



Prevalence of intimate partner violence and psychological wellbeing of women: the case of Wondo Genet Woreda, Sidama Region, Ethiopia

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Abstract

This study aims to assess women's roles in conflict resolution and peace-making among the Sidama people of Hula woreda, Southern Ethiopia. The study employed a qualitative approach and purposive sampling was used to select informants from the total women population. To collect necessary and relevant information, various instruments were used. These include an in-depth interview, group discussions, and structured observation. Concerning data sources, both primary and secondary data sources were employed. In Ethiopia, as in other developing countries, Men's and women's respective positions and roles have been presented in such dichotomous categories as public/domestic, nature/culture, and production/reproduction. These categories depict the men-women relations that constitute a relation of domination and subordination. To further discuss theoretical orientations, symbolic anthropology, feminist perspectives, and structural-functionalist views were examined. As the findings of this study depict, among others, one of the many major reasons for the low participation of Sidama women in indigenous conflict resolution mechanisms relates to low social status and discriminatory attitudes towards women. Women are the primary victims of conflict. The inclusion of women in conflict resolution mechanisms can be beneficial to ensure sustainable peace in society. To enhance women's participation in conflict resolution and peace building, patriarchal attitudes and discriminatory value systems should be eradicated. Women must be involved in conflict resolution at all levels. When they are not active participants, the views, needs, and interests of half of the population are not represented, and, therefore, interventions will not be as appropriate or enduring.

Keywords: conflict, conflict resolution, peace, Sidama, women

1. INTRODUCTION

1.1. Background of the Study

Intimate partner violence (IPV) is defined as the intentional use of physical force or power threatened or actual against a woman or man within a relationship which either results in a high likelihood of injury, psychological harm and death (WHO, 2013). Physical and sexual violence is considered “universal” type of violence affecting women and is more prevalent than any other type of violence globally (Samuels et al., 2017). IPV and domestic violence is a term often used interchangeably; however, IPV is a form of domestic violence that occurs between two people engaged in a close personal, emotional or sexual relationship (Smith et al., 2017). It is generally understood as a pattern of abusive behavior by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation (Garcia-Moreno, 2006).

IPV is a serious public health concern throughout the world with serious consequences for the health and wellbeing of the victims (Bacchus et al., 2018). Moreover, it poses a greater risk for physical, sexual and mental health problems and affects all the spheres of women’s lives such as self-esteem, productivity, autonomy, capacity to care for themselves and their children, ability to participate in social activities and even death (Garcia-Moreno et al., 2006). IPV occurs in all countries, irrespective of social, economic, religious or cultural group (WHO, 2012). According to World Health Organization, the global life-time rate of female physical or sexual IPV was estimated to 30% (WHO, 2013). However, the estimate of IPV varied globally. For instance, the prevalence of psychological, physical and/or sexual IPV ranged from 34.4% - 46.0% in South Asia (Afghanistan), from 30% - 33.3% in Latin America (Colombia) and from 13.3%-19% in Central Asia (Tajikistan) (Coll et al., 2019). Although there have been few reports of violence against women in Africa, available data showed 36.6% of women in Africa experienced lifetime physical and/or sexual IPV among ever partnered women (WHO, 2013). For instance, about 34% in Zimbabwe, 61% in Gambia and 55.5% in South Africa experienced physical/sexual IPV (Shamu et al., 2011).

In Ethiopia, women account for half of the Ethiopian population and are more vulnerable to this violence than men due to many economic and social factors that work against them (Mulatu, 2016). Even though, nowadays, though there is a progress in giving attention to women participation, studies on intimate partner violence against women’s (IPVAWs) in Ethiopia are few irrespective of different lifestyles, customs and culture of the people (NRPBP, 2004). According to some of available population-based studies from the northern and southern part of the country (Meskele et al., 2019; Chernet and Cherie, 2020), the prevalence of IPVAW varies from 50% to 71% during lifetime and 24% to 30% for the past 12 months.

Recent studies (Yitbarek et al., 2019; Adhena et al., 2020; Gebrewahd et al., 2020; Tiruye et al., 2020) have shown the occurrence of IPV in Ethiopia so far; more than one third of women who experienced any violence from their intimate partners had severe acts that could threaten them in their lifetime. This needs an urgent attention at all levels of societal hierarchy including policymakers, stakeholders and professionals to alleviate the situation. Thus, this research aimed to assess the prevalence of IPVAW and their psychosocial wellbeing in a sample of women aged 15-49 years living in Wondo Genet Woreda, Sidama Region, Southern Ethiopia.

1.2. Problem Statement

While women are valuable asset of the world, contrarily, they are also the most threatened ones. IPVAW is the most pervasive yet under estimated social and health problem that occur throughout the world (Isabel et al., 2007). In Ethiopia, violence against women is realized to be great concern, not just from a human rights perspective, but also from an economic and health viewpoint (Chernet and Cherie, 2020).

Protecting women against violence acts has different implications not only to the women herself but also the society as a whole. To ensure the sustainable development of a country, improved use of half of the world's population will enable to reduce poverty, attain fast economic growth, improve societal well-being and so on(OECD, 2008). However in the developing countries, women are not given special attention as resource. Owing to this, they remain more consistently late than men in formal labour force participation, credit access, income levels, and ownership and inheritance rights (Eneyew and Mengistu, 2013). In general, neglecting women's participation slows down poverty reduction and economic growth. If the situation continues in the same way, countries will pay more to bring development in all directions.

In Ethiopia, intimate partner violence and other forms of VAW have existed as acceptable social norms and considered as the way of shaping behaviours for centuries; they continue to be condoned and even accepted as positive practice in many societies. So far, studies (Abeya et al., 2011; Deribe et al., 2012; Semahegn and Mengistie, 2015) have indicated that more than half of women experience violence from their intimate partners at least once in their life time. However, those studies conducted in the country so far are limited to some specific form of IPV. For instance, from western and northern part of Ethiopia, the study focused on the prevalence, patterns and associated factors of IPV against women in East Wollega Zone (Abey et al.,2011) , among pregnant women in Tigray (Adhena et al.,2020) and from southern part of Ethiopia particularly from Sidama Region. The study was done on the prevalence and risk factor of IPV (Regassa, 2011); in Wolaita Zone. The study focused on the prevalence and associated factors of IPV among women living with and without HIV (Meskele et al.,2019) and in Gedeo Zone and an attempt was made to study the disclosure of IPV and associated factors among victim women (Liyew et al.,2020). To the best of our knowledge, there is no previous study reported on IPV and psychological wellbeing of women in Sidama Region particularly in Wondo Genet Woreda. Therefore, there is a need to conduct an intensive research to fill these gaps and provide baseline data with regard to intimate partner violence and psychological wellbeing of married/cohabite women. Hence, the aim of this study was to assess intimate partner violence (physical and sexual) and psychological wellbeing against women in Wondo-Genet Woreda, Sidama region.

1.3. Significance of the Study

This study is hoped to contribute to the general knowledge by presenting representative figures on the prevalence of IPV and psychological wellbeing of women from their partner in Wondo Genet woreda of Sidama Region. There is a need for protective efforts to break the norms that sustain women vulnerability in the society. Particularly married women and those girls who have intimate partner will be beneficiaries as it can increase their awareness on the problem of IPV. Moreover, the output of this study may help children by protecting from psychological and social problems. Furthermore, education will be targeted to shape children during their early age. It also gives insight for the community about the severity of such problem. The

higher institutions in the continent of Africa, especially in developing countries, particularly in Ethiopia, may establish prevention and intervention programs that would address the needs of victims as well as the protection mechanisms from future attacks. In addition, more than three quarter of women who experienced any physical violence had severe acts that could threaten them in their lifetime. This needs an urgent attention at all levels of societal hierarchy including policymakers, stakeholders and professionals to alleviate the pernicious situation.

1.4. Objective of the Study

1.4.1. General Objective

The major objective of this study was to assess the prevalence of intimate partner violence and psychological wellbeing of women in Wondo Genet Woreda of Sidama Regional State.

1.4.2. Specific Objectives

- to examine the prevalence of intimate partner's violence among married/cohabited women.
- to examine the impact of women's socio-demographic characters on prevalence of intimate partner's violence among married/cohabited women.
- to explore the possible connections between IPV (physical and sexual) and psychosocial wellbeing.

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2. MATERIALS AND METHODS

2.1. Description of the Study Area

Wondo Genet is one of the Woredas located in the Sidama Regional State located in the great rift valley of Ethiopia that extends between 6o 59'N- 7o06' N and 38o37' - 38 o 43' E, 1720-2620 m a.s.l., about 272 km south of the capital city, Addis Ababa, and about 24 km east of Hawassa Town (WGWA, 2009). Wondo Genet Woreda is borders Malga Woreda to the south, Hawassa ZuriaWoreda to the west and Oromia Regional State to the north and east. The woreda has 14 kebeles (the lowest administrative unit in the government structure of Ethiopia). The total population was 154,372 with 75,642 males and 78,730 females. The total number of women in reproductive age in the Woreda was 15,588 (SRHO, 2013).

2.2. Study Subject

The source population for this study was all married/cohabited women aged 15-49 years from the population of Wondo Genet Woreda. The study was conducted in five kebeles among randomly selected women who were currently married or cohabited. Those women who were seriously sick or unable to give information to the data collectors and those who were not permanent residents (lived in the kebele for less than 6 months) was excluded from the study. The aforementioned group was selected as it is at the highest risk of intimate partner violence (Garcia-Moreno et al., 2006).

2.3. Study Design

A cross-sectional population based household survey was used to conduct the study from September 2020 to November, 2020.

2.4. Sample size and Sampling Procedure

The sample size estimation used in this study was adopted from Cochran (as cited in Mamo et al., 2019) the formula of the equation is given as follows:

$$n = \frac{\frac{z^2 p(1-p)}{d^2}}{1 + \frac{1}{N} \left[\frac{z^2 p(1-p)}{d^2} - 1 \right]}$$

Where n = sample size, z is the upper points of standard normal distribution with $\alpha=0.05$ significance level, which is $z= 1.96$, d is the degree of precisions (0.05), p is the proportion of women facing violence which is taken from the other previous studies as 0.612 or 61.2% of the prevalence of intimate partners' violence in Sidama Region Regassa, (2011) was considered for the calculation of sample size and 10% was added to compensate for possible non-response which gave a total of 393 ever-married/cohabited women.

A two-stage cluster sampling technique was used to select the households. First, the woreda administrative kebele had to be taken as clusters. Among those cluster sampling, 5 clusters were randomly selected using the lottery method as the primary sampling units. Then, in the second stage of sampling, the sample size was allocated to each selected kebeles proportionally based on their expected number of women in reproductive age in each kebeles. The study participants were selected by using systematic random sampling technique with an interval ($K = \text{total population of the selected kebele/desired sample size determined}$) was used to select the household. Thus, every (19 and 16) household was interviewed from Abaye and Edo kebeles respectively while every (11), (7) and (1) households were interviewed from Wondo Genet Kela town, Babo Chororo and Gike Gina kebeles respectively. Ultimately, systematic random sampling was employed to identify respondents from the selected households as a study unit. In a situation when the household has two or more eligible subjects, only one was selected by lottery method to control the potential intra-household correlation (Binson et al., 2000). In case, the woman was not present at her home during data collection, an attempt was made to get her two times after the first visit and if she was still absent, a woman in the next order on the list was included and then subsequent household was included according to the already predetermined order. A woman who refuses to participate in the interview was considered as non-respondent.

2.5. Study Methodology

2.5.1. Data collection tools and procedures

The instrument was an interviewer-administered questionnaire. It included the following scales.

Physical and sexual violence scale was adapted from the modified version of Conflict Tactics Scale, CTS; Straus (1979). This was assessed with a list of 10 items, measuring the frequency

with which women were exposed for different violent acts (Pushed, grabbed, or shoved, beat, choked, etc.) in the previous 5 years using two response alternatives (“yes” or “no”). The yes response was accepted as occurrence of physical and sexual violence.

The psychological wellbeing of the respondents was assessed based on Ryff’s scales of Psychological Wellbeing (Ryff, 1995) to measure six theoretically motivated constructs of psychological wellbeing (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance) including 42 items (response alternatives from 1 = strongly disagree to 6 = strongly agree). Internal consistency of the scale is good for sample ($\alpha = 0.77$). Cronbach alpha for the total scale is good.

The structured questionnaire was prepared first in English and then translated to the local language (Amharic and Sidamu Affo). Maximum care was taken in wording the questionnaire to make ideas clear and unambiguous. In order to maintain consistency in the translation with the English version, the questionnaire was translated back into English by another language expert. The contents of the questionnaire included socio-demographic variables, physical and sexual violence, and psychological wellbeing.

A three-day training was given to data collectors in order to make them familiar with the objectives, the techniques, and the methodology of the research. The training aimed at standardizing their interviewing skills and ensures that the interviews were done in a consistent manner.

Data were collected through door to door interviewer-administered questionnaire in either the Sidamu Affo or Amharic language with women of reproductive age (15–49 years). Verbal informed consent was taken from all the respondents before the interview so as to ensure that all information that each respondent provided would be kept confidential based on the recommendation of WHO (2002) so as to maintain the safety and ethical considerations during the collection of data on violence. For instance, an attempt was made to conduct the interviewing of the women in a private setting in the absence of husbands or intimate partner. Questionnaire was administered to only one woman per household. Data collectors were elementary school teachers who knew the local language and who had experience in data collection on similar survey. The interview was conducted individually with the trained interviewers at a suitable location for the respondents, usually outside their home but in the same compound.

Prior to the actual data collection, a pre-test was conducted on 5% of the total sample size in a similar setting but outside the study area. Findings were discussed among data collectors and the investigators in order to ensure a better understanding about the data collection process. Based on the pre-test, questions were revised and edited, and those found to be unclear or confusing were modified. In order to maintain the internal consistency of the tool and to determine the reliability of the test, Cronbach’s Alphas reliability measurement model was applied. If the alpha was greater than (0.80), the item is considered to be reliable and the test is internally consistent. If the items in the test had a low correlation, rejecting the item that is inconsistent with the rest and retaining the item with the highest average inter-correlation was done via item analysis as cited by Meskele et al. (2019). The principal investigator closely supervised the completeness of the questionnaire and performance of the data collectors. Completion of the questionnaire required about 15-20 minutes.

2.5.2. *Inclusion Exclusion Criteria*

Only ever-married women in reproductive age who reported their experience of IPV were considered. Thus single/unmarried women and women who did not report their IPV experience were excluded.

2.6. **Data Management and Analysis**

Data were entered in to Excel and exported to SPSS version 20 and cleaned for inconsistencies, missing values and analysis. Descriptive statistics such as frequencies, percentages, mean and standard deviations were used to describe the prevalence of IPVAW. The possible connections between IPV (physical, sexual violence) and psychological wellbeing was analysed using Pearson's correlation. To examine how IPV (physical and sexual) impaired the socio-demographic variables of married/cohabited women, the researchers used binary logistic regression for the variables that fulfil the assumptions for chi-square and all explanatory variables that have association with the outcome variable at p-value of less than 0.05 was selected as candidates for multivariable analysis. Hosmer-Lemeshow and Omnibus tests were conducted to test appropriateness of the model. The multivariable analysis was performed in the binary logistic regression up on controlling for the possible confounding factors. Odds ratios with 95% CI were reported to show the strength and direction of the associations. Finally, variables with a p-value of less than 0.05 ($p < 0.05$) in the logistic regression were considered as statistically significant.

2.7. **Theoretical Framework**

Psychological theories strive to investigate the causes and reasons behind the act of intimate partner violence, but no single theory would fully explain intimate partner violence against women since it is multi-factorial. For instance, the psychodynamic perspective is largely based on the groundbreaking idea of Sigmund Freud. It is sufficient to note that Freud thought that human behaviour, including violent behaviour, was the product of "unconscious" forces operating within a person's mind. Freud also felt that early childhood experiences had a profound impact on adolescent and adult behaviour (Bartol, 2002). On the other hand, behavioural theory perspective maintains that all behaviour including violent behaviour is learned through interaction with the social environment. Behaviourists argue that people are not born with a violent disposition; rather they learn to think and act violently as a result of their day-day experiences (Bandura, 1977).

3. RESULTS

3.1. **Socio-demographic characteristics**

Out of 393 expected study participants, 384 of them attended the interview sessions and a questionnaire was administered to them making a response rate of 97.7%. Most of the respondents (68.5%) were in the age range of 25-34 years. The majority of the study participants lived in rural areas (80.2%), but had a relatively low level of education only 14.3% of them attended higher education while the remaining 85.7% of them attended secondary and below; however, majority of the respondents' partners'/husbands' education level 288(88.9%) attended higher education while the remaining attended secondary education. With regard to the religion of the respondents, the maximum participants 256(79%) were Protestant religion followers. Regarding their occupation, half of 200 (52.4%) the respondents were housewives, 94 (24.5%)

were daily labourers and the remaining 90(23.4%) of them were governmental employees. Conversely, majority of the respondents' husbands'/partners' occupation, 300(92.6%) were governmental employees while the remaining 13(4%), 5 (1.5%) and 4(1.2%) were non-governmental organization employees, farmers and daily labourers respectively (See Table 1).

Table 1: Socio-demographic characteristics of married/cohabited women aged 15-49 years and their husbands/partners in Wondo Genet Woreda, Sidama Region, Ethiopia 2020(n= 384).

Variables	Category	Frequency	Percent (%)
Age	15-24	43	13.3
	25-34	222	68.5
	35-49	59	18.2
Residence	Rural	308	80.2
	Urban	76	19.8
Education level	No education	14	3.6
	Primary	77	20.1
	Secondary	238	62
	Higher	55	14.3
Religion	Orthodox	23	7.1
	Muslim	14	4.3
	Protestant	256	79
	Catholic	31	9.6
Monthly income	500-1500	18	5.6
	1500-3000	38	11.7
	>3000	268	82.7
Partner's/Husband's education level	Secondary	36	11.1
	Higher	288	88.9
Respondent's occupation	Housewives	200	52.1
	Daily labourer	94	24.5
	Governmental employee	90	23.4
Variables	Category	Frequency	Percent (%)
Husband's/partner's occupation	Governmental employee	300	92.6
	Non-governmental	13	4.0
	Daily labourer	4	1.2
	Farmer	5	1.5

Prevalence of Physical and Sexual Violence in the Previous Five Years among Married / Cohabited Women in Wondo Genet Woreda

Different features of physical and sexual violence were identified among married/cohabited women in Wondo Genet woreda. Among the features of physical and sexual violence, the majority of the study participants (282(73.4%) of the women) were threatened with hit with their fist or anything else that could hurt them and 278(72%) of the women were pushed, grabbed or shoved in a way that could hurt them. Moreover, some features of physical and sexual violence like slapping (259 (67.4%)), beating(230(59.9)), kicking her with his fist (94(24.5%)) and forcing her into any unwanted sexual activity by threatening, holding down or hurting her in some way (142 (37.0%)). As summarized in Table 2, the overall prevalence of physical and sexual violence in the targeted area is 59.9%.

Table 2: Prevalence of physical and sexual violence among women aged 15-49 years in Wondo Genet Woreda, Sidama region, Ethiopia 2020(n= 384).

Variables	Yes		No	
	N	%	N	%
Threatened to hit you with his fist or anything else that could have hurt you	282.0	73.4	102.0	26.6
Thrown anything at you that could have hurt you	34.0	8.9	350.0	91.1
Pushed, grabbed or shoved you in a way that could have hurt you	278.0	72.4	106.0	27.6
Slapped you	259.0	67.4	125.0	32.6
Kicked, bit or hit you with his fist	94.0	24.5	290.0	75.5
Hit you with something that could have hurt you	20.0	5.2	364.0	94.8
Beat you	230.0	59.9	154.0	40.1
Choked you	100.0	26.0	284.0	74.0
Used or threatened to use a gun or knife on you	14.0	3.6	370.0	96.4
Forced you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way	142.0	37.0	242.0	63.0
Summary	1453.0	37.8	2387.0	62.2

Prevalence of Psychological Wellbeing of Women in Wondo Genet Woreda

In the present study, the six Likert scale was categorized into three categories (Roslan et al. (2017): low (1.40-2.82), moderate (2.83-4.25) and high (4.26-5.67). Concerning the overall level of psychological well-being, the mean level was moderate ($M = 4.00$, $SD = 0.54$), as shown in Table 4. Descriptive analysis was used to determine the level and pattern of women's psychological wellbeing on six of its dimensions (self-acceptance, positive relations with other, autonomy, environmental mastery, purpose in life and personal growth). The findings indicated high score on the dimension of autonomy ($M = 4.37$, $SD = 0.45$), followed by purpose in life ($M = 4.34$, $SD = 0.52$), environmental mastery ($M = 4.01$, $SD = 0.49$), self-acceptance ($M = 3.93$, $SD = 0.63$), positive relations with others ($M = 3.77$, $SD = 0.64$) and personal growth ($M = 3.54$, $SD = 0.48$).

Table 3: Overall level of women's psychological wellbeing by subscale

Dimensions	Mean	SD
Autonomy	4.37	0.45
Environmental mastery	4.01	0.49
Personal growth	3.54	0.48
Positive relationship	3.77	0.64
Purpose in life	4.34	0.52
Self-acceptance	3.93	0.63
Over all of psychological wellbeing	4.00	0.54

The Possible Connections between IPV and Psychological Wellbeing of Married/Cohabited Women in Wondo Genet Woreda

As depicted in Table 5, the estimated Pearson correlation coefficient between psychological wellbeing and physical and sexual violence was significant ($r = -.256$; $p < 0.005$). The result implied that psychological wellbeing has an indirect effect on women's physical and sexual violence.

Table 4: Relationship between psychological wellbeing, and physical and sexual violence

Correlation		Psychological wellbeing	Physical and sexual violence
Psychological wellbeing	Pearson Correlation	1	-.256**
	Sig. (2-tailed)		.000
	N	384	384

** . Correlation is significant at the 0.01 level (2-tailed).

Logistic Regression Results for Socio-demographic Characteristic on Physical and Sexual Violence of Married/Cohabited Women in Wondo Genet Woreda, Ethiopia 2020($n = 384$)

The study employed ten questions to assess the socio-demographic factors that affect the physical and sexual violence of married/cohabited women. Participants were provided with ten questions that could be answered by saying either 'Yes' or 'No'. One point was given for each occurrence of the event IPV, zero point was deducted for each where an event does not occur. The range of the IPV score was 0 to 1 and was categorized as $< 0.5 =$ No IPV, and $\geq 0.5 =$ IPV occurred.

A multiple logistic regression model of the form was employed to determine the effect of the independent variables on physical and sexual violence of married/cohabited women. In this model, β_0 was constant, while $\beta_1, \beta_2, \beta_3, \dots, \beta_8$ were regression coefficients and $X_1, X_2, X_3 \dots X_8$ were age, residence, marital status, religion, educational level, training and farm experience. The Omnibus tests of models coefficient ($\chi^2 = 155.507, p < 0.001$) which was highly significant beyond 0.001 levels indicating that the predictor variables presented in Table 3 have a joint significant importance in predicting IPV status. The model chi-square value was 353.584a on 8 degrees of freedom and was highly significant beyond 0.005 levels indicating that the inclusion of the explanatory variables contributed to the improvement in fit of the full model as compared to the constant only model. The Cox and Snell and Nagelkerke pseudo R-square values of the model were .333 and .453, respectively. The Hosmer-Lemeshow test result reported chi-square value of 3.66 with p-value of .886 on 8 degrees of freedom. However, this p-value is greater than the 0.10 and 0.05 levels showing that there is no difference between the observed and the model predicted values and hence estimates of the model fit the data at an acceptable level. The coefficients of the estimated model are shown in table 5 below. The sensitivity and specificity indicate that 78.1% of IPV were correctly predicted in their respective categories.

Table 5: Result of logistic Regression model

Dependent variable: IPV Independent Variables	Category	95% COR	CI AOR	95% C.I. for EXP(B)		P-value
				Lower	Upper	
Age	15-24 reference					
	25-34	1.446	4.244	1.443	12.485	0.009
	35-49	-0.429	0.651	0.262	1.617	0.355
Residence	Urban Ref					
	Rural	1.848	6.349	3.163	12.745	0.000
Marital status	Divorce Refe					
	Married	0.093	0.911	0.743	92.081	0.086
Religion	Orthodox					
	Muslim	-0.040	0.961	.201	4.594	.960
	Protestant	.289	1.335	0.468	3.309	0.589
	Catholic	.571	1.771	.479	6.549	0.392
Monthly income	500-1500birr					
	1500-3000birr	3.564	35.294	6.140	202.870	0.000
	3000birr and above	.277	1.319	0.431	4.037	.628
Respondent's occupation	Governmental employee					
	Daily labourer	.950	2.587	1.130	5.922	0.025
	House wife	.254	1.289	0.634	2.623	.483
Partner's occupation	Governmental employee					
	NGO	.347	.1.415	.443	4.522	0.558
	Daily labourer	.897	2.452	.213	28.201	0.472
	Farmer	-0.69	.934	.210	4.149	0.928
Education level	No education					
	Primary Level	8.269		0.743	92.081	0.329
	Secondary	9.302		0.87	99.43	0.086
	Above secondary	8.9		0.778	101.798	0.065
Partner's education	Secondary					
	Above secondary	.078	1.081	0.355	3.288	0.891

According to Table 3, the odds of IPV (yes =1) was positively related to respondents age categories, especially related to the age category 25-34 years, whose log odds is 1.446. The estimated odds ratio (OR = 4.244, CI=1.443-12.485) indicates that within 25-34 age categories the odds of women IPV increase by a factor of 4.244. The confidence interval indicates that the odds could be as little as 1.443 times as much as 12.485 times as large with 95% confidence holding all other independent variables constant while there is no significant difference between women aged 35-49 and 15-24 years old. Concerning to residence of respondents, the odds of women IPV (IPV =1) was positively related to their residence, whose log odds is 1.848. The estimated odds ratio (OR=6.349, CI=3.163-12.745) indicates that women living in the rural area are 6.349 times more likely vulnerable to IPV than those living in urban area. The confidence interval indicates that the odds could be as little as 3.163 times as much as 12.745 times as large with 95% confidence. Women living in a household earning annual income 1500 – 3000birr were 35.294times more likely to experience IPV than women living in a household earning less than 500 – 1500birr (OR = 35.294, 95%CI = 6.14, 202.87).Regarding respondents' occupation, the odds of women was positively related to their occupation, whose log odds

is 0.950. The estimated odds ratio (OR= 2.587, CI= 2.130-5.922) indicates that women with daily labourer occupation 2.587 times more likely exposed to IPV than those governmental employee. As depicted in the table, respondents' marital status ($p>0.05$), educational status ($p>0.05$), religion ($p>0.05$) and parental occupation failed to be significant.

4. DISCUSSION

This study was conducted to assess the prevalence of IPV and psychological wellbeing against ever-married/cohabited women in Wondo Genet Wereda, Sidama Region, Ethiopia. Accordingly, the overall prevalence of IPV (physical and sexual violence) in this study was 37.8%, which indicates that a significant number of women in the woreda are still suffering from it. The prevalence of IPV against women in this study is comparable with the result of other similar studies in Congo D. R., which is 36.7% (Coll et al., 2019), India (35%) (Silverman et al., 2008), Ethiopia (34.1%) (Tiruye et al., 2020) and in Zimbabwe (34%) (Shamu et al., 2011). However, the result in this study is lower than the report from western Ethiopia (72.5-76.5%) (Abeya et al., 2011), from south west Ethiopia (64.7%) (Deribe et al., 2012) and from northern Ethiopia (50.8%) (Yigzaw et al., 2004). A possible explanation for the discrepancy of the results may be cultural differences among northern and southern part of the Ethiopia and also differences in the study setting.

The finding of this study revealed the occurrence of IPV in southern Ethiopia, but currently the event decreases from that of previously reported by Regassa (2011), which is 14.7 - 61.2% from Sidama Zone, by Meskele et al. (2019) (59.7%) from Wolaita Zone, by Liyew et al. (2020) (51%) from Dilla town, Gedeo Zone. This difference may be due to the improvement made on IPV in the area. The results correspond with previous studies in the southern region of Jordan in which negative association between IPV and psychological-wellbeing (Hamdan-Mansour et al., 2011).

This study found that 25–34 years old women are more likely to experience IPV than 15–19 and 35-49 years' old ones. A possible explanation for the age may be because women at this age are more active to involve in different societal activities than the women at other age. This finding is nearly consistent with other studies in Ethiopia (Chernet and Cherie, 2020) and other research in eight southern African countries (Andersson et al., 2007). Regarding the place of residences of women living in the rural area is 6.349 times more likely vulnerable to IPV than those living in urban area. This higher prevalence rate of IPV on rural women may be due to the fact that it has been an accepted a normal cultural practice, lack of consciousness of both women and men concerning the negative effect of violence and consideration of the violent acts as ways of shaping wife's behaviour. This finding is consistent with the others conducted in Ethiopia (Chernet and Cherie, 2020) and USA (Peek-Asa et al., 2011).

This study found out that the women living in household with a middle monthly income were more likely to experience IPV than those with lower income. This finding is in line with the finding of Semahegn et al. (2015) and it contradicts with the finding in Australia; within low-income families, both partners experience higher levels of IPV (Ahmadabadi et al., 2017).

This study also found out that moderate level of overall psychological wellbeing of women with this perception was reflected positively on their lives. Nevertheless, the dimension with the moderate mean score was environmental mastery, self-acceptance and positive relations with others.

This study, in addition, found out that moderate level of overall psychological wellbeing of women experienced IPV. This finding is in line with the finding of Hamdan-Mansour et al. (2011). According to Ryff (1989), psychological wellbeing is active engagement in a number of existential challenges. Accordingly, women with higher perception of environmental mastery and self-acceptance were subject to lower rates of abuse. Nevertheless, the results showed that environmental mastery and self-acceptance of the women were at moderate level. This indicates that those women who have moderate sense of mastery and competence in managing the environment were vulnerable to lower rates of all forms of IPV.

4.1. Conclusion

The prevalence of IPV was found high in the study area and this high IPV prevalence was accountable not only to individual factors but also to relationship and community-level characteristics which have implications in women's psychological wellbeing. The findings also suggest that interventions against IPV require multi-sartorial collaborations. It also needs the involvement of different stakeholders from communities as well as governmental and non-governmental organizations to end the intergenerational cyclic effect of IPV. There is a need of empowering women that is most probably related to lower rates of IPV and also need of giving special attention for women living in rural area, women's monthly income and 25–34 years old women to decrease the burden of IPV.

5. CONFLICT OF INTEREST STATEMENT

No conflict of interest was reported.

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