

Women's Response Towards Domestic Violence and Influencing Factors among Married Women in Fagitalekoma District, North Western Ethiopia: A Cross-Sectional Study

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Abstract

Violence against women is a global public health problem which is not well disclosed due to family secrecy and socio-cultural norms. We aimed to assess women's response towards domestic violence and associated factors in Fagitalekoma District, North Western Ethiopia. A community-based cross-sectional study using mixed method (quantitative and qualitative) was conducted from February-March, 2011. Six hundred eighty two married women were systematically selected to participate in the quantitative study. Forty three participants were involved in the qualitative study. Data were entered and analysed using SPSS software version 16.0. Descriptive and logistic regression was conducted. Approximately eight in ten women were victim of domestic violence. Nearly one third of the domestic violence victims reported to somebody to seek help. Among women who sought help, majority (85.2%) of them sought help from their family members followed by religious leaders (44.6%). However, both the family members and religious leaders are highly influenced by traditional gender norms that support wife beating. More than two third of the victims kept silent from reporting the incident to someone due to fear of embarrassment. Appropriate behavioural change communication and information education communication should be provided through integrating with health extension packages to correct the community perception.

Keywords: *Violence; Women's Response; Associated Factors; Ethiopia*

Introduction

Violence against women is still a hidden global health problem. It is also an obstacle to the achievement of the development goals in many countries [1]. Violence is not new phenomenon that existed in ancient human societies and can be viewed as the main contributing factor of instability in the society [2]. It is committed by the husband or intimate partner in heterosexual relationship [3]. In Ethiopia, eight out of ten women believed that husbands can beat their wives at least if they have one justifiable reason. This is not unexpected incident because of many traditional customs [4].

Violence against women exacerbate by economic and socio-political discrimination such as women lack of access to and control over resources [5]. Generally, violence against women affects women's productivity, autonomy, quality of life, physical and mental well-being. The economic hardship, alcohol use and traditional gender norms are main factors that lead to domestic violence against women [6]. The World Health Organization multi-country study 2004 indicated that more than three fourth of victim women did not seek help [7]. According to the National Council for Crime Prevention report in Sweden, 22,500 cases of domestic violence were reported, but as much as 80% of them were not reported to the police [8].

In Ethiopia women lack access to social services and right of resource ownership due to widespread belief that make them inferior than men. However, Ethiopia is state party to international and regional human rights conventions and instruments for the promotion and protection of women's rights [9]. Two third of women in Bangladesh, one half in Samoa and Thailand province victims had not told anybody. Over half of physically abused women had never sought help from formal services and people in positions of authority. One out of five women in Namibia city, Tanzania city and Peru did not seek help from police and health personnel due to fear and stigma [7]. Approximately one half victimized women not sought help due to embarrassment or feeling ashamed. More than one fourth of women not sought help due to fear of further violence from their partner in New Zealand [10]. Study done in Gondar zuria district showed that less than half of victim women sought help from medical personnel and local elders [11].

Since this study conducted in the rural settings in which 84 % of the Ethiopian population live. It investigated how much women victimized at home by their partner or husband and what the contributing factors are. It would address the information gap regarding the current situation of domestic violence against women and women's response. It was aimed to determine the magnitude of women's response against violence and identify associated factors among victim women in the reproductive age in North Western Ethiopia. It also describe existing social and gender norms about domestic violence within the community. The information can help government officials and stakeholders to design prevention and controlling strategies of gender based violence.

Materials and Methods

Study setting

This study was conducted in Fagitalekoma District, Awi zone, Amhara regional state of Ethiopia from February 15 to March 15, 2011. Fagitalekoma District is found in Awi zone, Amhara regional state which is located 465 Kilometers (Km) from Addis Ababa and 105Km from Bahir Dar. The District had 25 rural and 2 urban kebeles. Kebele is a peasant association which is the smallest administrative or political structural unit in Federal Democratic Republic of Ethiopian which is consisted of 1000-1500 households. According to the Ethiopian Central Statistical Agency 2007, Fagitalekoma District had an estimated total population of 174,876, in which 86,619(49.5%) of them were male and 88,257(50.5%) of them were female. Approximately ninety two percent of the fagitalekoma district population were rural dwellers.

Study Design and Sampling Procedure

Community based cross-sectional study design was conducted using mixed data collection method (quantitative and qualitative). Systematic sampling was used to select actual respondents for quantitative study. Six hundred eighty two married women in the childbearing age were involved on the face to face interview at their house. All qualitative study participants were selected using purposive sampling procedure. Eight key informant in-depth interviews were conducted among community representatives in their actual place of residence. Four focus group discussions that consist of 8 to 10 women discussants were participated for qualitative study to explore community perception towards violence against women. Generally, thirty five focus group discussants were participated in the focus group discussion in which two groups from male and two groups from female discussants. Both in-depth and focus group discussion were held after completing quantitative study. The total number of the study participants was proportionally allocated to the size of five rural and two urban kebeles. Data were collected using structured questionnaire that adapted from WHO multi-country study and other source [4,7,12]. Open ended probing interview guide was used for qualitative that prepared by the research team. The questionnaire were adapted and prepared in English first then translated to Amharic version native speakers. Finally the Amharic version of the questionnaire was back translated to English for consistency of the language. Local language (Amharic) version questionnaire was used for interview during data collection.

Statistical Analysis

Data were entered and analyzed using SPSS windows version 16.0. Descriptive statistics were computed to determine prevalence of women's response towards domestic violence and associated factors. Binary logistic regression method was carried out to examine the

relationship of explanatory variables with the outcome variable (women's response towards domestic violence against women). Women who seek help (disclose) to someone were coded as "Yes = 1" and women who kept silent were coded as "No = 0". Then variables showed p values less than 0.2 in the binary logistic regression analysis were included into multiple logistic regressions. Multiple logistic regression analysis was done to confirm the presence of independent association between explanatory variables and outcome variable using adjusted odds ratio at 95% confidence interval and P value less than 0.05. Qualitative data were transcribed and translated from Amharic to English language by the research team and language teachers independently by replaying the voice recorder tape and notes. The qualitative data transcription was according to their verbatim of participants. Text was thoroughly read and reread to identify thematic areas. Their inductive meanings were extracted and described in narratives. Their quotes of participants that illustrate key concepts were used directly during transcription and presented triangulated with the quantitative data.

Ethical review

The study protocol was ethically approved by the Ethics Review Board of the College of Public Health and Medical Sciences, Jimma University. Verbal consent was obtained from each study participant. Confidentiality and the right of respondents not to participate were respected.

Results

Six hundred eighty two married women were involve in the quantitative study that yield response rate of hundred percent. The mean age of women was 31.6(± 7.5) years. About two third (65.4%) of women were Amhara by their ethnicity. Almost all (99.4%) of respondents were orthodox by religion, and majority (87.8%) of them were rural dwellers. More than half (59.7%) of women were unable to read and write, and 552 (80.9%) were housewives by occupation (Table 1). More than one third (35.3%) of women were pregnant during the last 12 months. Forty three participants involved in the qualitative study. Of these, eight of them were key informants for in-depth interview, and thirty five of them were focus group discussants from both male and female groups. Twenty five of them were male participants and 18 were female participants. Regarding to their educational status, majority (59.7%) were unable to read and write, fifteen of them able to read and write, two of them had completed grade 8th and only 2 of them had tertiary educational level.

Sociodemographic variables		Frequency	Percent
Age of women	15 - 24	130	19.1%
	25 - 34	307	45.0%
	35 - 44	198	29.0%
	44+	47	6.9%
Ethnicity	Amhara	446	65.4%
	Agew	236	34.6%
Religion	Orthodox	678	99.4%
	Others	4	0.6%
Educational status of women	Unable to read and write	407	59.7%
	Able to read and write	102	15.0%
	1 - 6 grades	80	11.7%
	7 - 12 grade	49	7.2%
	12+	44	6.5%
Residence	Rural	599	87.8%
	Urban	83	12.2%
Occupational status of women	House wife	599	87.8%
	Government employee	51	7.5%
	*Not government employee	34	4.7%
Head of household	Husband	664	97.4%
	Wife	18	2.6%
Pregnancy	Yes	241	35.3%
	No	441	64.7%
Number of children alive in the family	No child	83	12.2%
	1 - 4 children	377	55.3%
	> 4 children	222	32.6%
Presence of social norm that support wife beating	Yes	124	18.2%
	No	558	81.8%
Women accept wife beating	Yes	36	5.3%
	No	646	94.7%

Table 1: The Socio - demographic characteristics of respondents in Fagitalekoma district, North Western Ethiopia, February - March, 2011 [n = 682].

*not government employee on women's included merchant, NGOs employees, daily labourer and other private works. *others on the women's religion included 2 Muslim and 2 protestants.

Violence and Women Responses

Seventy eight percent (531/682) of women were victim of domestic violence by their partner. Only 166(31.1%) of victim women sought help from someone in position and authority (local elders, leaders, family, police and religious fathers) while 364 (68.9%) of women preferred to keep silent in their home. From those who women reported the incident to someone, majority 144 (85.2%) of women were disclose the issue to their family members. Almost all of the qualitative study participants stated, “...commonly majority of victim women sought help first from their family or relative”. Twenty six percent of victims were present their compliant to local authorities, and 75 (44.6%) of victims also reported to religious fathers or elders (traditional local marriage judges). The focus group discussants said, “...usually women who are in trouble are going to seek help from local elders, leaders, marriage judges and from religious fathers... very few number women who sought help from women affair office, District court, police and other formal sectors....”.

Approximately one in four victim women (23.8%) sought help formally from the community police officers. Similarly only almost one in five victim women (17.3%) reported to women’s affair office of the district. Significant number of victims sought help from local conflict resolution committee of the community which has been established by the district’s community policing program. Only one out of ten (11.9%) mistreated women were seek help from medical personnel (Figure 1).

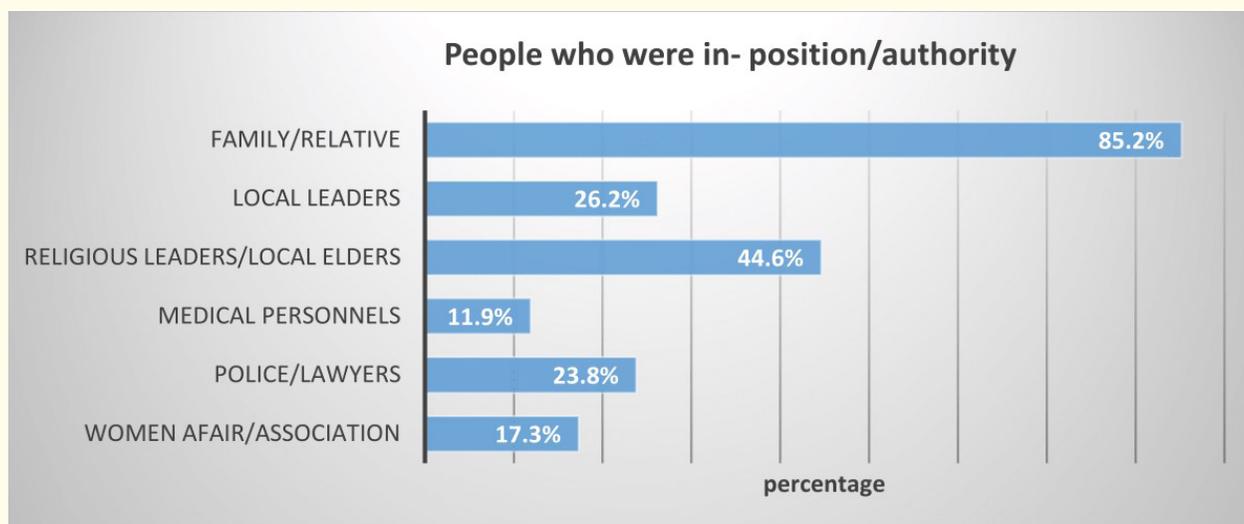


Figure 1: Married women’s seek help in Fagitalekoma district, North Western Ethiopia, February-March, 2011. [Multiple responses were possible].

A male key informant from in-depth interview said, “...very few of religious fathers teach their spiritual fellows.... But most of them have influenced by the traditional gender norm which leads to partiality that helps to the husband side... religious fathers told us the culture and norm should be respected. Wives should serve their husbands because they are created for men....’referred unquoted Bible’ husbands do things for good and for the benefit of the family....” Another key informant on the in-depth interview said, “..... most of the women did not want to seek help from the health professionals and women affair office”.

Only 140 (88.6%) of victims got financial support and advice. Nevertheless, 14 (8.9%) did not get any help, and 4 (2.5%) of women did not remember the supports that obtained from someone in position. Of those women who kept silent (68.9%); almost one third of them did not know whom to go to 110 (30.0%), they considered it has not importance 124 (33.7%), afraid of divorce 110 (30.0%), embarrassed 226 (61.6%), did not want to disgrace themselves 177 (48.2%) and takes as part of family life or household issue 204 (55.6%) (Figure 2).

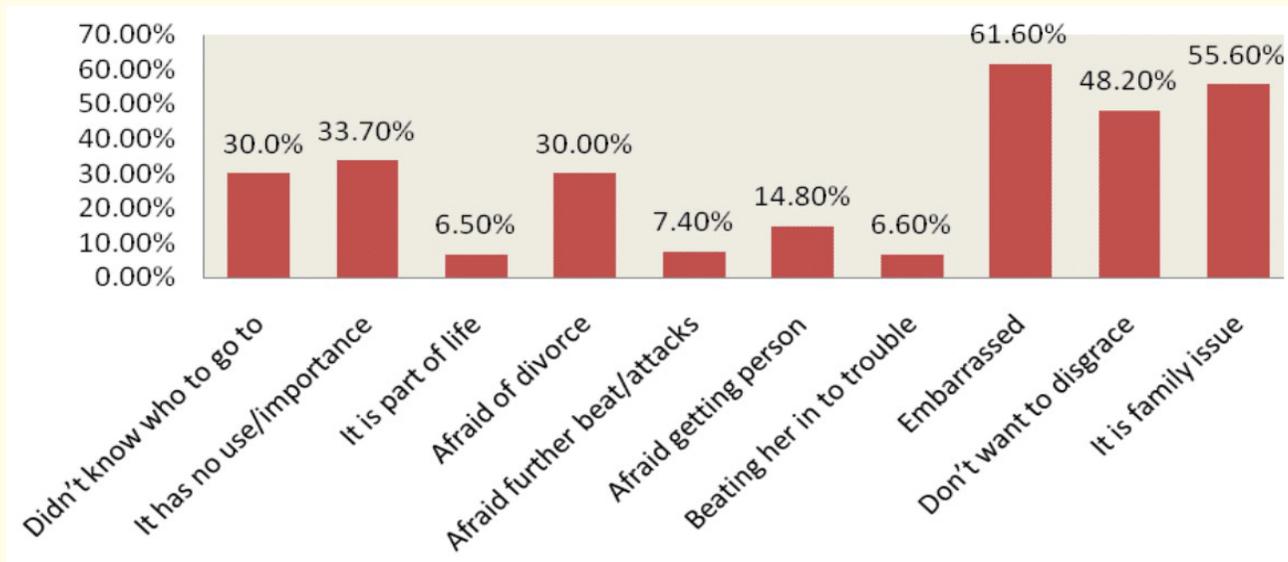


Figure 2: Respondent’s reason for not seek help Fagitalekoma district, North Western Ethiopia, February-March, 2011. [n = 367, multiple responses were possible].

One out of 5 women reported the presence of traditional gender norm that support wife beating. A key informant from police man said, “.....mostly the women themselves accept wife beating by their husband...when the police were told and arrived the village during the conflict arise between couples, the police tried to manage the conflict and take the husband to prison...but surprisingly the wives refused for their husband taking into prison?” Amazingly the victim defended against the community police men and deal on behalf of their husbands (perpetrators). The police man also said, “... the communities have perception for active wife that would categories as against the norm of the community and consider she doesn’t respect her husband that definitely motivates the husbands to beat his wife”.

Another key informant from the local elders stated, “... our community believed that mostly husbands have long term plan and goals for their household and family than wives.....This also influences the women’s role on decision making on their household issues, access and control over resources”. Similarly, another key informants from religious fathers said, “...the community have traditional gender norm like wife should serve her husband.” Religious fathers also support this idea “if the husband cannot beat his wife, what can he beats?” This is our traditional norm you should accept and keep it because it is very important to stay with husband and have to maintain good family life.

The focus group discussants mentioned their opinion about community’s attitude towards wife beating. They stated, “... by comparing women with the mule. Both need restriction or forceful control and monitoring. Very strong husband beat his wife by locking the door if she made a mistake.” The participants also agreed on wife beating by emphasizing that, “...if the woman (wife) looks at outside that might be considered as having relationship with another man. In this case it is also a must to kick her out and divorce. In contrary some of them accept wife beating as sign of love and for her benefits.” One of participant also said, “..... Oh, in our community unless the husband beats his wife, the societies do not consider him as a husband ‘seta set kit’...”

One in twenty women (5.3%) accepted the traditional gender norm that support wife beating if he has at least one justifiable reason. One of the most common justifiable reason was if she get out somewhere without asking his permission, 461 (67.6%). Other reasons were if she neglect or did not give appropriate care of the children 343 (50.3%); if she argues with him 337 (49.4%); if she refuses to have sex with him 265 (38.9%) and if she burns the food 259 (38.0%) (Figure 3).

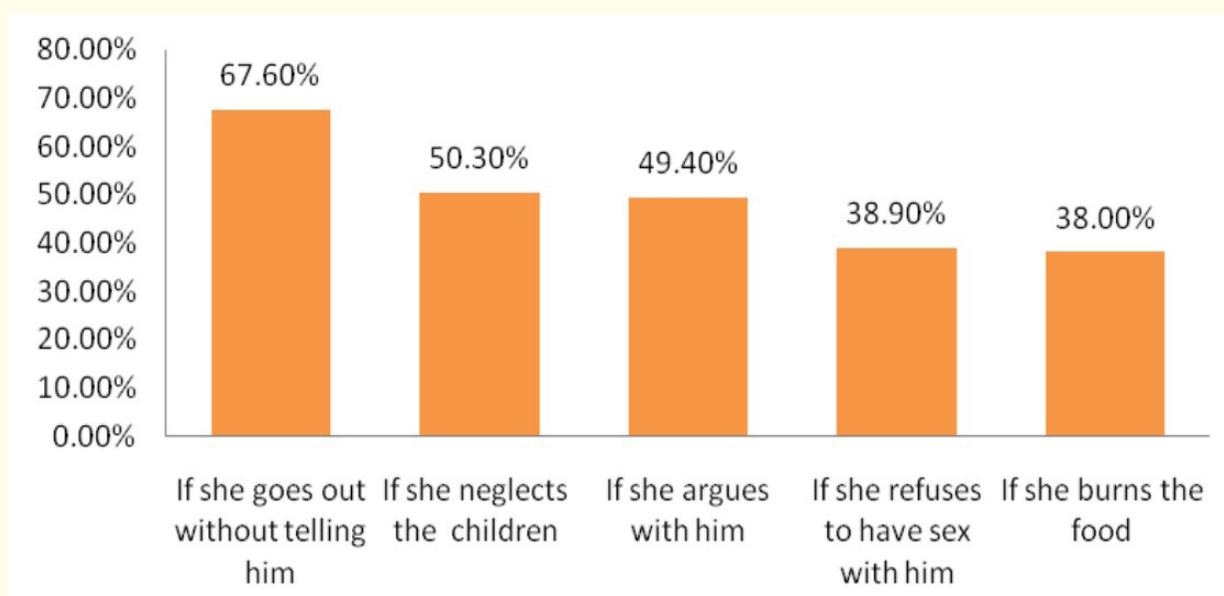


Figure 3: Reasons justified by husband to beat his wife in Fagitalekoma district, North Western Ethiopia, February-March, 2011. [n = 682, multiple responses were possible].

Predictors of Women’s Response against Domestic Violence

Explanatory variables such as age, ethnicity, religion, educational status, residence, occupational status, and being pregnant, being head of a household, number of children, marital duration, decision making on household matters, social norm that support wife beating and acceptance of wife beating by women were entered binary logistic regression model to assess the presence of association one by one. Women from Amhara ethnic group were more likely report to sought help to concerned bodies than Agew ethnic women (COR = 1.8, 95% CI: 1.1, 2.5). Rural women were more likely to give response to domestic violence than urban women (COR = 1.9, 95%, CI: 1.0, 3.7) (Table 2).

Variable	Category	Response towards domestic violence		COR (95% CI)	P value
		No n (%)	Yes n (%)		
Age of women	15 - 24	66 (70.2%)	28 (29.8%)	1.0	0.989
	25 - 34	166 (68.3%)	77 (31.7%)	1.1 (0.7,1.8)	
	35 - 44	107 (68.2%)	50 (31.8%)	1.1 (0.6,1.9)	
	44+	24 (68.6%)	11 (31.4%)	1.1 (0.5,2.5)	
Ethnicity	Amhara	253 (72.5%)	96 (27.5%)	1.8 (1.1, 2.5)	0.008
	Agew	110 (61.1%)	70 (38.9%)	1.0	
Religion	Orthodox	362 (68.8%)	164 (31.2%)	0.2 (0.0,2.5)	0.57
	Others	1 (33.3%)	2 (66.7%)	1.0	
Educational status of women	Unable to read and write	224 (68.5%)	103 (31.5%)	1.0	0.84
	Able to read and write	53 (67.1%)	26 (32.9%)	1.1 (0.5, 2.6)	
	1 - 6	38 (65.5%)	20 (34.5%)	1.2 (0.5, 3.0)	
	7 - 12	29 (76.3%)	9 (23.7%)	1.3 (0.5, 3.4)	
	12+	19 (70.4%)	8 (29.6%)	0.7 (0.2,2.2)	
Residence	Rural	361 (67.2%)	154 (32.8%)	1.9 (1.0, 3.7)	0.056
	Urban	47 (79.7%)	12 (20.3%)	1.0	
Occupational status of women	Housewife	322 (67.9%)	152 (32.1%)	1.0	0.452
	Government employee	21 (70.0%)	9 (30.0%)	0.9 (0.4,2.0)	
	Nongovernment employee	20 (80.0%)	5 (20.0%)	0.5 (0.2,1.4)	
Pregnancy	Pregnant	143 (69.4%)	63 (30.6%)	0.9 (0.6,1.4)	0.752
	Non-pregnant	220 (68.1%)	103 (31.9%)	1.00	

Table 2: The relationship of sociodemographic characteristics with women’s response towards domestic violence in Fagitalekoma district, North Western Ethiopia, February - March, 2011 (n = 529).

The individual factors of the victim's husband such as age, educational status, occupational status and husband drug use were entered to binary logistic regression. Women having government employee husband were less likely report to someone to seek help than women having a farmer husband (COR = 0.5, 95% CI: 0.2, 0.9). Women their husband have used drug were two times more likely report to someone to seek help than husband not used drug (COR = 1.5, 95%, CI: 1.0, 2.4). Women had less than four children alive in the family were more likely to report to someone to seek help than women had more than four children alive with their husband (COR = 1.4, 95% CI: 0.9, 2.1) (Table 3).

Variable	Category	Response towards domestic violence		COR (95% CI)	P value
		No n (%)	Yes n (%)		
Age of husband	20 - 29	42 (68.9%)	19 (31.1%)	1.0 (0.5, 1.9)	0.997
	30 - 39	121 (68.0%)	57 (32.0%)	1.0 (0.7, 1.7)	
	40 - 49	116 (69.0%)	52 (31.0%)	1.0 (0.6,1.6)	
	50+	84 (68.9%)	38 (31.1%)	1.0	
Educational status of husband	Unable to read and write	136 (66.3%)	69 (33.7%)	1.9 (0.9, 3.9)	0.334
	Able to read and write	97 (66.9%)	48 (33.1%)	1.9 (0.9, 3.9)	
	1 - 6	54 (66.7%)	27 (33.3%)	1.9 (0.9,4.2)	
	7 - 12	30 (75.0%)	10 (25.0%)	1.3 (0.5, 3.3)	
	12+	46 (79.3%)	12 (20.7%)	1.0	
Occupational status of husband	Farmer	273 (66.7%)	136 (33.3%)	1.0	0.138
	Merchant	24 (66.7%)	12 (33.3%)	1.0 (0.5,2.1)	
	Government employee	52 (81.2%)	12 (18.8%)	0.5 (0.2, 0.9)	
	Private/NGO employee	14 (73.7%)	5 (26.3%)	0.7 (0.3,2.0)	
Husband drug use	Yes	252 (66.1%)	129 (33.9%)	1.5 (1.0,2.4)	0.050
	No	111 (75.0%)	37 (25.0%)	1.0	
Head of household	Husband	354 (68.5%)	163 (31.5%)	1.4 (0.4, 5.2)	0.631
	Wife	9 (75.0%)	3 (25.0%)	1.0	
Number of children alive	No child	49 (80.3%)	12 (19.7%)	0.6 (0.3,1.2)	0.031
	1 - 4 children	192 (64.4%)	106 (35.6%)	1.4 (1.1, 2.1)	
	> 4 children	122 (71.8%)	48 (28.2%)	1.0	
Marital duration	< 15 years long	210 (68.9%)	95 (31.1%)	1.0	0.309
	15 - 29 years long	134 (66.7%)	67 (33.3%)	1.1 (0.8,1.6)	
	30+ years long	19 (82.6%)	4 (17.4%)	0.5 (0.2, 1.4)	
Decision maker of household	Husband	244 (68.9%)	110 (31.1%)	0.9 (0.6,11.4)	0.919
	Wife	8 (72.7%)	3 (27.3%)	0.8 (0.2, 3.1)	
	Jointly	111 (67.7%)	166 (31.4%)	1.0	
Social norm that support wife beating	Yes	64 (64.4%)	36 (36.6%)	1.3 (0.8,2.0)	0.19
	No	299 (69.7%)	130 (30.3%)	1.0	
Acceptance of wife beating	Yes	17 (63.0%)	10 (37.0%)	1.5 (0.6,2.9)	0.517
	No	346 (68.9%)	151 (31.1%)	1.0	

Table 3: Sociodemographic characteristics of husband with women's response towards domestic violence in Fagitalekoma district, North Western Ethiopia, February-March, 2011 (n = 529).

Variables with p value less than 0.2 on bivariate analysis such as women's ethnic group, residence, occupational status of husband, husband drug use, number of children, and presence of social norm that support wife beating in the community were entered into the final multiple logistic regression mode. Women who had four or less number of children alive were 1.6 times more likely sought help than women who had more than four children alive [AOR = 1.6, 95% CI: 1.1, 2.5] at p value 0.02 (Table 4).

Variable	Category	Response towards domestic violence		COR (95% CI)	AOR (95% CI)	P value
		No n (%)	Yes n (%)			
Ethnicity	Amhara	253 (72.5%)	96 (27.5%)	1.8 (1.1, 2.5)	0.7 (0.5, 1.0)	0.05
	Agew	110 (61.1%)	70 (38.9%)	1.0	1.0	
Residence	Rural	361 (67.2%)	154 (32.8%)	1.9 (0.99, 3.7)	1.1 (0.5, 2.9)	0.79
	Urban	47 (79.7%)	12 (20.3%)	1.0	1.0	
Occupational status of husband	Farmer	273 (66.7%)	136 (33.3%)	1.0	1.0	0.28
	Merchant	24 (66.7%)	12 (33.3%)	1.0 (0.5,2.1)	1.2 (0.5, 3.1)	
	Government employee	52 (81.2%)	12 (18.8%)	0.5 (0.2, 0.9)	0.4 (0.1, 1.2)	
	Private/NGO employee	14 (73.7%)	5 (26.3%)	0.7 (0.3,2.0)	0.8 (0.3, 2.6)	
Husband drug use	Yes	252 (66.1%)	129 (33.9%)	1.5 (1.0,2.4)	1.4 (0.9, 2.2)	0.11
	No	111 (75.0%)	37 (25.0%)	1.0	1.0	
Number of children alive	No child	49 (80.3%)	12 (19.7%)	0.6 (0.3,1.2)	0.8 (0.4, 1.8)	0.02
	1 - 4 children	192 (64.4%)	106 (35.6%)	1.4 (0.9, 2.1)	1.6 (1.1, 2.5)	
	> 4 children	122 (71.8%)	48 (28.2%)	1.0	1.0	
Social norm that support wife beating	Yes	64 (64.4%)	36 (36.6%)	1.3 (0.8,2.0)	0.1 (0.7, 1.7)	0.82
	No	299 (69.7%)	130 (30.3%)	1.0	1.0	

Table 4: Multiple logistic regression analysis predictors of women's response towards domestic violence among married women (15-49) in Fagitalekoma district, north western Ethiopia, March, 2011 (n = 529).

Discussion

This study determined the magnitude of women's response towards domestic violence against married women in the reproductive age and associated factors. In addition, it also indicated to whom or the place where the women sought help for solution. The findings from this study showed that approximately eight in ten women were victim of domestic violence against women. However, only one in three victim women sought help from different concerned bodies. But more than two third of victim women kept silent at their home. Majority of the women reported to their family in which they accept the traditional gender norm that support wife beating. This study finding is much higher compared to a study done in Turkey which revealed that only 11.7% of them applied to a health care center after being exposed to physical violence [7,13-15]. The higher percentage of women sought help might be due to the availability of locally arranged conflict management committee called community police program which comprised of local leaders, elders, religious fathers and model families assigned by the community and district's administration office.

This showed how much the community members and also religious fathers accepted the traditional gender norm that support wife beating. However, victims had gone to the religious leaders to sought help after victimization. This is in-line with a study done in north-western Ethiopia which revealed that the response of women was tied by socio-economical and cultural dependencies that make the women kept silent [16]. This study investigated that the women sought help from different bodies such as family (85%), local leaders (26.2%), religious father/local elders (44.6%) and police (23.8%). This is higher than a study done in Namibia, Tanzania and Peru [10]. The higher prevalence might be as a result of women preferring to seek help from nearby because they may lack resource for transportation cost and other necessary support to report to higher authority officials of the district. Nevertheless, this study finding is consistent with a study done in Ethiopia (Gondar zuria district) indicated that 35.2% of women reported to the local elders. Even though, one in ten (11.9%) women reported to medical personnel that are lower than a study in Gondar zuria district in which half (50.6%) of women had

sought help from medical personnel [16]. It might be due to medical personnel's are busy because of over flow of client to seek treatment for different disease and professionals prefer just providing curative measures due to time constraints. As a result, the women did not disclose this sensitive issue to medical personnel due to a matter of confidentiality.

According to this study more than two-third (68.9%) of women preferred to keep silent. This finding is consistent with a study was conducted by WHO revealed that many domestic violence victim women did not seek help that range from 41% in Nicaragua to 78% in Cambodia and (80%) in Sweden [7,14]. But it was higher than study's findings done in Tanzania (56%) [9] and Turkey (46.6%) [13,15]. The reason of higher prevalence might be due to the presence of conservative cultures and tradition gender norms that support wife beating which put the women in ashamed, embarrassed to disclose the problem to other person rather they accept it as part of life. Meanwhile, most of them lived in rural area that might hinder them to seek help.

This study showed that women who have less than four children alive were more likely to seek help than women who had more than four children alive. As more number of children are owned by the victim women, they are more likely to silent to maintain their family and may not want to report or seek help. On the other hand, the women become older and are at state of resistance to the act of the violence from their husbands. Moreover, they tend to be very concerned about the consequences that the family dissolution that might result from their reporting on their children. Women should be thought to overcome several personal barriers when thinking about seeking help or reporting to someone about the incident of the violence [6,17].

Implication of the finding

Ethiopia is a state party to many international and regional human rights instruments including the convention on the elimination of discrimination against women. Domestic violence against women, is a known public health problem in different parts of the world, it is recognized as a public health, human rights and development challenge or concern in Ethiopia. Therefore, this study tried to determine the condition of women's' response towards domestic violence and identify associated factors. We believe that this would help government officials and any other stakeholders to design prevention and controlling mechanism. It gives an insight to improve women defensive mechanism to protect themselves from home based attack or mistreatment. Preventing violence against women will contribute to addresses promotion of gender equality, gender equity and women's empowerment. In addition, assuring gender equality is recognized as main indicator to development goals. Information obtained here can also be used for planning of intervention programs.

Strength and Limitation of the study

The study used mixed method study. It was community based primary data which could also be considered as strength. The limitations of this study were women may hide the information as a result of the issue being family secrecy, sensitive nature and cultural barrier for disclosure. Inferring causal association is difficult due to the cross sectional nature of the study.

Conclusion

Less than one third of domestic violence victim women reported to concerned bodies to seek help. Nevertheless, majority of the women did not know where can seek help that might be related to the societal accepting attitude of wife beating. Very few women sought help from formal sectors such as women's and children affair offices, health facilities and police. This showed that the problem is still hidden due to family secrecy. We suggested that community based health information dissemination should be done through behavioural change communication and information education communication programs to improve societal accepting attitude towards wife beating, and to increase awareness of women where they can seek help.

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