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## **Gender-based Violence and Its Associated Effects on Female Students: The Case of Gozamin and Nigus T/Haimanot Secondary Schools in the East Gojjam Administrative Zone, Ethiopia**

By Zelalem Desalegne<sup>1</sup>

### **Abstract**

Gender-based violence (GBV) is one of the most prevalent human rights violations without considering social, economic, age, ethnicity, religion and national boundaries, and which affects the health, dignity, security and autonomy of women. This study employed a cross sectional, mixed methods research design. The study was carried out in two secondary schools at Debre Markos town Amhara regional state, Ethiopia, an area in the country where GBV is widely prevalent. To take a representative sample, multistage sampling techniques were employed. The quantitative data was analyzed through descriptive statistics and the qualitative data analyzed through narrative analysis. 21.7% male and 78.3% female students within the range of 15-20 years were included in the study, and the mean age of the respondents was 17.51 years. Among the total number of the study participants, 58.3% faced different forms of GBV. However, 67.1% of GBV was committed outside the school community, 19.5% by schoolmates, and 13.4% by teachers and other staff. Of the total number of the respondents, 39.2% had a sexual partner. The mean age at which the respondents started their first sexual intercourse was 16.49 years, and 52.9% participate in unsafe sex. 45.8% of the respondents were unable to negotiate when and how to have sex with their sexual partner. The age of the respondents and their tendency to be affected by GBV ( $n=120$ ,  $r=.327$ ,  $p=.000$ ) had a weak positive correlation. Their age and their tendency to have more than one sexual partner at a time had a weak negative correlation ( $n=120$ ,  $r=-.055$ ). Among the study participants, 96.7% reported that friends or strangers pushed, shook or threw something at them, 75% were slapped, and 65.8% had their arms twisted or hair pulled. Responding to such physical violence has its own challenges, such as the female students not knowing the males who threaten them, not knowing their addresses, a lack of eye witnesses, and a fear of reporting.

*Keywords:* Gender-Based Violence, Female Student, Physical Violence, Academic Achievement, Sexual Exploitation

### **Introduction**

Gender-based violence (GBV) is “violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman/girl because she is a

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woman/girl or affects females disproportionately” (UN Office for Coordination of Humanitarian Affairs, 2004). GBV occurs in many forms, including but not limited to intimate partner violence (IPV), domestic violence, sexual violence, and femicide or the killing of women because of their gender by males. The frequency and severity of GBV varies across countries and continents, but the negative impact it has on individuals and on families is universal and has direct links to health problems.

Research conducted in the last decade has shown that GBV is a pervasive public health problem that has implications for health policies and programs around the world. A 2005 multi-country study by the World Health Organization (WHO), with data taken from 10 countries and 15 sites, found out that the proportion of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime ranged from 15% to 71%. In four countries—Bangladesh, Ethiopia, Peru, and Tanzania—at least half of women had ever experienced physical or sexual violence (WHO, 2005).

At least one in three women around the world is estimated to have been coerced into sex, physically beaten and/or otherwise abused in her lifetime (WHO, 2005). For women aged 15 to 44 years, such violence is a major cause of disability and death. World-wide, an estimated 40 to 70 percent of homicides of women are committed by intimate partners, often in the context of an abusive relationship (Heise and Garcia Moreno, 2002).

Sexual violence within marriage is highly prevalent as it is considered to be common and normal, with approximately 10-13 percent of women reporting having been forced by a partner to have sex against their will at some point in their life (Heise, Ellsberg, and Gottemoeller, 1999). Sexual violence often accompanies physical battery by intimate partners, and in many settings, especially in illiterate and traditionally bounded societies, women and men believe that men have the right to beat their partners for refusing sex. Women who experience physical violence by intimate partners are less able to negotiate when and how they have sex.

Intimate violence against females is also an important contributing factor affecting them conversely not to exert their effort in the political, economic and social arenas across the world (Getachew, M. et al., 2015). Such violence is committed by those who live with them as either as husbands or live-in partners. Intimate violence against women is therefore categorized as physical abuse, sexual abuse, economic exploitation, emotional abuse, stalking and psychological violence (Reed E. et al., 2010).

Africa as a continent is bounded by traditional practices and male dominated ideology. GBV also has an important effect on girls and women especially in times of war and conflict. The problem is highly preponderant in school girls and females. For instance, in a 2002 survey of primary and secondary students in Ghana, only 47 (13.5%) out of 347 girls and 5 (4.2%) out of 119 boys said that they were a victim of sexual abuse at school, and of these only three (5.7%) indicated that a teacher was the perpetrator. According to UNAIDS, 42% of new HIV infections in 2010 were in the age group 15-24, of whom 80% are living in Sub-Saharan Africa (UN AIDS, 2012).

Likewise, a 2000 study about the sexual abuse of school girls in remote locations in Botswana involving 422 school girls aged 13-16 found that 40% of the girls reported having experienced sexual harassment at school, with ten girls reporting that a teacher had asked them for sex (0.24%); this contrasted with a study carried out in the following year, covering a similar level of schooling and location, which reported that 67% of the 560 mainly female students had experienced sexual harassment by a teacher, 20% of whom (roughly 75 girls) had been asked by teachers for sex (42% of whom had accepted).

In developing countries like Ethiopia, determining the rate of prevalence of gender-based violence is difficult as the society is highly reliant on traditional practices. This may be associated with many victims not reporting acts of violence because such violence is considered traditionally acceptable or there is no recourse to redress. According to UNICEF (2016), 40% of ever-married women in Ethiopia in their early 20s were married before the legal marriage age of 18. Most of the early-married girls, about 60%, are in Amhara region and were married around 15-17. Likewise, about 74% of girls and women in the age range of 15-49 years have undergone female genital mutilation (FGM) (Ibid).

Violence against women is not only an extremely rooted problem in Ethiopia, but also an accepted rather than challenged problem (Abbi K. Lul A. 2010:437). WHO (2005) showed that 71% of Ethiopian women experience either physical or sexual violence—or both. The same study revealed that 49% and 59% of ever-partnered women in the country experienced physical and sexual violence by a partner at some point in their lives, respectively (Ibid). Moreover, 35% of all ever-partnered women experienced at least one severe form of physical violence and were either kicked, dragged, beaten up, choked, burned on purpose, and/or threatened with a weapon, etc. (WHO 2005).

Ethiopian females are highly disadvantaged and less privileged, being that the tradition favors the domination of males in the society. Males are the only decision-makers in the family in terms of money, wealth, property, and resource distribution (Kilmartin, C., 2014). High fertility due to early marriage and early child bearing combined with limited access to family planning and low contraceptive usage not only indicates rapid population growth for at least another generation but also exacerbates poor maternal health and maternal mortality in the regional states.

People living in rural areas are deprived of the basic reproductive health information and services. This poor reproductive health situation is evidenced by low health coverage, high infant mortality rate (94 per 1000 births), high maternal mortality (673 deaths per 100,000 live births), high fertility rate (5.1 children per women), high unmet need for family planning services (30%) with a very low contraceptive prevalence rate (16%) (DHS, 2005), increasing number of reported unsafe abortions, and high adult HIV prevalence rate (4.5%).

Less educated and rural females of the country do not have a say even to limit the number of children in their family and are unable to decide when and what type of birth control mechanisms to use. However, this unequal participation and representation in decision-making is showing improvement, especially in upper- and middle-class communities, literate people, and in towns where the individuals' attitude towards gender equality is positive. The number of years a person spends in school has been shown to have a positive correlation with a decrease in both future victimization and perpetration of physical and sexual violence (Plan International, 2012).

According to a study conducted on sexual victimization of female secondary school students in eastern Ethiopia, 68% of the study participants have experienced at least one occasion of sexual violence, of which 25% are a result of sexual coercion (Alemayehu, B., 2011). Another study conducted in East Gojjam administrative zone at Menkorer secondary school showed that 28.1% of the study participants have experienced sexual violence (Getachew, M., et al., 2015). A study conducted among college students of Mekelle town also showed that the lifetime prevalence of physical and sexual violence was 46.3% and 45.4%, respectively, whereas the same study showed that the current prevalence of physical and sexual violence was about 26.45% and 28.1%, respectively (Yayneshet, G., 2007).

Sexual violence can result from different sources depending upon the individuals' level of education (lack of education), family background, society's attitude towards gender equality, religious background and other settings (Getachew, M., et al., 2015). Living in rural areas and growing up in a violent family due to patriarchal ideology, males' alcoholism and drug abuse, and past history of arrest increased the odds of rape. On the other hand, to diminish such oppression and violence, partners' level of education can help to allow women to take part both in public and domestic activities. Likewise, women's involvement in household and public decision-making activities and accessing, owning and controlling resources confer protection.

There is a clear gender inequality in Debre Markos and its surroundings, as evidenced by the number of repeated GBV cases reported and recorded to the police and justice offices. Despite this, female students report to the school officials that they are being threatened by males whom they do not know while coming to and going from school. This shows that females are most often facing different forms of violence. The society is patriarchal; it is part of the people's tradition. Working on gender issues is part of development work, and violence against women is a major human rights issue. Each day, women in these areas suffer blows and beatings, rape and threats from friends, classmates and even strangers.

Different agents working on gender issues carry out research on gender-based violence in the country. However, those studies have a special emphasis on the effects of gender-based violence on females and girls. This study on one hand explores the society's misconception towards violence against women, which is so crucial to alleviating the above stated problems that are highly prevalent in the study areas. On the other hand, it explores the prevalence of GBV; identify the causes and its effect on female students' academic achievement.

## **Materials and Methods**

Debre Markos (formerly known as Menkoror), which is the capital town of East Gojjam administrative zone, was founded in 1852 by Dejazmach Tedla Gualu who was the then administrator. The town is located in northwestern Ethiopia, in Amhara National Regional State, at a distance of 299 km from Addis Ababa, and 265 km from Bahirdar, the regional capital. Its astronomical location is 10° 21" North Latitude and 37° 43' East Longitude. The town has ten elementary and junior secondary and five secondary public schools, three of which have preparatory schools. These days the number of private schools is increasing more than public schools in the town. Of the two secondary schools included under the study, one is the longest serving and is located in center of the town, and the other one was established eight years before.

The study employed a cross sectional mixed methods research design (quantitative and qualitative). The study was carried out in two secondary schools in Debre Markos town. To gather and analyze the research data, different data collection and analysis techniques were employed.

The study employed multistage sampling techniques. Initially two secondary schools (one from Debre Markos town and one from its surroundings where rural and urban students attend school together) were selected. Among the total number of respondents, 94 females (62 from grade nine and 32 from grade ten) and 26 males (12 from grade nine and 14 from grade ten) were selected through simple random sampling technique. Interviewees and focus group discussion participants were selected purposefully. The questionnaire was pretested on twenty students and modifications were made accordingly. The researcher himself distributed and collected filled-in questionnaires and made on-the-spot checking.

The collected data was coded and entered to the computer (SPSS version 20) for analysis. The quantitative data was analyzed through descriptive statistics, percentage, mean, correlation, range and standard deviation methods, whereas the qualitative data which was analyzed through narrative analysis.

## **Results and Discussion**

The study was carried out in two secondary schools where grade nine and ten education is delivered to students coming from both rural and urban areas. The students have different backgrounds, which can help the researcher to make comparisons. Among the total number of respondents, 39.2% were from Gozamine and 60.8% were from Nigus T/Haimanot secondary schools of which 21.7% were male and 78.3% were female students. The age of the respondents under study was within the range of 15-20 years, where 55% of them were 18 and 19 years of age. The average age of the respondents was 17.51 years.

Respondents were asked whether they have experienced any form of GBV at some time in their life. 58.3% of them reported that they faced different forms of GBV, 32.5% did not face any form of GBV, and 9.2% of the respondents did not remember whether they faced it. Most female secondary school students face such violence from inside and outside the school community. This was supported by the primary quantitative data; violence outside of the school community constituted the greatest share of GBV committed on female students (67.1%), followed by violence by schoolmates (19.5%) and by teachers and other staff (13.4%). Studies show that awareness raising trainings have paramount relevance in preventing female students from experiencing GBV and its related consequences. The students' access to training is very low where the prevalence of GBV is still high. Among the total number of respondents, only 8.3% have received such trainings.

39.2% of the students who participated in the study had sexual a partner currently or before. The mean age at which the respondents started their first sexual intercourse was 16.49 years of age. The primary data finding revealed that the study participants started sexual intercourse as early as the age of 13. 39.8% of the respondents started sex at the age of 16, and only 27.7% of the respondents reported that they started sexual intercourse at the age of 18.

From the data above, we can therefore understand that nearly 72.2% of the respondents started sexual intercourse before the legal marriage age. This was further explored through qualitative data, and the research found that some female students from the rural areas were married early; others from such areas were away from their families for schooling and started sexual intercourse voluntarily or involuntarily at an age when they cannot make reasonable decisions by taking into account the associated consequences of early sexual initiation.

Data from various literature revealed that females who start sex at an earlier age have less negotiation power, which can enhance their tendency to practice unsafe sex. The qualitative data also shows that sexual mates of girls who started sex at earlier age are older. This exposed them to sexual exploitation by their mates who were more physically, economically, and psychologically developed. Likewise, younger males both in groups and individually follow and threaten girls day-to-day wherever they go to show them no one can protect them until they accept the request.

Moreover, some males use other females (girl friends of their friend) to convince strong and reluctant girls about early age sexual practice initiation. The primary data also showed the same finding; among the total number of the respondents who started sexual intercourse, 52.9%

of them reported that they had unsafe sex at some time in their life. As a result, 45.8% of the respondents were unable to negotiate when and how to have sex with their sexual partner including using condoms during intercourse. This clearly shows that apart from diminishing female students' academic achievement, it affects their health with unwanted pregnancy and abortion, which can result in loss of life. The information stated above shows that female students are facing multidimensional problems from the society, teachers and staff, those outside the school community, males with predatory behaviors, girls' female friends and more, which has a twofold effect on their education.

Study participants responded that female students were reluctant to report any forms of GBV which were committed against them. The respondents were asked why female students did not report such violence, and the result showed that about 57.1% could not get an eyewitness, 28.65% feared social stigmatization, 9.5% feared revenge, 2.4% did not have enforcement on the applicable law, and 2.4% of them were afraid to report as the abusers were among the school officials. Males commit such violence by keeping the right place and time like using wake ways where some individuals use, in dormitories, and evening where no public interference can happen. Apart from inability to get eye witnesses, some eye witnesses do not want to give their words for the concerned legal body whenever asked in fear of revenge for themselves and their families.

The school environment also has a paramount effect on female students' academic achievements. The quantitative data shows that the schools under the study do not have favorable learning-teaching environments for female students. The schools are surrounded by trees and do not have proper fences that prevent people outside the school community from easily getting in from any direction to abuse female students. About 45.8% of the study participants believe that the schools' environments are not proper and safe for female students. As a result, 39.2% of the respondents faced psychological harm, 29.2% faced physical violence, 20% faced domestic violence, 9.2% faced intimate violence and 2.4% faced sexual violence.

The quantitative data revealed that drug abuse and the tendency to commit GBV had a positive relationship. Among the total number of respondents, 60.8% reported that those who are committing GBV are drug abusers. This may be a result of the absence of rehabilitation centers and different clubs where students can freely discuss their feelings about GBV, its associated effects and its relationship with drug abuse. The schools under the study did not have school counseling and recovery centers for GBV survivors and drug abusing males. About 66.4% of the study participants replied that there were no such centers either in their schools or the town, and 30.3% replied that they did not know of the existence or absence of rehabilitation and counseling centers of GBV. This shows that there is a long way to go in addressing GBV and drug abuse.

Different studies show that female students are controlled by their male partners, elder family members and school mates. The primary data collected also revealed similar findings that about 39.2% of females were controlled by their male partners. Reasons to control females, in order of importance, include but are not limited to males' jealous behavior on seeing their partners talking or walking with other males, their partners refusing or denying sex with them, males accusing their partners of unfaithfulness, males insisting on knowing where their partners are, not permitting females to meet their girlfriends if males do not want them to, trying to limit their partners' contact with family, and inability to trust females with money. From this finding one can understand that female students are not free to make any decision, not even to select their female mates. The respondents' ages and their tendency to be controlled by males (family members, sexual partners and school mates) had weak positive correlation ( $n=120$ ,  $r=.216$ ,

p=.018). The respondents' age did not have significant impact on females to be controlled by males. There are other factors contributing to males controlling females.

The respondents were facing different types of GBV in and around their schools. The quantitative data showed that (n=120, sd=.918, mean= 2.78) most female students were affected by GBV. The respondents' age and their tendency to be affected by GBV (n= 120, r=.327, p=.000) had weak positive correlation. From this data we can understand that whenever the study participants' age is getting on their tendency to be affected by GBV is also slightly increased. Thus, there are other contributing factors exposing female students to GBV. On the other hand, the age of the respondents and their tendency to have more than one sexual partner at a time have weak negative correlation. Whenever female students' age increased, their tendency to have more than one sexual partner at a time (n=120, r=-.055) slightly decreased. This is because female students' understanding of GBV and its related consequences will be improved, and they start to decide reasonably with regard to the number of sexual partners to have and increase their ability to refuse sexual partnership requests from different males.

The respondents discussed the different types of physical violence they had been facing. This was supported by the quantitative data; about 96.7% had ever been pushed, shaken, or had something thrown at them by friends or strangers; 75% had ever been slapped, 65.8% had ever had their arms twisted or hair pulled; 46.7% had ever been kicked or dragged; 46.7% had ever been threatened or attacked with a knife or gun; and 6.7% had been strangled or burned. From the data above, we can understand that female students are facing different types of physical violence, which can likely affect their academic achievement. Mainly slapping, twisting female students' arms, and pulling their hair are widely prevalent and common types of physical violence in the schools under the study.

Though the quantitative data shows that there is a life-threatening form of physical violence, serious crimes have not been reported in the schools under the study. However, there were records of two females killed by their boyfriends at different times. One was a college student and the other a high school student. The college student was killed by her boyfriend in a room at a hotel, while the high school student was killed at her rented dormitory. This had a great psychological effect on female students and their families who would send their female children to a distant area for schooling, which increased the school dropout rate and poor academic records.

Some female students, especially those who came from rural areas and lived in a rented dormitory away from their families, either easily accepted sexual partnership requests or left their schooling in fear of revenge. A female respondent from a rural family receiving her education in Nigus T/Haimanot secondary school said "*manem aydereselenem*" meaning nobody will arrive soon to protect us. This was because their families, brothers and male relatives were all away from them and no one could give them protection and make them safe. This made female students feel like victims of males who were aggressive and did not believe in consensual relationships.

The qualitative data also showed that female students were frequently reporting males threatening to attack them with sharp materials and knives, especially out of the school compounds, and they said "*ezenetateleshalehu*" meaning I will cut you into pieces. Males with predatory behavior held and displayed sharp materials for female students, which harmed their psychology. There is no actual reported and recorded crime on students from the studied schools that affected them physically other than threats which affected them psychologically. Challenging this problem was difficult as the female students did not know the males who were



threatening them or their addresses. Whenever they were asked about the person who was frequently threatening them, they replied that they did not know him before and saw him for the first time and were warned not to report to the police and the school officials nor to tell their families.

### **Recommendations**

Based up on the findings of the study, the following recommendations can be forwarded to the concerned bodies. Governmental and non-governmental bodies should mobilize resources and allocate the necessary budget to offer trainings to secondary school students about communication skills, GBV, drug abuse and other reproductive health issues. Female students' fear of reporting GBV cases is developed due to their lack of awareness and supposition that no one can protect them.

The school officials along with police officers, community elders, parents and religious leaders have to undertake a continuous discussion about making the school security strong and safe for female students. The curriculum and the different words used in the teaching materials are not gender sensitive so that the students, staff members and even teachers give less emphasis to gender-based violence and its related consequences. Hence, the curriculum needs to be revised with words and examples stating that teaching materials have to be gender sensitive. In addition to this, deliver lessons two or three times a week on gender-based violence and related issues for about 10-15 minutes after singing the national anthem. Improving the awareness of male students to protect their female school mates has to be given serious emphasis.

Zonal and Wereda education offices together with the school officials should establish and strengthen the girls' club and other school clubs that can work for female students' educational achievement and cooperative prevention and protection of girls' victimization. Continuous participation of female students in such clubs improves their awareness about sexually transmitted diseases, unwanted pregnancy and abortion, which can likely result in health complications and school dropout.

Launch continuous discussion and sharing of information with police officers, school officials, student representatives and club members to help girls develop self-confidence and motivate students to report cases and defend themselves both individually and collectively.

Create and strengthen the schools' linkage with the surrounding communities and have continuous dialogue and discussion about GBV and its effects on girls and the society at large with students' parents.

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