the study, central Ethiopia, March 1- April 1/2019,

**Qualitative:** participant was purposively selected.

## **4.6. Data collection procedures**

### **4.6.1. Data collection instrument**

A structured, interview administered questionnaire was used to collect data from the study participants. The questionnaire was initially designed in English and translated into Amharic language by the translator, and then translated back to English by a third person to check for consistency. The questionnaire includes nine sections Socio-demographic data, general health status, and fertility history of respondent and women's acceptance of violence. The questionnaire also includes behavioral factor, perceived social support and non-partner past history of violence.

Cross-culturally validated questionnaires developed by the WHO (2005) for research on IPV were used to measure intimate partner violence (46). Sexual violence were measured using three items (being physically forced to have sexual intercourse against her will from her partner, having sex because she was afraid of what her husband might do and being forced to do something sexual that she found humiliating or degrading), six items for physical (slapped or thrown something at her, pushed/shoved her and hit with fist/thrown something that could hurt, choked/burnt her on purpose, threatened her with/actually used a gun and kicked/beaten up) and four items (insulting, Belittling or humiliating, scaring and threatening to hurt) for psychological violence was used. Having answered "yes" to at least one item in physical and/or sexual violence was categorized as women faced intimate partner violence.

Perceived Social support was measured using 12-item multidimensional Likert scale. The total sums of score range from 12 to 84 and reliability is between 0.89 and 0.91 by Cronbach's (47). Alcohol use for respondent was measured using alcohol use disorder identification test (AUDIT-C), which comprises three questions, each scored from 0-4, for a total summed score of 0-12. A score of 3 or higher indicates hazardous drinking for women (dichotomized)(48).

For qualitative in depth interview guide were prepared by focusing on the types of information required from the participant

#### **4.6.2 Data collection personnel**

The data collection process was facilitated by the principal investigator to gather information from the study participants during March 1-April 1/2019. Two BSc, Nurses who have experience in supervision and four female BSC psychiatry nurse was recruited to collect data from respondents. Prior to the actual data collection process, principal investigator provided training to data collectors and supervisors on the objective of the study and data collection technique. The data collection process was taken place in a private room during client exit from ART unit.

**Qualitative:** A semi-structured in-depth interview guide was used. The data collection process was facilitated and conducted by principal investigator and one note taker was recruited. Audio record and note was used to record the interview process. In-depth interview was conducted face to face, at a convenient time and place for the participant.

### **4.7. Study Variables**

#### **4.7.1. Dependent Variables**

- Intimate partner violence (Current)

#### **4.7.2. Independent Variables**

- Socio demographic characteristics of the respondent and partner
  - ✓ Age, religion, Marital status, educational level, occupational status
  - ✓ Ethnicity, income, types of marriage, length of relationship, dowry
- General health status
  - ✓ CD4 count/viral load, sero status of her partner
- Fertility/reproductive history of the respondent
  - ✓ Pregnancy (ever and current), family planning use (ever and current)
  - ✓ Number of children (parity)
  - ✓ Age at sexual debut
- Behavioral factors
  - ✓ Alcohol use, history partner involvement in fight, substance use
  - ✓ Respondent Sero-status disclosure, History of Multi-partnership of both
- Perceived Social support
- Women attitude toward violence and gender role
- women past history of violence from non-partner

- ✓ Non-partner Sexual violence
- ✓ Non-partner physical violence
- ✓ history of sexual abuse from close relative (family sexual incest)
- ✓ condition at sexual debut

#### **4.8. Operational definitions**

**Intimate partner:** it includes current marital and non-marital spouse, (or boyfriend), former marital and non-marital partner whether cohabiting or not

**Intimate partner violence in HIV positive women:** it includes when HIV positive women reported having one or more acts of physical and/or sexual violence by a current or former partner (49).

**Current IPV among HIV positive women:** is whenever-partnered HIV positive women reported having any one or more acts of physical, sexual and/or both at any point during the past twelve month by current or most recent partner wether formal or not (5)

**Lifetime IPV among HIV positive women:** is whenever-partnered HIV positive women reported having any one or more act of physical, sexual and/or both at any point in her lifetime by current or former partner wether formal or not (5).

**Sexual intimate partner violence:** includes whenever-partnered HIV positive women report any of one or more (forced into sexual intercourse when she did not want, had sexual intercourse when she did not want to because she was afraid of what partner might do, forced to do something sexual that she found degrading or humiliating) from their partner (49).

**Physical intimate partner violence:** includes ever-partnered HIV positive women committing any of one or more (slapped, pushed or shoved, hit with a fist or something else that could hurt, beaten up, choked or burnt on purpose, used or threatened to use a knife, gun or weapon) (49)

**Psychological intimate partner violence:** it includes partnered HIV positive women experiencing any of one or more (insult, humiliation, intimidate on purpose, threatened to hurt her or someone she cared about) from current/recent or former partner

**Hazardous alcohol use:** is when a woman scored three and above on alcohol use disorder identification test measuring scale (AUDIT-C) (48)

**Non-hazardous alcohol use:** is when a woman scored less than three on AUDIT-C (48)

#### **4.9. Data analysis procedures**

Quantitative: After data collection, each questionnaire was checked for completeness and consistence of the information obtained from the respondent. After this validation, the data was entered into epidata manager version 4.4.1 to minimize errors and designing of skipping pattern. Then data were exported to SPSS version 24 for cleaning, editing and analysis. The data were checked for missed values and outliers. Descriptive analysis (like frequencies, tables, percentages, means, and standard deviation) was done to describe the required variable. To answer the second objective, chi-square assumption was checked before performing bivariate analysis. Bivariate analysis was conducted to see the association between dependent and independent variables by identifying explanatory variables. Then all variables having p-value of  $\leq 0.25$  and variable deemed to be important were considered as a candidate for multivariable logistic regression models. Multivariable logistic regression at the 95% confidence level was used to identify the predictors. A significance level of 0.05 was taken as a cutoff value for all statistical significance tests. Multi-collinearity was checked by using variance inflation factor and all yield a value of less than ten with the maximum value of (VIF=1.114). Lastly goodness of fit of the model was done by using Hosmer and lemeshow test (P value = 0.27) and classification table (73.4%).

Qualitative: All interviews of qualitative data were recorded, transcribed verbatim and translated to English. The data were coded and categorized and common themes were identified. Then at the end the finding were triangulated with the quantitative part to support the finding

#### **4.10 Data quality management**

**Quantitative:** Data collection instrument was pretested for its relevance and clarity. Pre-testing process was conducted on 5% of the total sample size in Mojo Hospital which is 20km far from Adama. Accordingly, necessary measure was taken to correct observed error before entering into the actual data collection process. In addition, data collectors were trained for two days on the techniques of data collection and the importance of disclosing the aim and purpose of the study to the study participants before the start of data collection. The issue of confidentiality throughout the whole process of data collection was discussed and ascertained to the participant. Each questionnaire had the interviewers' initial code to facilitate cross checking of the completed questionnaire. The questionnaire was checked for completeness and inconsistency by principal

investigator and supervisor. The data were collected by trained female nurses who are working other than ART unit using a pre-tested questionnaire and continuous supervision of data collectors was done daily by supervisors.

**Qualitative:** The recorded audio of the IDI was played back to ensure complete recording of the whole process. The tape was labeled with the code. Transcription of the recorded and note taken interview was done after the interview session were completed

#### **4.11. Ethical consideration**

Ethical clearance was obtained from Jimma University, Institute of health, Faculty of Public Health and medical sciences Ethical review committee. Support letter was obtained from the regional health office to Zonal Health office and from the zonal health office to district health office. Informed verbal consent was obtained from respondent to confirm willingness for participation after explaining the objective of the study. The respondent was notified that they have the right to refuse or terminate at any point of the interview. The information provided by the respondents was kept confidential and separate room was used for conducting interviews.

#### **4.13. Dissemination plan**

The result of this study will be presented to the Jimma university research community and submitted to Department of Population and Family Health, and college of public health and medical science. The finding of the study also disseminated and accessed to other researchers to use as a source of information for further research. At the same time the result of the study will be disseminated to zonal and woreda health office.

## CHAPTER 5: RESULT

### 5.1 Socio-demographic Characteristic of Respondent.

A total of three hundred ninety six (396) ART users' women, age greater than 15year were enrolled into the study providing full response rate. Nearly half, 190 (48%) of the respondent were in the age range of 25-34 year with the mean age of 33.37 years with standard deviation (SD) of 7.065yrs. Oromo was the predominant group, 217 (54.8%) and 226 (57.1%) of the participant were orthodox Christian followers. Nearly half women were not educated 181 (45.7%) and were much higher than male partner 80 (20.7%). About 136 (34.3%) of respondent's partner were government employees with nearly one-third of the women (29.3%) had no job outside the home during the study period.

The mean duration of the relationship of the partners were 10.06 years (SD=6.54yrs) and more than half 226 (57.1%) were in a marital union. Nearly half 206 (52%) of the respondent did not practice any ceremony to formalize their union and about 71 (31.4%) women did not actively participate in making decision, whether to marry their current or most recent partner as it arranged by her family. Nearly half 194 (49.0%) marital ceremony conducted among partners involves provision of some forms of dowry or bride price to the respondents' family (Table 2).

Table 2: Socio-demographic characteristics, of ART users women attending Adama town public health facility, Central Ethiopia, 2019 G.C (n= 396)

| Socio-demographic characteristics | Frequency (N =396) | Percentage (%) |
|-----------------------------------|--------------------|----------------|
| Age                               |                    |                |
| 15-24                             | 39                 | 9.9            |
| 25-34                             | 190                | 48.0           |
| 35-44                             | 136                | 34.3           |
| ≥ 45                              | 31                 | 7.8            |
| Religion                          |                    |                |
| Orthodox                          | 226                | 57.1           |
| Muslim                            | 81                 | 20.4           |
| Protestant                        | 57                 | 14.4           |
| Catholic                          | 24                 | 6.1            |
| Other*                            | 8                  | 2.0            |
| Ethnicity                         |                    |                |
| Oromo                             | 217                | 54.8           |
| Amhara                            | 104                | 26.3           |

*Contineud*

*Continuation of Table 2*

|   |     |      |
|---|-----|------|
| Gurage                                  | 40  | 10.1 |
| Tigre                                   | 32  | 8.1  |
| Other*                                  | 3   | 0.8  |
| Marital Status                          |     |      |
| Married                                 | 226 | 57.1 |
| Cohabiting                              | 85  | 21.5 |
| Regular partner & living apart          | 66  | 16.7 |
| Divorced                                | 19  | 4.8  |
| Respondent Educational Level            |     |      |
| No education                            | 181 | 45.7 |
| Primary                                 | 125 | 31.6 |
| Secondary                               | 69  | 17.4 |
| Tertiary & above                        | 21  | 5.3  |
| Occupation of respondent                |     |      |
| Gov't employees                         | 56  | 14.1 |
| Merchant                                | 99  | 25.0 |
| Day laborer                             | 95  | 24.0 |
| Farmer                                  | 30  | 7.6  |
| Housewife                               | 116 | 29.3 |
| Partner-educational Level               |     |      |
| No formal Education                     | 85  | 21.5 |
| Primary                                 | 131 | 33.1 |
| Secondary                               | 111 | 28.0 |
| Tertiary & above                        | 69  | 17.4 |
| Partner occupational status             |     |      |
| Unemployed                              | 125 | 31.6 |
| Farmer                                  | 46  | 11.6 |
| Merchant                                | 89  | 22.5 |
| Gov't employees                         | 139 | 34.3 |
| Length of relationship                  |     |      |
| < 3yrs                                  | 36  | 9.1  |
| 3-6yrs                                  | 112 | 28.3 |
| >6yrs                                   | 248 | 62.6 |
| Dowry/ bride price paid                 |     |      |
| Yes                                     | 139 | 56.7 |
| No                                      | 106 | 43.3 |
| Decision of choosing her partner        |     |      |
| Herself                                 | 47  | 20.8 |
| Her partner                             | 108 | 47.8 |
| Her family                              | 71  | 31.4 |
| Level of income compared to her partner |     |      |
| More than partner                       | 58  | 14.6 |
| About the same                          | 89  | 22.5 |
| Less than partner                       | 249 | 62.9 |

*Other\* Wakefata religion, Adare & Hamer ethnicity, Gov't (Government)*



## 5.2. Behavioral Characteristics of Respondent

Information on some behavior from both sides had also been asked. Accordingly about 203 (51.3%) of the women had reported that their current or most recent partner had currently involved in multiple sexual relation with another woman. Concerning their own number of regular partner around 84 (21.2%) women reported that they have more than one partner. One hundred fifty two (38.4%) of women reported that their partner uses alcohol every day. Nearly one-fifth (19.9%) of respondent hazardously drink alcohol. About 183 (86.9%) of respondent had disclosed their sero status to their partner (Table 3).

Table 3: Behavioral characteristic among ART users' women attending Adama town public health facility, Central Ethiopia, 2019 G.C (n= 396)

| Behavioral characteristic                    | Frequency (n) | Percentage (%) |
|--|---------------|----------------|
| Number of partner for women                  |               |                |
| Only one                                     | 312           | 78.8           |
| More than one                                | 84            | 21.2           |
| Male partner hx of multiple sexual relation  |               |                |
| Yes  | 203           | 51.3           |
| No   | 193           | 48.7           |
| Respondent alcohol use history               |               |                |
| Hazardous use                                | 79            | 19.9           |
| Non-hazardous use                            | 317           | 80.1           |
| Partner alcohol use history                  |               |                |
| Everyday                                     | 143           | 36.1           |
| 1-2x a week                                  | 67            | 16.9           |
| 1-2x a month                                 | 32            | 8.1            |
| Never  | 154           | 38.9           |
| Past 12 month Partner involvement in fight   |               |                |
| Yes  | 152           | 38.4           |
| No   | 244           | 61.6           |
| Respondent Sero-status disclosure to partner |               |                |
| Yes  | 183           | 86.9           |
| No   | 28            | 13.1           |

*Values are presented as frequency and percent*

### **5.3. Reproductive and General Health related characteristic of the women**

All respondents were interviewed about the age since when they started sexual act. About 126 (31.8%) of respondent had started a sexual act before fifteen years of age with the mean age of 16.36 years (SD= 2.744). Concerning modality of entry into sexual life about 152 (38.4%) of the women starts their first sexual act without their interest. Three hundred twenty four (81.4%) women had a history of pregnancy at least once in their lifetime and 34 (8.4%) women were pregnant during the study period. About 290 (73.2%) women had ever used family planning at some point in their life from which 199 (50.3%) of women were using family planning at the time of interview to delay the onset of pregnancy from their most recent or current partner. Regarding condom use aimed at reducing the sharing of virus between couples, the majority of respondents, 211 (53.3%) did not use a condom on their recent sexual contact, with 152 (38.3%) of women faced refusal of condom use from their partner.

Concerning general health status, respondents had known they were HIV positive for a period ranging from 1-17years with a mean age of 7.75 years (SD =3.66yrs). Out of all respondents 342 (84.4%) women do know/aware of their partners Serostatus, of which 264 (66.7%) were sero concordant. The average length of time since ART initiation were 7.3yrs (SD=3.617) and one hundred one (25.5%) of respondent had reported that they had changed the ART drug for some reason, with the major (16.9%) reason due to side effect of the drug. Regarding information about their most recent viral load, 38 (9.6%) of respondents viral load were detectable or have less than 200 copies of cells (Table 4).

Table 4: Reproductive and general health characteristics of ART user's women attending Adama town public health facility, Central Ethiopia, 2019 G.C (n=396)

| Characteristics of respondent          | Frequency (n) | Percentage (%) |
|--|---------------|----------------|
| History of ever pregnancy              |               |                |
| Yes                                    | 319           | 80.6           |
| No                                     | 77            | 19.4           |
| Current pregnancy                      |               |                |
| Yes                                    | 34            | 8.6            |
| No                                     | 362           | 91.4           |
| Parity (number of children)            |               |                |
| 0                                      | 45            | 14.1           |
| 1-4                                    | 241           | 75.3           |
| ≥ 5                                    | 34            | 10.6           |
| Age at sexual debut                    |               |                |
| <15                                    | 126           | 31.8           |
| ≥ 15                                   | 270           | 68.2           |
| Condom use (on recent sexual act)      |               |                |
| Yes                                    | 183           | 46.7           |
| No                                     | 211           | 53.3           |
| History of current use of FP           |               |                |
| Yes                                    | 199           | 68.6           |
| No                                     | 91            | 31.4           |
| Duration since HIV Diagnosis (yrs)     |               |                |
| 1-2                                    | 13            | 3.3            |
| 2-5                                    | 111           | 28.0           |
| 6-10                                   | 122           | 30.8           |
| >10                                    | 150           | 37.9           |
| Aware of partner HIV status            |               |                |
| Yes                                    | 342           | 86.4           |
| No                                     | 54            | 13.6           |
| Sero-status of the partners            |               |                |
| Concordant                             | 264           | 66.7           |
| Discordant                             | 78            | 19.3           |
| Did not know their partner sero status | 54            | 13.6           |
| Viral load                             |               |                |
| Target detectable                      | 38            | 9.8            |
| Target not detectable                  | 358           | 90.2           |

*-Values are presented as a frequency and percentage*

*- HIV, Human immunodeficiency virus*

#### **5.4. Attitude of the women toward violence**

The study also investigates women's attitude or opinion to partner violence that is, the circumstance in which they believed it was acceptable/justifiable for a man to hit or physically

mistreat her partner. Accordingly about 80.8% of the respondent justified at least one or more reason for a man to beat his wife (Figure 3).

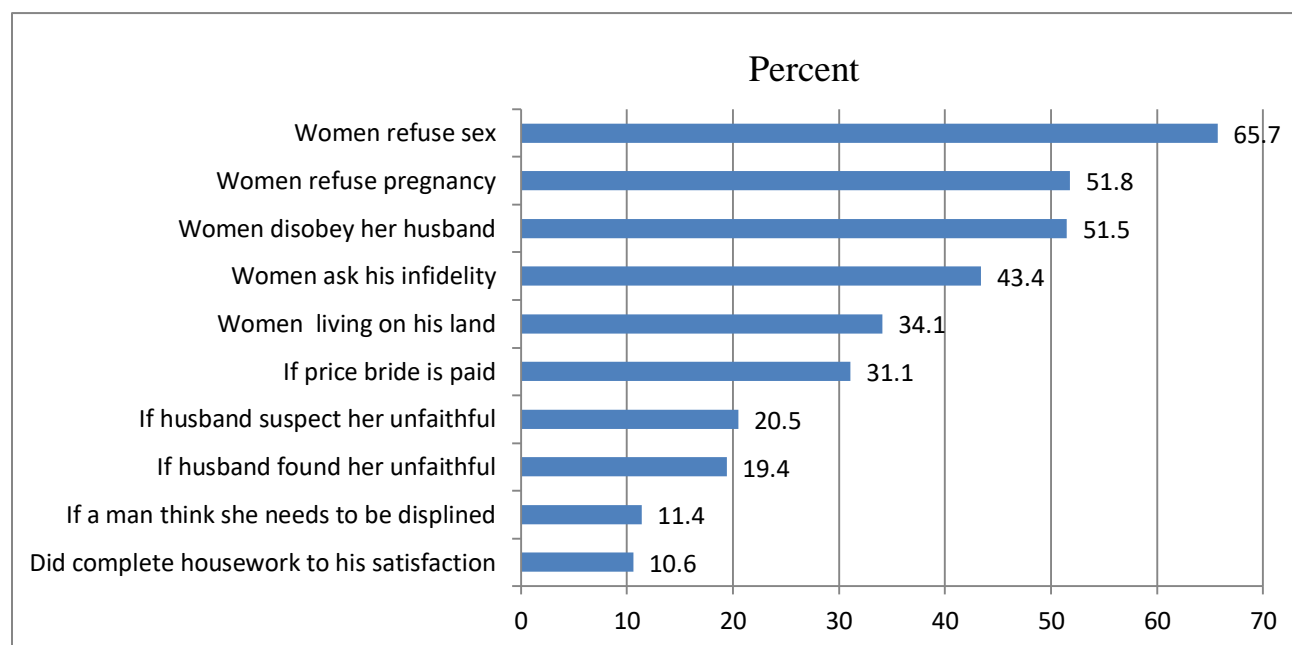


Figure 3: Distribution of justified reason for wife beating among ART users' women attending Adama town public health facility, Central Ethiopia, 2019 G.C.

The respondent had also interviewed for their belief or opinion to different gender submissive situation to which they were asked whether agreed or not. Accordingly, more than half (54%) and (53%) women agreed with the statement of a man should show who is the boss and outsider should not intervene in case husband mistreat her wife respectively, with a higher proportion of IPV also observed among these women (figure 4)

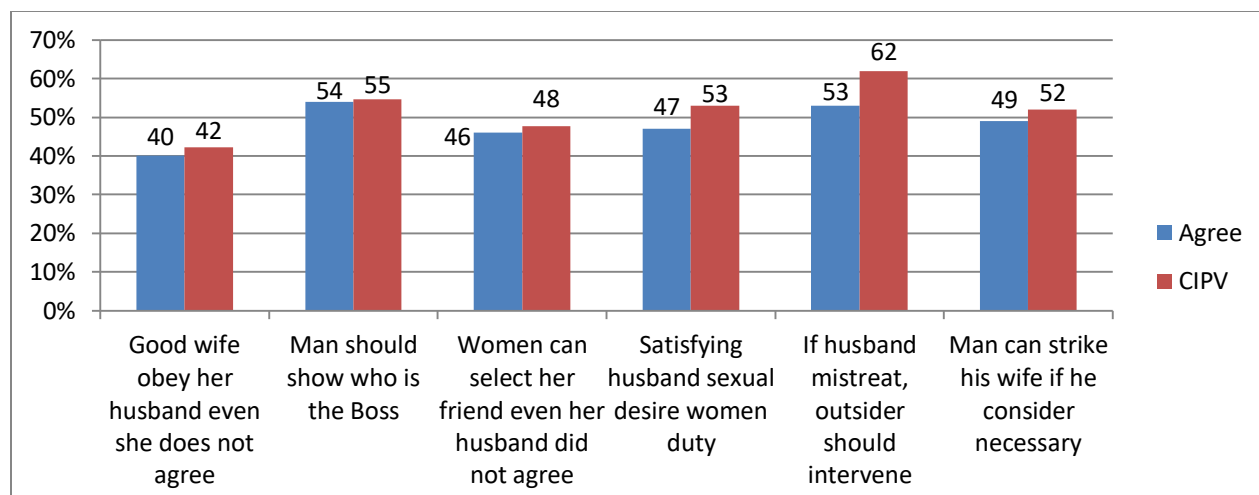


Figure 4: Percentage of women agreed to different Gender submissive situation and prevalence of current IPV among ART users' women attending Adama town public health facility, Central Ethiopia, 2019 G.C

### 5.5. Perceived social support and past history of exposure to non-partner violence

Level of perceived social support of the respondent was measured by using composite variables of twelve items in a likert scale. Then, mother, who scored between (69-84) were rated as high level of perceived social support, those between 49-68 medium and between 12-48 were rated as having low perceived social support. Based on this, majority, 185 (46.7%) of the respondent were found to be in low level perceived social support.

Concerning past exposure to different form of violence perpetrated from someone other than their current or most recent partner after the age of fifteen years, around 160 (40.4%) and 80 (20.2%) of respondent were reported physical and sexually abuse respectively (Table 5).

Table 5: Distribution of perceived social support level and past exposure history to non-partner violence among ART users' women attending Adama town public health facility, central Ethiopia 2019, G.C (n=396)

| Characteristics                         | Frequency (n) | Percentage (%) |
|---|---------------|----------------|
| Perceived social support level of women |               |                |
| Low social support                      | 185           | 46.7           |
| Medium social support                   | 119           | 30.1           |
| High social support                     | 92            | 23.2           |
| Exposure to non partner physical abuse  |               |                |
| Yes                                     | 160           | 40.4           |
| No                                      | 236           | 59.6           |
| Exposure to non partner sexual abuse    |               |                |
| Yes                                     | 80            | 20.2           |
| No                                      | 316           | 79.8           |
| Eposure to family incest (sexual)       |               |                |
| Yes                                     | 46            | 11.6           |
| No                                      | 350           | 88.4           |

*-Values are presented as frequency and percent*

### **5.6. Prevalence of Intimate partner violence and common types of violence experienced by women in the past year and in their lifetime**

The prevalence of any form of IPV among respondent was assessed and obtained by asking direct question about their experience of specific act of violence in the past twelve month and prior to the past twelve month. Accordingly, the prevalence of current intimate partner violence (physical or sexual/ both) among ever partnered women were 32.3% (95%CI 27.7%, 37.1%). Lifetime prevalence of intimate partner violence was found to be 45.5% (95% CI 40.7%, 51%)

The commonest form of the physical act of violence reported during the past twelve months of life was slapped or threw something at her, 89 (22.5%) followed by pushing/pulling hair 64 (16.2%). In most of the respondents, sexual violence was a result of fear 73 (18.3%), rather than physical violence and also observed as common concern for women the in-depth interview, “....*there is a condition where I would have been forced to have sex with him, even when I did not feel like it... because I fear that he may left us*” (Participant 7: ART user women). Similarly the common emotional act of violence reported during the past twelve months of life was

insulting or making her feel bad about herself 139 (35.1%). Again majority of the participant from in-depth interview raised that insulting or making her feel bad about herself as a major and serious act of violence committed against women “.....*How much serious he beats or mistreat you physically, you can tolerate. But, throwing bad or heart touching word at you will hurt you deeply*” (participant 5: women support group) (Table 6)

Table 6: Prevalence rate of different form and acts of violence among ART users’ women attending Adama town public health facility, central Ethiopia, 2019 G.C

| <b>Types of violence</b>                                      | <b>Frequency<br/>(n =396)</b> | <b>Percentage<br/>(%)</b> |
|---|-------------------------------|---------------------------|
| <b>Physical IPV – at least one act</b>                        |                               |                           |
| Slapped or threw something at you                             | 89                            | 22.5                      |
| Pushed/shoved/pulled her hair                                 | 64                            | 16.2                      |
| Hitting that could hurt her                                   | 46                            | 11.6                      |
| Kicked/ beating her   | 45                            | 11.4                      |
| Choked or burnt you on purpose                                | 10                            | 2.50                      |
| Threatened or used a gun/knife                                | 25                            | 6.30                      |
| <b>Total physical violence</b>                                | <b>107</b>                    | <b>27.0</b>               |
| <b>Sexual IPV- at least one act</b>                           |                               |                           |
| Physically forced you to do sex                               | 55                            | 13.90                     |
| Having sex when she didn't want b/c she afraid what he may do | 73                            | 18.40                     |
| Did force you to do something degrading or humiliating        | 13                            | 3.30                      |
| <b>Total sexual violence</b>                                  | <b>90</b>                     | <b>22.7</b>               |
| <b>Emotional IPV –at least one act</b>                        |                               |                           |
| Insult or made you feel bad about you                         | 139                           | 35.1                      |
| Belittled or humiliating you in front of others               | 67                            | 16.9                      |
| Did things to scare or intimidate you purposely               | 70                            | 17.7                      |
| Threatened to hurt you or someone you care                    | 50                            | 12.6                      |
| <b>Total Emotional violence</b>                               | <b>165</b>                    | <b>41.7</b>               |

- Values are presented as frequency and percent (%), - IPV, intimate partner violence

The prevalence rate of current physical, sexual and emotional violence among interviewed women were found to be 107 (27%), 90 (22.7%) and 165 (41.7%) respectively. The proportion of each form of violence among this woman was higher among women in age groups of 25-34 years relative to women in another age group, i.e. 48.5% (physical), 45.8% (sexual) and 44.8% (emotional) violence and is summarized below (Figure 4).

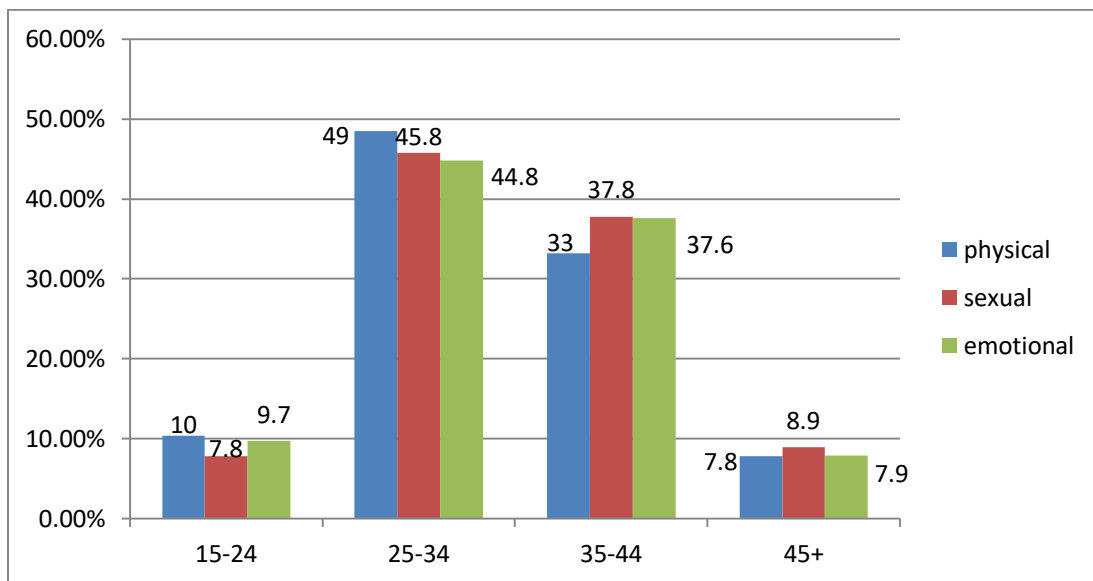


Figure 5: Prevalence rate of different form of IPV among ART users' women in different age group attending Adama town public health facility, central Ethiopia, 2019, G.C



Most of the time violence that arises from partner was characterized by its overlapping nature. In this study also some form of IPV was overlapped with the other form of IPV. Accordingly, about 15.7% of women who reported experiencing of physical violence had reported experience of both sexual and emotional violence (Figure7).

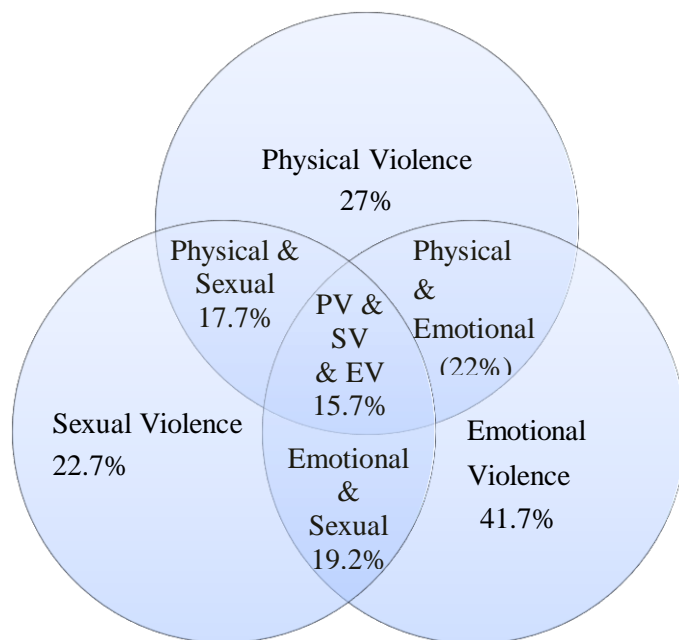


Figure 6: Prevalence rate of overlapped form of violence among respondent attending chronic care unit of Adama town public health facility, Central Ethiopia, 2019, G.C

### 5.7. Factor associated with Intimate partner violence among ART users women

The studies examine the association between current intimate partner violence and some factors or characteristics of respondent

On bivariate logistic analysis partner's occupation, respondents & partner alcohol use, partner multiple sexual relationship, partner fighting history, current use of any form of contraceptive, condom use, respondent exposure to physical and sexual non partner violence after 15 years and condition how first sexual intercourse initiated were found to be associated with the outcome of interest. Age at sexual initiation of respondent, partner drug use history, age of respondent and

women who agree with wife beating in case a woman refuse sex were significantly associated with the outcome variable (Table 7).

Table 7: Factor associated with Intimate partner violence on bivariable logistic regression analysis, 2019, G.C

| Variables                                  | IPV        |             | 95% CI for COR    | P-value |
|--|------------|-------------|-------------------|---------|
|  | Yes        | No          |                   |         |
| <b>Partner occupation</b>                  |            |             |                   |         |
| Government employee                        | 36 (26.5%) | 100 (73.5%) | 1                 |         |
| Merchant                                   | 33 (37.1%) | 56 (62.9%)  | 1.3 (0.76, 2.23)  | 0.32    |
| Farmer                                     | 19 (41.3%) | 27 (58.7%)  | 1.9 (0.97, 3.93)  | 0.06*   |
| Unemployed                                 | 40 (32%)   | 85 (68%)    | 1.6 (0.92, 2.90)  | 0.09*   |
| <b>History of Partner alcohol use</b>      |            |             |                   |         |
| Never                                      | 43 (27.9%) | 111 (72.1%) | 1                 |         |
| 1 to 2x a week                             | 8 (25%)    | 24 (75.0%)  | 1.6 (1.00, 2.72)  | 0.48    |
| 1 to 2 a month                             | 28 (41.8%) | 39 (58.2%)  | 2 (1.13, 3.86)    | 0.18*   |
| Daily                                      | 49 (34.3)  | 94 (65.7%)  | 0.97 (0.40, 2.35) | 0.95    |
| <b>History of partner multiple sexual.</b> |            |             |                   |         |
| Yes  | 80 (39.4%) | 123 (60.6%) | 1.9 (1.27, 3.03)  | 0.002   |
| No   | 48 (24.9%) | 145 (75.1%) | 1                 |         |
| <b>Partner involvement fight</b>           |            |             |                   |         |
| Yes  | 61 (40.1%) | 91 (59.9%)  | 0.56 (0.36, 0.86) | 0.009   |
| No   | 67 (27.5%) | 177 (72.5%) | 1                 |         |
| <b>History of partner drug use</b>         |            |             |                   |         |
| Never                                      | 67 (33.7%) | 132 (66.3%) | 1                 |         |
| Everyday                                   | 34 (27%)   | 92 (73%)    | 0.72 (0.44, 1.19) | 0.205*  |
| 1-2x a week                                | 21 (37.5%) | 35 (62.3%)  | 1.18 (0.63, 2.18) | 0.591   |
| 1-2x a month                               | 6 (40%)    | 9 (60%)     | 1.31 (0.44, 3.84) | 0.611   |
| <b>Women alcohol use</b>                   |            |             |                   |         |
| Hazardous                                  | 35 (44.3%) | 44 (55.7%)  | 1.9 (1.15, 3.17)  | 0.012   |
| Not hazardous                              | 93 (29.3%) | 224 (70.7%) | 1                 |         |
| <b>History of current use of FP</b>        |            |             |                   |         |
| Yes  | 66 (33.2%) | 133 (66.8%) | 2.3 (1.25, 4.30)  | 0.007   |
| No   | 16 (17.6)  | 75 (82.4)   | 1                 |         |
| <b>Condom use (on recent sex)</b>          |            |             |                   |         |
| Yes  | 53 (28.6%) | 132 (71.4%) | 0.72 (0.47, 1.11) | 0.144   |
| No   | 75 (35.5%) | 136 (64.5%) | 1                 |         |
| <b>Condition of first sexual act</b>       |            |             |                   |         |
| Coerced                                    | 66 (43.4%) | 86 (56.6%)  | 2.25 (1.46, 3.46) | < 0.001 |
| Not coerced                                | 62 (25.4%) | 182 (74.6%) | 1                 |         |
| <b>Age at sexual initiation</b>            |            |             |                   |         |
| <15 year                                   | 47 (37.3%) | 79 (62.7%)  | 1.3 (0.88, 2.16)  | 0.149   |
| ≥ 15 year                                  | 81 (30%)   | 189 (70%)   | 1                 |         |

*Contineud*

Continuation of Table 7

|   |            |             |                   |       |
|---|------------|-------------|-------------------|-------|
| Non partner PV after age 15   |            |             |                   |       |
| Yes   | 58 (36.3%) | 102 (63.7%) | 1.34 (0.88, 2.06) | 0.169 |
| No  | 70 (29.7%) | 166 (70.3%) | 1                 |       |
| Non partner SV after age 15   |            |             |                   |       |
| Yes   | 37 (46.3%) | 43 (53.8%)  | 2.1 (1.28, 3.51)  | 0.003 |
| No  | 91 (28.8%) | 225 (71.2%) | 1                 |       |
| Age of respondent   |            |             |                   |       |
| <30   | 29 (24.4%) | 90 (75.6%)  | 0.57 (0.35, 0.94) | 0.027 |
| ≥ 30  | 99 (35.7%) | 178 (64.3%) | 1                 |       |
| A women agreed with wife beating if she refuse sex with her partner |            |             |                   |       |
| Yes   | 69 (40.1%) | 103 (59.9%) | 1.87 (1.22, 2.86) | 0.004 |
| No  | 59 (26.3%) | 165 (73.7%) | 1                 |       |

Significant at the  $p$ -value of  $< 0.25$ , PV-physical violence and SV-sexual violence

Multivariable logistic regression analyses revealed that, partner occupation, partner engagement in multiple sexual relationships with other women, condition of first sexual intercourse, current FP use and women who agreed with justification of wife beating in case when she refused to have sexual intercourse with him were significantly associated with experiencing of intimate partner violence. The odds of intimate partner violence were three times higher among women who reported coerced first sexual intercourse as compared to those women who were not reported [AOR =3.06 (1.73, 5.44)]. On the other hand, women who accept or justified husband wife beating in a case, a woman refuses sexual intercourse with her partner as a normal were about 2.3 times more likely to be violated than their counterpart [AOR = 2.3 (1.29, 4.12)]. This finding was also evidenced from the in-depth interview were a women stated “...*You may be in conflict with your husband, and sometimes he may beat/insult you when you refuse sex for any reason. This time a woman should be strong enough and go through all difficulties silently, because she is the one who is responsible to hold family together*” (participant 9: ART user women). Women with farmer partner were 3.9 times more likely to have been abused by their partner as compared to women whose partner were government employees [AOR = 3.9 (1.43, 10.79)]. The odds of intimate partner violence were about 2.2 times higher in women whose partner engaged in multiple sexual relationship as compared to women whose partner did not, [AOR = 2.2 (1.21, 4.06)]. An in-depth interview also explored multiple sexual behavior practiced among male partner as a factor, where asking their partner infidelity exposes them to violence

perpetrated from their partner *“They end up having sex outside with another woman, come home and insist you to do sex with him. The time you ask him [infidelity] and you refuse, he became angry and insult you badly and even enforce you to do sex without using condom”* (participant 10: ART user women).

The odds of intimate partner violence among contraceptive users women were about 3.3times higher as compared to non-users [AOR = 3.33 (1.67, 6.62)]. The in-depth interview also revealed that contraceptive use among women predisposes them to violence, where their partner need of additional child or difference in fertility desire was mentioned as the underlying factors. *“.....my husband wants to have a child, yet after we found our self HIV positive, I told myself that I will never have another one [child] and I start using contraceptive. The time he saw me taking pills; he got angry, beat me badly and told me to avoid the method [contraceptive].”* (Participant 8: ART user women).

This concern were also evidenced from another participant where it was stated as *“when you counsel women to delay/prevent pregnancy and you come up with some agreement, they did not want to hear oral pills and long term family planning saying ‘I want the injectable one, I did not want that my husband aware of it, because he did not want.’ The time she say this, you can understand that this is a problem for her and even they tells you that her partner used to beat her”* (participant 3: Health care provider) (Table 8)

Table 8: Factor associated with current intimate partner violence among ART users' women attending Adama town public health facility, central Ethiopia, 2019 G.C (N = 396)

| Variables   | Experience of violence |            | COR (CI 95%)        | AOR (95% CI)        | P-value |
|---|------------------------|------------|---------------------|---------------------|---------|
|   | Yes                    | No         |                     |                     |         |
| Partner occupation  |                        |            |                     |                     |         |
| Unemployed  | 40 (68.0)              | 68 (32.0)  | 1.30 ( 0.76, 2.23)  | 1.99( 0.97, 4.06)   | 0.008   |
| Farmer  | 19 (41.3)              | 27 (58.7)  | 1.95 ( 0.97, 3.93)* | 3.93 (1.43, 10.79)* |         |
| Merchant  | 33 (37.1)              | 56 (62.7)  | 1.63 (0.92, 2.90)   | 1.81 (0.81, 4.02)   |         |
| Government employees  | 36 (26.5)              | 100 (73.5) | 1.0                 | 1.0                 |         |
| Partner engagement in multi sexual relationship                             |                        |            |                     |                     |         |
| Yes   | 80 (39.4)              | 123 (60.6) | 1.96 ( 1.27, 3.02)* | 2.21 ( 1.21, 4.06)* | 0.01    |
| No  | 48 (24.9)              | 145 (75.1) | 1.0                 | 1.0                 |         |
| Use of contraceptive (any)  |                        |            |                     |                     |         |
| Yes   | 66 ( 33.2)             | 133 (66.8) | 2.32 ( 1.25, 4.30)* | 3.33 (1.67, 6.62)*  | 0.001   |
| No  | 16 ( 17.6)             | 75 (82.4)  | 1.0                 | 1.0                 |         |
| A women agreed with wife beating if she refuse to have sex with her partner |                        |            |                     |                     |         |
| Agree   | 69 ( 40.1)             | 103 (59.9) | 1.87 ( 1.22, 2.86)* | 2.31 (1.29, 4.12)*  | 0.005   |
| Disagree  | 59 (26.3)              | 165 (73.7) | 1.0                 | 1.0                 |         |
| Condition of 1 <sup>st</sup> sexual act                                     |                        |            |                     |                     |         |
| Coerced   | 66 ( 43.4)             | 86 (56.6)  | 2.25 ( 1.46, 3.46)* | 3.0 (1.73, 5.44)*   | <0.001  |
| Consented   | 62 ( 25.4)             | 182 (74.6) | 1.0                 | 1.0                 |         |

\*statistically significant at  $p < 0.05$  with COR: crude odds ratio AOR, adjusted odds ratio

## CHAPTER 6: DISCUSSION

The study tried to assess the prevalence of IPV and factors that predispose ART users' women to violence perpetrated from their current/most recent partner. As IPV, in the context of HIV, is important not just only to the individual affected but also to wider society as it contributes significantly to ongoing HIV transmission, women needs to be free from violence. However, the prevalence of violence in this study was found to be significant as one in three women reports at least two or more forms of violence from their partner.

The prevalence of past-twelve month intimate partner violence in this study was 32.3%, which is almost comparable to the finding from study done in Uganda and Nigeria, in which the prevalence was (29.3%) (39) and (35%) (40) respectively. However, this finding was much higher than finding of study done in the United Kingdom 14% (33) and United States of America 26.5% (37). This variation may be due to the fact of variation in socio-economic status and health service coverage as this country were better in socioeconomic status and other gender related health service coverage. In other direction living in poverty predisposes women to an increased rate of violence which was supported by different findings (50,51). Another possible suggested explanation is that low educational attainment predisposes women to elevated level of violence from their partner. This can be a possible explanation among this woman in which, majority attained low education and did not have a job outside the house. The difference may also be explained by low attention might be given to intervention targeting reduction of violence like screening of women for violence in routine care provision unit which was not started yet in low-income country like Ethiopia.

In this study, the prevalence of lifetime intimate partner violence was found to be (45.5%), and in line with the previous finding reported in Ethiopia (46%)(17). However, this finding was found to be lower than the finding that was reported in Kazakhstan 52% (34) and Togo 63% (32). The difference may be explained by the difference in the tool used to measure violence, in which the later used revised conflict tactile scale that is validated against their culture where it adds some additional feature (acts of violence) to measure violence, which might be resulted in an increased report

On the other hand prevalence rate of sexual (22%) and emotional violence (41.7%) in this study was relatively comparable to other previous study done in Ethiopia, in which the prevalence rate was found to 25.1% and 43.7% respectively (17). But this finding was higher than the finding of a study conducted in other African country like Uganda (17.6%, 17.2%) (39) and Osogbo southwest Nigeria (2%, 21%) (38). This difference might be explained by the variation in women included in the study where the current study involves women above fifteen years, thus having good coverage to adequately elicit violence that occur among women where, the later involves women above eighteen years. In another direction, difference may be explained by socio-economic difference as this country is relatively better in economic status and availability of activity that increase empowerment of women that is responsible to reduce violence among this country.

Beyond assessing the prevalence rate and common form of IPV within these populations, the study pointed out factors that are associated with the experience of IPV. Accordingly, women related factor that is women exposures to first non-consented/forced sexual abuse were identified as a predicting factor to violence among this population. The finding was consistent with a finding from a study conducted in Togo (32). The reason may be due to the fact that, experiencing first non-consented or forced sexual abuse leads the girl or women to be socialized and tolerate violence as a normal. This can affect their life, leads the women to increased risk of experiencing violence in their later life and even enroll the women to vicious cycle of IPV if that happen in early age of life. In the other direction living with men who use coercive sexual tactics with her partner are more likely to be abusive in their behavior and this may increase women chance of experiencing violence than their counterpart.

The other women related factor were women who had justified attitudes supportive of partner wife beating in case she refused to have sex with their husband were more likely to experience violence from their partner. A similar finding was also evidenced from the previous study conducted in Togo (32) and Ethiopia (17). This was also supported with qualitative finding, where it described women accepting or passively reacting to the violent action of their partner as a normal were highly vulnerable to violence. This may be due to the fact that as women agree with violence supportive idea and practice that reinforce female subordination and tolerance to

male violence, the more likely they blame themselves for the assault and the less likely to report the act of violence which may lead them to accept violence as a normal. Similarly, women who justified some reason of husband-wife beating the more likely they live with abusive partners, which may increase their chance of experiencing violence than those who did not justify as they may terminate the relationship (52,53).

In the other direction being users of any form of contraceptive to delay/prevent pregnancy was found to increase women chance of abuse by about three times from their partner. The finding was in line with other study conducted in Kenya (43)and Zambia (45), where women tried to negotiate contraceptive use were at increased risk of violence. The finding was also supported with a qualitative finding in which contraceptive negotiation and use among women was explored as a major factor to violence that is perpetrated from their partner. This may be due to the disagreement between partners, that may arise from a difference in fertility desire in which male partner enforce her to be pregnant which were also evidenced in qualitative finding where the women reported physical or emotional abuse following partner awareness of contraceptive use. Another suggestion for the finding might be low awareness related to contraceptive use among male partner which may be explained by their level of education where mainly low educated, indicating knowledge about the contraceptive method is an issue. This might indicate requirement for strong attention to couple oriented reproductive health counseling service for a partner at the health facility.

In addition to the above factor, the finding of the study also indicated that women whose partner engaged in multiple sexual relationships were at increased rates of violence. The finding was also evidence from a qualitative study, where asking male partner infidelity was found to be a predisposing factor for women to experience violence from their partner. This finding was in line with the finding reported from other study conducted in Togo (32), Kazakhstan (34) and Osogbo southwest Nigeria (44). This may be explained by the fact that some community gives men to have more right, power over women in sexual relationship and even acknowledge multiple sexual relationships outside the marriage. In the other way, women who believe that their husbands have an extra sexual partner may react violently toward a man out of jealousy and men may use violence in response to their partner's accusation of infidelity, all of which leads women to increased violence (32,54).



Among socio-demographic factors, types of husband occupation were identified as a determinant of violence in this study. In the case, those women whose partner was farmers are more likely to experience violence as compared to women whose partner were government employee. This finding was consistent with the finding of a study conducted in Osogbo Nigeria (38). This result may be true, recognizing the difference in the level of education attained and level of access to information on gender equality as most commonly farmer attain lower education and low access rate to information regarding the issue in which both increase chance of involving in abusive behavior

## **Strength of the Study**

One main strength of this study were that it used validated long and more detailed WHO multi-country study questionnaires to measure IPV, which may increase disclosure rate and quality of data obtained from the women. Similarly, the study used both method of data collection and this help to see some variable in-depth

## **Limitation of the study**

The study points out the extent, to which intimate partner violence is a reality in the lives of women living with HIV/AIDS. However, there are some limitations that must be considered when interpreting the results:

There might be recalled bias because some information was based on past information (asked retrospectively) and may result in inadequate information. To minimize this, possible effort has been done that women had allowed sufficient time for adequate recall and also provided with multi-option questionnaires.

The other limitation may be some variables like age at sex initiation, number of partner and question used to illicit sexual violence from a woman were sensitive in their nature and may result in less disclosure or underreporting due to the social and cultural barrier to disclose her own/her partner issue to another person. To reduce this limitation, a possible effort has been made, that standard WHO questionnaires in IPV study and well trained female data collectors were used so as to increase disclosure of information. In addition, careful attention were used in the wording of question in each section of questionnaires by forewarning the sensitive nature the question and by assuring that the information should be kept secret.

Another limitation is that information on partner is obtained from respondents and this may result in less reliable information.

## **CHAPTER 7: CONCLUSION AND RECOMMENDATION**

### **7.1 Conclusion**

In generally, the study found that intimate partner violence among ART user's women in the study area were, a significant public health problem, as much of the women are suffered from high proportion and overlapping form of violence. Around one in three women experienced at least two or more forms of violence from their most recent/current partner in the past twelve months.

Individual level factors, such as acceptance of violence (a women feeling it is acceptable for a man to hit her wife), exposure to coerced first sexual act, use of any form of contraceptive and partner occupation as a determinant of violence. In addition, relationship factor (male having multi-partnership) was also among the factor that is identified as predisposing factors. This elevated level of IPV among this vulnerable group of women requires combined effort of addressing risky behavior practiced among male partner and challenging women attitude toward violence.

### **7.2 Recommendation**

Since violence among this most risky group was associated with increased transmission of HIV infection, it poses greater challenges to HIV prevention and control effort at any stage. So based on the finding of the study the following recommendations were forwarded to respective responsible body.

#### **To regional health bureau, zonal health department and stake holder**

- Should have to consider integration of targeted violence screening service into health care delivery system for better identification and provision of support for women suffered from violence
- Combine government and non-government effort to effectively address the overlap between intimate partner violence and HIV/AIDS

- Promote sexuality education to bring behavioral change among male partner that targeted to reduce risky sexual behavioral practiced
- Implement education program targeted to improve community attitude toward intimate partner violence and address the prevailing misconception and women acceptance of violence

**To Woreda Health office, Women and children affair bureau**

- Use multimedia and other public awareness creation mechanism to challenge women subordination and community attitude toward partner violence
- Develop mechanism used to promote the involvement of male partner in the provision of reduction of violence against women

**To health facilities:**

- Should design strategies used for increasing utilization of sexual and reproductive right of the partners
- Strengthening couple oriented sexual and reproductive health counseling and education for the aim of reducing those factors
- Strengthening the formal supporting system like (linking them with social worker and counselors) and non-formal support system for those women living HIV/AIDS and suffering from violence
- Develop HIV prevention program that targeted on activity increasing awareness on prevention of sexual violence and intimate partner violence

**For researcher:**

- Should conduct another study to identify factor related with perpetration of violence as this information are obtained from women and address this limitation
- Conduct other research to see health impact of violence among this vulnerable group of women

## **ASSURANCE OF PRINCIPAL INVESTIGATOR**

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for the provision of required progress reports as per terms and conditions of the Faculty of Public Health in effect at the time of grant is forwarded as the result of this application.

Name of the student: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **APPROVAL OF THE FIRST ADVISOR**

Name of the first advisor \_\_\_\_\_

Date. \_\_\_\_\_ Signature \_\_\_\_\_

## **APPROVAL OF THE SECOND ADVISOR**

Name of the second advisor: \_\_\_\_\_

Date. \_\_\_\_\_ Signature \_\_\_\_\_

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## APPENDICES

### Annex I: Consent Form for individuals:

Jimma University College Of Public Health And Medical Sciences

Introduction:

Good morning/afternoon

My name is -----I am working now as a data collector for the study being conducted at this institution by Mr. Girma Garedew Goyomsa who is studying for his master's degree at Jimma University, Institute of health, faculty of public health, Department of population and family health. I kindly request you to give me your attention to explain you about the study and how you have been selected as a study participant.

**Study title:** Intimate Partner Violence against among ART users Women Attending chronic Care unit found in Adama town public health facility, central Ethiopia.

**The purpose of the study:** The purpose of the study is to assess the prevalence and associated factors of violence among ART user's women ever partnered women in Adama town public health facility. These contribute to design appropriate intervention strategies by District health office and different stakeholders to improve the health of the women. Moreover, the main aim of this study is to write a thesis as a partial requirement for the fulfillment of the Master's Degree in MPH in reproductive health.

**Procedures:** we are interviewing all the women that are 396 women selected by chance, for the study and you are also selected by chance. It may take about 10-30 minutes of your time to respond to my question.

**Risks and discomfort:** I may ask you about sexual and reproductive history of you and your partner, which may be personal information and may not be comfortable. But, as the study is to improve maternal health and the result of the study is important input to intervention programs that aim at improving women's health in the study area, you may feel free and tell me the information.

**Benefits:** There will be no direct benefit to you, but the information you provide us, is very important in identifying health problem of the women and design effective strategy which may help to scale up women's health.

**Confidentiality:** The information you will give me will be kept confidential. The names you will provide me will be replaced with codes and we will not communicate with someone else.

**Rights:** Participation in this study is fully voluntary. You have the right to declare not to participate in this study and you have the right to withdraw from participating at any time.

Are you willing to provide me the information: 1. yes ----tick and precede 2. No--- tick and Stop

Signature of respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Data collector: \_\_\_\_\_ Date: \_\_\_\_\_

**Annex II: English version Questionnaire on intimate partner violence among HIV positive women**

| SECTION 1: SOCIO DEMOGRAPHIC FACTORS OF THE RESPONDENT   |  |  |   |
|--|--|--|---|
| The next few question are related to your own personal information, if you don't mind shall I continue |  |  |   |
|  | Questions and filters  | Coding categories  | Skip to   |
| 101  | How old are you now? About how old?  | Age (yrs)-----   |   |
| 102  | What is your ethnicity?  | Oromo .....1<br>Amhara .....2<br>Tigre .....3<br>Gurage.....4<br>Other(specify).....5  |   |
| 103  | What is your religion?   | No religion.....1<br>Orthodox .....2<br>Catholic .....3<br>Protestant .....4<br>Muslim .....5<br>Other .....6<br>Refuse to respons .....7  |   |
| 104  | What is your occupation  | Government employee: .....1<br>Merchant : .....2<br>Daily Laborer: .....3<br>Farmer .....4<br>House wife.....5<br>Other(specify).....6<br>Refused/no answer.....7  |   |
| 105  | What is the highest level of education that you achieved?  | No education.....1<br>Read and write only.....2<br>Primary.....3<br>Secondary.....4<br>Tertiary and above .....5<br>Refuse .....6  |   |
| 106  | Would you say that the money that you bring into the family is more than what your husband/partner, contributes or less than what he contributes, or about the same as he contributes? | More than husband/partner.....1<br>Less than husband/partner .....2<br>About the same .....3<br>Do not know .....4<br>Refused/no answer .....5   |   |
| 107  | How many regular male sexual partners did you have?  | Only one.....1<br>More than one.....2<br>Refused to answer.....3   |   |
| 108  | Are you currently married or do you have a male partner?   | Currently married .....1<br>Cohabiting .....2<br>Currently having a regular partner and living apart.....3<br>Nor currently married or living with a male... ..4<br>Widowed.....5<br>Refused to answer.....6 |   |
| 109  | If respondent has a male partner ask do you and your partner live together?  | Yes living together.....1<br>Not living together.....2<br>Refused.....3  | If yes living with a male skip to question number 111 |
| 110  | Did the last partnership with a man end in divorce or separation, or did your husband/partner die?   | Not separated/ living together.....1<br>Divorced.....2<br>Separated/broken up.....3<br>Widowed/partner died.....4<br>Refused/no answer.....5   |   |
| 111  | What type of ceremony did you have while he marries you?   | No ceremony.....1<br>Religious ceremony.....2<br>Legal ceremony.....3<br>Cultural ceremony.....4   | Ask only for married                                  |

|  |  |  |                      |
|--|--|--|----------------------|
|  |  | Refuse.....5   |                      |
| 112  | Whose choose your most recent/current partner for you  | Herself.....1<br>Her partner.....2<br>Her family.....3<br>Refuse.....4   |                      |
| 113  | Did your marriage involve dowry/bride price payment?   | Yes/dowry .....1<br>no dowry .....2  | Ask only for married |
| 114  | How long did you live together with your current and most recent partner   | In years (-----)   |                      |
| <b>SECTION 2: THE NEXT FEW QUESTIONS ARE ABOUT YOUR CURRENT OR MOST RECENT PARTNERSHIP.</b>          |  |  |                      |
| 120  | How old was your current/ most recent husband/partner on his last birthday? Probe: If she does not know his age: is he much older or younger than you?             | Age in yrs (-----)<br>older than her.....1<br>younger than her .....2<br>Don't know/don't remember.....3<br>Refused/no answer .....4   |                      |
| 121  | What kind of work does/did he normally do?<br><br>Specify the kind of work for each answer.  | Government employee:.....1<br>Non-government.....2<br>Merchant : .....3<br>Daily Laborer.....4<br>Farmer .....5<br>Other(specify): .....6<br>Refused/no answer.....7               |                      |
| 122  | What is the highest education level of your husband?   | No formal education.....1<br>Primary.....2<br>Secondary.....3<br>Tertiary and above.....4<br>Refused/no answer.....5   |                      |
| <b>SECTION 3: BEHAVIORAL FACTORS OBTAINED FROM RESPONDENT</b>  |  |  |                      |
| If you don't mind I would like to ask you some behaviors that may commonly practice among any person |  |  |                      |
| 130  | In the past 12 months (in the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk on alcohol or home brew? | Most days /every day.....1<br>1/2x a week .....2<br>1/2x a month.....3<br>Never .....4<br>Refused/no answer .....5   |                      |
| 131  | How often do you have a drink containing alcohol   | Never (a)    Monthl y or less(b)    2-4/ month (c)    2- 3/wks(d)    4/more week(e)    a   |                      |
|  | How many standard drinks containing alcohol you have on a typical day  | 1or 2 (a)    3 or 4 (b)    5 or 6 (c)    7 or 9 (d)    10/more (e)   |                      |
|  | How often do you have 6/ more on one occasion  | Never (a)    Less than monthly (b)    Month ly (c)    Weekly (d)    Daily/ almost daily (e)  |                      |
|  | Respondent Hazardous drinking yes  | Yes hazardous drinking.....1<br>No Hazardous drinking.....2  |                      |
| 132  | Does/did your current husband/ most recent partner ever use drugs? Would you say:<br><br>If yes, probe: what kind of drug?   | Every day.....1<br>Once or twice a week.....2<br>Once or twice a month.....3<br>Once or twice a year.....4<br>Never.....5<br>In the past, not now.....6<br>Refused/no answer.....7 |                      |
| 133  | Has your current/most recent husband/partner had a sexual relationship with any other women while being with you   | Yes.....2<br>May have .....3<br>Refused/no answer.....4  |                      |
| 134  | In the past 12 months (In the last 12 months of the relationship), has he ever   | Never ..... 1<br>once or twice ..... 2   |                      |

|   |   |   |                                       |
|---|---|---|---------------------------------------|
|   | been involved in a physical fight/riot with another man?  | A few (3-5) times ..... 3<br>many (more than 5) times .....4<br>Don't know /don't remember .....5   |                                       |
| 135   | Does your current/ most recent partner had disclosed his sero status to you   | Yes.....1<br>No.....2<br>Refuse to answer.....3   |                                       |
| <b>Section 4: Reproductive or Fertility History of the Respondent</b> |   |   |                                       |
| 201   | Have you ever been pregnant before?   | Yes.....1<br>No.....2<br>Refuse to answer.....3   | If the answer is 2&3 skip to 204      |
| 202   | How many children do you have, who are alive now  | None.....1<br>If you have, how much (_____)   | If only one child skip to 204         |
| 203   | Do (did) all your children have the same biological father  | yes .....1<br>no .....2<br>refused/no answer .....3   |                                       |
| 204   | Currently are you pregnant  | Yes.....1<br>No.....2<br>Refuse to answer.....3   |                                       |
| 205   | Have you ever used any method to prevent or to delay your pregnancy from current./most recent partner                       | Yes.....1<br>No.....2<br>Refused to answer.....3  | If the answer is 2&3 skip to 208      |
| 206   | Are you currently use any method to prevent pregnancy   | Yes.....1<br>No.....2<br>Refused to answer.....3  | If the answer is 2&3 then skip to 210 |
| 207   | Does your current/most recent partner know that you are using any method  | Yes.....1<br>No.....2<br>Refused to answer.....3  | If the answer is 2&3 then skip to 210 |
| 208   | Does he refuse to use any of the method of your preference  | Yes.....1<br>No .....2<br>Refused to answer.....3   | If the answer is 2&3 skip to 210      |
| 209   | In what ways did he let you know that he disapproved of using methods to avoid getting pregnant?<br><br>MARK ALL THAT APPLY | Told me he did not approve .....1<br>shouted/got angry..... 2<br>threatened to beat me .....3<br>threatened to leave/throw me out of home ..... 4<br>beat me/physically assaulted .....5<br>took or destroyed method .....6<br>refused.....7                                  |                                       |
| 210   | Have you ever used a condom with your current/most recent partner?<br>YES   | Yes.....1<br>No .....2<br>Refused to answer.....3   | If the answer is 2 &3 skip to 212     |
| 211   | The last time that you had sex with your current/most recent partner did you use a condom?                                  | Yes .....1<br>no .....2<br>refused/no answer.....3  |                                       |
| 212   | Has your current/most recent husband/partner ever refused to use a condom?  | Yes.....1<br>No .....2<br>refused/no answer .....3  | If the answer is 2&3 skip to 214      |
| 213   | In what ways did he tell you know that he did not went of using a condom?   | Told me he did not approve.....1<br>Shouted/got angry.....2<br>threatened to beat me .....3<br>Threatened to leave/throw me out of home.....4<br>beat me/physically assaulted .....5<br>Took or destroyed method.....6<br>Accused me not a good woman .....7<br>Refused.....8 |                                       |
| 214   | Age of first sexual intercourse<br>Probe to remember  | Age in yrs (_____)<br>Below 15yrs.....1<br>Above 15yrs.....2  |                                       |

**SECTION 5: PERCIEVED SOCIAL SUPPORT DATA**  
We are interested in how you feel about the following statements

|     | Tick respective to answer from respondent                               | Very strongly disagree | Strongly disagree | Mild disagree | Neutral | Mild agree | Strongly agree | Very strongly disagree |  |
|-----|---|------------------------|-------------------|---------------|---------|------------|----------------|------------------------|--|
| 301 | There is a special person who is around you when you are in need.       |                        |                   |               |         |            |                |                        |  |
| 302 | There is a special person with whom you can share your joys and sorrows |                        |                   |               |         |            |                |                        |  |
| 303 | Your family really tries to help you.                                   |                        |                   |               |         |            |                |                        |  |
| 304 | You get the emotional help and support you need from your family.       |                        |                   |               |         |            |                |                        |  |
| 305 | You have a special person who is a real source of comfort to you        |                        |                   |               |         |            |                |                        |  |
| 306 | Your friends really try to help you                                     |                        |                   |               |         |            |                |                        |  |
| 307 | You can count on your friends when things go wrong                      |                        |                   |               |         |            |                |                        |  |
| 308 | You can talk about your problems with your family.                      |                        |                   |               |         |            |                |                        |  |
| 309 | You have friends with whom you can share your joys and sorrows.         |                        |                   |               |         |            |                |                        |  |
| 310 | There is a special person in your life who cares about your feelings    |                        |                   |               |         |            |                |                        |  |
| 311 | Your family is willing to help you to make decisions                    |                        |                   |               |         |            |                |                        |  |
| 312 | You can talk about your problems with your friends.                     |                        |                   |               |         |            |                |                        |  |

**SECTION 6: WOMEN ACCEPTANCE TOWARD VIOLENCE**

|     |   |  |     |    |         |  |  |  |  |
|-----|---|--|-----|----|---------|--|--|--|--|
| 401 | Do you agree with a good wife obeys her partner, even if she does not agree with him  | Yes.....1<br>No.....2<br>Refused.....3 |     |    |         |  |  |  |  |
| 402 | Do you agree it is important that a man shows his wife who is the boss?   | Yes.....1<br>No.....2<br>Refused.....3 |     |    |         |  |  |  |  |
| 403 | Do you agree a woman may have the freedom to choose her friends, even if her partner does not agree?  | Yes.....1<br>No.....2<br>Refused.....3 |     |    |         |  |  |  |  |
| 404 | Do you agree satisfying her husband's sexual desire even if she does not want to is a women's duty?   | Yes.....1<br>No.....2<br>Refused.....3 |     |    |         |  |  |  |  |
| 405 | Do you agree if a man mistreats his wife/partner, others outside of the family not should intervene.  | Yes.....1<br>No.....2<br>Refused.....3 |     |    |         |  |  |  |  |
| 406 | Do you agree a man must strike his wife if he considers it is necessary?  | Yes.....1<br>No.....2<br>Refused.....3 |     |    |         |  |  |  |  |
| 407 | In your opinion, does a man have a good reason to hit his wife/partner if<br>a) She does not complete her household work to his satisfaction<br>b) She disobeys him<br>c) She refuses to have sexual relations with him<br>d) She asks him whether he has other girlfriends |  | yes | no | refused |  |  |  |  |
|     |   | a) not complete household              | 1   | 2  | 3       |  |  |  |  |
|     |   | b) disobeys him                        | 1   | 2  | 3       |  |  |  |  |
|     |   | c) refuse sex                          | 1   | 2  | 3       |  |  |  |  |

|     |  |  |   |   |   |
|-----|--|--|---|---|---|
|     | e) He suspects that she is unfaithful<br>f) He finds out that she has been unfaithful<br>g) Bride price HAS been paid<br>h) She is living in his house or on his land<br>i) He thinks she needs to be disciplined, taught a lesson or educated<br>j) She is unable to get pregnant | d) girlfriends                             | 1 | 2 | 3 |
|     |  | e) suspects she is unfaithful              | 1 | 2 | 3 |
|     |  | f) he found out unfaithful                 | 1 | 2 | 3 |
|     |  | h) bride price paid                        | 1 | 2 | 3 |
|     |  | i) his house/land                          | 1 | 2 | 3 |
|     |  | j) needs to be disciplined/ teaching       | 1 | 2 | 3 |
|     |  | k) unable to be pregnant/ barren           | 1 | 2 | 3 |
| 408 | Question on controlling behaviour of man toward women  | 1. jealous if she talks with other men     | 1 | 2 | 3 |
|     |  | 2. accuses her of unfaithfulness           | 1 | 2 | 3 |
|     |  | 3. does not permit her to meet her friends | 1 | 2 | 3 |
|     |  | 4. tries to limit her contact with family  | 1 | 2 | 3 |
|     |  | 5. insists on knowing where she is         | 1 | 2 | 3 |
|     |  | 6. doesn't trust her with money            | 1 | 2 | 3 |

**SECTION 7: RESPONDENT AND HER HUSBAND/PARTNER**

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us, I will change the topic of conversation. I would again like to assure you that your answers will be kept confidential, and that you do not have to answer any questions that you do not want to. May I continue?"

|     |   |   |  |   |  |   |   |   |   |   |   |
|-----|---|---|--|---|--|---|---|---|---|---|---|
| 501 | Has your current partner/ most recent partner ever...<br><br>For physical violence assessment | A)<br>(If YES continue with B.<br>If NO skip to next item i.e. <b>b</b> ) | B)<br>Has this happened in the past 12 months?<br>(If YES ask C and D. If NO ask D only) | C)<br>In the past 12 months would you say that this has happened once, a few times or many times? | D)<br>Did this happen before the past 12 months? If YES: would you say that this has happened once, a few times or many times? |   |   |   |   |   |   |
|     |   | Yes    n<br>o   | yes    no  | once   fe<br>w    ma<br>ny  | no    onc<br>e    Few    many    n<br>o<br>t   |   |   |   |   |   |   |
|     | a) Slapped you or thrown something at you that could hurt you?                                | 1   | 2  | 1   | 2  | 3 | 4 | 1 | 2 | 3 | 4 |
|     | <b>b</b> ) Pushed you or shoved you or pulled your hair?                                      | 1   | 2  | 1   | 2  | 3 | 4 | 1 | 2 | 3 | 4 |
|     | c) Hit you with his fist or with something else that could hurt you?                          | 1   | 2  | 1   | 2  | 3 | 4 | 1 | 2 | 3 | 4 |
|     | d) Kicked you, dragged you or beaten you up?  | 1   | 2  | 1   | 2  | 3 | 4 | 1 | 2 | 3 | 4 |
|     | e) Choked or burnt you on purpose?  | 1   | 2  | 1   | 2  | 3 | 4 | 1 | 2 | 3 | 4 |
|     | f) Threatened you with or actually used a gun, knife or other weapon against you?             | 1   | 2  | 1   | 2  | 3 | 4 | 1 | 2 | 3 | 4 |
| 502 | Have your current partner/ most recent partner ever...<br><br>For sexual violence assessment  | A)<br>(If YES continue with B.<br>If NO skip to next item)                | B)<br>Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only)    | C)<br>In the past 12 months would you say that this has happened once, a few times or many times? | D)<br>Did this happen before the past 12 months? If YES: would you say that this has happened once, a few times                |   |   |   |   |   |   |
|     |   | Yes    no   | yes    no  | Once   few    many  | not    on<br>ce    few    man    n<br>y    ot  |   |   |   |   |   |   |
|     | a) Did your current husband/ most recent partner ever physically force you to have            | 1   | 2  | 1   | 2  | 3 | 4 | 1 | 2 | 3 | 4 |

|   |  |   |    |  |    |   |     |      |     |  |     |      |     |
|---|--|---|----|--|----|---|-----|------|-----|--|-----|------|-----|
|   | sexual intercourse when you did not want to? <b>Physical force of SV</b>   |   |    |  |    |   |     |      |     |  |     |      |     |
|   | b) Did you ever have sexual intercourse when did not want to because you were afraid of what your partner? <b>This refers to non physical SV</b>             | 1   | 2  | 1  | 2  | 1   | 2   | 3    | 4   | 1  | 2   | 3    | 4   |
|   | c) Did your current partner/ recent partner ever forced you to do something sexual that you found degrading or humiliating? <b>Other unwanted sexual act</b> | 1   | 2  | 1  | 2  | 1   | 2   | 3    | 4   | 1  | 2   | 3    | 4   |
| 503   | Have your current partner/ most recent partner ever...   | A)<br>(If YES continue with B. If NO skip to next item                |    | B)<br>Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only |    | C)<br>In the past 12 months would you say that this has happened once, a few times or many times? |     |      |     | D)<br>Did this happen before the past 12 months? If YES: would you say that this has happened once, a few times or many times? |     |      |     |
|   |  | Yes   | no | yes  | no | once  | few | many | not | once   | few | many | not |
|   | a) Insulted you or made you feel bad about yourself?   | 1   | 2  | 1  | 2  | 1   | 2   | 3    | 4   | 1  | 2   | 3    | 4   |
|   | b) Belittled or humiliated you in front of other people?   | 1   | 2  | 1  | 2  | 1   | 2   | 3    | 4   | 1  | 2   | 3    | 4   |
|   | c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?                                     | 1   | 2  | 1  | 2  | 1   | 2   | 3    | 4   | 1  | 2   | 3    | 4   |
|   | d) Threatened to hurt you or someone you care about?   | 1   | 2  | 1  | 2  | 1   | 2   | 3    | 4   | 1  | 2   | 3    | 4   |
| 504   | Verify whether answered yes to any question on physical violence – questions 501 (a) to (f) Yes  | Yes physical violence.....1<br>No physical violence.....2             |    |  |    |   |     |      |     | To be filled by the investigator   |     |      |     |
| 505   | Verify whether answered yes to any question on sexual violence – questions 502 (a) to (c) Yes  | Yes sexual violence .....1<br>No sexual violence .....2               |    |  |    |   |     |      |     |  |     |      |     |
| 506   | Verify whether answered yes to any question on psychological violence – questions 503 (a) to (d) Yes   | Yes psychological violence. .... 1<br>No psychological violence.....2 |    |  |    |   |     |      |     |  |     |      |     |
| 507   | Check up for current IPV   | Yes IPV.....1<br>No IPV.....2   |    |  |    |   |     |      |     |  |     |      |     |
| 508   | Check for life time violence   | Yes LIPV.....1<br>No LIPV.....2                                       |    |  |    |   |     |      |     |  |     |      |     |
| <b>Section Eight: General Health status</b> |  |   |    |  |    |   |     |      |     |  |     |      |     |
| 601   | In the past 12 month did you had experienced loss of interest  | Yes.....1<br>No .....2  |    |  |    |   |     |      |     | If not go to 603   |     |      |     |
| 602   | For how long does it last  | Less than two wks.....1<br>Greater than two wks.....2                 |    |  |    |   |     |      |     |  |     |      |     |
| 603   | In the past 12 month had you engaged in suicidal thought for at least once   | Yes.....1<br>No .....2<br>Refused.....3                               |    |  |    |   |     |      |     |  |     |      |     |
| 604   | In the past 12 month had you engaged in suicidal attempt for at least once   | Yes.....1<br>No .....2<br>Refused.....3                               |    |  |    |   |     |      |     |  |     |      |     |
| 605   | Are you currently on Antiretroviral therapy  | Yes.....1<br>No.....2<br>Refused.....3                                |    |  |    |   |     |      |     |  |     |      |     |



|   |  |   |   |
|---|--|---|---|
| 606   | For how long do you take the drug  | Month (-----)<br>Refuse   |   |
| 607   | Have you ever changed Antiretroviral treatment regimen   | Yes.....1<br>No.....2<br>Refused.....3  | If the answer is 2&3 skip to question 609   |
| 608   | Reasons for changing ARV treatment regimen   | Side effects of drugs.....1<br>Drug resistance (treatment failure).....2<br>Pregnancy-related.....3<br>Other reason specify.....4   |   |
| 609   | Does your current/Most recent partner know that you initiate ART   | Yes he know.....1<br>No he don't know.....2<br>Refused.....3  |   |
| 610   | What is your current CD4 count/viral load  | Possible to refer pt document (.....)   |   |
| 611   | Do you know your current or most recent partner's HIV status?  | Yes.....1<br>No.....2<br>Refused.....3  | If 2&3 skip to 613  |
| 612   | If yes what is the result  | Positive.....1<br>Negative.....2<br>Refuse.....3  |   |
| 613   | Who is first diagnosed   | Me.....1<br>Him.....2<br>At the same time.....3<br>Refused.....4  | If the answer is 1 skip to question 614<br>If the answer is 2 skip to question 616<br>If the answer is 3 skip to question 615 |
| 614   | If you are the first had you told him your status  | Yes.....1<br>No.....2<br>Refused.....3  | If the answer is 2 &3 skip to question 616  |
| 615   | At the time you told your current or most recent partner about your HIV status; what was his first reaction?   | He was supportive.....1<br>Shouted/got angry.....2<br>Threatened to beat me.....3<br>Threatened to leave/throw me out of home.....4<br>Beat me/physically assaulted.....5<br>He throw me out of home.....6<br>He left me.....7<br>Other specify (.....) |   |
| 616   | When did you know your sero status (in yrs)(length of time since diagnosed HIV positive)   | Yrs (.....)   |   |
| <b>Section nine: past history of violence</b> |  |   |   |
| 700   | Since the age of 15 years, has anyone other than your partner/husband) ever beaten or physically mistreated?   | Yes.....1<br>No.....2<br>Refused.....3<br>Don't know.....4  |   |
| 701   | Since the age of 15 years, has anyone: other than your partner/husband) ever forced you to have sex or to perform a sexual act when you did not want to?                               | Yes.....1<br>No.....2<br>Refused.....3<br>Don't know.....4  |   |
| 702   | Before the age of 15 years, do you remember if any- one in your family ever touched you sexually, or made you do something sexual that you didn't want to?                             | Yes.....1<br>No.....2<br>Refused.....3<br>Don't know.....4  |   |
| 703   | How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or was you forced to have sex? | Coerced.....1<br>Not coerced.....2<br>Refused.....3<br>Don't remember the condition.....4   |   |
| 704   | As far as you know Did your father hit your mother when you were child   | Yes.....1<br>No.....2   | If no and refuse skip to question 706   |

|     |  |  |  |
|-----|--|--|--|
|     |  | Refused.....3  |  |
| 705 | Did you see or hear that voice or action   | Yes .....1<br>No .....2<br>Refused.....3<br>Don't know.....4 |  |
| 706 | As far as you know was your (most recent) partner's mother hit or beaten by her husband? | Yes .....1<br>No .....2<br>Refused.....3<br>Don't know.....4 | If no and refuse skip to question do not ask question number 707 |
| 707 | Did your (most recent) husband/partner see or hear this violence?                        | Yes .....1<br>No .....2<br>Refused.....3<br>Don't know.....4 |  |

**Annex III: Amharic version**

PHIV/AIDS ህክምና ክትትል በሚያደርጉ ሴቶች ላይ የሚደርስ ጾታዊ ጥቃትን በተመለከተ ለሚደረግ ጥናት የመረጃ ማሰባሰብያ መጠይቅ:

**ሰሜ** -----ይባላል. አሁን እየሰራሁ ያለሁት በተቋማችን ጅጅማ ዩኒቨርሲቲ የጤና ተቋም የማህበረሰብ ጤና ፋኩሊቲ በሕብረተሰብ እና ቤተሰብ ጤና ትምህርት ክፍል በአቶ ግርማ ጋረደው ገደምሳ በተደረገው ጥናት በመረጃ ሰብሳቢነት ነው. በመቀጠልም በጥናቱ እንዴት ለመሳተፍ እንደተመረጣች ገለፃ አደርግ ዘንድ ትኩረታችሁን እንድትሰጡኝ ስል በትሕትና እጠይቃለሁ:

**የጥናቱ ዓላማ:** የጥናቱ ዓላማ በአዳማ ከተማ ከሻይረሱ ጋር የሚኖሩ ሴቶች ላይ የሚደርሱ ችግሮች እና ስርጭታቸውን ለመገምገም ነው. ይህም በየ ጤና ጣብያዎቹ እና በሌሎች ባለድርሻ አካላቶች የሴቶችን ጤና ለማሻሻል የመፍትሔ ሀሳቦችን እና ስትራቴጂዎችን ለማዘጋጀት ይረዳልረዳል. ከዚህም በላይ የዚህ ጥናት ዋና ዓላማ በስነ ተዋጤና የማስተርስ ዲግሪ ጥናታዊ ፅሁፍ ለማዘጋጀት ግማሽ ቅድመ ሁኔታ የሆነውን ለመፃፍ ነው.

**አካሄድ:** በእድል የተመረጡትን ሁሉንም 396 ሴቶች ቃለ መጠይቅ እናደርጋለን. ቃለ መጠይቁን ለመመለስ ከከ10 እስከ 30 ደቂቃ ሊወስድ ይችላል.

**ምችት ሊነሱ የሚችሉ ነገሮች:** በመጠይቁ ወቅት ስለግል የወሲብ እና የስነ ተዋልዶ ታሪክ ሊጠየቁ ይችላሉ. ነገር ግን ጥናቱ የእናቶችን ጤና ከማሻሻል እንዲሁም የሴቶችን ጤና ጥናቱ በሚካሄድበት አካባቢ ለማሻሻል ይረዳ ዘንድ እንደ ግብዓትነት ስለሚያገለግል ይህንን ቅዱስ ዓላማ ከመደገፍ አንፃር ነፃ ሆነው ነፃ ሆነው ትክክለኛ መረጃዎችን ይሰጡን ዘንድ እጠይቃለንጠይቃለን.

**ጥቅማጥቅሞች:** ለእርሶ በቀጥታ የሚሰጥ ወይም በቀጥታ የሚያገኙት ጥቅም አይኖሩም. ነገር ግን እርሶ የሚሰጡን መረጃዎች የሴቶችን የጤና ችግር ነቅሶ ለመለየት እና ለችግሮቹም የማያዳግም መፍትሄ ለመስጠት ይረዳ ዘንድ ሁነኛ የመፍትሔ እርምጃ በመውሰድ የሴቶችን ጤና ከፍ ለማድረግ እጅግ ጠቃሚ ነው።

**ማስተማሪያ/መተማማኛ:** እርሶ ለኛ የሚሰጡን መረጃዎች በእኛ ዘንድ ሚስጥርነታቸው ተጠብቆ የሚቆዩ ናቸው. የእርሶ እውነተኛ ስምም በሚስጥራዊ (የኮድየኮድ) ስም ይተካልተካል.

**ሙብት ;** በዚህ መጠይቅ ውስጥ የሚሳተፉት ፈቃደኛ ሲሆኑ ብቻ ነው። በመጠይቁ ያለመሳተፍ እና በፈለጉበት ሰዓት ካልተመኙ ከተሳትፎ እራስን ማግለል ይችላሉችላሉ.

| ክፍል 1 : የመላሿ የሰሻዲሞግራፊ ጥያቄዎች |  |  |
|-----------------------------|--|--|
| 101                         | ዕድሜዎን ስንት ነው?                              | ዕድሜ.....   |
| 102                         | ብሔርዎ                                       | አሮሞ.....1<br>አማራ.....2<br>ትግሬ.....3<br>ጉራጌ.....4<br>ሌላ.....5   |
| 103                         | ሀይማኖት ምንድን ነው?                             | ሐይማኖት የላኝም.....1<br>ካቶሊክ.....2<br>ኦርቶዶክስ.....3<br>ፕሮቴስታንት.....4<br>ሙስሉም.....5<br>ሌላ.....6<br>ይላፈኝ.....7      |
| 104                         | ሥራዎ ምንድን ነው?                               | የመንግስት ሰራተኛ.....1<br>ነጋዴ.....2<br>የቀን ሰራተኛ.....3<br>ጋበሬ.....4<br>የቤት እማቤት.....5<br>ሌላ.....6<br>ይላፈኝ.....7    |
| 105                         | የትምህርት ደረጃ                                 | አልታማርኩም.....1<br>ማንበብ እና መጻፍ ብቻ.....2<br>1ኛ ደረጃ.....3<br>2ኛ ደረጃ.....4<br>ቴርሻሪ.....5                          |
| 106                         | ገቢዎ ከባላቤቶች ጋር ሲነጻጸር ምን ያህል ነው?             | ከባላቤት ይበልጣል.....1<br>ከባላቤት ያንሰል.....2<br>ተመሳሳይ ነው.....3<br>አውቅም.....4<br>ይላፈኝ.....5                          |
| 107                         | አሁን ስንት በል/ጃዎም የዋስብ ዳይጅ አለሽ?               | አንድ ብቻ.....1<br>ከአንድ በላይ.....2<br>ይላፈኝ.....3   |
| 108                         | አሁን ትዳር አሌሽ/ ዳይጅ አለሽ?                      | አሁን ትዳር አለኝ.....1<br>ሳላገባ አብሬ እየኖርኩ ነው.....2<br>ቋም የዋስብ ዳይጅ አለኝ ግን አንድ ላይ አንኖርም.....3<br>ብቻዬን እየኖርኩ ነው.....4 |
| 109                         | አሁን ትዳር ካሌዎት አብረው እየኖሩ ነው?                 | አዎ አንድ ላይ እንኖራለን.....1<br>አይ አብረን አንኖርም.....2<br>ይላፈኝ.....3  |
| 110                         | በበለፀገው የነበሮት ትዳር ፈርሷል ወይም ተፈተወል ወይም ሞቶቦታል? | አልተለየም.....1<br>ተፈተነናል.....2<br>ተለያይተናል.....3<br>ሞቶብኛሌ.....4<br>አውቅም.....5<br>ይላፈኝ.....6                     |
| 111                         | ጋብቻቼ እንዴት ነበረ                              | ምንም ዲግስ የለም.....1<br>በመዘጋጃ ስርዐት.....2<br>በሃይማኖታዊ ስርዐት.....3<br>በሀላዊ ስርዐት.....4<br>ይላፈኝ.....5                 |
| 112                         | ለእርስዎ ትዳር አጋር ወይም የፍቅር ዳዳኛ የመረጠው ማናው?      | እሷ ራሷ.....1<br>አጋርዎ.....2<br>ቤተሰቧ.....3<br>ይላፈኝ.....4  |
| 113                         | ጋብቻህሽ ጥሎሽ / ሙሽሪት ዋጋን ያካትታል?                | አዎ / ጥሎሽ.....1<br>አዎን / ሙሽሪት ዋጋ.....2  |

|   |   |  |  |
|---|---|--|--|
|   |   | አይ/ የለም.....3  |  |
| 114   | ለእርስዎ ትዳር አጋር ወይም የፍቅር ዳዳኛ ጋር ስንት ዐመት ኖሮቦል  | ዐመት (.....)  |  |
| <b>ክፍል 2: ቀጣዩ ጥቂት ጥያቄዎች አሁን ያለዎት ወይም በጣም የቅርብ ትዳር አጋር ወይም የፍቅር ዳዳኛ ይሆናል</b> |   |  |  |
| 120   | በአሁን ጊዜ የእርስዎ / የቅርብ ጊዜ የቅርብ ባለቤት / ባልደረብ የመጨረሻው የልደት ቀን ማች? መጠይቅ: እድሜውን ካለውቅሽ ከእድሜሽ በጣም ይበልጣል ወይስ ከእርሶ ያነሰ ነው? | ዕድሜ (.....)<br>ከእሷበላይ .....1<br>ከእሷም በታ.....2<br>አላውቅም / አላስታውስም.....3<br>ይላፈኝ.....4   |  |
| 121   | ምን አይነት ስራ ይሰራል?<br><br>ለእያንዳንዱ መልሶች አይነት ይግለጹ  | ስራ አልባ.....1<br>የመንግስት ሰራተኛ.....2<br>መንግስታዊ ያልሆነ.....3<br>ነጋዴ.....4<br>የቀን ሰራተኛ.....5<br>ገበሬ.....6<br>ሌላ (ይግለጹ).....7<br>ይላፈኝ.....8                      |  |
| 122   | የእርስዎ የቅርብ ጊዜ የቅርብ ባለቤት / ባልደረብ ከፍተኛ የትምህርት ደረጃ ምንድን ነው?  | መደበኛ ትምህርት የለውም.....1<br>የማጃማርያ ደረጃ.....2<br>ሁለተኛ ደረጃ.....3<br>ሶስተኛ እና ከዚያ በላይ.....4<br>ይላፈኝ.....5   |  |
| <b>ክፍል 3 ከግለሰብ ባህሪያቶች ጋር የተያያዘ</b>  |   |  |  |
| 130   | የእርስዎ የቅርብ ጊዜ የቅርብ ባለቤት ባለፉት 12 ወራት ለምን ያህል ጊዜ መጠጥ ይጠጣል/ጠጥቷል? (ከተለያዩ በመጨረሻው 12 ወራት የነበረውን)                      | በየቀኑ ..... 1<br>በሳምንት አንድ ወይ ሁለት ..... 2<br>በወር ከ 1 እስከ 3 ጊዜ ..... 3<br>አይጠጣም ..... 4<br>ይላፈኝ.....5  |  |
| 131   | አልኮል የያዙትን መጠት በምን ያህል ጊዜ ነው የምትጠቃምዉ  | በጭራሽ<br>በወር ወይም ከዚያ በታች  | 2-4 በወር<br>2-3/በሠ ምንት<br>በሠም ንት 4/ ከዚያ በላይ |
|   | በአንድ በተለመደው ቀን አልኮል መጠጥ የያዙትን ስንት ያጠቃማሉ   | 1/2  | 3-4  |
|   | በአንድ ጊዜ 6 / ተጨማሪ ምን ያህል ጊዜ ተጠቅሞው ያውቃሉ   | በጭራሽ   | በወር ወይም ከዚያ በታች                            |
|   | መላሹ አልኮል መጠጥ ያጠቃማሉ??  | አዎን<br>ያጠቃማሉ.....1<br>አይ/ የለም አይጠቃሙም.....2   |  |
| 132   | ባለቤትዎ / የፍቅር ዳዳኛዎ አዳንዛዥ እጻችን ይጠቀማል?<br>አዎ ከሆነ, ይመርምሩ: ምን ዓይነት መድሃኒት?  | በየቀኑ.....1<br>በሳምንት አንድ ወይም ሁለት ጊዜ.....2<br>በወር አንድ ወይም ሁለት ጊዜ.....3<br>በዓመት አንድ ወይም ሁለት ጊዜ.....4<br>በፍጹም.....5<br>ቀደም ሲል, አሁን አይደለም.....6<br>ይላፈኝ.....7 |  |
| 133   | የአሁኑ / የቅርብ ጊዜ የቅርብ ባሌ / ዳዳኛዎ ከእርስዎ ጋር በሚኖሩበት ጊዜ ከማንኛውም ከሌሎች ሴት ጋር የጻታ ግንኙነት ፈጽመዋል                              | አዎ.....1<br>የለም.....2<br>ሊሆን ይችላል.....3<br>ይላፈኝ.....4  |  |
| 134   | ባለፉት 12 ወሮች ውስጥ (ባለፉት 12 ወራት ውስጥ) ከሰው ጋር ተጋጭቶ ያዉቃል  | በጭራሽ.....1<br>አንድ ወይም ሁለት.....2<br>ጥቂት ጊዜ (3-5).....3<br>ብዙ ጊዜ (ከ 5 በላይ).....4<br>አላውቅም / አላስታውስም.....5  |  |
| 135   | የአሁኑ / የቅርብ ጊዜ የፍቅር ዳዳኛዎ  | አዎ.....1   |  |

|   |  |   |                            |
|---|--|---|----------------------------|
|   | የጤና ሁኔታ ለእርስዎ ያሳውቅዎታል?   | የለም .....2<br>ይላፈኝ .....3   |                            |
| <b>ክፍል 4 የሥነ ተዋልዶ</b>   |  |   |                            |
| <b>ከዚህ ቀጥሎ ስለ እርግዝናና ልጆች በተመለከተ የተወሰነ ጥያቄዎችን አቀርብልኛለሁ</b>                 |  |   |                            |
| 201   | ከዚህ በፊት አርግዘው ያዉቃሉ   | አዎ .....1<br>አላውቅም .....2<br>ይላፈኝ .....3  | ጣልስ 2&3 ከሆነ ወደ ጥያቄ 204 እለፍ |
| 202   | አሁን በህዎት ያሉ ስንት ልጆች አሉዎት?  | የለም .....1<br>ካላችሁ ምን ያህል ( .....)  |                            |
| 203   | ሁሉንም ልጆችዎ ከአንድ አባት ነው የወለዱ?  | አዎ .....1<br>የለም .....2<br>ይላፈኝ .....3  |                            |
| 204   | አሁን ነፍሰጡር ነዎት?   | አዎ .....1<br>አይደለም .....2<br>ይላፈኝ .....3  |                            |
| 205   | ከአሁኑ / ከቅርብ ጊዜ የፍቅር ዳደሮች እርግዝናን ለመከላከል ማንኛውንም ዘዴ ተጠቅሞ ያዉቃል                         | አዎ .....1<br>አላውቅም .....2<br>ይላፈኝ .....3  | ጣልስ 2&3 ከሆነ ወደ ጥያቄ 208 እለፍ |
| 206   | እርግዝናን ለመከላከል ማንኛውንም ዘዴ አሁን እየተጠቀሙ ነው?   | አዎ .....1<br>የለም .....2<br>ይላፈኝ .....3  |                            |
| 207   | የአሁኑ / የቅርብ ጊዜ የፍቅር ዳደሮች ማንኛውንም እርግዝናን መከላከያ ዘዴ እየተጠቀሙ መሆኑን ያዉቃል                   | አዎ .....1<br>አያውቅም .....2<br>ይላፈኝ .....3  |                            |
| 208   | የመረጡትን ዘዴ አልታቃዎታላችሁም?  | አዎ .....1<br>አልታቃዎታላችሁም .....2<br>ይላፈኝ .....3   | ጣልስ 2&3 ከሆነ ወደ ጥያቄ 210 እለፍ |
| 209   | የ እርግዝናን መከላከያ ዘዴ እንዳይጠቀሙ ወይም እንዳይቆርጡ መፈለጉን የነገሮት በምን አይነት መልኩ ነበር?                | እንደሚፈልግ አስረዳኝ .....1<br>ጭጃ-ገባኝ /ተናደደ-ገባኝ .....2<br>ሊመታኝ ዘተ-ገባኝ .....3<br>ለተወኝ/ከቤት እንደሚያስወጣኝ ነገረኝ .....4<br>መታኝ/ደበደበኝ .....5<br>የ እርግዝናን መከላከያ ዘዴውን ጣለ-ገባኝ .....6<br>ይላፈኝ .....7                   |                            |
| 210   | የአሁኑ / የቅርብ ጊዜ የፍቅር ዳደሮች ጋር ከንደም ተጠቅሞ ያዉቃል   | አዎ .....1<br>አላውቅም .....2<br>ይላፈኝ .....3  |                            |
| 211   | የአሁኑ / የቅርብ ጊዜ የፍቅር ዳደሮች ጋር ለመጨረሻ ግዜ የግብረ ስጋ ግንኙነት ሲፈጽሙ ከንደም ተጠቅመው ነበር/ከንደም ተጠቅሞል? | አዎ .....1<br>አልተጠቀምኩም .....2<br>መልስ መስጠት አልፈልግም .....3  |                            |
| 212   | የአሁኑ / የቅርብ ጊዜ የፍቅር ዳደሮች ከንደም አልጠቀምም ብሎት ያዉቃል?                                     | አዎ ያዉቃል .....1<br>አያውቅም .....2<br>ይላፈኝ .....3   |                            |
| 213   | ከንደም መጠቀምን አለመፈለጉን በየትኞቹ መንገድ ነበር የነገሮት?   | እንደሚፈልግ አስረዳኝ .....1<br>ጭጃ-ገባኝ /ተናደደ-ገባኝ .....2<br>ሊመታኝ ዘተ-ገባኝ .....3<br>ለተወኝ/ከቤት እንደሚያስወጣኝ ነገረኝ .....4<br>መታኝ/ደበደበኝ .....5<br>ከንደሙን ጣለ-ገባኝ .....6<br>ታማኝ/ጥሩ ሴት አለመሆኔን ነገረኝ .....7<br>ይላፈኝ .....8 |                            |
| 214   | ግብረ ስጋ ግንኙነት በስንት እድሜ ነው የጀመሩት?  | Yrs (.....)<br>ከ 15 ዓመት በታች .....1<br>ከ 15 ዓመት በላይ .....2   |                            |
| <b>ክፍል 5 የሶሻል ድጋፍ ሰጭ መረጃዎች ስለ የሚከተሉት መግለጫዎች ምን እንደሚሰማዎት ለማወቅ ፍላጎት አለን</b> |  |   |                            |
|   |  | በጣም   በእጅ   በትንሹ   ገለል   በትንሹ   በጥ   በጣም  |                            |

|                              |   | በጥብቅ አልስማም.....<br>(1)                        | ጉ አልስማም (2) | የማይስማሙ (3) | ተኛ (4) | ተስማሚ (5) | ብቅ እስማማሁ (6) | በጥብቅ እስማማለሁ (7) |  |
|------------------------------|---|---|-------------|------------|--------|----------|--------------|-----------------|--|
| 301                          | በአስቸኳይ ሲያስፈልግዎት ልዩ ሰው አለ  |   |             |            |        |          |              |                 |  |
| 302                          | የእርስዎን ደስታና ሃዘን የማካፈል ልዩ ሰው አለ                                    |   |             |            |        |          |              |                 |  |
| 303                          | ቤተሰቦችዎ ሊረዱዎት ይሞክራሉ  |   |             |            |        |          |              |                 |  |
| 304                          | ቤተሰቦችሽ ስነአምሮዊ ድጋፍ ይሰጡሻል   |   |             |            |        |          |              |                 |  |
| 305                          | ለእርስዎ የዳስታ ምንጭ ልዩ ሰው አለ   |   |             |            |        |          |              |                 |  |
| 306                          | ዳደሮችሽ ሊረዱሽ ይፈልጋሉ  |   |             |            |        |          |              |                 |  |
| 307                          | ነገሮች ሰይሳኩ ከቃሩ አለኝ የምትይ ሿዳኛ አለ                                     |   |             |            |        |          |              |                 |  |
| 308                          | ከቤተሰብዎ ጋር ስለ ችግሮችዎ መነጋገር ይችላሉ                                     |   |             |            |        |          |              |                 |  |
| 309                          | እርስዎ ደስታዎን እና ሀዘንዎን ሊያከፍሏቸው የሚችሉ ዳደሮች አሉዎት                        |   |             |            |        |          |              |                 |  |
| 310                          | በህዎትሽ ውስጥ ስለ እርስዎ ስሜት የምጫናቅ ልዩ ልዩ ሰው አለ                           |   |             |            |        |          |              |                 |  |
| 311                          | ቤተሰቦችሽ ውሳኔዎችን ለመወሰን ይረዱሻል   |   |             |            |        |          |              |                 |  |
| 312                          | ችግሮችሽን ከዳደሮችሽ ጋር ትናጋገርያለሽ   |   |             |            |        |          |              |                 |  |
| <b>ክፍል 6 የፆታዊ ጥቃት አማላካከት</b> |   |   |             |            |        |          |              |                 |  |
| 401                          | ጥሩ የቤት እመቤት ባትሰማላችሁትም ባለቤቷ ያላትን ሁሉ መፈጸም አለባት                      | እስማማለሁ .....1<br>አልስማማም .....2<br>ይላፈኝ .....3 |             |            |        |          |              |                 |  |
| 402                          | ባል የ ቤቱ ሃላፊ ማን እንደሆነ ለሜስቱ ማሳወቅ አለባት።                              | እስማማለሁ.....1<br>አልስማማም.....2<br>ይላፈኝ.....3    |             |            |        |          |              |                 |  |
| 403                          | ባሏ ባይፈቅድላትም እንኳን ሚስት የ ራሷን ዳደሮች መምረጥ ትችላላ                         | እስማማለሁ.....1<br>አልስማማም.....2<br>ይላፈኝ.....3    |             |            |        |          |              |                 |  |
| 404                          | እሷ ባትፈልግም እንኳን ከባሏ ጋር ግብረ ስጋ ግኑኝነት ማድረግ የ ሚስት ግዴታ ነዉ              | እስማማለሁ.....1<br>አልስማማም.....2<br>ይላፈኝ.....3    |             |            |        |          |              |                 |  |
| 405                          | ባል ሜስቱን በአግባቡ የ ማይዛት(የ ማይስማሙ ) ከሆነ ከቤተሰብ ዉጪ የሆነ ሰው መሃል መግባት አለበት። | እስማማለሁ .....1<br>አልስማማም.....2<br>ይላፈኝ.....3   |             |            |        |          |              |                 |  |
| 406                          | ሚስት ምን ስታጠፋ ነዉ ባሏ ልመታት ያሚችላዉ                                      | 1. የቤት ስራዋን እሱ በሚፈልገዉ ሁኔታ መጫረስ ሲቅታት           | አዎ          | አይደለም      | ይላፈኝ   | 1        | 2            | 3               |  |
|                              |   | 2. ትዕዛዙን አላከብርም ስትል                           | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 3. ከሱ ጋር ግብረ ስጋ ግኑኝነት አላረግም ስትል               | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 4. ከሷ ሌላ የሲት ዳደኛ እንዳለዉ ከጠየቀችዉ                 | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 5. ታማኝ አይደለችም ብሎ ከተጠራጠረ                       | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 6. ታማኝ አለመሆኗን ካወቀ                             | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 7. ሙሽሪት ዋጋ ከተከፈለ                              | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 8. በቤቱ / መሬ የምትኖር ከሆነ                         | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 9. የስነምግባር / ለማስተማር ከፈለገ                      | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 10. እርጉዝ መሆን / መጠነ ስልጅነት                      | 1           | 2          | 3      |          |              |                 |  |
| 407                          | አሁን ብዙ ሴቶችን ሊያጋጥማቸዉ ስለሚችል አንድ አንድ ጥያቄዎችን                          | 1. ከሌሎች ሰዎች ጋር ብትወያይ ቅናት                      | 1           | 2          | 3      |          |              |                 |  |
|                              |   | 2. ተማኝ አይደለሽም ብሎ ይወቅሻል                        | 1           | 2          | 3      |          |              |                 |  |





|                             |   |   |  |
|-----------------------------|---|---|--|
| 507                         | በ 12 ውስጥ ጥቃት አለ (LTIPV)                             | አዎ.....1<br>የለም.....2   |  |
| 508                         | በ 12 በፍት ጥቃት አለ (LTIPV)                             | አዎ.....1<br>የለም.....2   |  |
| <b>ክፍል 8: አጠቃላይ የጤና ሁኔታ</b> |   |   |  |
| 601                         | ባለፉት 12 ወሮች ውስጥ ፍላጎት የማጠት ስሜት አጋጥሞት ነበር             | አዎ.....1<br>የለም.....2<br>ይላፈኝ.....3   | ማልስ 2&3 ከሆነ ወደ ጥያቄ 603 እለፍ   |
| 602                         | አዎ ከሆነ ለምን ያህል ጊዜ ቆየ                                | ከሁለት ሳምንታት ያነሰ.....1<br>ከሁለት ሳምንታት የበለጠ.....2   |  |
| 603                         | ባለፉት 12 ወራት ውስጥ ቢያንስ አንድ ጊዜ ራስን የማጥፋት ሐሳብ ገጥመውታል    | አዎ.....1<br>የለም.....2<br>ይላፈኝ.....3   |  |
| 604                         | ባለፉት 12 ወራት ቢያንስ አንድ ጊዜ እራስን የመግደል ሙከራ አድርገህ ነበር    | አዎ.....1<br>የለም.....2<br>ይላፈኝ.....3   |  |
| 605                         | በአሁኑ ጊዜ ፀረ ኤች አይ ቪ ሕክምና ላይ ነዎት/ጀምሮአል (ART)          | አዎ.....1<br>የለም.....2<br>ይላፈኝ.....3   |  |
| 606                         | መድኃኒቱን ለምን ያህል ጊዜ ወስዷታል?                            | አመት (.....)<br>ይላፈኝ.....1   |  |
| 607                         | ፀረ ኤች አይ ቪ ህክምናን ቀይሮ ያውቃሉ                           | አዎ.....1<br>የለም.....2<br>ይላፈኝ.....3   | ማልስ 2&3 ከሆነ ወደ ጥያቄ 609 እለፍ   |
| 608                         | ፀረ ኤች ቪ ህክምናን ለመለወጥ ምክንያቶች                          | የመድኃኒት ተፅዕኖ/የየጉንዖሽ ጉዳት.....1<br>መድኃኒት መቆቆም/ የሕክምና ውድቀት.....2<br>በእርግዝና ምክንያት.....3<br>ሌላ ምክንያት (ግለፅ).....4  |  |
| 609                         | የአሁኑ / የቅርብ ጊዜ አጋርዎ ፀረ ኤች አይ ቪ ሕክምና መጀመሪያ ያውቃል      | አዎ ያውቃል.....1<br>አያውቀውም.....2<br>ይላፈኝ.....3   |  |
| 610                         | አሁን ያለዎት CD4 መጠን ስንት ነው                             | ሰነድ ማመለከት ይቻላል (.....)  |  |
| 611                         | አሁን ያለዎት ወይም በጣም የቅርብ ጊዜ የባልደረብ የኤች አይ ቪ ሁኔታውን ያውቃሉ | አዎ.....1<br>የለም.....2<br>ይላፈኝ.....3   | ማልስ 2&3 ከሆነ ወደ ጥያቄ 613 እለፍ   |
| 612                         | አዎን ከሆነ ውጤቱ ምን ነበር                                  | ፖዘቲቭ(+ve).....1<br>ነጋትቭ (-ve).....2<br>ይላፈኝ.....3   |  |
| 613                         | ለመጀመሪያ ጊዜ ያወቀው ማነው                                  | እኔ .....1<br>እሱ.....2<br>በተመሳሳይ ሰዓት.....3<br>ይላፈኝ.....4   | ማልስ 1 ከሆነ ወደ ጥያቄ 614 እለፍ<br>ማልስ 2 ከሆነ ወደ ጥያቄ 616 እለፍ<br>ማልስ 3 ከሆነ ወደ ጥያቄ 615 እለፍ |
| 614                         | የመጀመሪያዎ እርስዎ ከሆኑ ስለእርስዎ የጤና ሁኔታ ነጋርሽው               | አዎ ነገርኩት.....1<br>የለም አልነገርኩትም.....2<br>ይላፈኝ.....3  | ማልስ 2&3 ከሆነ ወደ ጥያቄ 616 እለፍ   |
| 615                         | የምርመራ ዉጤቶን ስነ ግሩት/ሲሰማ የእሱ ምላሽ ምን ነበር?               | አፀናኝ/ ደገ ፈኝ ..... 1<br>ጭሐብኝ/ተናደደብኝ ..... 2<br>ሌመታኝ አስፈራራኝ ..... 3<br>ሊተወኝ/ ከቤት ሌያስወጣኝ አስፈራራኝ ..... 4<br>መታኝ/ደበደበኝ ..... 5<br>ከቤት አባረረኝ ..... 6<br>ጥሎኝ ሄደ ..... 7<br>ሌላ(ይገ ለጽ) ..... 8 |  |
| 616                         | ስለ ኤች አይ ቪ ሁኔታዎ ከወቁ ምን ያህል ጊዜ ሆነሽ (in yrs)          | Yrs (.....)   |  |

| ክፍል ዘጠኝ: ሊሎች ተሞክሮዎች |   |   |  |
|---------------------|---|---|--|
| 700                 | ዕድሜዎ 15 ዓመት ከሞላው በሃላ የወንድ ጉዋደኛ/ ባል ያልነበረ ሰው መቶት ወይም የሀይል ጥቃት አድርጎት ያወቃል?  | አዎ ..... 1<br>አያውቅም ..... 2<br>አላስታውስም .....3<br>ይላፈኝ .....4              |  |
| 701                 | ዕድሜዎ 15 ዓመት ከሞላው በሃላ የወንድ ጉዋደኛ/ ባል ያልነበረ ሰው ፍላጎት ሳይኖረት ጉልበቱን በመጠቀም የግብረ ስጋ ግኑኝነት እንዲፈጽሙ አድርጎት/አስገድዶት ያወቃል?  | አዎ ..... 1<br>አያውቅም ..... 2<br>አላስታውስም .....3<br>ይላፈኝ .....4              |  |
| 702                 | ዕድሜዎ 15 ዓመት ሳይሞላው የቤተሰብ አባል ፣ ዘመድ ወይም ሌላ ሰው ያለፍቃይ በወሲብ ፍላጎት የጎነተሎት፣ ጡቱትን ወይም ሌላ አካሎን የነካ ከንፈሮን የሰሙ ወይም እንዲስሙት ያስገድድ ወይም የግብረ ስጋ ግኑኝነት ለማድረግ የሞከረ ሰው ነበረ | አዎ ..... 1<br>አያውቅም ..... 2<br>አላስታውስም .....3<br>ይላፈኝ .....4              |  |
| 703                 | ለመጀመርያ ጊዜ ግብረ ስጋ ግኑኝ የ ፈፀሙበትን ጊዜ እንዴት ይገልጹታል?   | በግዳጅ .....1<br>ግኑኝነት መፈፀም ፈልጎ ነበር .....2<br>አላስታውስም .....3<br>ይላፈኝ .....4 |  |
| 704                 | በልጅነት ጊዜዎ እናቶ በአባቶ/በባለቤታቸው/ በወንድ ጓደኛቸው ይመቱ/ይደበደቡ ነበር  | አዎ .....1<br>አልነበረም .....2<br>አላውቅም .....3<br>ይላፈኝ ..... 4                | ማልስ አልነበረም/ አላውቅም/ ይላፈኝ ከሆነ ወደ ጥያቄ 706 እለፍ |
| 705                 | ያንን ድምጽ ወይም ድርጊት አይተዋል ወይም ይሰሙ ነበር  | አዎ .....1<br>አልነበረም .....2<br>አላውቅም .....3<br>ይላፈኝ .....4                 |  |
| 706                 | እርሶ እስከሚያወቁት ድረስ የባለቤቶ ወይም የወንድ ጓደኛዎ እናት በባለቤታቸው ተመተው ነበር   | አዎ .....1<br>አልነበረም .....2<br>አላውቅም .....3<br>ይላፈኝ .....4                 | ማልስ አልነበረም/ አላውቅም/ ይላፈኝ ጥያቄ 707 አትምላ       |
| 707                 | የባለቤቶ ወይም ያወንድ ጓደኛዎ ይህንን አለመግባባት አይተው ወይም ስምተው ያወቃሉ?  | አዎ .....1<br>አልነበረም .....2<br>አላውቅም .....3<br>ይላፈኝ .....4                 |  |

**ANNEX – IV**

Calculation of  $K^{th}$  interval to select individuals from each health facility using, average client flow per month in each facility.

| Name of health facility | Client flow per month | Share of Percent (%) | Required sample from each | $K^{th}$ Interval |     |
|-------------------------|-----------------------|----------------------|---------------------------|-------------------|-----|
| PHF-1                   | 119                   | 9.4                  | 38                        | 3.19              | ≈ 3 |
| PHF-2                   | 785                   | 62.6                 | 248                       | 3.20              | ≈ 3 |
| PHF-3                   | 162                   | 13                   | 51                        | 3.17              | ≈ 3 |
| PHF-4                   | 187                   | 15                   | 59                        | 3.16              | ≈ 3 |
| TOTAL                   | 1253                  | 100                  | 396                       |                   |     |

## Question for in-depth interview

Interview number \_\_\_\_\_

Date of interview    /    /

Interview location \_\_\_\_\_

Interviewer \_\_\_\_\_

Time begin: \_\_\_\_\_

Time end: \_\_\_\_\_

## IDI Guide for women support

1. Tell me a little bit about yourself
  - a. How old are you(age) .....
  - b. Occupation.....
2. Can you give me a general overview of violence experienced between couple especially violence that arise from male to women
  - Probe for types of violence .....
3. How do you describe/ explain the situation of violence among women living with HIV/AIDS
4. What kind of violence are they often subjected to?
  - A. Does the condition differ from what you explain for women of general population previously ?
  - B. If yes would you explain it for me
5. Thinking about the relationship between couples, especially HIV positive women I would like to ask you about the worst conflict you know. Does anything come to your mind? If yes Probe for narrative:
  - what happened,
  - why, how ended,
  - context in which it happen
6. I'm particularly interested when fights or arguments ever got physical or sexual violence in any way. Can you tell me about what factors causes that condition to happened in the relationship?
  - a. Probe for narrative:
    - what happened,
    - why it happens
    - how ended,
    - context in which it happen

7. Do women who experience violence seek for support? Where does the woman go for support? How do you evaluate the support women gets in relation to this violence

### **IDI guide for health care providers in ART**

1. Tell me a little bit about yourself
  - a. Age
  - b. What is your role at the clinic?
  - c. How long have you been working here?
2. What community part is majorly served in the clinic?
3. What major health problem did you observe in your clients?
4. Have you ever observed or care for women who have been hurt by their partners, If yes, how did you handle the case?
5. What are existing policies if any to respond to violence against women in your institution?
6. How do you describe/ explain the situation of violence among women living with HIV/AIDS
7. What kind of violence are they often subjected to?
  - C. Does the condition differ from violence experienced among women of general population?
  - D. If yes would you explain it for me
8. Can you tell me what factors expose the women to condition /factor causing the condition to happen in the relationship or between partners?

Probe for narrative

  - a. What factors most repeatedly mentione

### **Indepth Interview Guide for women living with HIV/AIDS other than those involved in quantitative**

1. Can you tell me a little bit about yourself?
2. How do you think about the violence experienced between couple especially violence that arise from male to women
3. How do you explain the situation of violence in case of women living with HIV/AIDS
  - a. Does it differ from other violence observed among women of general population if yes in what?
  - b. What types of violence are they mostly exposed.
4. From your experience, What do you believe are the reasons for partner violence especially interms of living with HIV/AIDS?

Probe: What do you think are the main reasons for partner violence to occurs?

5. Thinking about the relationship between you and your partner, would you remember the worst conflict that happened. Does anything come to your mind?

Probe for narrative:

- a. What happened
- b. Why happened
- c. How ended
- d. Have you discussed about conflict with any one (women support group or any one) and what help/solution did you get?
- e. Do you think this conditions needs to be reported to legal bodies/Police? If yes Have you reported? If not why note??
- f. Dou you think violence from partner is justifiable? If yes under what condition?

### IDI for women support group Amharic Version

የቃለ መጠይቁ ቁጥር, \_\_\_\_\_

1. ስለራስሽ ጥቂት ንገረኝ
  - ሀ. እድሜዎ ስንት ነው
  - ለ. ሥራ
2. በተጋቡ ወንድና ሴት መካከል በሚፈጸሙ ፆታዊ ጥቃት አጠቃላይ የሆነ እይታ ሊሰጡኝ ይችላሉ
3. ከኤችአይቪ / ኤድስ ጋር ከሚኖሩ ሴቶች ላይ የምደርስ ፆታዊ ጥቃት እንዴት ይጋፅሉ / ማብራራት
4. በተደጋጋሚ ምን ዓይነት ጥቃት ይደርስባቸዋል?
  - ሀ. ቀደም ሲል ለሌሎች ከጋለፀኩ ሁኔታ ይለያል?
  - ለ. አዎ ከሆነ ያብራሩልኝል
5. በባልና ሚስቶች በተለይም ኤችአይቪ ፖዘቲቭ መካከል ስለሚኖረው ግንኙነት, የምታውቀውን የከፋ ግጭት ሊጠይቅህ እፈልጋለሁ. ወደ አእምሮዎ የሚመጣ ነገር አለ? አዎ ከሆነ መርምር
  - ምን ተፈጠረ
  - ለምን ያህል, እንዴት ተጠናቀቀ
  - በምን ሁኔታ ውስጥ
6. በሆነ አጋጣሚ ጥሉ አካላዊ/ፆታዊ ጥቃት ብሆን መንስኤዉ ምን ልሆን ይችላል ብሎ ያስባሉ
7. ጥቃት የደረሰባት ሴት እርዳታ ትፋልጋለች ብለሽ ታስብለሽ. ከሆነ ኬት ታጋኛለች? እርሶስ ይህንን ድጋፍ ከጥቃቱ አንፀር እዴት ያዩታል

## IDI Health care provider Amahric version

1. ስለራስሽ/ክ ጥቂት ንገረኝ  
U. እድሜዎ ስንት ነው  
ለ. የሥራ ድርሻ  
ሐ. ምን ያህል እዥ ሳራክ
2. የትኛውን የህብረታብ አካል ነው የምታገለግለው
3. በብዛ በተገልገይ ላይ የትኛውን የጤና ችግር ነው የሚታየው
4. በባላቤቱዎ ጥቃት የዳረሱባት ሴት አጋጥሞ ታውቃሉ?
  - ከሆነ እዴት ረዳሁት
5. በተቋማቹ ስላ ሴቶች ጥቃት የላው የህግ መሀቃብ ምን ይመስላል
6. ከሽይረሱ ጋ የምኖሩ ሴቶች ላይ የምደርሰው ጾታዊ ጥቃት እዴት ትገልጹ
7. ለየትኛው ጥቃት በብዛት የታገለጡ ናቸው
  - ሁኔታው ከሽይረሱ ጋር ካማይኖ ሴቶች የተለየ ነው ትለሉ?
  - ከሆነ እዴት
8. መንስኤው ምን ልሆን ይችላል ብሎ ያስባሉ?