

2022-08-12

# Sexual Violence and Associated Factors Among Women with Physical Disabilities in Bahir Dar City, Northwest Ethiopia, 2022

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**BAHIR DAR UNIVERSITY**

**COLLEGE OF MEDICINE AND HEALTH SCIENCES**

**SCHOOL OF PUBLIC HEALTH DEPARTMENT OF  
REPRODUCTIVE HEALTH AND POPULATION STUDIES**

**SEXUAL VIOLENCE AND ASSOCIATED FACTORS AMONG  
WOMEN WITH PHYSICAL DISABILITIES IN BAHIR DAR CITY,  
NORTHWEST ETHIOPIA, 2022**

**BY: BANTEGIZIE YASSAB(BSc)**

**A THESIS REPORT SUBMITTED TO THE DEPARTMENT OF  
REPRODUCTIVE HEALTH AND POPULATION STUDIES, SCHOOL OF  
PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES IN  
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF  
MASTERS IN REPRODUCTIVE HEALTH.**

**AUGUST, 2022**

**BAHIR DAR, ETHIOPIA**

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TITLE	SEXUAL VIOLENCE AND ASSOCIATED FACTORS AMONG WOMEN WITH PHYSICAL DISABILITIES IN BAHIR DAR CITY, NORTHWEST ETHIOPIA, 2022
TOTAL BUDGET	40,523 ETB
STUDY PERIOD	MAY 30 – JUNE 10, 2022
PROJECT AREA	BAHIR DAR CITY, ETHIOPIA

## Acknowledgement

First of all, I would like to thank Bahir Dar University for giving a chance to conduct this thesis and provide with the necessary knowledge and skills.

Secondly, I give great thanks for Amhara region physical disability federation, Bahir Dar city physical disability federation, officers and supervisors who participated in this study.

Thirdly, I would like to forward my heartfelt deepest gratitude to my advisors Dr. Alemtsehay Mekonnen (PhD, Associate Prof.) and Mr Zemen Shiferew, (MPH/ RH) for giving the continuous unreserved support and guidance starting from the topic selection to this thesis development and thank what you will be advised me in the future.

Lastly but not the least I would like to thank each association's leaders and the study participants for their devoted time, freely giving the data and empowering me to do this study.

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## List of acronyms

- AOR.....Adjusted Odd Ration
- CRPD..... Convention Rights of People with Disability
- CI.....Confidence Interval
- COR..... Crude Odds Ratio
- ECDD..... Ethiopia Center of Disability for Development
- MOH.....Ministry of Health
- PWD..... People with Disability
- UDHR.....Universal Declarations of Human Rights
- UN.....United Nations
- WHO.....World Health Organization
- WWD.....Women with Disability

## Abstract

**Background:** Women with physical disabilities were highly affected by Sexual violence globally. Ethiopia is one of the countries tried to reduce sexual violence among women with physical disabilities using different strategies by developing six pillars, this includes protect the right of women, inclusive in health delivery service, ensuring education access, inclusive livelihoods, empowering social participation and inclusive humanitarian assistance and emergency. But, still sexual violence is remaining high due to many reasons. It's the major public health problem in Ethiopia, So the aim of this study will fill the gaps by identifying the possible associated factors related to sexual violence particularly in the study area.

**Objective:** To assess the prevalence and associated factors of sexual violence among women with physical disabilities in Bahir Dar city, 2022.

**Methods:** Community based cross sectional study design was conducted among 579 women with physical disabilities from May 20\_June 10, 2022. The study participants were selected by using simple random sampling. The data were collected using structured questionnaire and were entered in to Epi Data software version 3.1 then the data were exported to SPSS Version 26 for analysis. Binary logistic regression was used to see the association between the independent and outcome variables. Those variables with p value < 0.2 were candidates for the multivariable analysis. Adjusted odd ratio was calculated to describe the strength of association and P<0.05 was taken as statically significant.

**Result.** The ever had prevalence of sexual violence among women with physical disabilities were 40.20%, 95%CI (36.4-44.1). The age above 44years [AOR=0.42,95%CI, (0.21-0.85, lived with father [AOR= 0.61,95% CI (0.20-0.74)] and being married [AOR=0.28,95% CI (0.13-0.63)] were identified statistically associated factors associate with sexual violence.

**Conclusion:** The prevalence of sexual violence among women with physical disabilities in Bahir Dar city was high compared to local studies. The age, marital status and living arrangement have association with sexual violence. Therefore, strong strategies and rules to support unmarried, youngest age and living arrangement of women with physical disabilities were better to be emphasized.

**Key words:** sexual violence, associated factors, physical disabilities, Bahir Dar city

# 1. Introduction

## 1.1 Background

Sexual violence can be defined as any form of harassment, abuse, rape or forced sexual activities on women without their interest(1).

Sexual violence among women with physical disabilities has significant health consequences on emotional and psychological related health problems. It can be devastating the life of the women, their families and direct effect on future health condition as well as productivity (2, 3).

Women with physical disabilities are at higher risk of sexual violence than their counterpart non-disabled women. Sexual violence on women with physical disabilities causes widespread ignorance, low level of education and developed negative intensions toward their working abilities by the community. These directly affects the economic status and mental wellbeing of survivors(4, 5).

Women with physical disabilities who were Sexual violated had developed acute and chronic complications like injury, psychological, emotional and infections as well as even death may occurred(6). Sexual violence not only faced health problems on women with physical disabilities but also social isolation and discrimination by their families and communities in large. (7, 8).

The Convention on Rights of Women with physical disabilities stated that women with physical disabilities have an equal opportunity to social protection and actions by targeting vulnerability and risk reductions. There were different programs design to tackle sexual violence globally to improve the way of life of women with disabilities(9, 10).

Ethiopia has been implementing different strategies and programs to realize the significant reduction sexual violence by 2030. In Ethiopia, the ministry of labor and social affair adapted national program of action of rehabilitation persons with disabilities in 1999 and applied different strategies to reduced sexual violence by opening different federations in each region (4).

Similarly, Ethiopia Center of Disability Development (ECDD) design different strategies to ensure long term maximum health benefit by reducing sexual violence for women with physical disabilities. (11).However, sexual violence among women with physical disabilities still clear public health problems in the country especially in the study area.

## 1.2 Statement of problem

The United Nation(UN) studies stated that 60-80% of women with physical disabilities worldwide have risk for sexual violence, from this 50% of them were exposed for sexual violence more than ten times in their life time(12). The European Union in 2013 showed that 34% of women with physical disabilities were sexually violated(13).

The union of physically impaired against segregation studied in 2009 stated that 21 developing countries which stated that the relative poverty were significantly increased the risk of sexual violence among women with physical disabilities (6, 13).

In Africa the prevalence of sexual violence among women with physical disability is very high, which were mainly related to lower economic status. The study conducted in south Africa 42.7% were women with physical disabilities were sexually violated and the common perpetrators were strangers (8).

When see in Rwanda 31% of women with physical disabilities were sexually violated which result mental health problems , living with food insecurity and discrimination by the communities (14).

In Ethiopia there are 15 millions of population living with physical disabilities, which representing 17.6% of the total population and most of them were women(11).

Ethiopia is one of the country tried to reduce sexual violence among women with physical disabilities using different strategies by designing six pillars developed for reduction of sexual violence among women with physical disabilities, these includes protect the right of women, inclusive in health delivery service, ensuring education access, inclusive livelihoods, empowering social participation, inclusive humanitarian assistance and emergency(11, 15).

In Ethiopia the prevalence of sexual violence among women with physical disabilities showed different figures. The findings from few published literatures in Ethiopia, the prevalence of sexual violence were different which ranges 32.5% in Dessie city(2), to 56.8% in Addis Ababa (16).These studies revealed factors for sexual violence among women with physical disabilities like residence and occupations.

However, the above studied variables were not the only factors for sexual violence which needs investigation. Therefore, the aim of this study will fill the gap by identifying the prevalence and other possible associated factors of sexual violence among women with physical disabilities.

### 1.3 Significance of the study

The associated factors of sexual violence were identified; the findings will be a good source for public health experts to understand the implications of sexual violence among women with physical disabilities. It helps to improve the outcomes by preventing associated factors and types of research helps to reduce sexual violence.

The finding of this study will be used as an input for policy makers and programmers to plan and implement strategies that can reduce sexual violence among women with physical disabilities in the country.

The Amhara and Bahir Dar city physical disability federations as well as each physical disability associations will have expected to be beneficiary from this study.

## 2. Literature review

### 2.1 Prevalence of sexual violence among women with physical disability

The magnitude of sexual violence among women with physical disabilities varies in different countries. The study conducted in Latin America in Colombia by 2015, 11% of women with physical disability had sexual violated(9), Similar prevalence of sexual violation in Mexico and Peru which were 23.0%, 22.5% respectively (9, 17). In another similar studied in Nepal 58% hearing loss and 39% visual problem were faced sexual violence (18).

Similar studied in Europe, England 23% of women with physical disability reported have been sexually victim, In Australia, by 2012 , 62% women with physical disability had sexually violated, related study by the Disabled Network of Canada found that 40% of women with physical disabilities had experienced sexual violence (19).

In Africa the prevalence of sexual violence among women with physical disability is very high and it has huge differences across the countries. The study conducted in south Africa 42.7% and in Rwanda 37% women with physical disable were sexually violated(19, 20). Similarly in another study conducted in Zimbabwe and Ghana reported that the prevalence of sexual violence were 23, 31% and Kenya 51% respectively(21-23).

In Ethiopia there is not existing data that shows sexual violence among women with disabilities at national level. However, The survey in Addis Ababa Ethiopia,56.8% of women with disability had multiple lifetime sexual violence (16).

### 2.2 Factors associated with sexual violence among women with physical disability

#### 2.2.1 Socio-demographic factors

The study conducted in Africa countries Cameroon and Uganda found that being illiterates were associated with sexual violence women with physical disability, those with more educated were less likely sexual violence experienced(20, 24).Another study in Rwanda, being unmarried is significantly associated with sexual violence where as in Ghana there is not any association between unmarried and sexual violence among women with physical disability(21, 25) .The study conducted in Ethiopia, Dessie Amhara region experience of sexual violence is less likely being in home than on field[16], the related study in Kenya staying at home violence is significantly associated with sexual violence among women living with physical disability(21).

The study conducted in England stated that catholic religion, low source income and rural residence were associated with sexual violence with women with disability[6]. Similarly the study conducted in

Rwanda low source of income is significantly associated with sexual violence women with disability(21), however, in Mexico and USA source of income is not associated with sexual violence(12).

### 2.2.2 Behavioral related factors

The study conducted in Dessie alcohol use was associated with sexual violence(2). Another study in Zimbabwe and Uganda alcohol use women with physical disabilities had strongly associated with sexual violence (1), Similarly, in Jordan and USA alcohol use were significantly associated with sexual violence women with disability[10, 24] , But the study conducted in Germany there was no significant difference between alcohol user and non-user(9).

### 2.2.3 Perpetrator related factors in relation to survivors

The study conducted in England , Germany and Jordan the perpetrators relation to victims predominantly were their family members,[20,14, 10], In another study in South Africa, Rwanda and Uganda the dominant perpetrators were strangers(19, 20, 26). Similar study done by Disabled Women Network of Canada and Mexico the commonest perpetrator were peers and family members respectively [22, 23], where as the study in Uganda and Colombia shows that stranger perpetrators are dominant sexually violate women with disabilities[21,18] . Similarly, study conducted in Rwanda coworkers were sexually violated women with disabilities(21).

In another study in Cameroon and in Addis Ababa, Ethiopia strangers violence were predominantly sexually violated on women with physical disability(23, 25).where as in United States stranger followed by families perpetrator were sexually victims women with physical disabilities(27).

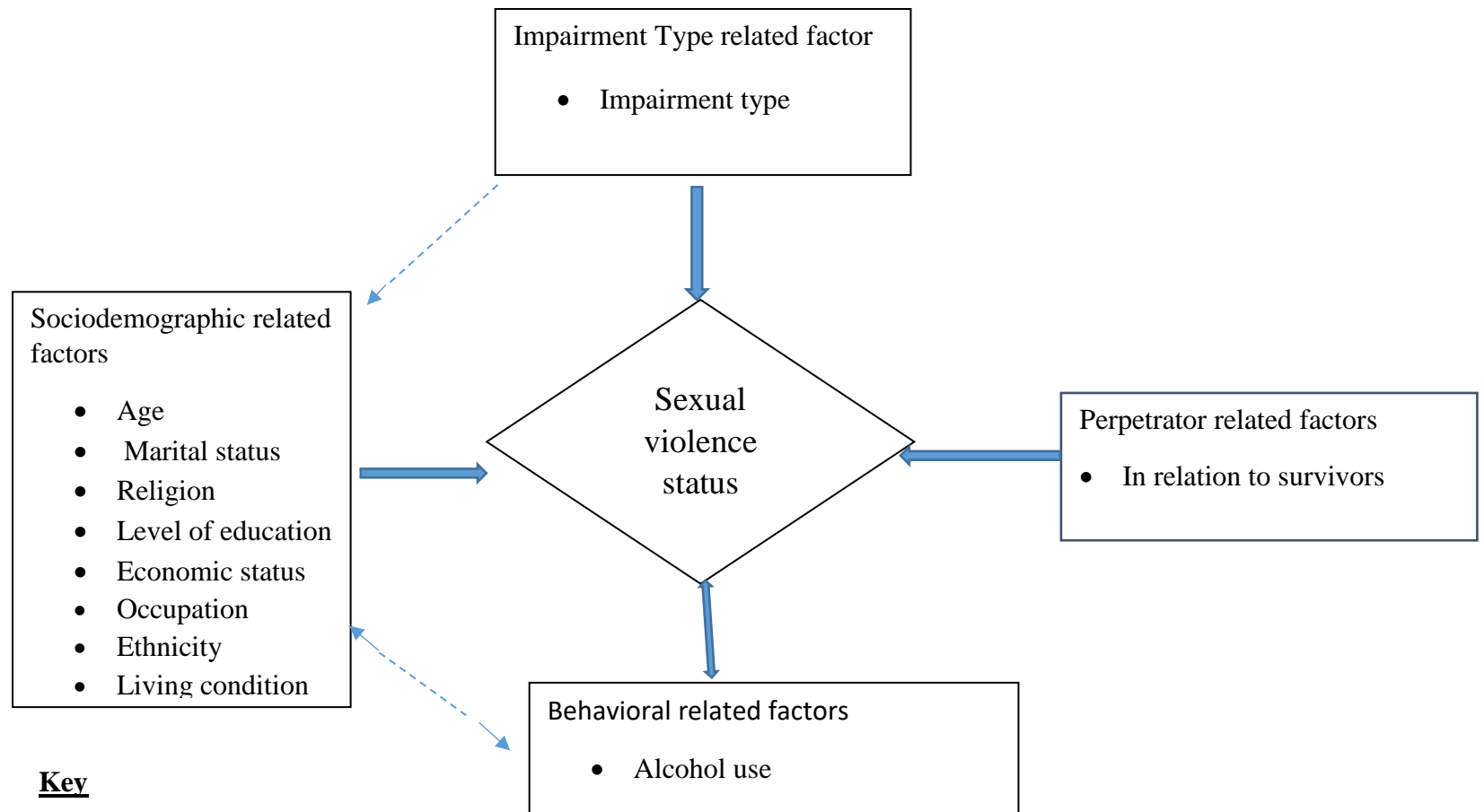
### 2.2.4 Impairment Type related factors

The study done in Rwanda showed that being vision impairment, mobility impairment and hearing loss is strongly associated with sexual violence(21), where as in Chile did not identify differences based on impairment type and related studies in Ethiopia shows that there is association among each of them respectively(18, 28). Similarly study by WHO (2015) reported that both hearing and visually impaired women are strongly associated with sexual violence due to inability to call and restricted of their mobility[(18, 28, 29). Related another study done in United States and Rwanda being vision impairment were significantly associated sexual violence as compared to mobility and hearing problem women with disabilities(10, 21). In another study conducted in Ashanti and Brong Ahafo Regions of Ghana being visually impairment is significantly associated to sexual violence than being mobility impairments and hearing loss(22).

### 3. Conceptual framework

Factors that affect sexual violence were grouped under as sociodemographic, impairment type, behavioral related and perpetrator relation to survivors. Each category affects the sexual violence directly or through affecting other categories. For instance, socio demographic factors may affect sexual violence directly, impairment type factors of study participants which in turn affects sexual violence.





----- This shows the relation of independent variables.

————— This shows the relation of dependent & independent variables.

Figure 1 Conceptual framework on sexual violence among women with physical disability in Bahir Dar city, Ethiopia, 2022 [2,16].

## 4. Objective

### 4.1 General objective

- To assess the prevalence and associated factors toward sexual violence among women with physical disability in Bahir Dar city, Ethiopia, 2022.

### 4.2 Specific objective

- To determine the prevalence of sexual violence among women with physical disability in Bahir Dar city.
- To identify factors associated with sexual violence among women with physical disability in Bahir Dar city.

## 5. Methods

### 5.1 Study setting and period

The study was conducted on sexual violence among women with physical disabilities in Bahir Dar city. Bahir Dar city administration is the capital city of Amhara Regional State. It is approximately 565 kilometers Northwest Addis Ababa, capital city of Ethiopia. According to the 2021 Ethiopian fiscal year demography projection Bahir Dar city has a total of 389,178 populations resident. According to the Bahir Dar city physical disability federation officer data, there are around 4000 females living with physical disabilities which encompasses mobility impairment, vision impairment and hearing loss problems among these 1494 were incorporated in association. The study was conducted from May 20 /2022 to June 10 /2022.

### 5.2 Study design

Community based cross-sectional study was conducted

### 5.3 Source & Study Population

#### 5.3.1 Source population

The source population were all women with physical disability who resides in Bahir Dar city.

#### 5.3.2 Study population

The study population were those women with physical disability who are lives in Bahir Dar City and enrolled in associations during the study period were included.

### 5.4 Eligibility criteria

#### 5.4.1 Inclusion criteria

- The women with physical disability who are lived in Bahir Dar city for at least for 6 months was included in the study.
- Those women with physical disability and enrolled with associations.

## 5.5 Variables

### 5.5.1 Dependent variable

- Sexual violence Yes/No

### 5.5.2 Independent variables

- **Socio-demographic Related Variables;** Age, Religion, ethnicity, Educational status, Occupational status, Residence, Marital Status, living condition,
- **Perpetrator related factors;** in relation to survivors i.e. friends, family, coworker, stranger
- **Impairment Type related factors;** impairment type i.e. mobility impairment, hearing loss, visual impairment

## 5.6 Operational definitions

- **Sexual violence:** in this study it involves any forced sex, unwanted sexual comments or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, kissing or touching of breast or genital(30).
- **Attempted rape:** the attempt to have non-consensual sexual intercourse with women with disabilities and had a chance of survive from rape[20].
- **Completed rape:** Physically forced or coerced penetration of the women genitalia(3).
- **Sexual harassment:** if one of the following were happened on women with physical disabilities: unwanted sexual act or unwelcome comments, kissing or touching of breast or genitalia[20].
- **Physical disability:** limits a person's physical capacity to move, hear or listen to coordinate actions, or perform physical activities for daily living functions.
- **Mobility impairment:** in this study context either one or both limbs dysfunctional permanently.
- **Hearing loss:** in this study context complete loss of hearing permanently.
- **Vision impairment:** in this context complete loss of vision permanently.

## 5.7 Sample size determination

### 5.7.1 Sample size calculation for the first objective

A single population proportion formula was used to calculate the sample size and the minimum representative sample size have determined using the single population proportion formula:

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

Where;

n: the desired sample size.

z: the standard normal deviate usually set at 1.96.

p: the prevalence of sexual violence on physical disability.

q= 1- p: the proportion to be free from sexual violence

w= absolute precision or accuracy, normally set at 0.04.

p= 32.5% s(2) the overall prevalence of sexual violence conducted in Dessie was 32.5% among women with physical disability.

Sample size calculation by using  $n = z^2 \times P(1-p)/d^2$  (Single population proportion formula)

$$n = \frac{3.8416 \times 0.325 \times 0.675}{0.0016} = 526$$

$$0.0016$$

After the desired sample size calculated and added 10% for non-response rate compensation. So, the final desired sample size was **579**.

### 5.7.2. Sample size determination for associated factors for sexual violence among women with physical disability

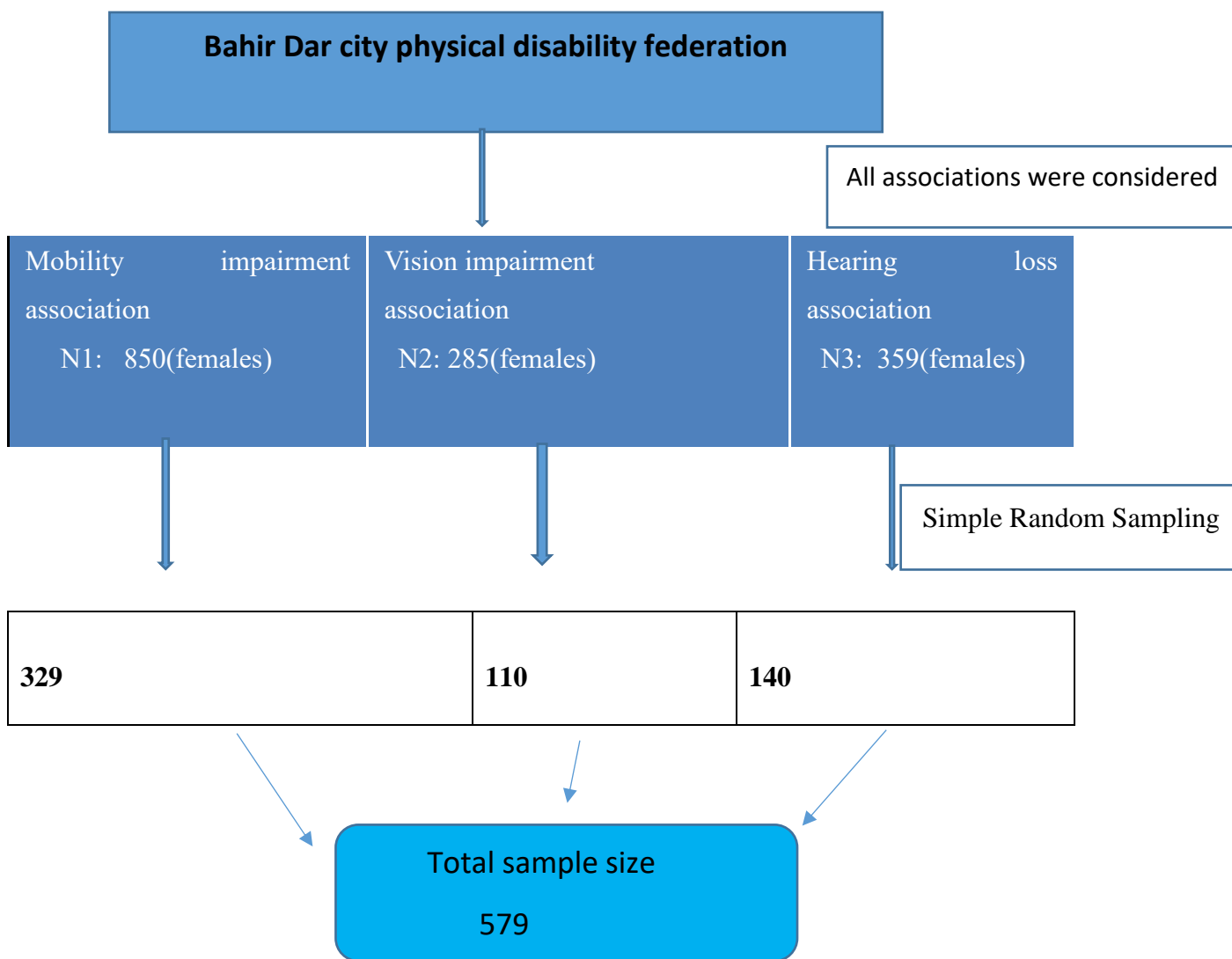
Sample size calculation for the second objectives is by using double population proportion formula using epi info version 7.2.1.0 for associated factors by taking study done in Addis Ababa. Ethiopia.

Factors	% of outcome for exposed	% of outcome for unexposed	Ratio of unexposed to exposed Ratio	Adjusted Odds ratio	Power	Sample size (n)	Reference
Hearing impairment	39.9%	19%	1:1	2.1(1.2-5.5)	80%	148	(3)
Alcohol drinking	83.4%	48.5%	1:1	1.72(1.10-2.70)	80%	56	(2)
Vision impairment	85.4%	69.4%	1:1	1.23(1.13-5.21)	80%	238	(3)

The final sample were the largest sample size from prevalence and associated factors, i.e. 579

### 5.8 Sampling techniques and procedure

First under Bahir Dar physical disability federation, there are three main physical disability associations namely mobility impairment, vision impairment and hearing loss problems. Secondly. the study participants were chosen from each association by proportional allocation to each member using the conversion factor from final sample size. Thirdly, the proportional sample allocated to each association were chosen by using a simple random selection. After the study subject were selected, I was reached in each participant during their monthly meeting, coffee tea program in their locality and the remaining were by home to home visit.



*Figure 2 Schematic presentation of the sampling procedure in the selection women with physical disability associations in Bahir Dar City, Northwest Ethiopia, 2022*

### 5.9 Data collection tools and procedures

The data collecting questioners adapted from WHO guiding tools(31-33). It contains three main parts namely socio demographic related factors, perpetrator related factors in relation to survivors and impairment type related factor questioners. There are structured questioners that measure the variables related to sexual violence among women with physical disability. The data were collected using self-administered questioners, direct interview for vision impairment and no educated participants as well as verbal sign language translator for hearing impairment sampled participants. When see the data collection procedures, first, the data were collected during their meeting which heled one times a month that was organized by the Bahir Dar city physical disability federation. Secondly there were coffee tea program in their locality, so by in collaboration with their officers the data were collected properly. Finally, the remains respondents were taking data from their home by the candidate female data collectors who were experienced and trained in such study.

### 5.10 Data quality assurance

The questionnaires were pretested on 17 mobility and 6 vision impairment as well as 7 hearing loss participants in Debra Tabor town before the study begins for checking the questioners' appropriateness and understandability. Full one-day training was given for 5 female Nurses and 2 supervisors for data collectors as well as 2 female verbal translator professional were delegated for hearing loss interviewers for 20 days' data collecting. Regular supervision, immediate feedback, spot checking and reviewing each of completed Questionnaires daily were carried out by the principal investigator to maintain data quality. The collected data were checked daily for consistency and accuracy. The English version was translating into Amharic for data collection and again back to English for analysis.



### 5.11 Data processing and analysis

The collected data were checked for completeness and consistencies then the raw data were cleaned and entered. The data were entered in to Epi Data software version 3.1 then the data exported to SPSS Version 26 for analysis. Descriptive statistic was computed using statistical parameters such as Proportion, frequency distribution, and Mean was used to describe the data on the sample population in relation to relevant variables. Binary logistic regression was used to see the association between the independent and outcome variables. Bivariate analysis was done and those variables with p value  $< 0.2$  by bi variable analyses was candidate for the multivariable analysis. Finally, the data were presented with appropriate tables, diagrams and figures. Adjusted odd ratio was calculated to describe the strength of association and  $P < 0.05$  was taken as significant association. The model was checked for goodness-of-fit by using Hosmer–Lemshow test.

### 5.12 Ethical consideration

Ethical approval to conduct this study was obtained from the Internal Ethical Review Board of the Bahir Dar University College of Medicine and Health Science. Appropriate permission and support letter was obtained from the Amhara physical disability federation and from Bahir Dar city of each physical disability association. The nature and importance of the study was explained to the Participants and assure of voluntary participation, confidentiality, anonymity and freedom to withdraw from the study at any time. Finally, written consents had obtained from the participants before conducting the data collection.

## 6. Results

### 6.1. Socio-demographic characteristics

This study included a total of 579 women with physical disability participants. The total responded rate was 100%. The mean age was 34.86 and which ranges from 18-64 years old. When see the marital status 323(55.8%) participants were married, 343 (59.2%) had attended schools and 461 (79.7%) were Christian religion followers. The source of income was 227(39.2%) self-employed like mobile card selling, weight balancing, coin changing and selling on the street. (see table 3 below)

*Table 1 socio demographic characteristics of study participants women with physical disability association Bahir Dar June,2022 (n=579)*

Variables	Category	Frequency	Percentage
Age	18-24	149	25.7
	25-34	204	35.2
	35-44	117	20.3
	45 and above	109	18.8
Religion	Orthodox	407	70.3
	Muslim	118	20.4
	Protestant	41	7.1
	Catholic	13	2.2
Marital status	Married	323	55.8
	Single	126	21.7
	Separated	96	16.6
	Widowed	34	5.9
Educational status	No education	236	40.8
	Primary school	243	42
	Secondary school	57	9.8
	Diploma and above	43	7.4
	Total	579	100
Living conditions/arrangement/	Father	17	2.9
	Mother	60	10.4
	Alone	417	72
	Husband	85	14.7
Source of income	Employed	58	10
	Begging on the road	212	36.6
	Donor dependent	82	14.2
	Self	227	39.2

## 6.2 The prevalence of sexual violence among women with physical disabilities

The ever prevalence of sexual violence among women with physical disabilities are 40.2%, 95% CI (36.4-44.1) of total respondents. The current study shows that from total study participants mobility impairment account 20.5%, hearing loss 10.5% and vision impairment 9.2% were sexually violated. (Table 2)

*Table 2 shows prevalence of sexual violence based on impairment type Bahir Dar city June, 2022 (n=579)*

Types of impairment	Sexual violence	Frequency(N)	Percent (%)
Mobility impairment	Yes	119	36.2
	No	210	63.8
	Total	329	100
Hearing loss	Yes	61	43.6
	No	79	56.4
	Total	140	100
Vision impairment	Yes	53	48.1
	No	57	51.9
	Total	110	100
Total	Yes	233	40.2
	No	346	59.8
	Total	579	100

The survivors 50.9% were sexually violated by one person the remaining 49.1% were sexually violated more than by one perpetrators, from this 51.5% were violated within one year.

### 6.2.1 Perpetrator prevalence in relation to survivors

The current study also showed that the characteristics of perpetrators were different conditions in relation to survivors. In this finding the most commonest perpetrators were strangers violence which accounts 42.7% of respondents.(figure 3)

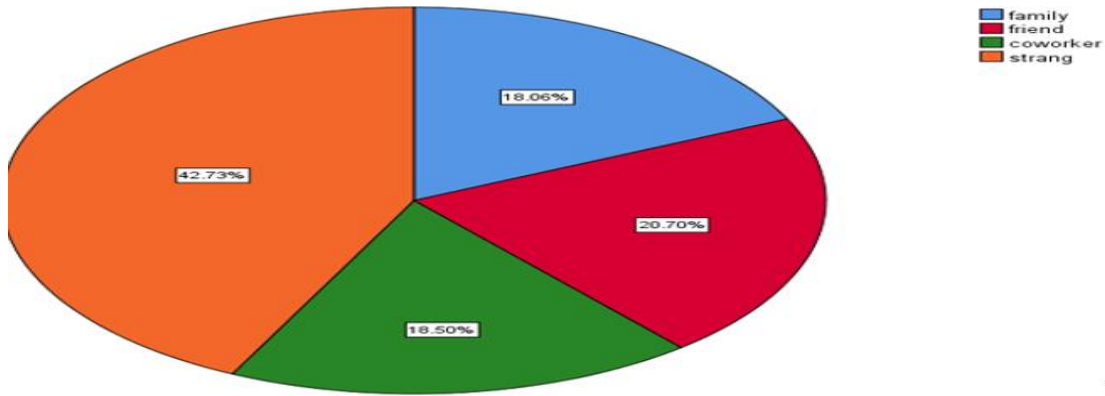


Figure 3 shows types of perpetrator among sexually violated women with disabilities Bahir Dar June, 2022

### 6.2.2 The types of sexual violence

The sexual violence expressed in terms of different types, namely sexual harassment, complete rape and attempted rape. In this study the commonest type was sexual harassment which accounts 24.6% of sexually violated women with disabilities. (Table 3)

Table 3 shows types of sexual violence women with disabilities in Bahir Dar city, June, 2022

Types of sexual violence	Response	Frequency(n)	Percent (%)
Sexual harassments	Yes	143	24.6
	No	436	75.4
	Total	579	100
Rape	Yes	24	4.2
	No	555	95.9
	Total	579	100
Attempted rape	Yes	66	11.4
	No	513	88.7
	Total	579	100

### 6.3 Factors associated with sexual violence among women with physical disabilities

In the bivariate logistic regression analysis factors associated with sexual violence include educational status, age, source of income, live arrangement, marital status and impairment type were associated with sexual violence. However, age, marital status and live arrangement were remained significantly associated with sexual violence in the multivariable logistic regression analysis which are statically significant and considered for further interpretation.

Multivariable logistic regression analysis showed that age 45 and above years' women were approximately 58% less likely sexually violated [AOR=0.42,95% CI, (0.21-0.85)] than the age 18-24 years. The women who had lived with their father were nearly 39% less likely sexually violated [AOR= 0.61,95% CI (0.20-0.74)] than those who had lived with their husbands. In another finding women with physically disabilities who were married had 72% less likely sexual violated [AOR=0.28,95% CI (0.13-0.63)] as compared to single women.

(Table 4)

*Table 4 Bivariate and multivariate analysis predictor of sexual violence women with physical disabilities in Bahir Dar city june,2022 (n=579)*

Variables	Categories	Sexual violence		OR (95%CI for OR)		P value
		No (%) n=346	Yes (%) n=233	COR	AOR	
Age	1. 18-24	73 (49.0)	76(51.0)	1.00	1.00	0.015
	2. 25-34	124(60.8)	80(39.2)	0.62(0.404-0.95) *	0.87(0.53-1.42)	
	3. 35-44	78(66.7)	39(33.3)	0.48(0.29-0.79) *	0.58(0.31-1.10)	
	4. 44 above	71(65.1)	38(34.9)	0.51(0.31-0.86)*	0.42(0.21-0.85)*	
Impairment type	1. Mobility	210(63.8)	119(36.2)	1.00	1.00	
	2. Ear	79(56.4)	61(43.6)	1.36(0.91-2.04)	1.28(0.82-1.99)	
	3. Eye	57(59.8)	53(40.2)	1.64(1.06-2.54)*	1.57(0.98-2.54)	
Marital status	1. Single	169(52.3)	154(47.7)	1.00	1.00	0.002
	2. Married	106(84.1)	20(15.9)	0.21(0.12-0.35) *	0.28(0.13-0.63) *	
	3. Separated	49(51.0)	47(49.0)	1.053(0.68-1.66)	1.29(0.78-2.14)	
	4. Widowed	22(64.7)	12(35.3)	0.59(0.29-1.25)	1.02(0.45-2.41)	
Educational status	1. No education	146(61.9)	90(38.1)	2.69(1.19-6.07) *	1.10(0.33-3.69)	
	2. Primary	130(53.5)	113(46.5)	3.80(1.69-8.54) *	1.53(0.47-4.96)	
	3. Secondary	35(61.4)	22(38.6)	2.75(1.08-7.01) *	1.51(0.45-5.10)	
	4. Diploma and above	35(81.4)	8(18.6)	1.00	1.00	
Source of income	1. Employed	48(82.8)	10(17.2)	1.00	1.00	
	2. Housemaid	34(81.0)	8(19.0)	1.13(0.40-3.16)	1.69(0.46-6.11)	
	3. begging	90(52.9)	80(47.1)	4.27(2.03-8.99) **	2.35(0.73-7.57)	
	4. Donor based	49(59.8)	33(40.2)	3.23(1.44-7.28) *	1.78(0.55-5.84)	
	5. Self	125(55.1)	102(44.9)	3.92(1.89-8.13) **	1.85(0.62-5.56)	
Lived arrangement	1. Father	15(88.2)	2(11.8)	0.68(0.14-3.29) **	0.61(0.20-0.74) *	0.022
	2. Mother	37(61.7)	23(38.3)	3.15(1.45-6.84) *	0.53(0.18-1.54)	
	3. Alone	223(53.5)	194(46.5)	4.41(2.41- 8.08) **	1.12(0.45-2.70)	
	4. Husband	71(83.5)	14(16.5)	1.00	1.00	

\* $p < 0.05$ , \*\* $p < 0.01$

## 7. Discussion

The ever prevalence of sexual violence among women with physical disabilities who were enrolled in associations is 40.2% [ 95%, CI (36.4-44.1)]. The current study is agreement with similar study conducted in Dessie, Ethiopia which was 32.5% [95%, CI (28.1-37.6)] women with physical disabilities(2), Similarly, it is in line with studies in South Africa 42.7% [95%, CI (37.6-47.1)] (26), and in Canada which were 40.1% of women with physical disabilities were sexually violated(27). However the current finding is higher than in Peru, England as well as in Colombia 23%, 31% and 11 % women with physical disabilities were sexual violated respectively(9, 17, 19). The possible reasons for this discrepancy among studies were due to the difference in the economical living conditions, in England which stated that among sexually violated most of them were medium economic income women where as in our setting their living depends on begging and least waged works. However, The current finding prevalence is lower than study conducted in Addis Ababa, Ethiopia which was 56.8% [95%, CI (50.4-61.8.7)] were sexually violated(16), similarly in Kenya which account 51% [95%, CI (46.8-56.3)](23) were sexually violated.

The age 45 and above years' women with physical disabilities were approximately 58% less likely sexually violated [AOR=0.42, 95% CI, (0.21-0.85)] than the women ages 18-24 years. The possible linked reasons might be when their age increases their mobility from place to place decreases this interne reduces risk of sexual violence. The second reason could be when the age increases our culture giving dignity and sense of helping them increases, this also makes sexual violence decreased among women with physical disabilities. The current study agreement with conducted in Rwanda which were 54% less likely [AOR=0.46, 95% CI (0.23-0.81)] sexually violated than similar age category(21) as well as in Uganda by 22% less likely sexually violated as compared to ages 18-24 years old (34). In another study by the university of Colombia stated that there were not significantly difference between age above 45 and 18-24 years old for sexual violence(19).

The current study revealed that women who had lived with their father are 39% less likely sexually violated as compared to those who had living with their husbands [AOR= 0.61,95% CI (0.20-0.74)]. The possible explanation could be due to being lived with their father may decrease their sexual violence incident because most of the time fathers were the most respected persons in the communities. Similarly the study in England having living with their father were 21% decreased sexual violence as compared to living with their husband (8) , where as in Colombia living with their husband decreased sexual violence by 14% as compared to living with their fathers (19).

The women with physical disability has different rate of being sexually violated depending on marital status. The current study findings revealed that being married were 72% less likely sexually violated [AOR=0.28,95% CI (0.13-0.63)] as compared to single women with physical disabilities. The possible reasons might be those who had husband properly care of their wife's but those who do not have were liable for sexual violence. The second reason could be linked to the community culture to ward married women were too high, so sexual violence on married women were less than single. This study supported by conducted in Ghana which was 66% less likely[28] and in Rwanda 54% less likely (21) as well as in Kenya 59% less likely sexual violated compared to their counterpart single women with physical disabilities(21).



## 8. Strength and limitation of the study

### 8.1 Limitation of the study

The inability to use qualitative study is considered as limitation, that was happened because of the study conducted on three form of physical disabilities and due to resource as well as time constraints.

## 9. Conclusion and recommendations

### 9.1 Conclusion

The prevalence of sexual violence among women with physical disabilities in Bahir Dar city was high compared to local studies. The age, marital status and living arrangement have association with sexual violence. Therefore, strong strategies and rules to support unmarried and youngest age women with physical disabilities better to be emphasized.

### 9.2 Recommendation

#### **For Bahir Dar physical disabilities federation**

The youngest and unmarried women with physical disabilities separated programs and actions better to be intervening because risk of sexual violence across these were high. Counseling and behavior change towards unmarried, and youngest women should be emphasized. The federation better to arrange care workers and employee psychological supportive professionals especially for unmarried and youngest women.

#### **For Amhara physical disabilities federation**

The Amhara physical disabilities federation better to be available appropriate teaching material about consequence of being unmarried and being youngest women with physical disabilities. Similarly, the federation better to be arrange and establishing charity clubs that were care and economically secured for unmarried women with physical disabilities because it reduced begging which result reduce sexual violence. Finally, employee permanent care workers and give training to reduce high youngest age and unmarried women of sexual violence.

**For Researchers;** Further research is needed in different areas and setup for full understanding about consequence of sexual violence among physical disabilities and the rest of population.

## 10. Reference

1. World Health Organization. World Report Violence and Health 2014:151-9.
2. Zelalem Alamrew<sup>1\*</sup> MT, Addisu Alamirew<sup>3</sup> and Getahun Asres<sup>4</sup>. Risky Sexual Behaviours and Associated Factors among People with Disabilities in Dessie City International STD Research & Reviews 2014:38-50.
3. Tigist Alemu Kassa B, MPH,\* Tobias Luck, Samuel Kinde Birru, and Steffi G. . Sexuality and Sexual Reproductive Health of Disabled Young People in Ethiopia American Sexually Transmitted Diseases Association. 2014.
4. Affairs Molas. National plan of action of persons with disability April 2012
5. Häggstrand F. Invisible Victims of Sexual Violence Human Rights Programme. 2020(University College Stockholm).
6. Kett PNGaDM. women with Disabilities. Leonard Cheshire Disability and Inclusive Development Centre. April 2014;Working Paper Series: No. 23
7. Alamrew A. The Lived Experiences of Women with Physical Impairment Surviving Sexual Violence. ingou the peoples university November, 2016.
8. Erika Fraser HLaLW. Sexual exploitation, abuse and harassment of people with disabilities: mapping of the evidence 19th February 2019 Report No. 4. London, UK: Disability Inclusion Helpdesk.
9. Aguila d. brief on violence against women and girls with disabilities december 2019.
10. Women u. sexual harassment against women with disabilities in the world of work and on campus. un new york, august 2020
11. Development ECfDa. proramme priorities GNU General Public License. 2022.
12. Heijden IVD. What works to prevent violence against women with disabilities Global programe to prevent violence against women and girls
13. Fund UNP. Global study on ending gender-based violence, and realising sexual and reproductive health and rights. 2018;NY, 1015.
14. Rwanda UIcwtDoASotNUo. An Empirical analysis of cases of gender-based violence in rutsiro, kayonza, ngororero districts and the city of kigalireport June 2008.
15. Alamrew A. The Lived Experiences of Women with Physical Impairment Surviving Sexual Violence: A Phenomenological Inquiry: St. Mary's University; 2016.
16. Tigist Alemu Kassa B, MPH,\* Tobias Luck, Priv-Doz Dr rer med,\*P Samuel Kinde Birru, BSc, MSc. Sexuality and Sexual Reproductive Health of Disabled Young People in Ethiopia American Sexually Transmitted Diseases Association. October 2014.
17. M. K. Suja Mathew PM. 9 Sexuality and Reproductive Health in Young People with Disability. Springer Science+Business Media. March 2018;36:207–21.
18. Musimami BKJGP. Disability, Partner Behaviors, and the Risk of Intimate Partner Violence in Uganda. Department of Population Studies, School of Statistics and Planning, Makerere University. 2019.
19. Luana M GO, Diana O, Anne U. 11 Violence against Women and Girls with Disabilities: Latin America and the Caribbean. Inter America Development Bank. March, 2019.
20. Kristin D IvdH, Erin S. 6 Disability and Violence against Women and Girl. 2018(Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme).
21. Rwanda ASotNUo. Analysis of cases of gender-based violence June 2008.

22. Eric Badu NG, Maxwell Preprah Opoku, Wisdom Kwadwo Mprah & Anthony Kweku Edusei. Enablers and barriers in accessing sexual and reproductive health services among visually impaired women in the Ashanti and Brong Ahafo Regions of Ghana. *Reproductive Health Matters*. 2018;26::54, 1-60.
23. Habtemariam MM. Gender based violence with disability and access to justice : Ethiopia and Kenya. November, 2015 long thesis(central european university ).
24. Zelalem Alamrew1\* MT, Addisu Alamirew3 and Getahun Asres4 Risky Sexual Behaviours and Associated Factors among People with Disabilities in Dessie City *International STD Research & Reviews* 2014;2(1):38-50.
25. Heidi S, Laura March, christina Pallitto, claudia Garcia monero. Intimate partner violence among young girls and women prevalence and associated factos in nine country cross sectional study *BMC Public Health* , . 2014;14:751.
26. Jewkes R AN. The epidemiology of rape and sexual coercion in South Africa: an overview. *social sciencence and medicene*.
27. Kathleen C. Basile P, Matthew J. Breiding, PhD, and Sharon G. Smith, PhD. Disability and Risk of Recent Sexual Violence in the United States. May 2016 106:928-33.
28. Organization IL. Inclusion of People with Disabilities in Ethiopia. National Programme Coordinator on Disability, . January 2013
29. Maxwell N, Wisdom Kwadwo M. 5 Sexual Violence against Women with Disabilities in Ghana. 2016;Vol. 27(University of Tasmania, Faculty of Education, Hobart-Australia).
30. Bekele T KM, Gebremariam A, Deressa W. Sexual Violence and Associated Factors among Female Students of Madawalabu University in Ethiopia. *Epidemiology: Open Access*. 2015; ISSN:2161-1165 ECR, an Open Access Volume 5
31. WHO. Women's Health Incorporated in the Core Questionnaire September 2003;version 10.
32. WHO. The WHO Multi-country Study on Women's Health and Domestic Violence Against Women. A Practical Guide for Researchers and Activists Core Questionnaire Version 10. 20 September 2003.
33. EUROSTAT EC, . Guidelines for pretesting eu gbv survey questionnaire Luxembourg, 2017.
34. Report JA. GBV ims task force annual report 2019
35. Universty AoA. Climate Survey on Sexual Assault and Sexual Misconduct Survey Questionnaire. 2017.

## 11. Appendix

### Annex I: Information sheet

**Title of the study:** prevalence and associated factors of sexual violence among women living with physical disability in Bahir Dar town July 2022.

**Name of the organization:** Bahir Dar University College of Medicine and Health Sciences, School of public health, department of Reproductive health and population study.

**Name of the Sponsor:** principal investigator

**Introduction:** Dear respondents

I am conducting a study to determine the prevalence and associated factors of sexual violence among women with physical disability in Bahir Dar city, Northwest Ethiopia, 2022

Hence, there is a need to gather data from women with physical disability using questionnaires. This questionnaire is only for research purpose. A questionnaire containing a number of questions will be administered by interviewers to you after you have been consented to participate in the study by data collectors. It will take 20- 30 minutes to complete the questionnaire.

#### **Significance of this study**

The study may have an input to improving the sexual violence of women with physical disability, for designing strategies to different factors that predispose sexual violence. The study may also show the policy makers and managers to prevent sexual violence in general populations.

#### **Risk of the study**

There is no identified risk associated with you being a participant of this study.

#### **Cost of being a participant**

Your participation in this study will not cost you anything financially.

#### **Confidentiality**

Information related to you will be treated in strict confidentiality to the extent provided by law. Your identity will be coded and will not be associated with any published results.

**Rights as a participant**

Your participation in this study is voluntary and you may withdraw from the study at any time if you wish so. Declining to participate in this study shall not jeopardize work from your association and not affect your relationship with anybody working in your association members.

Investigator: Bantegizie Yassab Adigeh

Address: 0913671773

E-mail: [bantegiziyassab80@gmail.com](mailto:bantegiziyassab80@gmail.com)

Bahir Dar University College of Medicine and Health Sciences, School of public health, department of Reproductive Health and Population study.

Thank you very much for your co-operation!

## Annex II: Consent Form

### Consent Form

Hello; My name is \_\_\_\_\_. I am here to collect data of the study is being conducted by Bantegizie Yassab, and a Bahir Dar University College of Medicine and Health Sciences, School of Public Health, Department of Reproductive Health and Population Study Master's degree student. I'm working on a study called prevalence and associated factors of sexual violence among women with physical disability in Bahir Dar town 2022. My research assistants and I will ask you questions concerning the sexual violence. It is entirely up to you whether or not you participate in this study. The interview questioner will go no longer than 30 minutes. Your replies and name will not be shared with anyone. All information will be kept private. We'd appreciate all of the information, but you're not obligated to answer any questions you don't want to. You have the option to end the interview at any time. However, I hope you will take part in this study because your opinions are valuable.

You can get the investigator by phone cell at [0913671773](tel:0913671773) or via email at [bantegizieyassab80@gmail.com](mailto:bantegizieyassab80@gmail.com) for more information.

I am available to answer any questions you may have concerned the study. Do you have any other questions? Please let me know if anything I've said isn't clear, and I'll be pleased to explain it again until you're satisfied.

Would you participate in responding to the questions in this questionnaire?

Yes \_\_\_\_\_

No \_\_\_\_\_

Data collector's name \_\_\_\_\_

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

***Thank you!***

## Annex III: English version of Questionnaire

### GENERAL INFORMATION

1. Participant's code number: \_\_\_\_\_.
2. Date of Questionnaire administered: \_\_\_\_DD/\_\_\_\_MM/2014 E.C.

Source of questioners [(29, 32, 33, 35).

## I. Part One: Socio Demographic Questionnaire:

No.	Characteristics	Responses	Skip to
101	How old are you?	Age _____ Years.	
102	What is your Religion?	<ol style="list-style-type: none"> <li>1. Orthodox</li> <li>2. Muslim</li> <li>3. Protestant</li> <li>4. Catholic</li> </ol>	
103	What is your Marital Status?	<ol style="list-style-type: none"> <li>1. Single</li> <li>2. Married</li> <li>3. Divorced</li> <li>4. Widowed</li> </ol>	
104	For how long did you live in Bahir Dar city?	<ol style="list-style-type: none"> <li>1. Less than one year</li> <li>2. One year and above</li> </ol>	
105	If not, where you were previous residence?	<ol style="list-style-type: none"> <li>1. rural area</li> <li>2. other town/city</li> </ol>	
106	What is your Ethnicity?	<ol style="list-style-type: none"> <li>1. Amhara</li> <li>2. Oromo</li> <li>3. Tigray</li> <li>4. Others, specify_____.</li> </ol>	
107	What is your educational status?	<ol style="list-style-type: none"> <li>1. No education</li> <li>2. Only primary school (1-8)</li> <li>3. Secondary (9-12)</li> <li>4. College diploma and above</li> </ol>	
108	What is your source of income?	<ol style="list-style-type: none"> <li>1. Employed</li> <li>2. Begging on the road</li> <li>3. Donor dependent</li> <li>4. Self</li> </ol>	

109	Who is your live arrangement?	<ul style="list-style-type: none"> <li>1. father</li> <li>2. mother</li> <li>3. alone</li> <li>4. Husband</li> </ul>	
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## II. Part Two: Victims related factors

201	Have you ever had forced sex without your consent in your life time?	1. Yes	2. No
202	Say yes, if one or more of the following is happened to you <ul style="list-style-type: none"> <li>1. Unwanted sexual act or such as - - Verbal jokes /asked to have sex</li> <li>2. unwelcome touching of breast, genitalia</li> <li>3. unwelcome kissing</li> </ul>	1. Yes	2. No
203	Have you faced an attempted rape?	1. Yes	2. No
204	If yes, when it was happened?	1. Before one year	2. Within one year
205	If you had forced sex, did you used any contraceptive?	1. Yes	2. No
206	If not, why?	<ul style="list-style-type: none"> <li>1.No availability of contraceptives</li> <li>2.Lack of awareness</li> </ul>	<ul style="list-style-type: none"> <li>3.Not think be pregnant</li> <li>4.Other specify</li> </ul>
207	Was their pregnancy following the event?	1. Yes	2. No
208	If yes, what was the outcome of pregnancy?	<ul style="list-style-type: none"> <li>1. Abortion</li> <li>2. Still birth</li> </ul>	3. Alive



**III. Part three: Questioners to assess Perpetrator in relation to survivor's factors**

301	Did you know the person/ people who victims you?	1. Yes	2. No	
302	If yes. could you tell me your relation with him/them?	1. intimate partner 2. friends	3. coworker 4. strangers	
303	Did one person or a group of people victim you?	1. One person	2. A group of people	

**V. Part four: questioners Impairment Type related factors**

401	Which part of your body is physically disabled?	1. Eye 2. Leg	3. Ear 4. Compound impairment	
402	Do you think that due to your physical disability makes you prone to sexual attack?	1. Yes	2. No	

**የተሳታፊዎች መረጃ መስጫ ቅጽ-በአማርኛ**

እንደምን አደሩ/ዋሉ?

**የመረጃ መስጫ እና ስምምነት ቅጽ (ውል)**

በባህር ዳር ከተማ አስተዳደር ስር በሚገኙ አካል ጉዳተኞች ማህበራት ውስጥ ያለውን ፆታዊ ጥቃት መጠን ለመመዘን እና ተጽዕኖ የሚያሳድሩ ነገሮችን ለመለየት የተዘጋጀ መጠይቅ።

የጥናቱ ባለቤት፤ ባንተጊዜ ያሳብ

የጥናቱ ርዕስ፡ በባህር ዳር ከተማ አስተዳደር ስር በሚገኙ አካል ጉዳተኞች ማህበራት ውስጥ ያለውን የሴቶች ፆታዊ ጥቃት መጠን ለመመዘን እና ተጽዕኖ የሚያሳድሩ ነገሮችን ለመለየት የተዘጋጀ መጠይቅ።

ጥናቱን የሚያሰራው፡- በባህር ዳር ዩኒቨርስቲ

ጤና ይስጥልኝ! ስሜ -----ይባላል። እኔ የመረጃ ሰብሳቢ ስሆን፤ ይህንን መረጃ የምሰበሰበው ለባንተጊዜ ያሳብ በባህር ዳር ዩኒቨርስቲ የህክምና ጤና ሳይንስ ኮሌጅ፤ የሪፕሮዳክቲብና እና ፖፕሌሽን ትምህርት ክፍል፤ የድህረ ምረቃ ተማሪ) የማስተርስ ትምህርታቸውን ለማጠናቀቅ የመመረቁያ ጽሁፋቸውን ለማዘጋጀት እንዲረዱቸው ሲሆን የጥናቱ አላማ በባህር ዳር ከተማ አስተዳደር ስር በሚገኙ አካል ጉዳተኞች ማህበራት ውስጥ ያለውን የሴቶች ፆታዊ ጥቃት መጠን ለመመዘን እና ተጽዕኖ የሚያሳድሩ ነገሮችን ለመለየት የተዘጋጀ ነው። ጥያቄዎቹን ለመጠየቅ 25-30 ደቂቃ ሊፈጅ ይችላል። በጥናቱ ላይ የእርሶ ስምና አድራሻ አይጠቀስም። የሚሰጡትም መረጃ ከዚህ ጥናት አላማ ውጭ ለሌላ አካል ተላልፎ አይሰጥም ሚስጥራዊነቱም የተጠበቀ ነው። በዚህ ጥናት ላይ በመሳተፍዎት የሚደርስብዎት ጉዳት ወይም የተለየ ጥቅም አይኖርም። በዚህ ጥናት መሳተፍ ፈቃደኛ ካልሆኑ፤ በመጠይቁ መሀል ማቋረጥ ከፈለጉ ወይም መመለስ የማይፈልጉት ጥያቄ ሲኖር የማቋረጥ ሙሉ መብት እንዳለዎት ልገልጽልዎት እወዳለሁ። በጥናቱ ላይ ለመሳተፍ የእርሶ ትብብር እና ፈቃደኝነት በጉዳዩ ላይ የሚነሱ ችግሮችን ለመለየት እጅግ ጠቃሚ ስለሆነ በጥናቱ ላይ በፍቃደኝነት እንዲሳተፉ በትህትና እንጠይቃለን።

ከላይ በተሰጠኝ መረጃ መሰረት በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ነኝ።

የመረጃ ሰጪው ፊርማ -----

መጠየቅ የሚፈልጉት ወይም ግልጽ ያልሆነ ነገር ካለ ከታች በተጠቀሰው አድራሻ ማግኘት ይችላሉ።

የጥናት አድራጊው ስም፡- ባንተጊዜ ያሳብ ስልክ ቁጥር- +251 – 913 – 671-773

አመሰግናለሁ!

**መጠይቅ - አማርኛ ቅጽ**

**በባህር ዳር ዩኒቨርሲቲ የህክምና ጤና ሳይንስ ኮሌጅ የሪፕሮዳክቲብና እና ፖፕሌሽን ድህረ ምረቃ ፕሮግራም**

ይህ በባህር ዳር ከተማ አስተዳደር ስር በሚገኙ አካል ጉዳተኞች ማህበራት ውስጥ ያለውን የሴቶች ጾታዊ ጥቃትን መጠን ለመመዘን እና ተጽዕኖ የሚያሳድሩ ነገሮችን ለመለየት የተዘጋጀ መረጃ መሰብሰቢያ መጠይቅ ነው።

የመጠይቁ መለያ ቁጥር-----

ከተሰጡት አማራጮች ከእርስዎ አስተያየት ጋር ተቀራራቢ የሆነውን አንዱን ብቻ በመምረጥ ተጨማሪ ሀሳብ ካለዎት ከጥያቄው ጎን ያስፍሩ ።

የመረጃ ሰብሰቢዉ ስምና ፊርማ .....

የተቆጣጣሪ ስም ፊርማ .....

ቃለ መጠይቁ የተደረገበት ቀን .....

**ክፍል አንድ፣ የተሳታፊዎች አጠቃላይ ማህበራዊ ሁኔታ**

ቁጥር	ጥያቄ	ምላሽ		ምርመራ
101	እድሜሽ ስንት ነዉ?	.....		
102	የጋብቻ ሁኔታ?	1. ያገባች 2. ያላገባች	3. የተለያዩች 4. በህይወት የተለየባት	
103	የትምህርት ሁኔታ?	1. ትምህርት አለተማርኩም 2. የመጀመሪያ ደረጃ(1-8)	3. ሁለተኛ ደረጃ(9-12) 4. ዲፕሎማና ከዚያ በላይ	
104	የሥራ ሁኔታ?	1. የመንግስት (የግል) ድርጅት ሰራተኛ 2. በጎዳና ላይ ልመና	3. በእርዳታ በጎ ሰናይ ድርጅቶች 4. የግል ሰራ	
105	የየትኛው ሃይማኖት ተከታይ ነዎት?	1. እርቶዶክስ 2. ሙስሊም	3. ካቶሊክ 4. ፕሮቴስታንት	
106	የየትኛው ብሔር ተወላጅ ነዎት?	1. አማራ 2. ኦሮሞ	3. ትግሬ 4. ሌላ ካለ.....	
107	በባህር ዳር ከተማ ውስጥ በቋሚነት ለምን ያህል ጊዜ ኑረዋል?	1 ከአንድ አመት በታች	2 አንድ አመትና ከዚያ በላይ	
108	በቋሚነት ያልኖሩ ከሆነ የት በታ ይኖሩ ነበር?	1 ገጠር	2 ሌላ ከተማ	

109	በአሁኑ ሰዓት የምትኖረው ከማን ጋር ነው?	1 ከአባቴ 2 ከእናቴ	3 ብቻየን 4 ከባሌ	
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**ክፍል ሁለት ፣ ከጾታዊ ተጠቂዎች የግል ባህሪ ጋር የያያዙ መጠይቆች**

201	በህይወት ዘመንሽ ያላንቸ ፍላጎት አሰገድዶ መድፈር አጋጥሞቻቸው ያውቃል?	1. አዎ	2. የለም
202	በህይወትሽ የቱ ነው ያጋጠመሽ? ከአንድ በላይ ምርጫ መምረጥ ትችያለሽ 1. ያልተፈለገ የግብረ ስጋ ግንኙነት መጠየቅ(መቀለድ) 2. ያልተፈለገ አካል ክፍልን መንካት ጡት ወይም የመራቢያ አካል ክፍል 3. ያልተፈለገ የመሳም ሙከራ ማድረግ	1. አዎ	2. የለም
203	በህይወት ዘመንሽ ውስጥ አሰገድዶ የመድፈር ሙከራ ተደርጎብሽ ያውቃል?	1 አዎ	2 አያውቅም
204	አዎ ከሆነ መቼ ላይ ነበር ያጋጠመዎት?	1 ከአንድ አመት በፊት	2 ከአንድ አመት ወዲህ
205	የግብረ ስጋ ግንኙነት ካረግ መቆጣጠሪያ ጠቀሙ	1 አዎ	2 አያውቅም
206	ከአልተጠቀሙ ለምን?	1. መቆጣጠሪያ ስለሌለ 2. እውቀቱ ስለሌለኝ	3. እርግዝና ይፈጠራል ብዬ ስለአላሰብኩ 4. ሌላ ካለ ይግለጹ.....
207	የግብረ ስጋ ግንኙነት ተከትሎ እርግዝና ተፈጠረ?	1. አዎ	2. የለም
208	አዎ ከሆነ የእርግዝናው መጨረሻ ምን ሆነ	1. ዉርጃ 2. ከተወለደ በኋላ ሞት	3. በህይወት አለ

**ክፍል ሶስት ፣ ጾታዊ ጥቃት አድራሾች ከተጠቂዎች ጋር ያላቸውን ዝምድና መጠይቆች**

301	ከጾታዊ ትንኮሳ ያደረሰብዎትን ግለሰብ ማንነት ያውቃሉ?	1 አዎ	2 አላውቅም
302	አዎ ከሆነ ማንነቱን ሊነግሩኝ ይችላሉ?	1. የቅርብ/ዘመድ ጓደኛ 2. የስራ ባልደረባ	3. የማይታወቅ ሰው 4. ሌላ ካለ ይግለጹ.....
303	ጾታዊ ትንኮሳ ያደረሰብዎ ሰዎች ብዛት ስንት ነበሩ?	1 አንድ ግለሰብ	2 ሁለትና ከዚያ በላይ

**ክፍል አራት ፣ ከአለብዎት የአካል ጉዳት ጋር ተያይዞ ያሉ መጠይቆች**

401	የየትኛ የአካል ጉዳት ችግር ነው ያለብዎት?	1 አይን 2 እግር/እጅ	3 ጆሮ 4 ከአንድ በላይ
402	የአካል ጉዳተኛ በመሆንዎ ለጾታዊ ጥቃት ወይም ትንኮሳ አጋልጦኛል ብለው ያስባሉ?	1 አዎ አስባለሁ	2 አላስብም

ስለ ትብብርዎ ከልብ አመሰግናለሁ

Annex Iv Advisor’s approval form.

BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH SCIENCES

DEPARTMENT OF REPRODUCTIVE HEALTH AND POPULATION STUDY

Approval of proposal for submission:

I hereby certify that I have supervised, read, and evaluated this thesis proposal titled “sexual violence and associated factors among women with physical disabilities in Bahir Dar city, Ethiopia 2022” prepared under my guidance. I recommend the thesis to be submitted.

ADVISORS

1. Dr Alemtsehay Mekonnen (PhD, Associate Prof.) \_\_\_\_\_

2. MR. Zemenu Shifrew (MPH/RH) \_\_\_\_\_

EVALUATOR

1.Mr. Yibeltal Alemu (MPH/RH, Assistant Prof.) \_\_\_\_\_

BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

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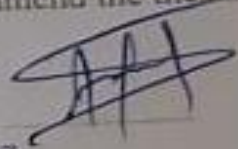
DEPARTMENT OF REPRODUCTIVE HEALTH AND POPULATION STUDY

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ADVISORS

1. Dr Alemtschay Mekonnen (PhD, Associate Prof.)



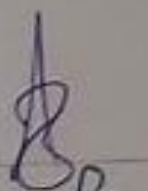
2. MR. Zemenu Shifrew (MPH/RH)



12/12/2021

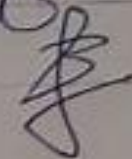
EVALUATOR

1. Mr. Yibeltal Alemu (MPH/RH, Assistant Prof.)



29/08/2022

Department Head Dr. Eleni Admasu (PhD Ass. Prof)



19/05/2022

