

**Sexual Violence Against Female Students in Secondary
Schools: The Case of Lem Secondary School (Addis
Ababa City)**

**By
Felekech Muluneh**



**Submitted to
Indra Gandhi National Open University (IGNOU), for
Partial Fulfillment of MSW Degree in Social Work**

Advisor: Dessalegn Negeri (PhD Candidate)

**April, 2006
Addis Ababa**

DECLARATION

I hereby declare that the dissertation entitled. Sexual Violence against Female students in Secondary School: The Case of Lem Secondary School in Addis Ababa City, Submitted by me for the partial fulfillment of the MSW to Indira Gandhi National open University (IGNOU) new Delhi is my original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in parts is lifted and incorporated in this report from any earlier work done by me or others.

Place: Addis Ababa/Ethiopia

Date _____

Signature: _____

Enrolment No: ID _____

Name: Felekech Muluneh

Address: e-mail felekechmulunaeh@yahoo.com

Phone No. _____

CERTIFICATE

This is to certify that Mr/Mrs Felekech Muluneh student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his/her project work for the course MSWP-001. His/her project work entitled. Sexual Violence against Female Students in Secondary School: The case of Larn Secondary School in Addis Ababa City. Which he/she is submitting, is his/her genuine and original work.

Place: _____

Date _____

Signature: _____

Name _____

Phone No. _____

Table of Contents

	Pages
Acknowledgment	i
Acronyms	ii
List of Tables	iv
List of Figures and Maps	v
Abstract	vi
CHAPTER ONE	1
1. Introduction	1
1.1. Background Information	1
1.2. Statement of the Problem	4
1.3. Objectives of the Study	6
1.3.1. General Objectives	6
1.3.2. Specific Objectives	6
1.4. Hypothesis	6
1.5. Research Questions	7
1.6. Operational Definitions of Some Terms	7
1.7. Significance of the Study	9
1.8. Limitations and Scope of the Study	9
1.9. Organization of the Study	10
CHAPTER TWO	13
2. Review of related literature	13
2.1 Prevalence and Contributory Factors of Sexual Violence	13
2.1.1. Prevalence	13
2.1.2. Contributory Factors of Sexual Violence	14
2.2. Psycho-Social Factors Promoting Sexual Violence	20
2.2.1. Psychological Factors	20
2.2.2. Normative Characteristics of the Society	21
2.2.3. Pornography	28
2.3. Consequence of Sexual Violence	28

2.3.1. Psychological Problem	28
2.3.2. Effects of Reproductive Health.....	29
2.4 Legal Aspects of Sexual Violence.....	34
CHAPTER THREE.....	35
3. Research Design and Methodology	35
3.1. Research Setting	35
3.2 Research Design.....	37
3.3 Conceptual Framework of the Study.....	38
3.3.1 The Inter-relation of variables in the above Framework.....	39
3.4 Sample Selection.....	41
3.5 Sampling Procedure	41
3.6 Sample Size Determination.....	43
3.7 Data Collection Methods.....	43
3.8 Data Collection Management.....	44
3.9 Data Processing and Analysis.....	44
3.10. Ethical Considerations	44
CHAPTER FOUR.....	46
4. Analysis of quantitative and Qualitative study	46
4.1 Results of the Univariate Analysis	46
4.1.1 Socio-Demographic Characteristics of the Respondents.....	46
4.1.2. Socio-Economic Characteristics of the Respondents	48
4.1.3. Sexual Characteristic and Experience of the Respondents	50
4.1.4. Parental Background Characteristics of the Rape Victims	55
4.1.5. Occurrences of various unwanted sexual acts	55
4.1.6. Uses of substance Before Rape Incidence	56
4.1.7. Report of Forced Sex to Legal Bodies and Seeking Help.....	57
4.1.8 Causes of the Rape Victims Hiding their Injuries and Tactics of Escaping From Attempted Rape.....	60
4.1.9. Problems and Outcome of Rape.....	61

4.1.10. Attitude of the Respondent towards Sex before Marriage.	62
4.1.11. Knowledge of Self Protecting from Unwanted Pregnancy..	64
4.1.12. Types and Preference of Contraceptives Use	64
4.1.13. Knowledge of a friend/relative (of rape victims) by the respondents.....	65
4.1.14. Awareness of HIV/AIDS.....	67
4.2. Result of Focus Group Discussion	69
4.2.1. Female Focus Group Discussion	70
4.2.2. Male Focus Group Discussion	76
CHAPTER FIVE	80
5. Findings and Discussion	80
CHAPTER SIX	88
6. Conclusion and Recommendation.....	88
6.1 Conclusion	88
6.2 Recommendation.....	90
REFERENCES	
Appendix I	
Appendix II	

Acknowledgment

Any accomplishment requires the effort of many people and this research work is not different.

I wish to express my deep appreciation and gratitude to my advisor Desalegn Negere (PhD Candidate), for the invaluable guidance and supervision of my paper. The efforts he made in improving my paper is much beyond his responsibility as an advisor.

My thanks also go to my husband, Aimiro Nigussie for his encouragement of moral, financial support and in editing.

I thank my son, Mati Aimiro and my sister son Aberham Fisseha in typing and writing.

Finally I thanks God who helped me to accomplish this MSW piece of research.

Acronyms

AEB	Addis Ababa Education Bureau
AIDS	Acquired Immune Deficiency Syndrome
ASL	Above Sea Level
AU	African Union
CSA	Central Statistic Authority
ECA	Economic Commission for Africa
EDHS	Ethiopia Demographic and Health Survey
EMJ	Ethiopian Medical Journal
EJHD	Ethiopian Journal of Health Development
FDRE	Federal Democratic Republic of Ethiopia
FGAE	Family Guidance Association of Ethiopia
FGD	Focus Group Discussion
HIV	Human Immune Virus
MOE	Ministry of Education
MOH	Ministry of Health
PRB	Population Reference Bureau
SNNPR	Southern Nations Nationalities and Peoples' Region

SPSS	Statistical Package for Social Science
STD	Sexual Transmitted Diseases
UN	United Nation
UNAIDS	United Nations Program on AIDS
UNICEF	United Nations Children's Fund
WHO	World Health organization

List of Tables

	Pages
Table 3.4.1. Number of school Grades, Number of female students and Sample Size by School Section	43
Table 4.1. Socio-demographic characteristics of female Students in Lem Secondary School, 2013	47
Table 4.2. Socio-Economic Characteristics of Female Students’ Parent (relative) of Lem Secondary School , 2013.....	49
Table 4.3. Sexual characteristics of female students in Lem Secondary School, 2013.....	51
Table 4.4. Parental Background Characteristics of the Rape Victims’ Female Students in Lem Secondary School, 2013.....	54
Table 4.5 Unwanted Sexual Act against Female Students in Lem Secondary School, 2013.....	56
Table 4.6. Substance used by rape victims before the rape incidence ..	57
Table 4.7 Report of Forced Sex and Places of Seeking Help	58
Table 4.8 Causes of Rape Victims Hiding their Injuries & Legal Action	59
Table 4.9 Problems and outcomes of rape related to health.....	61
Table 4.10 Attitude of the respondents towards premarital sex	63
Table 4.11 Knowledge of Self Protecting from Unwanted Pregnancy Knowledge of Self Protecting from Unwanted Frequency Performance.....	64
Table 4.12 Types of Contraceptive Preferred to Use by Female Students.....	65
Table 4.13 Knowledge of a friend / relative (victim) by respondents.....	66
Table 4.14 Awareness of HIV/AIDS.....	68

List of Figures and Maps

	Pages
Figure 1. Interacting Variables in the above Frame Work that tends as Contributing Factors in Sexual Violence	41
Map 1.....	38
Map 2.....	39

Abstract

The study was carried out in November, 2013 with a total sample size of 150 female Lem secondary school students. To find out different forms of sexual violence and its contributory factors deep investigation was made. The study was a cross-sectional in design. Questionnaire and FGD were the major tools employed in the data gathering operation. The study result indicates that rape (21percent) and attempted rape (25 percent). The likelihood of acquiring HIV/AIDS among female students was also reported to be 29.9 percent. Moreover, contraceptive use 75.2 percent and knowledge of self protecting from unwanted pregnancy were revealed 84.2 percent. To keep them safe from HIV infection 77.3 percent of the participant students' preference was abstinence. On the other hand, the finding of the study indicated that 9.7 percent of the rape victims had a habit of chewing chat and multiple sexual partners (60 percent) were indicated as the major route to HIV transmission. Added to this, patriarchal norms, living arrangement of the students and location of Lem secondary school at Bole sub city were found to be the major contributory factors to sexual violence. Finally, to tackle the problem, sex education at school level and awareness creation would be vital. The study by itself has no less importance in tackling the problem in the making.

CHAPTER ONE

1. Introduction

1.1. Background Information

Researches defined sexual violence as unwanted sexual act perpetrated or attempt to obtain a sexual satisfaction between sexes. Still others like Jewels (2002) defined it as sexual comments or advance of acts to traffic by coercion regardless the consent of the victims in any place. Nevertheless, all various definition and description given for the concept sexual violence melts down to the meaning coercingly, tactically and skillfully conduct of act and/or comment put against female being for satisfaction of sexual desire. Wellesley(2003) also explicitly states that, although sexual violence commonly known in all places over the world, in developing countries the problem is severe and violence is extremely taking place with increased risk of HIV infection.

Despite the fact that there is encouraging progress in the improvement of the situation in the developing countries like that of ours, and in spite of new laws, regulation and constitutional amendment, the problem is increasingly becoming prevalent in many east Asian countries like India, Pakistan, China and others where their national economy is showing increasing progress, gender based sexual violence and harassment is becoming apparently common. In this regard, the recent gang rape in India is the most cruelly committed human right violation which ended up with the death of the victim ([http : \(//www.huffingtonpost.com.](http://www.huffingtonpost.com)) So, as Wellesley (opcit.,) rightly stated, in developing world where economic imbalances are extreme, literacy

rates low, basic universal education is minimal, the HIV pandemic is often devastating. Thus, the impact of gender violence is particularly very significant.

Likewise, as the survey conducted by the researcher (2013) in Bole sub city where Lem Secondary is found indicates, if not all, large number of female students in schools, in the sub city, are prone to sexual violence with long term impact, such as sexually transmitted diseases and mental depression which usually perpetrated against them both by intimate and non intimate parties. In fact, all the mentioned abuses are the results of unwanted body touching of any kind, rape and direct physical contact, verbal ways. Sexual activity conducted on female students regardless of legal age consent of the victims, by any means is abuse. Wellesley, has argued that use of overt language, provocation by teasing and mocking about personal appearance and dress of female students are among ways of perpetrating abuses. Although at this stage we cannot tell exactly why and when at what specific places the abuses have been taking place, the pilot survey has shown that the abuses are significant and prevalent in Lem secondary school which has been the subject area of the research.

Specifically, gender based violence undoubtedly adversely affected female education attainment which is manifested in loss of concentration in class, bad feeling about self, missing school and increasing number of drop outs from school. Alike in schools in many countries, schools in Addis Ababa in general in Lem secondary in particular does not give due attention to the complaint of the victims. Hence, it is found that many girls do not complain because of fear of retaliation from their teachers and also being desperate of the outcome refrain from exposing the violence perpetrated against them.

According to a study of Holmes (1996) conducted in Botswana secondary schools, 18% of totally accomplished sexual harassment is committed in secondary schools. Likewise, this study has explored the extent and the magnitude of sexual harassment that is committed in Lem secondary school. Moreover, this study revealed that sexual violence has profound physical and mental impact on female students with both immediate and long term effects.

At present there are 987 students in Lem secondary school out of which 423 are females covering 43% the school students population. In the past five years, 60% the drop out were females who were forced to quit school because of sexual violence that has been inflicted upon them by students, teachers, lawless youths, boyfriends, sugar dads and others. Hence, abandoning the school, these victims have become jobless and set themselves on rudimentary labor, domestic liquor sell and prostitution. This impacted two things. For one, most of them ran away from their families, became fugitives and having lost freedom of humanity and were forced to abandon their education, filling file and rank of privation and want.

Thus, this study is done for the change of this statuesque through research based development intervention. And so, the research topic for study is **“Sexual Violence against Female Students in Secondary schools”**: **The Case of Lem Secondary School (Addis Ababa City)** This research work has identified relevant stakeholders, government and non government organizations with their roles to bring about the changes and initiated their joint efforts. Moreover, by identifying causes and impacts of sexual violation and the extents of the problems, the research would draw the attention of the individuals, family, and community to work for mitigation of the problem.

1.2. Statement of the Problem

According to survey conducted by the researcher in 2013 in some schools in Bole sub city, sexual violence against female students was rampant with serious consequences on the victims, family of the victims and the community. Moreover, it affects the physical and psychological well being of female students. As for Lem secondary school, owing to its proximity to Bole international airport coupled with wide settlement of indigenous and foreign population mixed, it is one of the most prone area to introduction of new ideas and practices related to pornography, various sexual abuses and rape. Thus, sexual abuses continued to exist under the pretext of personal secret and domestic power. According to the pilot survey approximately 50% of the students in Lem secondary school initiate sexual intercourse at the age of 15. A significant proportion of female students engage in sex with multiple partners including with individuals at high risk for sexual transmitted diseases (STD) as commercial or casual partners. Besides, condom use is not popular among these students. However, more than 70% of the respondent on the survey say that they never use condoms consistently or during most recent sexual intercourse. This, in fact, shows that, their awareness towards STDs and HIV AIDS is low that worsens the conditions.

- According to recent studies conducted on sexual violence against women in Addis Ababa Secondary schools in which Lem Secondary School is part *“Three women are raped each day in all of secondary schools.*
- Female students in Lem secondary schools encountered many problems out of which Sexual harassment, rape, forced prostitution, unsafe termination of pregnancy, sexual transmitted disease are few to mention.

- Prior research also revealed that sexual violence is a problem on unprecedented scale observed in Addis Ababa City Secondary Schools in which Lem secondary school is one.
- According to survey conducted by the researcher in Lem Secondary, 25 percent of female students have been raped more than once.
- Many female students whose age is 10-24 had been raped during their first sexual activity and had been coerced into sex.
- Cultural factors and poverty are dominantly observed as the cause of sexual violence and means of acquiring HIV/AIDS in Lem Secondary School. Rape in case of female student is undermined and considered as a fault of them .In order to escape the risk and danger that follow, rape victims in Lem Secondary School are not willing to report their problem, hence information on sexual violence is rare.
- As a result of sexual harassment, Completed rape and attempted rape dropping out of school, low educational achievement, forced prostitution, unwanted pregnancy, abortion and STDs or HIV/AIDS are highly prevalent in Lem secondary school.
- Thus, Sexual violence against female Lem Secondary School students in Bole Sub City is a serious problem.

The purpose of the study is to explore causal factors of the problem thereby suggest possible solution to sexual violence in Lem Secondary School. Yet again, the study would have great importance for researchers, female activists, decision makers, and the like.

1.3. Objectives of the Study

1.3.1. General Objectives

The general objective of the study is to draw the major contributory factors of sexual violence against female Lem Secondary school students in Bole Sub City.

1.3.2. Specific Objectives

1. To distinguish the contributory factors associated with rape.
2. To investigate the awareness of female students on contraceptive use and HIV/AIDS.
3. To explain the attitudes of female Lem Secondary school students towards sexual violence.

1.4. Hypothesis

Based on the objectives mentioned above, the following hypotheses are formulated.

- Lem secondary school students' behavior including multiple sexual partners and alcohol uses are more likely to increase the risk of being raped.
- The living condition/arrangement of female students particularly those living alone may positively relate to the risk of being sexually abused.
- The perception of the risk of acquiring HIV/AIDS is higher among those female students living in central urban areas.

- Rape victim female students are more likely to perceive the risk of acquiring HIV/AIDS.
- The residential area & location of female secondary school students has impacted sexual violence. Raped female students are more likely to perceive the risk of acquiring HIV/AIDS.

1.5. Research Questions

The study have answered the following research questions

- What are the causes for the sexual violence against female students?
- What are the effects of forced sex on female students?
- What measures need to be taken to mitigate the problems?
- What particular intervention is needed to gradual put an end to the problems and also by whom?

1.6. Operational Definitions of Some Terms

Rape- Use of force to obtain sexual satisfaction without the consent of the victim

Attempted rape- an attempt/trial to have non consensual intercourse with a female student where she was having a chance of escaping the attempt.

Sexual assault- Any act by a man over a female student without her consent through attack or fraud.

Sexual harassment- Refers to intended or on purpose strong verbal expression and threat against female students, when somebody [perpetrator] failed his plan to gratify one's sexual interest which is unwelcome by the recipient.

Sexual violence- is defined in this study as the use of force to have sexual intercourse and or unwelcome kiss on a female student or any sexual act attempt to obtain a sexual act, including unwanted sexual comments.

Factors contributing sexual violence- refer to causes of violent characteristics related to sexual matter. This could entail some socioeconomic, demographic and psychological factors.

Forced prostitution- it's to mean that the practice of offering oneself to somebody (unknown) for sexual intercourse in turn by receiving money or false promise.

Peer pressure: means that students who are the same age group could cause their friends to do something odd or act in different way. It's a motivation of friends in the school that make their (female) class mate or school mate to do something (sexual related) in a particular way

Out of school perpetrator - knowingly or unknowingly friend students in the school might linkup their (female) friends to men outside the school. Then after, such female students could be raped by men outside of the school (e.g. *sugar daddies*)

Attitude- anti social/humanity vehement of sexual behavior developed in female students as a result of sexual harassment/violence

Pornography- Shocking sexual films and/or pictures through internet screen and/or in slide forms available which arouse untamed sexual feeling that leads to sexual violence

Abortion- Consciously made miscarriage or premature delivery committed by the victim.

1.7 Significance of the Study

Nowadays globally, sexual violence is considered as a hidden form of human right violation and serious health problem. Nevertheless, the problem is neglected and expanded extremely rapidly in Addis Ababa senior secondary schools, where Lem Secondary School is among them of which the rate is very high. Sexual violence has brought unspecified socio-economic impact on the life of female students in this school. The study raises causes and contributory factors of the problem. It also examined prevalence, associated factors and impact of sexual violence among female students in Lem secondary school to combat sexual violence, there by suggested possible solution to tackle the problem.

1.8 Limitations and Scope of the Study

The research particularly focused on Lem secondary school in Bole sub city, Addis Ababa city administration. The school is chosen because sexual violence on female students is at high rate with serious consequences on the victims', family and community at large. However, this study is limited only to Lem secondary school because of both financial and time constraints of the researcher.

1.9 Organization of the Study

The thesis is divided into six chapters. The first chapter deals with the introduction of the study. The next chapter reviews related literatures. The third chapter is concerned with research area, research design and methods. In subsequent, the fourth chapter deals with data analysis of Qualitative and Quantitative studies. The fifth chapter deals with discussion and findings. Finally, the last chapter is on conclusion and recommendations. At the end there are bibliographies and annexes.

CHAPTER TWO

2. Review of related literature

2.1 Prevailing and Contributory Factors of Sexual Violence

2.1.1. Prevalence

As report of WHO (2007) indicates, sexual violence is rampant in Ethiopia and the magnitude of the problem couldn't be expressed within simple terms. Unfortunately, these days, the country with violence against women is placed in the forefront. The result of this multi country study was carried out in 11 countries that involved 24,000 women described across the condition. The study of Yohannes (2005) has shown that the women who had been subjected to sexual violence by intimate partner ranged between 6 percent in Japan, Serbia and Montenegro and 59 percent in Ethiopia. Added to this, a study done in Dabat high school on 367 female students showed the intensity of sexual violence in Ethiopia is great.

According to Yohannes finding (opcit,) 33.3 percent were raped cases among the 11.4 percent of the students who started sexual intercourse. Similarly a cross-sectional community based study in Gondar zuria district described that among 1104 women under study, 19.7 percent was reported cases of forced sex (Tegibar et al, 2004). In the Ethiopian medical journal editorial column Yemane (2005) indicated the seriousness of rape in Ethiopia by referring the works of Gessesew A. and Mesin. About 60 percent rape cases documented in Adigrat hospital involved children and adolescents and about

20 percent were raped before the right age. Of the reported rape cases, 70 percent were found to be students.

The case in point is not a problem observed only in developing countries. It is a widely recognized global issue. It was estimated that in the United States once there were about 1.5 million cases of child abuse annually, including 100,000 and 500,000 cases of sexual abuse (Ihsan, 1991). Similarly in Canada, a nationwide survey released in 1984 found that, in the area of sexual abuse alone, 25 percent girls and 10 percent of boys (approximately 5 million Canadian children) will be victims of some unwanted sexual act before their eighteenth birth day (Country report, 1991). The same source indicated that in UK of the 1,545 sexually abused children, 15 percent were subjected to vaginal intercourse, 10 percent to anal intercourse and attempts and 15 percent were made to masturbate (Ibid).

Different sources indicated that irrespective of levels of development and regions which the country belong, various forms of sexual violence have been committed. According to New Blaze (2007), *worldwide, 25 percent of women are sexually abused at some time in their lives --- every 23 seconds a woman is raped in South Africa. In America, every 15 seconds a woman is physically abused by her and in every 72 hours a woman is murdered by her husband or partner.*

2.1.2. Contributory Factors of Sexual Violence

(i) Age

Prior studies done by UNAIDS (2002) has shown that age is an important factor for sexual violence to be widely spread in most developing countries like Ethiopia. These sources disclosed that a remarkably high number of

youngsters are victims of forced sex. The percentage of young women and men aged 15 to 24 in Ethiopia who had sex before age 15 are 41.5 percent and 40.3 percent respectively. A cross sectional study done by Fikir and Assaye (2005) in Yekatit-12 hospital described that of the 214 allegedly abused children 93 percent were female less than 15 years of age.

Furthermore, Haileyesus (2001) study on marriage through abduction in rural Ethiopia indicated the median age at first marriage of abducted women was 13. Moreover, Mulugeta cited in Yemane (2005) has indicated that a school based study involving randomly selected 1401 female high school students in central Ethiopia has shown that about 85 percent of the reported rape victims were less than 18 years of age.

According to EDHS (2005) observation, mostly the age group (15-19) is sexually active. Regarding this, EDHS stated that among the total 3,266 sample, 17 percent of the mentioned age group have become mothers or currently pregnant with their first child. Pregnancy of such mothers below the age of 18 years is said to be dangerous to their health. It is described that women in this age group have not yet reached their reproductive maturity. Yemane (1994) has explained that such mothers are not also emotionally and socially prepared to provide the necessary care for their infants need. Thus, Asfawu & Mequannent (1996) have indicated that the safest age for pregnancy and child birth is within 18 to 35 years even though the young girl could still be less prepared socially at 18 years of age.

As Janet and Malcolm (2006) said information regarding sexual assault released by Australian parliamentary library stated that the highest sexual assault victimization rates in Australia are for 10-14 and 15-19 years old

females; (475 and 520 per 100,000 populations. A study in Swaziland also has showed that of the 941 secondary students over half (54 percent), who are believed to be youngsters, reported sexual intercourse during their life time. The same study stated that majority of young people in sub-Saharan African countries are sexually experienced by the age of 20 and according to the study of Peter (2004), sexual activity is common among 15-19 years old males and females. Similarly, WHO (2007) have also indicated that in Ethiopia about 17 percent of women reported their first sexual experience had been forced upon them. Similarly, in Uganda of the 575 sample, sexually experienced 15-49 years old women, 14 percent of young women reported that their first sexual intercourse had been coerced (Michael A. Koenig et al, 2004). Furthermore, Nancy Luke (2004) in a survey conducted in Kisumu, Kenya with a sample comprised 1,052 men aged 21-45 has showed that the mean age difference between non-marital sexual partners was 5.5 years, 47 percent of men's female partners were adolescents. Recently, regarding the issue *Awake* (2007) in his magazine quoting UN secretary general report described that, about 150 million girls and 73 million boys in the world below 18 years of age had been victims of rape.

(ii) Multiple sexual partners

According to Rahel (2003) it's customary that people with many sexual partners are agents for unwanted sexual deeds and at high risk of sexually transmitted disease. A study result on a total of 1,102 selected secondary school students drawn from among four towns in Ethiopia indicated that 33.3 percent of the youth had sexual intercourse. Among these 52.7 percent were multiple partnered sexes and 25.3 percent sex with prostitutes. On the other hand, Annabal S.Eurlkar (2004) based on Population survey of young people

in Nyeri, Kenya described that sexual coercion was associated with having had multiple partners and with having had reproductive tract infection.

Heidi Larry (2004) has argued that multiple sexual partners are an instance of not being faithful to one's sweetheart. It was said in a study in Tanzania that younger men who were violent toward female partners also frequently described forced sex and sexual infidelity in these partnerships. In fact, Sabina (2006) has indicated that there are many reasons to have multiple sexual partners for youngsters. Socioeconomic problems and harmful cultural norms could be telling examples. In Bangladesh, evidence indicated that in a slum area women alluded to young women who were abandoned or in polygamous marriages that slept with other men in exchange for food, cash and other rewards. Similarly, Isatu (2006) says that women enter polygamous marriages for a variety of reasons including fear of being unmarried, avoiding social stigma in a society where marriage is the norm, and fear of giving children out of wed lock. On the other hand, Peter (2004) stated that polygamy is a cultural norm in Swaziland, and the use of family planning by women is often inhibited by their spouses' lack of support.

(iii) Alcohol and drug use

Sexual violence very often is caused by alcohol and drug intake of the offenders. Further, alcohol increases the vulnerability of women to non-consensual sex. Most women who used to take alcohol couldn't protect themselves from unwanted sexual act against them. Alcohol consumption was found to be attributing of violent partner in Gondar zuria.

According to Tegbar et al (2004) Alcohol consumption was found to be attributing of violent partner in Gondar zuria, of the total 1104 women participated in a study among which 35.7 percent were experienced physical intimidation. As study of Mesfin (1999) suggested the magnitude of sexual violence could be implicated by the number of substance users. Accordingly, (ibid.)research conducted on students in Addis Ababa and Butajira two governments and one private high school showed that *alcohol* and *chat* were the most commonly used drugs.

Drunkenness brings irresponsible behavior. The drunk expresses his displeasure, anger while intoxicated, and then his attitude converted into wild emotions that might lead him into destruction. Information regarding alcohol Mark V. L. et al., (1994) showed that heavy drinking was associated with prior prostitution visitation, and inconsistent condom use with prostitutes. In USA Ann L. Coker (2000) research evidence described that of the 1401 eligible women surveyed, 77.3 percent had experienced physical or sexual violence among partners. Alcohol and/ or drug abuse by the male partner was the strongest correlate of violence. Added to this, Phyllis L. Ellickson (et al., 2000)

in USA has also shown that early drug use and peer drug use predicted increased levels of predatory violence but not its simple occurrences.

(iv) Peer pressure

The foregoing studies indicated that peer pressure has great contribution for sexual crime to be common among adolescents. The result of a cross-sectional descriptive survey by Fisseha (1997) has indicated that of 755 students in ten high schools in Addis Ababa showed that peer pressure 35.2 percent and

force 21.6 percent were the most important factors that precipitated the first sexual encounter. According to Mark's (1994) study in USA & Thailand, Peer groups have been found to have an important influence on adolescent male sexual behavior. Also, Fisseha (1997) says that Peers might discourage condom use with prostitutes by ridiculing a friend for being overcautious or fearful if he advocates condom use. Thus, Ademol (2001) confirms that whether it is rape, beating, forced exposure to pornographic films or use of drugs to sedate a girl, peers were said to play a role. For example, it was described that friends would collaborate in beating up a girl; help to identify and obtain a pornographic film, recommended a sedative drug or hold a girl down so that the perpetrator could rape her. Finally friends participate themselves to rape Ademola (et al., 2001).

(v) Poverty and economic dependency

Poverty plays significant role to the problem related to sexual violence. Economic problem could be the main cause for many girls to engage in forced prostitution. Girls from poor family are always forced to do what they don't want to. According to Bethe (2001), there is also silence event on the sexual exploitation of young girls, the so-called sugar daddy phenomenon, a relationship in which young girls are forced by wealthy older men to exchange sex for money and material gifts.

Sabina (Ibid.) study in Bangladesh revealed that poverty push parents increasingly to rely on unmarried daughters to work outside the home to earn an income, and some parents are unable or do not want to get their daughters immediately married. According to PDRE report (2007) most of the mini-hotel and bars in the capital [Addis Ababa] are full of young women

came from different corners of the country. According to a report by the ministry of labor and social affair, 87 percent of all registered job seekers are between 15-29. Young people in rural areas are increasingly migrating to urban center. Migration increases the risks of exploitation and sexual violence. Infact, according to WeI sis (2003) there is also instances where men from rich and influential families use rape as a tool to get the women they want. Several documented cases show that some men resort to rape to force women who have spurned their proposals into marriage.

In addition to this economic dependency could cause STDs. STDs in turn used to frequently visit the poor quarter and drain empty the quality and quantity of man power. So, according to (Asfaw and Mequannent, et al) the risk of getting STDs is more among the sexually active age groups of people under 25 years, the urban dwellers and the poor, especially those who are medically underserved). Regarding HIV and youngsters dependencies Parfait M. (2004) described that over the past 15 years, economic downturns and the HIV/AIDS epidemic have increased the dependency burden or by depleting the adult population.

2.2. Psycho-Social Factors Promoting Sexual Violence

2.2.1. Psychological Factors

As Science Direct (2007) research document confirms, victims of sexual violence are obliged to bear the unforgettable life time memory of the indecent happening occurred on them. There are various reasons for this. The law of the land [that fails to protect women's right], harmful societal norms and taboos could be some among others. For unmarried women, sexual violence is so stigmatizing that most women prefer to suffer in silence than to

risk the shame and discrimination that would result from disclosure. Supplementing the notion, Bakgoasi (2004) patriarchal norm by itself expose many women to unwanted sexual activity. For example, girls are usually afraid to suggest condom use to their partners because they may be ridiculed and thought of as promiscuous). Evidence in prior studies like that of Deukkyoung (2005) suggested that, rape victims feel discomfort more psychologically than their physical injuries. Due to this, victims reluctantly informed their problem to the concerned bodies' time line. Victims rarely report the crimes and even if they do they have to relive the painful experience, testifying repeatedly during the investigation and trial). Furthermore, as Abigail Harrison (2001) put it, in South Africa on a group discussion he had with peer groups, he found the influential role of the peer group discussion on attaining safe sex behavior with girls aged 14-15. Girls saw condoms as a sign of love and protection. However, lack of decision making autonomy within relationships further constrained girls' ability to practice safer sex.

2.2.2. Normative Characteristics of the Society

(i) Social norms and values

However much it is noticed by the wider public as harmful, Sometimes, values and norms of a society could be maintained and remained to be unchanged. In essence to convince and change people's mind in this aspect is highly problematic. Regarding normative characteristics of the society, Tiisetso (2002) indicated the fundamental disparity between urban and rural. Norms of the society discouraging sex before marriage have eroded more in

urban areas than in rural areas. Hence urban environment provides a conducive environment for experimenting with sex before marriage (Ibid).

On the other hand, as R.Orientation (2002) rightly stated, male supremacy loom sexual violence large. In Uganda it was disclosed that men expressed fears that possession of female condoms and other female controlled methods allowed greater sexual freedom to their wives or girl friends). Recently, a study carried out by Ademola (2001) on perception of sexual coercion in Nigeria demonstrated the problem of sexual violence that, *“---it is considered acceptable for a man to force a woman on whom he has spent a lot of money to have intercourse or who wears clothes that he perceived to be suggestive or sexy”*

Literature about the context of African young people's partnerships in Peter (2004) suggests that many young men and women view sexual coercion as a socially acceptable part of sexual relationships, as well as a symbol of love and commitment. For reason inadequate, women are frequently marginalized from some aspects of life. Scientifically, onset of menarche is associated with physical maturity and the ability to marry and reproduce. However, a culture of silence surrounds menarche. For instance, as research by Suneela (2001) in Delhi, India indicated, menstruation is associated with taboos and restrictions on work, sex, and not participating in religious practices. A study conducted among young people in Kenya and Sweden by Beth (opcit) described that in both countries boys had more sexual freedom, while girls were controlled through labeling and rumors and girls were assigned responsibility of the social norms defining sexual behavior.

In most instances across Africa and other developing regions being born a girl yields lose. So, Isaton (Opcit) says that while girl children suffer early

discrimination in terms of education and socialization, their mothers' sexual options are also circumscribed by the sex of their bodies. On the other hand, to win control of men, women used to apply different things [methods] upon their own organ. Being this as it may, according to J.Lewis and Gordon (2006), in parts of Zambia and South Africa '*dry sex*' practices prevail, which increase HIV risk through bleeding from insertions into the vagina to dry and tighten it.

As Science Direct (opcit) correctly puts, women are also supposed to behave in line with their sexual partners. In many parts of the world, woman are expected to be submissive and sexually available to their husband at all times, and it is considered both a right and an obligation for men to use violence in order to "correct" or chastise women for perceived transgressions.

Contemporary studies by J, Lewis and Gordon (2006) indicated that there are some sort of dangerous social norms in some parts of Africa. For example, In Gambia, semen absorption during pregnancy is understood to help the fetus to grow, so ejaculate climaxes linked to a visualization of life force. Moreover, in parts of Papua New Guinea, oral consumption of semen of older fertile men is thought to fertilize sperm in young men. Men in the Congo claimed their delivery of sexual fluid into a woman saved them from insanity, and men in Liberia felt their ejaculation into women's sexual gave the woman an orgasm.

However, in some cases, information in Bangladesh indicated, boys belonging to local gangs in the slum were hired by adolescent women to 'setup' young men in a compromising situation, so they would enforce the girl for marriage. In most developing countries in the world early marriage

are observed to be practiced in life. Economic problem coupled with traditional perspectives forced early marriage practice come into effect. A study described the condition that many girls are still subjected to early marriage, affecting their chances to fulfill their opportunities and to develop their individuality. Adding to that Isatou, (2006) says that the fear of unwanted pregnancy is also a frequent argument for early marriage.

According to I.O.Orubuloye (1994), Sabina (2006) in most developing countries particularly in Africa the outlook for condom use was different. Until recently condoms have not proved popular as means of contraception in much of sub-Saharan Africa, primarily because of its association with prostitution and extra-marital relationships and the fear that it could disappear into the womb and thereby causing sterility.

In addition to this, J.Lewis and Gordon (2006) say that teen agers in Estonia believed condom restriction actually blocked men's sexual satisfaction, so they argued; a woman who wants to please her man wouldn't impede that mingling fluid Although in some cases pregnancy may act as a trigger for violence, the majority of women who are abused during pregnancy were also abused before and after the pregnancy. According to description of Science direct (2007) great differences exist among countries in the proportion of ever abused women who experience violence in pregnancy, from 10 percent and 15 percent in Indonesia and Ethiopia respectively, compared to 44 percent of ever abused women in rural Peru. Furthermore, according Reproductive report (2007), the practice of *abusuma* (the forced marriage of girls to the sons of their mother's brother) and Abductions (wife acquisitions formalized as marriage by tribal elders) remain pervasive in several Ethiopian communities.

On the other hand, EDHS (2005) information at national level in Ethiopia disclosed that 80 percent of women and about 50 percent of men believe that there are at least some situations in which a husband is justified in beating his wife. Thus, report of FDRE (opcit.) has disclosed the unlawful kidnapping and forced seizure of a young girl for marriage, is a form of sexual violence. The practice is common in certain parts of Ethiopia, especially in the SNNPR (13 percent) and Oromia region 11 percent). More importantly; polygamy exposes women to increased risk of contracting sexually transmitted diseases. In many of the regions in Ethiopia including Oromia, SNNPR, Somali, Benshangul, and Gambela polygamy is widely practiced. Accordingly, 5 percent of women in their teens and 8 percent of women 20-24 are married to men who have more than one wife (Ibid).

(iii) Attitude (risk behavior)

Regarding risk behavior, the toll of young people has been considerable. Contemporary studies by Peter (OpCit) provided information that different factors were responsible to the problems. Area of residence, education, substance use, and other social and cultural factors have all been shown to have significant effects on sexual behavior. According to Cathy and Kathryn (1999), antisocial behavior and violence in children are not random. A child who commits violence has usually been the victim of some type of assault and has had lifelong difficulties in meeting social expectations. One writer notes that 90 percent of children in juvenile detention have some type of learning of emotional disability.

Area of residence, education, substance use, and other social and cultural factors have all contributed to the continuity of sexual violence. Men

sometimes use the promise of marriage to persuade young girls to have sex or to date as put by Sabina (2006). Studies also showed that young people who have been sexually abused are more likely to engage in high-risk sexual behavior than are those who have not been abused.

At the same time, as Isatu (Opcit) rightly stated, stigma attached to victims of rape prevents people from reporting it. Earlier, this study had been disclosed by Bakogasi (2004) that revealed that some boys in most west and east African societies have their first sexual experience with prostitutes or at group rape [gang bang] sessions

Being this as it may, A study in Kenya by Charles (2001) on the perspectives of adolescent boys aged 15- 19 attending schools on the dual risks of unwanted pregnancy, STDs and HIV data from FGD discussion have showed that boys consider of getting girls pregnant and having had a treatable STD as a marks of masculinity, blame girls for not protecting themselves, and want to boast about their sexual conquests to their peers. Furthermore, in some studies of J. Lewis and Gordon (2006) it is stated that in many countries in Africa, people pay sex workers not to use condom.

(iv) Contraceptive and Condom use

Though knowledge is high, modern contraceptive use in Ethiopia is not yet practiced as wide it was expected. According to report of UNICEF (2007) and UNAIDS (2006), the 1997-2005 contraceptive prevalence rates in Ethiopia were reported to be 15 percent. Similarly the percentage of young women and men, aged 15 to 24 in Ethiopia who used condom last time they had sex with a casual partner are 14.6 percent and 36.1 percent respectively. Study by Rahel (Opcit) based on a total 1,102 selected secondary school students drawn

from among four towns in Ethiopia has shown that of the 33.3 percent youth that started sexual intercourse, 56.7 percent only have made use of condom. In fact, only less than half of them used condom regularly.

Even in the developed world, for reason not so clear people rarely use condom. Community-level HIV prevention information in USA given by Sally (2000) indicated that at baseline, 68 percent of the women had no intention of using condoms with their main partners and 70 percent were not using condoms consistently with other partners. Condom use among married Ethiopian women is 0.4 percent and 1.4 percent among men. However, condom use among the unmarried is much higher being 11.4 percent among women and 19.8 percent among men (Country experiences, 2002). Similarly the study of Belaineh (2004) on 360 Agaro high school students describes that of the students who had previously sexual experience 54.4 percent used condom at least once, while 46.9 were using condom always.

Evidence issued by Sabina (2006) and John (1994) on the implications for the spread of HIV/AIDS in Ghana indicated that a very large majority of the youth (98 percent) knew of condoms but just a few (34 percent) had ever used them. Only 6 percent always used condom in the last three months prior to the study and another 9 percent used it occasionally. The use of condoms indicates that the partners are not sexually exclusive and signals a lack of mutual trust. Thus in some ways, condom use denotes a failed relationship, and inversely unsafe sex implies a close relationship.

On the other hand, according to report of EDHS (2005) among the sexually active unmarried women in Ethiopia 55 percent are currently using contraceptive. Of these 43 percent are using modern method while 12 percent

are using traditional methods. As Shabbier 1997) rightly put, from among 383 secondary school students participated in a study in Kolla Diba town of north Gondar zone, and the 44 percent sexually active female students, 11(25percent) were stated to have used contraceptives.

2.2.3. Pornography

Nowadays in the era of modern technology, sexual violence could be a serious problem everywhere. The new manifestation of the intention of sexual abuse has different faces. Horror sexual films and pornography are few among others. Shocking sexual films through internet on a computer screen are available for free, child pornography are rapidly on the increase. Regarding this a study stated by Ihsan (1991), children are photographed naked or in sexual acts with adults for commercial purpose. Such activities enhance tendencies and encourage sexual aggression among adolescents.

2.3. Consequence of Sexual Violence

2.3.1. Psychological Problem

The great number of rape victims is believed to be affected psychologically and suffered for life thereafter the incident. In this regard the problem the victims faced are various. Ihsan (Opcit) contiuingly say that, it is hardly possible to list some and left the other problem at this time on this study. However, as it was stated in many studies, emotional problems such as tics, bed wetting, aggression, anger, extreme shyness and a variety of fears were frequently encountered in abused children. Furthermore, R,Kim (1997) and janet (2006) suggested that childhood sexual abuse may lead to later eating disorders with immediate impacts often described for children of victims

include emotional and behavioral problems, lost school time and poor school performance, adjustment problems, stress, reduced social competence, bullying and excessive cruelty to animals, running away from home, and relationship problems.

So, as Yemane (2005) stated, the psycho-social effect of the rape victims would be social isolation, fear and phobia to social circumstances, general hopelessness, and suicide attempts. Victims of sexual abuse cannot negotiate sex because they are in positions of powerlessness. The results of this incapacity can be unwanted pregnancies, sexually transmitted infections, physical injury and trauma. As News blaze (2007) concluded, in many parts of the world women often refrain from seeking medical treatment following rape because they fear being identified as rape victims and ostracized within their communities. In its most serious form, violence kills women. Thus, according to the report of Science Direct (2007) worldwide, it is estimated that 40 percent to more than 70 percent of homicides of women are perpetrated by intimate partners.

On the other hand, Linda's (2001) findings show that young women in their reproductive age and before marriage might encounter several worrisome problems. For example, a study in eastern Bangladesh on premarital pregnancy and induced abortion described that women who experienced unplanned premarital pregnancy faced personal and familial shame, compromised marriage prospects, abandonment by their partners, single motherhood, a stigmatized child, early cessation of education, and an interrupted income of career, all of which were not desirable options.

2.3.2. Effects of Reproductive Health

Very often, the burden of sexual violence in young woman related to health problem is so grave than the rest of the society. Infectious disease and early death due to sexually related problems are documented to be high in most studies. A study report by FDRE (Opcit) indicated that girls, age 15-19 years, are twice as likely to experience obstruct fistula compared to other women of reproductive age in Ethiopia.

Another study of John K (1994) indicated that the death rates from complications of pregnancy, labor and delivery are much greater for young adolescents, particularly for those below 15 years of age.

(a) Unwanted pregnancy and abortion

I) Unwanted Pregnancy

The overwhelming majority of female youngsters across the world encountered unwanted pregnancy in their life time. The adverse outcome of such pregnancy could be serious life time health problem. A study by Asfaw and Mequannent (Opcit) disclosed that about 30 percent of all pregnancies in Ethiopia are reported to be unwanted. Added to this, a study result of Mulugeta as cited in Yemane (2005) conducted on 1401 female high school students in central Ethiopia showed that among the girls who reported to have been raped, 24 percent had vaginal discharge and 17 percent have become pregnant. Similarly, Antenane and Mesfin (1999) studies in Harar have shown that about 15 percent, of the total 900 females aged 14-29 years, experienced unwanted pregnancy.

In developing countries, as Asfaw and Mequannent (1996) reported most female get married and become pregnant at the age of 12 to 15 years when they are not even physically ready for this process. These conditions are made worse by their having too frequent unwanted pregnancies. The effect of non-consensual sex might not only be unwanted pregnancy, but also the fate of death of many youngsters in connection with the problem. In Uganda, Koenig and his colleague (2004) found that the experience of coerced first sex was significantly associated with decreased contraceptive use and an increased risk of unintended pregnancy. In addition to this, according to Peter (2004) in Swaziland information on sexual risk behaviors among young people revealed that more than 20 percent of students 18 years or older indicated they had been pregnant

On the other hand, study of Eunice and Josephine (2004) has disclosed that as more girls remain in school and the marriage age increases, the inadequate provision of family planning and abortion care will cause Africa to lose many young women through unsafe sexual activity, unwanted pregnancy, unsafe abortion, early childbearing and HIV infection.

Thus, according to the study of Merrill (2001) every year more than 80 million women experience unwanted pregnancies about 20 million, mostly in the world's poorest countries, are so desperate that they risk their lives to have abortions performed under unsafe conditions. Nearly 55,000 unsafe abortions occur every day, about 38 every minute.

(ii) Abortion

The relevant research conducted by Iqbal and Elisabeth (2004) has shown that in developing countries abortion is one of the most neglected health care

problems. Evidence on a study described that globally, 19 million women are estimated to undergo unsafe abortions each year. Over 40 percent of unsafe abortion among adolescents occurred in Africa, where one in four unsafe abortions takes place. Almost 60 percent of unsafe abortions in Africa are among women's under age 25 (24). Similarly a study report by Eunice and Josephine (2004) reveals that up to five million unsafe abortions are performed in Africa every year, with young women disproportionately affected.

To an adolescent unmarried girl, pregnancy might result abortion and forced marriage unless other option available otherwise. Yemane (1994) in his study described *"if pregnancy is out of wed lock for some girls, marriage is less likely to occur throughout their life time. To avoid this problem, she either tries to abort, commit suicide, or abandon the infant after delivery"*. Yet again, according to Asfaw and Mequanint (1996) findings in Ethiopia, it has been reported that 32.2 percent of hospital maternal deaths and 54.2 percent of all maternal deaths are due to abortion. Ascertaining this fact, MOH in (2002) said that almost 70 percent of women who seek medical attention for incomplete abortion in Ethiopia are less than 24 years of age.

The adverse effect of unwanted pregnancy is death. It was revealed that the much greater for young adolescents, particularly, for those below 15 years of age (John K. et al., 1994). Abortion is illegal in Thailand unless the woman's health is at risk or pregnancy is due to rape. A study carried out in 787 government hospitals with 45,990 case records examined the magnitude of abortion and found 28.5 percent induced and 71.5 percent spontaneous abortion. Almost half the induced abortions were in young women under 25 years of age (Suwanna et al 2004). The abortion rate in Nigeria is 25 per 1,000

women aged 15-44 years. About 60 percent of these are in young women, mainly carried out by unskilled practitioners Adeniran et al,(2004).

(b) Sexually transmitted diseases and HIV/AIDS

These days, one of the biggest worries among nations throughout the world is HIV/AIDS. Prior studies like that of Robert (2001) described that globally, each year there are more than 333 million new cases of curable STDs, one million new cases of HIV infection, and millions of other million new cases of curable STDs, one million new cases of HIV infection, and millions of other viral STDs such as herpes and hepatitis.

Regarding the problem EDHS (2005) report indicated that in Ethiopia the age group (15-19) is highly vulnerable to HIV infection. Sadly, among these youngsters, women are observed to be more vanquished as compare with young men which are expressed 0.7 percent to 0.1 percent infection rate respectively.

Very often sexual activities among youngsters are observed to be performed in a rush or without care. The study made by Tiisetso (2002) has shown that the condition since an increase in sexual activity among youth is not accompanied by safe sex or use of modern contraception; youth become a target for HIV and STIs). In most cases sexual violence and STDs seemed to be inseparable. A study result in the USA by Madge Cohen (2000) showed that of 1288 women with HIV and 357 uninfected women, one quarter of the women reported recent abuse, and 31 percent of the HIV positive women and 27 percent of the HIV negative women reported childhood abuse.

Similar to the aforesaid, numerous related studies from around the globe like that of Women and Aids (2001) show the growing links between violence against women and HIV. These demonstrate that HIV infected women are more likely to have experienced violence, and that women who have experienced violence are at higher risk for HIV.

A growing body of evidence like that of Gregson (2001) and others suggests that HIV prevalence is higher among women than among men in most Sub-Saharan African countries with established epidemics. Greater biological vulnerability to HIV infection in women is the most probable reason.

2.4 Legal Aspects of Sexual Violence

(i) Laws and policies

Most rape cases in Ethiopia are under reported. This is due to the fact in one way or another, laws in our country let the offender go free and/ or legal decision on perpetrator of the crime to be delayed.

However, according to Lillian Wambua, (1990) most rape cases take place in isolated area, and this discourage the victims to report their problems to legal bodies. Sexual violence against women in Ethiopia seems to be taken as a least of all forms of crimes. Yemane (2005) in the editorial page of the EMJ citing Gessesew A. and Mesfin M. stated that 90 percent of the perpetrators were identified to have allegedly committing 60 percent of the rape cases registered in Adigrate hospitals.

As for sexual matter, between the opposite partners, the existing written laws in our country seems to react very slowly. A guideline on gender mainstreaming described the situation that many states consider domestic

violence as a private family matter between man and wife and outside their mandate. The concept that family matters are a private business gives husbands license to treat wives as they wish behind closed doors (HIV/AIDS and gender. According to Women Report (2007) low state prosecution of cases of domestic violence is the result of fear of stigmatization by women of fear of losing the economic and social rights they benefit from through their partners. It also illustrates the denial of women's equality before the law, and reinforces their inferior social status.

The laws of many countries around the world such as India, Papua New Guinea, and Malaysia have explicit exemptions for marital rape. On the reverse angle, laws in countries such as Uruguay and Ethiopia allow rapists to escape punishment if they marry their victims (Spotlight, 2007). According to Penal code (1957) article 599 the empire of Ethiopia, gives little attention to rape victims. *"When the victim of rape, indecent assault or seduction, or abuse of her state of distress or dependence up on another freely contracts a marriage with the offender and where such marriage is not declared null and void, no prosecution shall follow"*. To the worst, in Haiti, Syria, and Iran it is permissible for a man to kill his wife if he has discovered that she has cheated on him. In some cases, according to report in Violence (2007), he can even kill his lover, as long as he catches her in the adultery act.

On the other hand, evidence indicated [against the offender] that in the US the heavy penalty of life imprisonment and fines, various kinds of punishments and measures have been implemented including chemical and surgical castration (Deukkyoung, 2005). Perpetrators may be penalized with a lifelong imprisonment in Nigeria and South Africa (Neft and Levine, 1997 cited in Yohannes, 2003). The same resource revealed that rapist may be

penalized with imprisonment ranging to 25 years in Egypt and Argentina (Ibid).

Sexual Violence on female students is most common practices in many Addis Ababa City administration secondary schools. The dropouts were female students who are forced to quit their school because of sexual violence that has been inflicted upon them by students, teachers, lawless youths, boyfriends, sugar daddies and others as different studies indicate.

Lam Secondary school is one of Addis Ababa secondary schools at which sexual violence's are high and females drop out are at higher rate,(AEB, doc). And hence these victims have become jobless and set themselves in rudimentary lab our, domestic liquor sells and prostitutes. These caused impact on two things. One is because they run away from their family; most of them became dependent on the society and the other one is because of stopping of their education instead of playing great role for development of the country they become great burden on the country.(AEB,doc).

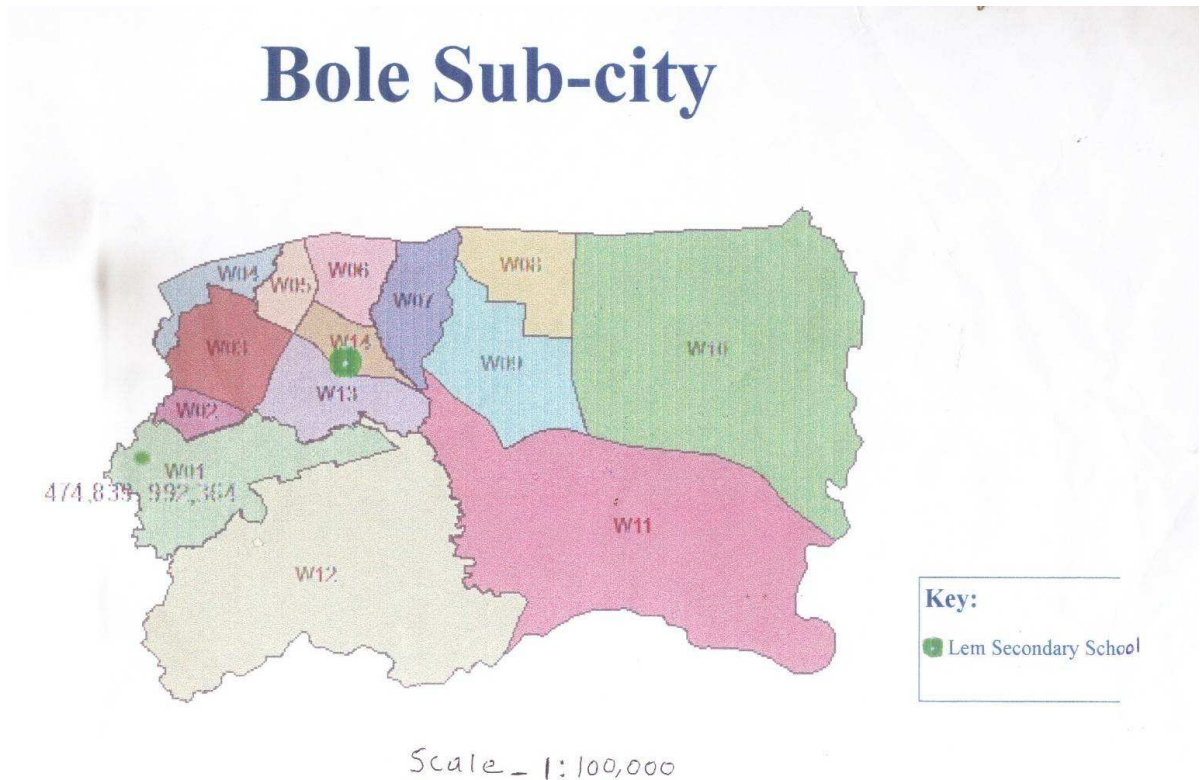
CHAPTER THREE

3. Research Design and Methodology

3.1. Research Setting

The study was conducted in one of the secondary Schools in Addis Ababa City Administration in Lem Secondary School which is found in Bole sub city. Bole sub city is one of the ten Addis Ababa sub cities which has 14 woredas out of which woreda 11 is a Woreda at which Lem secondary school is found. In Bole sub city there are 6 secondary schools which have student population of 5575 in 109 sections. Lem secondary school which has a total area of 20000 square meter is bounded in north by GTZ condominium, in south by Woreda 14 Administration Bureau, in East by taxi terminal and in west by Korea hospital is one of the secondary schools in Bole sub city which has student population of 1695 in 53 sections out of which 753 are male and 942 are female students. According to the information obtained from school record Office in Lem secondary school there are 85 teaching staffs and 36 Administrative workers.

Map 1



The prime cause for Addis Ababa to be selected for the purpose of this study by the researcher was the observable rampant sexual crime in the city. Addis Ababa in general, and Lem Secondary School in particular. This secondary school is a place of a collection of a rich mosaic of different nations and nationalities of Ethiopia. Accordingly out of student population of this secondary school 537 are Amhara, 415 are Oromo, 350 are Guragie, 210 are Tigray and 183 are others. The religious status of students in this secondary is 702 are Orthodox, 429 are protestants, 378 are Muslims, 101 are Catholics and 85 are others.

Map 2

Axial view Lem Secondary School



3.2 Research Design

The study was carried out in the period September to October 2013. It was a cross sectional in design that entailed gathering first hand information. Quantitative data through questioner and qualitative data by focus group discussion are used. The study is a descriptive and analytical type. Attempts have been made to identify the major causes of the problem, its effects and magnitude on female students, family and community by making use of variable methods of data collection and sampling techniques. Measures to

subside the problem have been suggested. Both primary and secondary sources were used. Most relevant and supportive data have been gathered by qualitative methods. Anyway, quantitative methods were not ruled out. Questionnaires have been administered and focus group discussion conducted.

3.3 Conceptual Framework of the Study

It's so clear that the possible answer for the why of sexual violence could hardly be single factor. Sexual violence is the outcome of a complex interaction among various factors. In line with literature reviewed, this conceptual framework is developed by taking some ideas from "*ecological model of violence*" available through internet (conceptual frame work, 2013).

Therefore the schematic design here under depicted contributory factors to sexual violence against female students. As often taken as deriving forces, in most literatures, socio-economic and demographic factors played significant role in the occurrence of sexual violence.

In this conceptual framework, risk factors are identified at four levels; at *individual, relationship, community and societal*. At individual level demographic characteristics (age and sex) which are the main factors to the problem, in essence, are briefly stated.

Next to this, attitude towards substance (alcohol, chat, and drug) abuse and knowledge about violence are indicated. Personal relationship within a family (which heavily depend upon parental education and care), intimate partners and peers that influence sexual violence are described. Community contexts that could include mobility and expose to the risk of sexual violence

are stated. Furthermore, societal factors (income, belief and norms) that could be expressed as patriarchal dominance over woman and economic dependency are discussed. All the factors outlined in the conceptual framework are interwoven and their relationship is not unidirectional.

3.3.1 The Inter-relation of variables in the above Frame

Work is described as follows

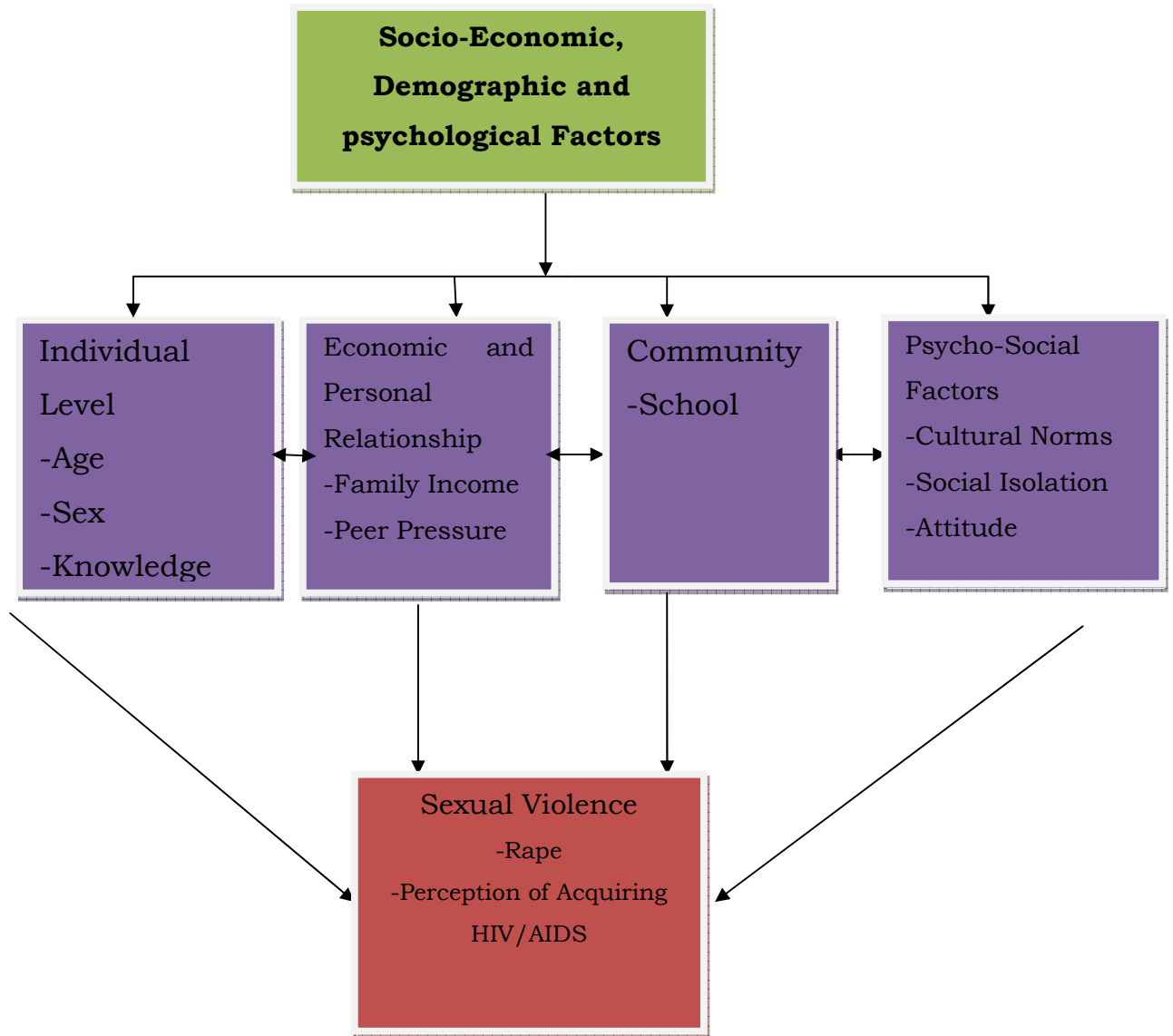
(i) Dependent (outcome) variables

Rape as part and parcel of sexual violence was considered as dependent variable in this study. Furthermore, perception of Lem secondary school female students' against HIV/AIDS was the outcome variable of the study.

(ii) Independent (exposure) variables

Socio-economic and demographic factors such as age, religion, ethnicity, family income, grade level were independent variables included in the study. Added to this, behavioral factors of substance use, namely alcohol, chat, and drug that explained the outcome variables were taken as independent variables in this study.

**Figure 1. Interacting Variables in the above Conceptual Frame
Work that tends as Contributing Factors in Sexual Violence**



N.B. For analysis of the above framework refer to 3.2.1 on page 40, and 3.3 on page 42

3.4 Sample Selection

The sample populations who fill the questionnaires comprise 150 female students in Lem Secondary school. They were picked up randomly and purposefully from the classes and filled the questionnaires..

The focus group discussions have been conducted by selecting 2 groups. The first group consisted of 10 female students whose age ranges from 14 – 20. The other focus group discussion was conducted between 10 male students whose age ranges from 14 – 20. These sample selection have been conducted by using purposeful and random sample selection techniques.

3.5 Sampling Procedure

Bole sub city is one of the ten sub cities of Addis Ababa city Administration in which 6 secondary schools are found. The sample of the study was designed based on stratified sampling. The population desired to be studied were Lem secondary school female students. The total number of female students in Lem secondary school were 942 (the figure was taken from 2013 Lem secondary school data).

From six secondary school found in Bole sub city Lem secondary school was selected deliberately, twenty classes namely ten from each grade level (9-10) were selected. Using systematic random sampling, from each selected grade level, depending on the sample size determination by strata, respondent female students have been drawn. Accordingly, the participants' permission in the study was requested before set to ask information.

They have also been informed their full right to discontinue or refuse to participate from the study in case they felt something discomfort.

Furthermore, the importance of the study has been briefed to the informants that could help to utilize their time properly.

Table 3.5.1. Number of school Grades, Number of female students and Sample Size by School Section

No.	Number of Sections by Grades		Number of Students by Section		Number of Female Students by Section		Sample Size by School Section Level	
	Grade 9	Grade10	Grade 9	Grade10	Grade 9	Grade 10	Grade 9	Grade 10
1	01	01	61	48	35	23	5	5
2	03	03	59	49	34	26	5	5
3	05	04	58	46	28	22	5	5
4	07	05	59	43	29	21	5	5
5	08	07	60	49	34	27	5	5
6	09	08	57	46	34	24	5	5
7	10	09	58	44	31	22	5	5
8	12	10	60	46	34	26	5	5
9	14	12	62	45	40	25	5	5
10	16	14	61	43	26	21	5	5
Total	10	10	595	459	325	237	50	50

From 53 sections of 9th and 10th grades found in Lem secondary school, 20 sections were selected from both grades. This is to mean that 10 sections from each grade 9th and 10th were selected. This means that 20 sections from both grades were prepared for the purpose of this study. Based on the number of female students of each sections of Lem secondary school the sample size for

each section was designed and the questionnaires were given out accordingly.

3.6 Sample Size Determination

Based on the assumption about the population, a sample size of 150 female Lem secondary school students in Bole sub city were involved in the study.

In this study design the total population was homogeneous, namely Lam Secondary school female students. However, the sample size has been decided 150 for greater accuracy.

3.7 Data Collection Methods

According to Sarantakos (1988) one basic methodology and one basic technique taken from one methodological context should be employed in doing research. However, now days a quite number of researchers are recommending the use of combined method of data collection (Blaikie, 1988, Denizen, 1989, Crawford and Christensen (1995). I too, agreeing with the views of these scholars have made use of combination of methods, multi-method data collection techniques notably surveying, observing and documentary methods for this would ensure degree of validity and reliabilities of the data. Along with that, I have conducted survey and observation, interview; have dispatched questionnaires and focus group discussion with purposely selected samples. Triangulation method has been used for the verification of the data. Data collected have been transcribed and categorized. The categorization methods were done using both inductive and deductive approaches. Accordingly successive approximations, illustrative

method, analytic comparison, method of agreement, method of difference, domain analysis, and interim sequential analysis have been under taken.

In sum, data collection, data reduction, data organization and interpretation cyclical processes were accomplished to finalize the work.

3.8 Data Collection Management

The data gathering activity was carried out within five days time. Two data collectors of which one for 9th grade and one for 10th grade were recruited. Both the data collectors had been from among Lem secondary school female students and a one day orientation on the content of the study and basic data gathering techniques have been given. In addition to this, one supervisor, for both grades to check the data collection process was assigned. Finally, the investigator examined and prepared the data that have been gathered for analysis. The FGD, focus group discussions were administered by the researcher.

3.9 Data Processing and Analysis

Having been completed the data gathering operation in the field; the variables were defined [coded] then the data were reduced, organized and interpreted in cyclical process.

3.10. Ethical Considerations

In concrete term, sexual violence is a crime and unpalatable deed. It's an open secret that studies, like this one seek highly sensitive information. Therefore, on issues around such problem, serious attention for ethical consideration has no option. As is often the case, questions on sexual matter require great care

and the investigator of this paper has respected the individual's right to privacy. The biased, inappropriate and culturally offensive questions have been eliminated. In order not to upset, embarrass, or even galvanize the discussant care has been taken in designing questions. Thus the author of this paper unearthed important information through direct consent of the participants.

CHAPTER FOUR

4. Analysis of quantitative and Qualitative study

4.1 Results of the Univariate Analysis

4.1.1 Socio-Demographic Characteristics of the Respondents

The study enclosed a total of 150 eligible female students drawn from grade 9-10 Lem secondary school in Bole sub city of Addis Ababa. Based on the sample size determined and the number of students available, participant female students were made to fill in the entire questionnaire prepared. The quantitative analysis in this section of the study entailed uni-variate, bi-variate and multivariate statistics. The uni-variate statistical part expressed socio-economic and demographic characteristic of the respondents. Both the bi-variate and multivariate tests have described relationship between dependent and exposure variables.

Accordingly, from among the total respondent students 47 (31 percent) from 9th grade, 48 (32 percent) from 10th grade have participated in the study (table 4.1). The minimum and the maximum age of the respondent students were 14 and 20 years respectively. The median age of the participant students was 16 years.

Regarding to the religious affiliation in the study, majority of the respondent students belong to orthodox Christian which is accounted to 119 (79 percent), followed by protestant 14 (9 percent), Muslim 13 (8.7 percent) and other religion followers were known to be 3 (2 percent). With regard to the living condition of the participant students a little bit less than half of the total participant or 73 (49 percent) were reported to live together with both parents

and 29 (36 percent) were living with other relatives while 21 (14 percent) were living with mother only family.

Table 4.1.Socio-demographic characteristics of female Students in Lem Secondary School, 2013

	Variables	Frequency	Percent
Age	13-14	5	3
	15-16	51	34
	17-18	76	51
	19 and above	18	12
Grade			
	9 th	47	31
	10 th	48	32
Religion Orthodox		119	79
	Protestant	14	9
	Muslim	13	8.7
	Other	3	2
Living condition (arrangement)			
	Both parents	73	49
	Father only	4	3
	Mother only	21	14
	Step parent	3	2
	Grand parent	6	4
	Other relatives	39	26
	Married	3	2
	Alone	1	0.5

	Variables	frequency	percent
Ethnicity	Amhara	86	58
	Oromo	28	19
	Guraghie	14	9
	Tigray	12	8
	Other	8	5
Place of birth	Addis Ababa	89	59
	Other town	29	19
	Rural	32	21

Socio-demographic characteristics of female Students in Lem Secondary School (Continued from the previous page)

As indicated (in table 4.1.) above, the ethnic composition of the participant female students were 86 (58 percent) Amhara, 28 (19 percent) Oromo, 14 (9 percent) Guraghie, 12 (8 percent) Tigray, and the remaining 8 (5 percent) of the students were from different ethnic groups. Considering to the place of birth of the participant students, 59 percent of the students were born in Addis Ababa, whereas 21 percent and 19 percent were found to come to the capital from rural parts and other towns of Ethiopia respectively.

4.1.2. Socio-Economic Characteristics of the Respondents

With regard to the educational status of parents or relatives of the participant students (in table 4.2) below, the study revealed that 73 (50 percent) of the respondent father or relative male and 62 (43.1 percent) of the respondent mother or relative female could only read and write. On the other hand, 42 (28.6 percent) and 43 (29.8 percent) of the participants'

mother [relative female] and father [relative male] respectively were known to have certificate / diploma. Regarding to the participant family [self] monthly income, the data indicated that 33 (23 percent) of the female students' family [self] income was between 601-1000 birr per month. Similarly the students' family [self] income with 1001-1500 birr per month was described to be 30 (21 percent).

Table 4.2.Socio-Economic Characteristics of Female Students' Parent (relative) of Lem Secondary School , 2013

Variables		Frequency	Percent
Literacy(father or relative male)	n= 147		
Illiterate		25	17
Only read and write		73	50
Certificate/diploma		42	28.6
Degree and above		7	4.8
Literacy(mother or relative female) n = 144			
Illiterate		10	7
Only read and write		62	43.1
Certificate / diploma		43	29.8
Degree and above		29	20
Parent / self income (n = 143)			
less than 150		11	7.7
151-300		22	15.4
301-600		23	16.1
601-1000		33	23
1001-1500		30	21
Greater than 1500		24	16.8

4.1.3. Sexual Characteristic and Experience of the Respondents

Table 4.3 shows that among the total 150 female Lem Secondary school students 51 (34 percent) have reported to have sexual partner. Asked for what reason did they make sexual partner, 19 (37 percent) of the participant students answer was marriage proposal and 10 (19.6 percent) attributed different reasons while 6 (11.8 percent) pointed out that friend's pressure were their prime cause to have sexual partner. From among the total participant female students 38 (25) percent have encountered attempted rape while 13 (9 percent) were experienced rape before age 12. Of the respondents who had reported to have their first sex 5 (38 percent) were in the age group (17-18) years.

Table 4.3. Sexual characteristics of female students in Lem Secondary School, 2013

Sexual partner		Frequency	Percent
Yes		51	34
No		99	66
Reason for having sexual partner (n = 51)			
Love affair		8	15.7
Money		1	1.9
Marriage		19	37
Friends' pressure		6	11.8
With no reason		7	13.7
Other [family problem, gradual intimacy, special encounter, etc.]		10	19.6
Age at first sex	(n=13) Less than 13 years	1	7.7
13-14		2	15
15-16		4	31
17-18		5	38
19 and above		1	7.7
Attempted rape		38	25
Rape before age 12		13	9
Number of rape encountered life time			
Once	(n=32)	19	59
Twice		8	25
Thrice		3	9
More than thrice		2	6
perpetrator's age compared to the victim			
Same age	(n = 31)	7	23
Five years older		6	19
6-10 years older		6	19
More than 10 years		12	39

Sexual characteristic of female students in Lem Secondary School, 2013.

(Continued from the previous page)

Place of rape incidents	(n = 31)	Frequency	Percent
Victim's home		9	29
School compound		2	6.5
On the road side		3	9.7
Friend's home		6	19
Hotel		7	22.6
Other [common toilet, car, ceremonial places, etc.]		4	12.9
Method or devise the perpetrator used			
Threat	(n = 31)	12	38.7
Hit		4	12.9
Knife		2	6.5
Gun		2	6.5
Made to drink (alcohol)		3	9.7
Other		8	25.8

The total number the rape victims is indicated (in table 4.3) above. Accordingly, 32 (21 percent) of the total (150) respondent encountered life time rape of which 19 (59 percent) of the 32 have experienced once in their life time. According to the information gathered in the study 12 (39 percent) of the perpetrators were older by 10 years as compared to that of the victims. This indicates that most probably 39 percent of the perpetrators might not be from among the students and they could be *sugar daddies or so and so's* from outside the school. Added to this, most of the place for the rape incidence which is 9 (29 percent) were found to be victims' home followed by hotel 7 (22.6 percent). Among other, the method or devices, the

rapist used to commit the crime were described to be threat 12(38.7 percent) and 'other' 8 (25.8 percent) while hit 4 (12.9 percent). *Others* [in table 4.3 last cell] indicate false promise like marriage, taking abroad, money, to do favor to victim's family, etc. Generally, the number of attempted rape 25 percent shouldn't be taken as lightly.

Because the figure showed a remarkable increase as compared to similar prior studies. For example, Ermias (1996) and yohannes (2003) disclosed attempted rape 10 percent and 17.7 percent respectively.

Table 4.4. Parental Background Characteristics of the Rape Victims' Female Students in Lem Secondary School, 2013

Variable		Occurrences of non-consensual Sex		
		Yes	No	Total
Parents'/ self income (n = 30)				
Less than 150		4	7	11
150-300		5	16	21
301-600		4	19	23
601-1000		6	26	32
1001-1500		7	22	29
Greater than 1500		4	18	23
Literacy (father or relative male)				
Illiterate	(n = 30)	3	7	10
Only read and write		13	48	61
Certificate / diploma		9	33	42
Degree and above		5	24	29
Literacy (mother or relative female)				
Illiterate	(n = 31)	6	18	24
Only read and write		13	59	72
Certificate / diploma		9	32	41
Degree and above		2	6	8
Birth place (n = 127) Addis Ababa		17	72	89
Other town		7	23	30
rural		8	24	32

4.1.4. Parental Background Characteristics of the Rape Victims

As indicated (in table 4.4.) above, 7 of the students who have reported to be rape victims came from families that earn income 1000-1500 birr per month. Most rape victims parents / relatives educational status were known to be low. Of the total rape victims' father or relative male, 13 could only read and write and 13 of the victims' mother or relative female follow suit. The result of the study indicated that among the rape victims 13 were living together with their parents while 11 of them were living with other relatives. On the other hand 17 of the victims were reported to be born in the capital while 8 were described to come in the city from rural parts of Ethiopia.

Similarly, in most studies factual and contextual reasons for sexual violence have been stated. Therefore, the number of respondents which was nearly 40 percent that came in Addis from different parts of Ethiopia contributed a lot to distinguish contributory factors responsible to sexual violence.

4.1.5. Occurrences of various unwanted sexual acts

Female high school students have experienced different types of sexual violence in their life time. Before the study was conducted, in the last 12 month, the occurrence of unwanted sexual act against female students was reported to be 46 by respondents (table 4.5). Yet again, unwanted sexual act in life time such as indecent words, unpleasant sexual request etc. were collectively indicated to be 57.3 percent. In the last twelve months time prior to the study, unwanted touching of bottom, breast and hair of female students were indicated to be 37.3 percent while the percentage was scale up to 53.3 in life time.

Table 4.5 Unwanted Sexual Act against Female Students in Lem Secondary School, 2013

Variable	Last 12 month		Life time	
	Frequency	Percent	Frequency	Percent
Unwanted sexual act	69	46	86	57.3
Unwanted touching	56	37.3	80	53.3
Verbal threat	61	40	75	50
Unwelcome kissing	45	30	60	40

4.1.6. Uses of substance Before Rape Incidence

Some rape victims were used different substances which bring about unconsciousness before the incidence took place. Thus, of the total rape victims described 3 (9.7 percent) had used chat just before the crime (table 4.6). The two other rape victims have indicated that they took alcohol before the incidence. Though drug was insignificantly reported in the result of the study as compared to chat and alcohol consumers, it shouldn't been considered as less. At this point one thing should be clear. The prime cause for many youngsters to be addicted with chat might be the mushrooming number of chat venders at the very main gate of most high schools in the capital.

Table 4.6. Substance used by rape victims before the rape incidence

Before rape incidence Yes the victim used	Yes		No	
	Frequency	Percent	Frequency	Percent
Alcohol	2	6.5	29	93.5
Chat	3	9.7	28	90.3
Drug	1	3.2	30	96.8
After rape seeking help	10	32.3	21	67.7
Rape reporting	11	35.5	20	64.5

4.1.7. Report of Forced Sex to Legal Bodies and Seeking Help

Most of the forced sex in the capital remained in secret with the victims or not reported to the legal bodies on time. According to the information collected from the participant students, of the victims who have said to report to legal bodies 5 (35.7percent) have informed to the police about sexual violence [rape] they encountered (table 4.7). Whereas 4 (28.6percent) of the victims have described their problem to the women’s affair. Similarly, *others* 3 (21.4 percent) of the rape victims were known to report their problem to different bodies they thought it was better. Namely, some students reported their problem to their school and some others to NGO’s

for medication. However, cultural norms and psychological consequences of the problem might cause most of the victims to refrain from reporting their cases to legal bodies.

Table 4.7 Report of Forced Sex and Places of Seeking Help

Place of help the victims seek (n=13)	frequency	percent
Health institution	6	46
Religious institution	2	15
Folk medicine healer	1	7.7
Parent	3	23
Friends	1	7.7
Place of rape report (n=14) police	5	35.7
kebele	2	14.3
Women's affair	4	28.6
Other	3	21.4

Even after the problem has occurred, the numbers of victims that seek help about their health condition from different concerned bodies were so small. The data gathered indicated that only 10 of the students who were injured by forced sex have sought help after the rape incidents, this is (32.3 percent) of the total rape victims reported (table 4.6). Moreover, among these, 6(46 percent) have indicated to have gone health institution seeking help after rape incident while 3 (23 percent) of the victims told their parents about their problem they had encountered (table4.7).

Table 4.8 Causes of Rape Victims Hiding their Injuries & Legal Action

Legal action against the perpetrator (n=20)	Frequency	Percent
Nothing	13	65
Imprisonment	3	15
Financial penalty	1	5
Forced marriage	1	5
Other [e.g. warning]	2	10
Causes for rape not to be reported (n=28)		
By confusion	10	35.7
Afraid of parent	8	28.6
Afraid of humiliation	4	14
Threat by rapist	2	7.3
Police wouldn't listen	1	3.6
Other [e.g. revenge, seeking compensation]	3	10.7
Tactics of escaping attempted rape (n=38)		
By giving appointment	15	39.5
Fighting	6	15.8
Shouting	4	10.5
Running	4	10.5
By frightening	2	5.3
Getting help from others	3	7.8
Other [e.g. telling lies, sick, expressing love]	4	10.5
Identity of the perpetrator (n = 31)		

Current friend	6	19.4
Previous friend	6	19.4
Teacher	1	3
Closed relative	4	12.9
Neighbor	7	22.6
Stranger	3	9.6
Other	4	12.9

4.1.8 Causes of the Rape Victims Hiding their Injuries and Tactics of Escaping From Attempted Rape

Responding to the question, whether any legal action were taken against the perpetrators by concerned bodies 13 (65 percent) of the rape victims stated that no legal action was taken in response to their injury. However, some rape victims are known to have reluctantly indicated the legal measure taken against the perpetrators. The fact that most of the rape victims had no courage to share their problem to people closed to them or concerned legal bodies for reason not so apparent. The study revealed that 10 (35.7 percent) of the rape victims' causes for the problem to be concealed or kept secret with them [sufferers] were confusion (table 4.8).

On the other hand, others rape victim which were numbered 8 (28.6 percent) have said that the prime cause for the occurrence of rape to be kept in secret or silent with them was fear of parent. Some respondents' female students have described to have used different methods or techniques to escape from attempted rape. 15 (39.5 percent) of the student have reported that they could escape from attempted rape by giving appointment while 6 (15.8 percent) of them made themselves free by fighting from the offender.

On the other hand neighbor 7 (22.6 percent) was found to be the most common perpetrator in this study (table 4.8).

4.1.9. Problems and Outcome of Rape

There are many problems and negative consequences occurred due to non-consensual sex against female secondary school students. The victims have reported to experience mental, physical, and psychological injuries owing to forced sex. Of the total rape victims indicated 6 (30 percent) have been pregnant, 7 (35 percent) have had unusual discharge from the genitalia, 8 (27.6 percent) have felt self blame, 5 (17 percent) have had hate against others and 6 (20.7 percent) have faced trauma of frightfulness (table 4.9).

Table 4.9 Problems and outcomes of rape related to health

Problems rape (n=20)	Frequency	Percent
Pregnancy	6	30
Abortion	1	5
Ulcer in the genitalia	4	20
Unusual discharge from the genitalia	7	35
Swelling around the genitalia	2	10
Consequences of rape (n=29)		
Frequent headache	1	3.4
Poor appetite	2	6.9
Sleeplessness	1	4.3
Frightfulness	6	20.7
Self blame	8	27.6
Hate for others	5	17
Depression	1	3.4
Suicidal feeling	3	10.3
Drop out of school	2	6.9

Furthermore, among the rape victims 3.4 percent have indicated frequent headache, while some other stated poor appetite 6.9 percent and sleeplessness 4.3 percent. The result of the study also described significant number of suicidal feeling of the rape victims 10.3 percent and drop out 6.9 percent (table 4.9).

In this study most rape victims are observed to be affected psychologically and lie in the balance due to the problem they encountered. For example, frightfulness 20.7 percent and suicidal feeling 10.3 percent among the rape victims in this regard could be simple indicators

4.1.10. Attitude of the Respondent towards Sex before Marriage

Regarding attitude, questions were raised whether premarital sexual practices had been accepted. In this regard the majority, 138 (92 percent) of the respondents showed their stand that premarital sex had no acceptance. Furthermore, 37 (97.4 percent) of the participant students have students rejected forced sex against adolescent female students. Questions were also asked whether forced sex could be allowed in some way or other to a woman or a girl. 31 (20.9 percent) of the respondent students answered that forced sex could be possible if the woman (victim) was the perpetrator's wife. Similarly, 35 (23.6 percent) of the respondents accepted forced sex if both the perpetrators and the victims have been intoxicated. While 19.6 percent or 29 of the respondent students said that forced sex could be done under no condition. In the answer to question about accountability or who would be responsible for rape activity, 79 (52.7 percent) of the respondents pointed out their finger to the offenders. On

the other hand 47 (31 percent) of the participant said that both the perpetrators and the victims have been responsible for the problem (rape) executed (table4.10).

Table 4.10 Attitude of the respondents towards premarital sex

	Frequency	Percent
Whether premarital sex is acceptable frequency percent		
Yes	12	8
No	138	92
Whether rape to a girl is acceptable		
Yes	1	2.6
No	37	97.4
Whether rape is acceptable in condition when		
victim is: _ A wife	31	20.9
_ A girl friend	12	8.1
_ Or both friends aroused	22	14.9
_ Or both friends intoxicated	35	23.6
_ Spent money by male partner	19	12.8
_ Or under no condition	29	19.6
Who responsible is for rape		
_ The offender	79	52.7
_ The victim	24	16
_ Both	47	31

4.1.11. Knowledge of Self Protecting from Unwanted Pregnancy

Information obtained in this study indicated that the overwhelming majority of the respondents have some knowledge of protecting themselves from unwanted pregnancy. For instance among the respondents 109 (75.2 percent) have preferred to use contraceptives to prevent unwanted pregnancy. Similarly, *others* 28 (19.3 percent) of the respondents revealed that they preferred to use different methods to protect unwanted pregnancy. *Others* include calendar [safe period], abstinence, and the like (table 4.11). Here the study disclosed encouraging result regarding knowledge of self protecting from unwanted pregnancy. Therefore, it should be strengthened with education and made more effort to alleviate uses of contraceptive among youngsters.

**Table 4.11 Knowledge of Self Protecting from Unwanted Pregnancy
Knowledge of Self Protecting from Unwanted Frequency Performance**

Pregnancy		
Yes	128	84.2
No	24	15.8
Method of self protecting from unwanted pregnancy		
Using contraceptive	109	75.2
Folk medicine	3	2
Traditional / customary method	5	3.5
Other	28	19.3

4.1.12. Types and Preference of Contraceptives Use

Based on the information available (table 4.12) in the survey 22 and 20 of the

respondents have preferred to use condom and pills respectively. While 23 of the total respondents showed their choice for abstinence to be away from unwanted pregnancy. Yet again, 63 (42 percent) of the respondents have reported to have used all types of contraceptives mentioned in the questionnaire to keep themselves safe from unwanted pregnancy.

Table 4.12 Types of Contraceptive Preferred to Use by Female Students

Types of Contraceptives Used	Frequency	Percent
Condom	22	14.7
Pills	20	13
Inject able	11	7.3
IUD / Loop	2	1.3
Safe period	6	4
Coitus interrupt	3	2
Abstinence	23	15.3
All	63	42

4.1.13. Knowledge of a friend/relative (of rape victims) by the respondents

A sort of indirect question about respondent’s friends and relatives were posed. Namely, the respondents were asked whether they knew friends or relatives, who have been raped, undergone abortion, died of pregnancy, dropped out of school due to rape, kissed with no consent or exposed to forced marriage.

Table 4.13 Knowledge of a friend / relative (victim) by respondents

Knowledge of a friend of :	frequency	percent
- Raped in the last 12 months		
Yes	48	32
No	102	68
- Drop out of school due to rape		
Yes	54	36.2
No	95	63.8
- Abortion cases in the last 12 months		
Yes	28	18.8
No	121	81.2
- Kissed in the last 12 months		
Yes	68	45
No	82	55
- Died of pregnancy		
Yes	22	14.8
No	127	85.2
- Forced marriage in the family[relatives]		
Yes	72	48.3
No	77	51.7

Accordingly, 48 (32 percent) of the respondents answered that they knew a friend who has been raped in the last 12 month prior to the survey (table 4.13). Whereas, 54 (36.2 percent) of the participant said that they knew a friend who has been dropped out of school due to forced sex.

Furthermore, 28 (18.8 percent) of the respondents reported that their friends have been undergone abortion after rape incident. Similarly, 68 (45 percent) of the participant witnessed that they knew a friend who has been kissed forcefully in the last 12 months before the study.

On the other hand, 22 (14.8 percent) of the respondent expressed their knowledge of a friend who have been died of pregnancy. Whereas 72 (48.3 percent) of the students that filled in this questionnaire indicated that they knew a relative who was forced to a marriage. Thus the result of the study conveys that the magnitude of forced sex in our country was on the rise.

4.1.14. Awareness of HIV/AIDS

The study has entailed questions about HIV/AIDS. This helps to assess the awareness of female secondary school students against the disease. Hence questions on modes of transmission and ways of prevention the disease were forwarded. Respondents were asked to put their answer upon the major ways of HIV/AIDS transmission in order of their preference from the four alternatives provided. For the sake of analysis all the figures depicted in table 4.14 are the first choice of the respondent female students. Accordingly, 90 (60 percent) of the participant indicated that multiple partners were the prime cause of HIV/AIDS transmission. Whereas, 50 (33.3 percent) of the respondent stated that unprotected sex were the first choice for cause of HIV/AIDS transmission. Similarly, 5 (3.3 percent) and 5 (3.3 percent) of the respondents described their concern that the prime causes for HIV/AIDS transmission would be sharing contaminated needles and blood transfusion respectively.

In the same way, as mentioned above participant students were requested to give answer by putting order of preference about self protecting from HIV/AIDS. Abstinence, faithful partners and condom use were the three alternatives provided and asked to be put in order. Accordingly, 116 (77.3 percent) of the respondents preferred abstinence and placed in the first point as the main way of self protecting from HIV/AIDS.

Next to abstinence, those who said 'faithful partner' should come first in order to protect oneself from HIV/AIDS were 28 (18.7 percent). Lastly, respondents who stated condom as their first choice to keep safe from HIV/AIDS were 6 (4 percent).

Table 4.14 Awareness of HIV/AIDS

Ways of HIV transmission in order of preference		Frequency	Percent
1.	Multiple partner	90	60
2.	Unprotected sex	50	33.3
3.	Sharing contaminated needles	5	3.3
4.	Blood transfusion	5	3.3
Ways of self protecting form HIV in order of preference			
1.	Abstinence	116	77.3
2.	Faithful partner	28	18.7
3.	Condom use	6	4
Likelihood of acquiring HIV / AIDS			
	Yes	44	29.9
	No	103	70

Other questions about HIV/AIDS were the possible assumption of acquiring the disease. In this regard, among the total respondent who said 'yes' and the disease could contract them were 44 (29.9 percent). Whereas, those who answered 'no' and they believed they couldn't get HIV/AIDS accounted 103 (70 percent). On the other hand, among the total respondents who had HIV test were reported to be 42 (28.2 percent), and 107 (71.8 percent) of the remaining hadn't their blood tested. Asked whether they had interest in blood testing and counseling, a highly significant and striking number, 126 (84 percent) of the 150 respondents answered 'yes' to take blood test and counseling.

As indicated, considering awareness of HIV/AIDS the results of the univariate statistics described that students have had basic knowledge. However, 29.9 percent of the respondents expressed fear of [chance of] getting the deadly virus. The figure is not simple so cautionary measure in the battle against the disease would be vital.

4.2. Result of Focus Group Discussion

On this part of the study the result of the focus group discussions, which are part and parcel of the main research work, are briefly presented. The discussion was carried out among ten female and ten male high school students separately. The students were drawn voluntarily from secondary one (9th and 10th grades). The content of the FGD involved questions about sexual life and experience of female and male students in general and sexual violence in particular.

Accordingly, on the discussion the students and their friends' experiences and practices were described. The prime objectives of the focus group

discussions are to explore the major contributory factors to sexual violence and to examine the awareness of Lem secondary school students about sexually related problems.

4.2.1. Female Focus Group Discussion

In this group, two female students from five sections each from 9th to 10th grades were participated. The discussion was hot, attractive, and somewhat argumentative in which all the students were actively involved.

The opening question for female discussants was about the definition of sexual violence. Majority of the students could express the appropriate meaning of sexual violence. They, almost all explained that it was a force driven and indecent activity aimed to hurt and demolish the fate of a girl (a woman). Some of the students listed the types of sexual violence and they said that of all types of sexual violence the female students encountered; verbal abuse, intimidation and beating were their daily problem. Particularly some described the definition in connection with the human right violation and said that it was an insane and only a savagery or uncivilized deed.

The next question posed to female students was about the magnitude or prevalence of sexual violence among adolescent girl of their age. The students answered this question comparing the past and present condition at country and regional town level. They unanimously spoke that the happening of sexual violence was increased at an alarming rate. Some students said, now a day, sexual violence seemed customary and normal among female young children. Unless made to stop at a certain point and taken proper action sexual violence could cause serious socio-economic problem at national level, they stated.

A question also regarding to the risky age to sexual violence in general and non consensual sex (rape) in particular was forwarded. The students answered their current age as to be more at risk to sexual violence. Others said that the crime to sexual assault had no border line with respect to age. Though it seemed the age groups of young adolescents as the main surface area of the problem, many children under 13 years of age were also in severe trouble of sexual violence, they described.

Another question female participant asked was their out look to forced sex (rape) and information about the rape victims. One student said that the problem is so evident and rampant that they could hear and understand through mass Medias. Furthermore, she said that the problem shouldn't only left for female students, it was a setback to be observed at public level. Other student said it was the female students and their wicked female friends that made the rape to be a simple problem. The way the female students act in class, school and outside the school could provoke the perpetrator easily continue their malicious deed. As a major target age group, the students said they should always aware of the problem. Another female student stated that in the capital rape is considered as illegal act but a simple difficulty that any female students mightly encountered in her life time when the day is allowed. When the problem happened to a girl, instantly the victim would better report to police and consult her parent for help, they all agreed.

The students were also asked whether they knew a friend or a girl who has been forced to sexual intercourse. More than 50 percent of the discussant responded that they had knowledge of raped relatives, friends and other distant individuals. Some students have narrated what they knew about rape victim friends.

Regarding to a question about help that should be done to rape victims, the participant students suggested many possible solutions that made the victims back to normal life. Among other one student said that if a student was raped, she had better consult her psychology teacher [students' guidance and counselor at high school level]. Another student suggested that for such cases, the main solution could only be obtained from among the victims closed but good friends, and relatives. They might support her to forget the matter easily or in a simplified form. She added that these people might help the victims financially to get medication [if need be] and made them feel less worry, they could help the assailant brought to justice and heal the victims mentally.

The answers given to questions considering the possible outcome of rape and the way to prevent sexual violence were very similar among female participants. Most of the students raised health problem at first level. Further, they described the health problem into two parts, mentally and physically. One participant student particularly gave emphasis and said that the potential transmission of HIV/AIDS which has no cure to date should be considered before any thing else. Additionally, another student stated that unwanted pregnancy there by abortion and related problems were the main problem that the rape victim sufferers are often encountered. The students said that the negative effect of rape against young female students life, could be multifarious and it was difficult to mention one and leave out the other.

The students were further asked questions for discussion that described about first sexual activity and safe sex among adolescents. In connection with the above questions, contraceptive use and incidence of unwanted pregnancy were also points provided for discussion among female students. Most students believed that roughly 15 to 17 years were the right age to make opposite sex partner. One student explained this that, the above mentioned ages were the main developmental stage of adolescent. Further she said that it was the initial stage of practices of sexual activity. With regard to safe sex the discussant were split into two groups. The first group argued in advocating that moderately high number of adolescent students performed safe sex. For this they gave reasons that, mostly females were the initiators of safe sex because they attributed that female were the prime victims of unwanted pregnancy, HIV/AIDS and other STD. Therefore, they said in order to protect themselves and their friends [taking as sign of love and honest] from such and other problems, adolescent used safe sex.

On the reverse side, the second group completely rejected the first group suggestion and said that the reasons provided by the first group were insufficient, weak and not convincing. On their part they listed their reasons that most adolescent students didn't perform safe sex. They said, first of all most adolescent were at the initial stage of puberty. The point in time was a hurrying age to think things from different directions. Adolescents at this stage of development reluctantly understood each other. They couldn't observe easily the out come of their wrong doings. Secondly, they said most adolescents were family dependent that couldn't afford different expenditure like prices to hotel bed, to invite their friends and for other dire need. Therefore, they were not programmed to carry out the matter. What

they were waiting for was some opportunity which made them instantly done their desire, without proper care.

Lastly, the second group stated that very often adolescents performed sex with great secret from parent and friends' knowledge. So, all their deeds were full of fear and speed. Taking that occasion, they rushed into unsafe sex. They were unaware of HIV/AIDS let alone pregnancy, the students in the second group concluded.

In the discussion among the various types of questions raised, a question about social norms or beliefs in relation with forced sex was included. Students described that, the social norm in Addis Ababa to forced sex are a sort of negligent. One student said that though the people in the capital was said to be in a position of better life style when compared to the rest of the country, majority of them gave little attention to the problem. Supporting this idea another participant student mentioned that the people in the city are observed to be shunned when rape was raised as a topic of discussion. Some people made the victims as the main actor [cause] of the problem, she added. Another said, some people are pragmatic to load all the crimes regarding to sexual activities against women. When a girl is suffered with such a problem, some people are in a position to blame the victimized girl. All the accusing fingers [for the trouble occurred] are pointing to the woman which is hardly possible to bear.

The next question was about the root causes of sexual violence against female high school students. As previously stated, almost all of the participant female students were well aware of the causes of sexual violence. The students said that the main causes of sexual violence were female

students themselves. For instance, one student's said, female students showed undeserved act in the school. Some other wants to practice what they have observed through different films [as a film actress]. Another student said some adolescent thought wrongly to do what their friends have done. When her female class mate has a boy friend, she becomes insanely jealous and wants to do the same as her female class mate and make mere boy friend.

Regarding a question about the transmission of HIV/AIDS among adolescents' high school students. Participant students described different behavioral factors. One student stated a habit of substance taking could expose the students to the risk of HIV infection. She further said how extra habit could cause and facilitate the likelihood of contracting HIV/AIDS. Chat and alcohol were the main factors responsible for the youngsters to do what they shouldn't be expected to do. The students stated that in Addis Ababa, this day small and big male and female, the haves and the have not indiscriminately used to chew chat. Among the chat users the number of young adolescent couldn't be estimated in a simple form. The discussants indicated that some of the young adolescent chew chats, in group together with their opposite partners. Having been finished chewing, to soften the strength of the effect of the chat youngsters would take alcohol. It's at this time that all unexpected deed [fault] could happen and bring HIV/AIDS and other STDS. Things related to substance taking one student remembered and said her worst experience that a certain boy tried to do against her along side the road at night.

4.2.2. Male Focus Group Discussion

Participant male high school students were drawn from 9th to 10th grades. A total of ten discussants who could articulate their ideas were engaged in the discussion. Accordingly, two students selected from five sections from each grade 9th to 10th participated.. The male focus group discussion per se was sensitive to give answer in each question and idea against their respective sex. Some students have observed to connect the discussion with cultural norms and religious aspects.

The first question for discussion to male focus group was the definition [the meaning] of sexual violence and its different forms. The participant students answered the question, however, at the same time a question and a sort of suggestion was also raised on the discussion against the meaning and some form of sexual violence. Among the definition given, some students voiced their objection against them. For instance, one student said "*verbal threat*" shouldn't be considered as sexual violence because it's an expression of love or one way how to approach opposite sex. Another idea against the aforesaid suggestion was stated that "*verbal threat*" was an intention to harm or the possibility of trouble, so it should be included and considered as one part from among different forms of sexual violence.

The next question posed to the participants was about forced sex, as one forms of sexual violence. They said non-consensual sex was a crime but it should not be so with wife or best girl friend. This is to mean that they accepted forced sex as illegal activity; however, they argued that the action should only be applicable to those who had not established closed friendship. Between husband and wife or between closed opposite partners,

it's their private affair which no one shouldn't be involved, they added. Here, there were some participant students that disagree on such expression and thought "*forced sex*" shouldn't be selectively applicable [because all persons should be equal before law] and they said it's a crime to all who committed it deliberately. In this discussion we could easily realize that there were potential perpetrators [feeling] among male high school students.

A question then asked to the participant student was what the best way would be to prevent sexual violence. Regarding this, they said that to educate the people and tighten the [existing and revised] law would be best to prevent sexual violence. One student said, the main problem usually raised from male students was that unknowingly, or forgetting the prime objective [education] we came, we started to follow female students while the regular class was in progress. Added, he said there would be proper time to choose and get opposite partner when they have completed their education. In line with the regular lesson given in class, and together with human right respecting, sex education would be vital, the other students stated. We have been learning civic and ethical education, and we should practice what we learned, honoring human right should be our custom, he concluded.

Rape is mainly a problem to many girls but the problem is not limited to those victims alone, the perpetrator has its own share to take, the students said, beyond health problem and mental torch, the perpetrator could be imprisoned and lost time worthlessly there. Besides, they said the entire negative out come of rape unto the perpetrator ought not to be regretted. It's the cost of his deed that he has executed.

Asked when sexual relationship with opposite sex would start and how adolescent students practiced safe sex, the participant students gave different answers. Most agreed and believed age 15 is appropriate for adolescent to begin sex. Considering safe sex practice, one student said, though he didn't start sex he had many friends that were experienced sex. After class all their deliberations were about sex and opposite sex partners.

The main point the discussion convey is that most youngsters would have chosen sex without protection. Moreover, multiple sexual partners and changing girl friends like garment have been considered as an adventure.

The other questions asked were about the main cause of sexual violence and the social norms or belief in the city related to forced sex. One student said, these days, in the city casual sexual relationship, particularly among adolescent seems permissible. In the family level premarital intercourse is frowned upon girls unless plans for marriage were made. Even chastity is preached. However, when the girls are seen merely with some rich individuals [that own private vehicle], they would be nurtured by the society, he concluded. Another student said sexual films; *chat and shisha* houses near by the school compound have their own contribution to the widespread of sexual violence in the city.

Regarding their experience a question was forwarded whether they had a quarrel or fight with other boy because of their girl friends. Most of the students shook their head for disapproval that they hadn't as such an experience.

In the FGD, some selected part of the deliberations was presented. Students in the discussion raised and argued several fundamental points which were taken as an input in the study. The next chapter dealt with a considerable summing-up discussion that combined the result of quantitative and qualitative analysis. Accordingly, various points from related contemporary literatures that help to manifest the consistency of the findings in this study have been considered.

CHAPTER FIVE

5. Findings and Discussion

In Addis Ababa information about sexual violence and sex education at Secondary school level are rarely available. Very few studies conducted in Addis Ababa described the magnitude of the problem. Therefore, this study aimed to differentiate and pin point the major causative factors of sexual violence, attempted to provide a clear view and major causes associated with sexual assault.

In order find out the major causes of sexual violence cross-sectional design of quantitative method was used. Hence, this study examined different forms of sexual offences and their contributory factors, the consequences of forced sex, awareness of HIV/AIDS and knowledge of contraceptives. The FGD, focus group discussion is also utilized for male and female students with a separate set of category. Clear and factual evidences were provided by qualitative study to strengthen the evidences obtained by the quantitative study.

From the total 150 participants investigated in the survey 32 (21 percent) are found to be rape victims and 38 (25 percent) are reported to have encountered attempted rape according to univariate (descriptive) result. The above result shows rate of acceleration and significant increase as compared to previously conducted studies.

Regarding non-contact abuse which is inappropriate sexual solicitation or indecent exposure [includes unpleasant word], the result of the study described as 69 (46 percent). This was the total participants' report in the last

12 months prior to the study. On the other hand, the contact abuse which is expressed as unwanted touching and fondling in this study, was stated to be 56 (37.3 percent) in the last 12 months before the study and 80 (53.3 percent) in life time. In part, the above mentioned statistical result showed similarity as compared to other studies in and outside the country. Globally, 16-50 percent of ever partnered women report having been physically assaulted by an intimate partner.

The maximum age of individuals who committed sexual crime [forced sex] against female students who had been more than ten years was found to be 12 (39 percent) and it was 7 (23 percent) for those assailant who had been same years as compared to the victims totally reported.

The overall statistical result regarding identity of the perpetrator indicated that those students who have experienced forced sex perpetrated by neighbor are higher than other types of rapist. Of the total assailant 7(22.6 percent) were found to be from among known community member (neighbor). This showed that neighbor were the most common perpetrator of sexual violence in this study. Current and ex-partners were placed in the second stage next to neighbor and were reported to be 19.4 percent each from the total rapist. Closed relatives 4(12.9 percent) was also among the assailant who committed forced sex against female students. This is somewhat consistent as compared to previous studies. The next frequent perpetrators in his study were boyfriend, 19.4 percent.

In this study, the outcomes or consequences of rape is divided and found into two parts. The first part was about physical health problem and the next one was psychological consequences of forced sex. Accordingly, 7(35 percent)

of the students that suffered sexual violence reported to have unusual discharge from their genital, while 6 (30 percent) of the victims stated the occurrence of unwanted pregnancy. Furthermore, 8 (27.6) of the rape victims indicated they lived in state of being self blame. Whereas 6 (20.7 percent) of the other described a feeling of frightfulness after the problem has been executed. The figure in the study indicated the case in point with pregnancy a little bit higher as compared to prior studies in the area.

Very often, the crime for rape is rarely reported across the world. So, victims prefer to hold their painful experience inside with them. The reason might be feeling of great indecision, unable to verbalize their problem in open. Further, victims afraid and reluctantly report their attack because they could be asked witness to validate their account. Rape report to legal bodies in this study was 11 (35.5 percent) among the rape victims. Of this 5 (35.7 percent) have informed their problem to police while 28.6 percent of the other revealed their problem to women's affair. As has been mentioned earlier, if both the predator and the victim were neighbor, the victims haven't been observed to make their ordeal public. It's indisputable that the reason for this was harmful cultural norms and psychological problems. That being so, most rape victims prefer to conceal and bear their problem by themselves to time indefinite. The finding here is consistent with what others have found.

Information regarding HIV/AIDS knowledge of transmission, ways of self protecting, and the likelihood of acquiring the disease in the study have been displayed. The questions provided to the respondent students were to put their answer in order of their preference based on the four alternatives given. The univariate analysis of the study described only their first choices.

Accordingly, respondents who said modes of transmission of HIV/AIDS mainly due to multiple partner was 60 percent and those who said unprotected sex as the prime route of HIV infection was 33.3 percent. On the other hand, participant students who said abstinence as a major way of self protecting from HIV/AIDS was 77.3 percent while those who believed faithful partner as the chief solution to keep safe from HIV/AIDS was 18.7 percent.

One important finding portrayed in this study is the feeling of the estimation of contracting HIV/AIDS. Thus the perception of acquiring HIV/AIDS among the students was known to be 29.9 percent. This per se is solid evidence for the wide spread of HIV/AIDS in Lem secondary school.

Other finding in this study was the prevalence of contraceptive use among students which has been 109(75.2 percent). From among these, those students who used folk medicine as a method of self protecting from unwanted pregnancy was documented 3 (2 percent) while those participants who preferred to use traditional (customary) methods were 5 (3.5 percent). The study inquired the respondent students' knowledge of protecting from unwanted pregnancy. Of the total participants, 128 (84.2 percent) have responded 'Yes' and confirmed agreement that they have had knowledge of protecting themselves from unwanted pregnancy. The result of this study is also substantiated by other studies.

As the finding indicates the possible estimation of acquiring HIV/AIDS among rape victims was 43.3 percent. Similarly, there is high significant relationship between the assumption of contracting HIV/AIDS and non-consensual sex. It's apparent that during rape, knowingly or unknowingly,

most sex offenders [even for themselves] wouldn't have gut and time to execute protected sex. So the likelihood of acquiring the virus for those who suffered coerced sex might be high. This showed the adverse effect [particularly psychological problem] of forced sex against rape victims.

The living arrangements of the students have its own impact on the perception of contracting HIV/AIDS. The study revealed the condition of the exposure of those students to sexual assault. Students who lived alone were found to be highly vulnerable to the problem mentioned above. The result showed that the students who have lived alone, with relatives or married had higher chance (27.4 percent) to be rape victims as compared to those who have been lived with both parent 17.6 percent. When we see the living arrangement of the students the effect would be similar to HIV/AIDS contracting perception. Thus, the result showed the perception threat of acquiring the disease to have had significant relationship with those who lived alone or married.

Place of birth of the students also indicated a strong effect both on the occurrences of rape and HIV/AIDS acquiring perception. The questioner result described that those students who came from rural Ethiopia were at high risk of forced sex as compared to those students born in Addis Ababa. Consistently, the result reported that the assumption of getting HIV/AIDS and place of origin of the respondents had significant relationship. Mostly, the new environment [Addis Ababa] to those students that came in from rural areas would be challenging up until they adapt it.

The result of the questioners also manifested that among the two grade levels [9th to 10th] the happening of non-consensual sex and the likelihood of acquiring HIV/AIDS lopsided to both graders. For instance, rape victims were found to be high in the 9th and 10th grade students (25.7 percent) and (26.3 percent) respectively as compared to other grade students. Added to this the 10th grade students who have reported to be rape victims were high 26.3 percent as compared to other grade students. The result showed a decreasing trend of the occurrences of forced sex from 10th to 11th grades as other studies describes. However, as the result of previous studies describe an increasing rate of the problem has been observed from 11th to 12 grades. The result of the questionnaire also indicates that there is high significant relationship between grade levels and coerced sex [rape]. On the other hand, the result also shows that the perception of acquiring HIV/AIDS had been higher among Lem secondary school [9th and 10th grades] students 31.5 percent as compared to other grades.

The meaning of sexual violence seems to be well recognized among young Lem secondary school students. However, it has been viewed for long as a taboo issue and a shameful fact of life in many cultures in our society. It has still been continuing to consider this way. These days, it became unconcealed reality to observe the inferior treatment of women everywhere across the world, particularly in developing countries. In Ethiopia, the 1957 penal code allows the rapist to escape punishment if he marries his victims. In the FGD that have been engaged among female and male Lem secondary school students separately, the discussants have demonstrated similar outlook on some questions provided for deliberation.

For instance, on the causes and outcomes of forced sex, both group had consistent views. The female focus group discussants attributed substance use as the major causes responsible for sexual violence. In this regard women with a habit of taking substance were stated to be more vulnerable to the risk of being forced sexually. It was also described that the consequences of rape could be physical and psychological problems against the victims. Unwanted pregnancy, unsafe abortion, STD including HIV/AIDS was the major points emphasized on the outcome of coerced sex.

Likewise, the male focus group discussants indicated that pornographic films, substance abuse (particularly chat and alcohol consumption) were the major driving force behind unwanted sexual practices. HIV/AIDS, physical and psychological problems were also raised in the discussion as the effect of forced sex by male students.

On the side of female group discussion, female students' daily problems were verbal threat from male. Almost 75 percent of the discussants agreed to have experienced at least one form of violence in the daily basis. Female students accused male that they are in a group, *hanging outside* for a great deal of time, for non sense reason of calling bad names against them [female students] and the passer by. Added to this, female students complained in the discussion that in most cases, rape was considered as a fault of the women in the society.

Regarding *verbal threat* some participant male students showed resistance to accept as part of sexual violence. There was a hot debate to convince and reach a certain point of consensus among the male focus group discussion. In addition to this, the FGD in the male part mentioned that forced sex should be observed selectively. Some male discussants believed that forced sex

shouldn't be considered as a sort of coerced sex when a husband made it to his wife or a man to his best friend. However, in the counter response some other male students and the whole female discussants didn't agree the marginalized concept of the problem forwarded by some male participants.

Safe sex was the other point of discussion. Considering this, the female focus group participants were split into two parts. The first group which was consisted of three female students has been argued in favor of safe sexual practices among adolescents in general. They reasoned what they thought is right and convincing. Avoidance of unwanted pregnancy, STD, etc were their main points for their arguments. Rejecting all the points stated above the second group explained and convinced they would be *opponent* group in a logical approach. Puberty, finance, family condition, environments, etc were the focal points they used to convince and win the first group. Yet again, they described some students knowingly or unknowingly have been practiced unsafe sex for the sake of adventure.

The discussion part above gave full picture of the findings in a form of comparison with previous related studies. The next portion of the study is the final section of the thesis. It presents conclusion and recommendation of the overall work of the research. The conclusion part is also made to involve the summary of the study.

CHAPTER SIX

6. Conclusion and Recommendation

6.1 Conclusion

In Lem Secondary School Sexual violence against female students became an increasing human right violation. Due to patriarchal and cultural norms the problem has got too little attention to date. The study has demonstrated causes and different forms of sexual violence against female students in Lem Secondary School.

The results of the survey indicated that rape 21 percent, attempted rape 25 percent and the chance of getting HIV/AIDS 29.9 percent. Furthermore, life time unwanted sexual act 57.3 percent, unwelcome kissing 40 percent and verbal threat 50 percent were reported in the study conducted in Lem secondary school. The underlying factors found responsible for sexual violence in this study were substance use, living arrangement [condition], multiple sexual partners and residence location among other. Thus, 9.7 percent of the rape victims were found to have used chat prior to the incident. It was also observed that knowledge of protecting from unwanted pregnancy and uses of contraceptive have been 84.2 percent and 75.2 percent respectively. However, pregnancy 6 (30 percent) and unusual discharge from the genital 7 (35 percent) were described in this study which both of them have been the adverse effect of forced sex. The likelihood of acquiring HIV/AIDS per se could also be considered as the outcome of rape.

In the study the most common perpetrators were found to be neighbor 7 (22.6 percent) followed by current and ex-partners of the victims 6 (19.4 percent)

each. The age of the sex offender as compared to the offended was reported to be higher to the extent of more than 10 years 12 (39 percent). The victims residences were too indicated as the frequent place of the rape incidence 9 (29 percent), then hotel 7 (22.6 percent) came next. When place of residence for the victims and the assailant is proximate, great opportunity would create to the offender to plan and arrange the ground work for his attack.

So often rape in women is undermined and considered as a fault of the woman. On account of this the victims are reluctantly reported/informed their problem to legal bodies concerned. The great majority of rape victims that informed their problems to legal bodies and sought help for their health were found to be less in number. Collectively in a figurative language those students that have been encountered forced sex and reported to legal bodies were 5 (35.7 percent) while 6 (46 percent) of the total rape victims sought help for their health.

Knowledge of ways of self protecting from the virus and route to HIV infection among the student was described high in the study. The major cause of HIV transmission was reported to be multiple partners 60 percent then unprotected sex 33.3 percent. On the other hand the best alternative to keep oneself safe from HIV/AIDS was indicated to be abstinence 77.3 percent and then faithful partner 18.7 percent.

As has been stated above, the risky sexual behaviors like heterosexual activities, substance abuse, patriarchal, residence location and cultural norms were the major contributory factors for the wide spread of sexual violence among female students in Lem secondary school.

6.2 Recommendation

Contemporary studies time and again documented that Sexual violence in Ethiopia. Several studies conducted in Ethiopia on sexual violence indicate that sexual violence is an age old problem and suggested that it might cripple socio-economic development at one point in time. Recent studies conducted in high and secondary schools also confirm this fact. Therefore, to change the worst condition observed, an irreversible change is needed.

To sweep out the problem, based on the findings mentioned above, some fundamental measures are necessary. So the following recommendations are forewarded as below.

1. Sex education should be given at secondary school level to slow down the rate of sexual violence and eliminate it. Out of school, outreach community intervention program should be prepared under the auspices of Addis Ababa City Administration and Education Bureau. Particularly, secondary school teenagers need information about sexual matters (safe sex, STDs including HIV/AIDS) and human right respect ion. Parents, teachers, civic societies and religious leaders should be the stakeholders to establish integrated programme for successful sex education. The content of education could be combating harmful traditional practices and taboos (female genital mutilation, rape, abduction, early marriage, sexual harassment, etc.).
2. Ministry of Education should strengthen and enhance improvement [provision], implementation, enforcement of law and policies regarding sexual violence at secondary school and other school level. To eradicate sexual violence against Lem secondary school female

students all concerned bodies:- Bole Sub City Education Bureau, Teachers, School Staff, Students, Parents, Other governmental and non- governmental organizations and community members the should discharge their obligation. All concerned bodies should raise their hand against this problem which is devastating the promising man power. Tackling the problem may take long time but the right time for action now.

3. Through mass media, awareness creation campaign, counseling services, formal deliberating session and different session of school clubs on the root causes and consequences of sexual violence and HIV/AIDS should be made utmost urgency. Reducing students and society's tolerance against any form of sexual violence is essential. Owing to the risk of shame and discrimination of forced sex most rape victim women are observed to suffer the problem in silence. Therefore, the school community and societies should say *enough* to curb violence against Lem secondary school female students in particular and other secondary schools in general.
4. Longitudinal studies are needed to better clarify causes and identify factors responsible for sexual violence.
5. Empowering women, to stand up against sexual violence and stay safe from HIV infection, should be enhanced. A growing body of research indicated that HIV/AIDS and sexual violence among females became two sides of the same coin. Further, violence against women affects the victims, their family and the public. Thus, women join hands with their male partner could solve the problem by far.

6. Substance use particularly chat] was found to be the dominant factor in charge of sexual violence to be rampant in Lem secondary school. Therefore, instant measure should be taken in removing the chat vendors from around the schools compound.
7. School location at Bole has its impact and sugar daddies found in this area are facilitating the condition so awareness creation should be made to the students and community found in this sub- city.

REFERENCES

- Adams ,A, Sullivan ,B. Bykee, G(2008). Development of the scale of economic abuse
Violence abuse vitence against women .P 565- 588
- Addressing Gender based ritence , Advancing human right Retrieved August
26,2012
- From [http//www.UNEPA.Org /Right/Violence /](http://www.UNEPA.Org/Right/Violence/).
- Annabel S. (2004). The experience of sexual coercion among young people in Kenya
A Journal of international family planning .
- Antennae Korra and Mesfin Haile (1999). Sexual behavior nad level of awareness on
reproductive health among youths:Evidence from
Harar, eastern Ethiopia.13(2) :107-113.
- Asfaw Desta and Mequanent Tesfu (1996). Family planning manual from health
workers. Master printing press A.A.
- Awake monthly published magazine (October, 2007) New York
- BA oye – Adeniran et al (2004). Advocacy fro reform of the abortion law in
Nigeria. Ajournal of reproductive health matters,12(24):209-217.
- AnnabelS. (2004). The experience of sexual coercion among young people in
Kenya. A journal of international family planning.
- Antenane Korra and Mesfin Haile (1999).sexual behavior and level of
awareness on reproductive health among youths: Evidence from
Harar, eastern Ethiopia. 13(2):107-113.
- Asfaw Desta and Mequanent Tesfu (1996). Family planning manual for health
workers. Master printing press A.A.
- Awake monthly published magazine (October, 2007) New York
- BA oye-Adeniran et al (2004). Advocacy for reform of the abortion law in
Nigeria. Ajournal of reproductive health matters, 12(24):209-217.

- Bakgoasi Daniel and Campbell Eugene. (2004) Botswana adolescent sexual practices and health study report. No 54
- Belaineh Girma et al. (2004). Determinants of condom use among Agaro high school students using behavioral models. 18(1):25-30
- Belay E. 2008. Factors Contributing to sexual violence against Female High school students in Addis Abeba. Addis Abeba: AddisAbeba University; 2008.
- Beth Maina Ahlberg et al (2001) gendered construction of sexual risks: implications for safer sex among young people in Kenya and Sweden. A journal of reproductive health matter. 9(17) 26
- Campbell J. Health 2002 consequences of intimate partner violence Lancet; 356:1331-6. WHO (2002). World report on violence and health Geneva, Switzerland.
- Cathy Corder, Kathryn Brobl, eds (1999). It couldn't happen here: recognizing and helping desperate kids. American journal of public health. 90(4) 635- 93
- Charles Nzioka (2001) perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya. A journal of reproductive health matters, 9(17) 108-117
- Country experiences (2002). Regional orientation workshop on HIV/AIDS. Vol.2 CSTAA, Ethiopia.
- Dessaiegn S, Kumbi S, Surur F. (2008) Sexual violence and use of contraception among women with unwanted pregnancy in NGO

Clinic, Addis Ababa. Ethiopian MedJ;46(4):325_33.

http://www.huffingtonpost.com/2014/03/20/india-gang-rape_n_4998112.html

DeukkYoung Yoon, et al (2005) study on countermeasure to protect child victims of sexual violence. A journal of women's studies forum. Korean women's development institute vol.21

Development goals facilitating women's access to support.html, (2007)

EMJ, Ethiopian medical journal, 43(4):215-221. Worku A, Addisie M (2002). Sexual violence among female school students in Debarq, north west Ethiopia medical journal; 79(2):96-9.

Ermias Mulugeta (1996). Prevalence, attitude and factors related to sexual violence among high school students. Addis Ababa University (thesis).

Eunice Brook man–Amissah and Josephine Banda Moyo (2004). Abortion law reform in sub-Saharan Africa: No turning back. A journal of reproductive health matters, 12(24): 227-234.

FDRE, (Federal Democratic Republic Of Ethiopia) (2007).National adolescent and youth reproduction health strategy (2007-2015).

- Fikir Melesse and Assaye Kassie (2005). Child abuse in urban setting; a one year analysis of hospital information on abused children at Yekatit-12 hospital. Addis Ababa. EMJ; Ethiopian medical journal, 43(4): 223-233
- Fisseha Eshetu et al (1997).the attitudes of students, parents and teachers towards the promotion and provision of condoms for adolescents in Addis Ababa. A journal of Ethiopian health development; 11(1):7-16
- Greg son S. et al (2001) Round up: STDs/HIV/AIDs. Gender and sex differences in HIV infection patterns in Zimbabwe. A journal of reproductive health matters. 9(17), 225
- Haileyesus Getahun (2001). Marriage through abduction in rural North West Ethiopia. EMJ, Ethiopian medical journal, 39(2):105-112
- Heidi Lary, et al, (2004). Exploring the association between HIV and violence: Young people's experiences with infidelity violence and forced sex in Dar es Salaam, Tanzania. A journal of international family planning perspective.
- Heise L. (1993) violence against women: the hidden health burden. World health statistic quarterly.
- Hirut Terefe (2004) violence against women in Ethiopia. Civil society in Ethiopia. Reflections on realities and perspective of hope HIV/AIDS and gender in Ethiopia (2007). The case of ten woredas in Oromia and SNNPR
- I.O. Orubuloye (1994). Sexual networking, use of condom and perception of STD and HIV/AIDs transmission among migrant sex workers in

Lagos, Nigeria. Paper prepared on sexual subcultures, migration and AIDs Bangkok, Thailand.

Ihsan Dogramaci (1991). Child abuse, neglect and violence an international overview. *A journal of international child health*, 2(1):32

Iqbal Shah and Elisabeth Ahman (2004). Age patterns of unsafe abortion developing country regions. *A journal of reproductive health matters*

Isatou Touray (2006). Sexuality and women's sexual rights in the Gambia. *IDS Bulletin, sexuality matters*, 37(5)

Janet Phillips and Malcolm park (2006). Measuring domestic violence and sexual assault against women: a review of the literature and statistics. Parliament of Australia.

Jewkews R, Sen P, Garcia-Moreo C. (2002) World health organization. World report of violence

Jill Lewis and Gill Gordon (2006). Terms of contact and touching change: investigating pleasure in an HIV epidemic. *IDS Bulletin, sexuality matters*, 37(5):110-116.

John K.Anarfi & Phyllis Antwi (1994). Sexual networking in a high-risk environment of "street involved" youth in Accra city and its implications for the spread of HIV/AIDs. Paper presented at the IUSSP conference on sexual sub-cultures and migration in the era of AIDs/STDs, Bangkok.

- Linda Rae Bennett (2001) single women's experiences of premarital pregnancy and induced abortion in Lombok, eastern Indonesia. *A journal of reproductive health matters*. 9(17) 37
- M, et al (1996). Rape related pregnancy, estimates and descriptive characteristics from a national sample of women. *American journal of obstetric gynecology*;175 (320):323-327 and *health*, (170):149.
- Mardge Cohen et al (2000). Domestic violence and childhood sexual abuse in HIV infected women and women at risk for HIV. *American journal of public health*, 90(4): 560
- Mari Luz (1998) "sexual parity" a magazine woman in Africa no 3.
- Mark Van Landingham and Nancy Grandjean (1994). Some cultural underpinnings of male sexual behavior pattern in Thailand. Paper presented at the IUSSP conference on sexual subcultures and migration in the era of AIDs/STDs, Bangkok.
- Merrill Wolf (2001) Ipas declines to sign the global rule: public statement. *A journal of reproductive health matters* 9(17) 206-207
- Mesfin Kassaye et al. (1999). "Drug" use among high school students in Addis Ababa and Butajira. *EJHD, Ethiopian journal of health development*. 13(2):101-106.
- Michael A. Koenig, et al, (2004). Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *A journal of international family planning*. 30(4)

- MOH, women's affair department (2002) Gender mainstreaming guideline in the health sector. Addis Ababa.
- Mulatu M. 2002 Social and Behavioral studies on HIV/AIDS among Ethiopia youth, A review and recommendations. Rossetti. S. 2001 Children in school; a safe practice?.
- News blaze. At: <www.newsblaze.com/story>. Accessed at 10 November, 18, 2013
- Parfait M. Eloundou-Enyegue (2004) pregnancy related dropouts and gender inequality in education: a life table approach and application to Cameroon. *A journal of demography*.41 (3),
- Peter Assleta (2004) culture, health and sexuality: an international journal for reserve intervention 6(4) USA.
- Phyllis L. Ellickson, et al (2000). Early predictors of adolescent violence. *American journal of public health*. 90(4)publishes of population reports 3rd printing. 111 market place, Baltimore USA.
- R. Kim Oates. (1997). Physical and sexual abuse and their relationship to non-organic failure to thrive. *A journal of international child health*,
- Rahel et al (2003). Patterns and correlates of sexual initiation, sexual risk behaviors, and condom use among secondary school students in Ethiopia. *EMJ, Ethiopian medical journal*, 41(2): 163-177
- Rahel Tessema (2006). Sexual violence and reproductive health problems among school female adolescents in Addis Ababa. Addis Ababa University

- Regional orientation workshop on HIV/AIDs (2002), Technical Report vol.1
Reproductive rights. At: <www.reproductiverights.org>. Accessed at
09 October, 2013
- Rob Stephenson et al. (2006) domestic violence and contraceptive adoption in
Uttar Pradesh India. A journal of studies in family planning. 2006,
- Robert A. Hatcher et al. (2001). The essentials of contraceptive technology. A
hand book for clinical staff. Johns Hopkins population information
program,
- Sabina Faiz Rashid (2006). Small powers, little choice: contextualizing
reproductive and sexual rights in slums in Bangladesh. IDS bulletin,
sexuality matters, 37(5):69-76.
- Science directs (2007). World report on women's health. An international
journal of gynecology and obstruct. 94(3):325-352.
- Shabbier Ismail et al (1997) high risk sexual behaviors for STDs/HIV,
pregnancies and contraception among high school students in a rural
town, north western Ethiopia.
- Spotlight speaking out against global violence. At: <[www.equalitynow.org
html](http://www.equalitynow.org/html)>. Accessed at 19 November 2013.
- Suneela Garg, et al. (2001). Socio-cultural aspects of menstruation in an urban
slum in Delhi, India. A journal of reproductive health matter.
- Suwanna Warakamin et al (2004). Induced abortion in Thailand: current
situation in public hospitals and legal perspectives. A journal of
reproductive health matter, 12(24): 147-156.

- Tegbar et al (2004). Domestic violence around Gondar in NW Ethiopia. EJHD, Ethiopian journal of health development, 18(3):133-139
- The constitution of the federal democratic republic of Ethiopia, 1995
- The penal code of the empire of Ethiopia, 1957.
- Tiisetso Makatjane (2002). Premarital sex and child bearing in Lesotho. A journal of African population studies 17(2)
- UNAIDS (2006) report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
- UNICEF (2007). The state of the world's children. Women and children. The United Nations children's fund (2006).
- Violence against women, a global horror. Youth noise G1. At: <www.Sujin.com.np>. Accessed at 22 November 2013.
- We! Isis (2003) women victims of rape forced to marry their abusers. An electronic bimonthly newsletter of Isis international-Manila. No.32
- Wegene Tamire and Fikre Enqueselassie (2007). Knowledge, attitude, and practice on emergency contraceptives among female University students in Addis Ababa, Ethiopia. 21(2):111-116.
- Wellesley C (2003). Unsafe school, literature review of screamed gender based violence in developing countries..
- WHO. Ending violence against women: from word to action study of the G.secretary At: <www.un.org/womenwatch>. Accessed at 10 September 2013.

WHO. At: <[www.who.int/entity/gender/violence/who-multicountry-study/fact-Women and aids](http://www.who.int/entity/gender/violence/who-multicountry-study/fact-Women%20and%20aids). At: <www.cira.med.yale.edu/globalsurvey>. Accessed at 09 September 2013.

Women. At: <www.ohchr.org/english/events/women>. Accessed at 10 September 2013.

Worku A, Addisie M (2002). Sexual violence among female school students in Debarq, north west Ethiopia medical journal; 79(2):96-9.

Worldwide Health organization, 2010 Preventing intimate partner an sexual violence against women..

Worldwide Health organization, 2010 Preventing intimate partner an sexual violence against women..

Yemane Berhane (2005). Ending domestic violence against women in Ethiopia Editorial page of EJHD Ethiopian journal of health development. 43(4).

Yemane G. Hiwot. (1994) responsible parenthood. Family Guidance Association of Ethiopia, FGAE ministry of education, MOE. Population education monograph.

Yohannes Dibaba (2003). Sexual violence against female adolescents in Jimma town: prevalence, patterns and consequences. A master thesis (dissertation) .Addis Ababa University.

Yohannes et al (2005) gender based violence among high school students in NW Ethiopia.

Appendix I

A Questionnaire to be filled in by Lem Secondary School, Students, Addis Ababa, 2013

Thank you in advance students for agreeing to answer this questionnaire. I will ask you questions about yourself; hopefully you can provide me adequate information. Currently, I have been doing for my second degree in Social Work. This questionnaire helps me a lot to the requirement I would be expected to fulfill for the degree of MSW in Social Work. All the questions are prepared and developed for the purpose of my research work [master's thesis] entitled "sexual violence against female students in Lem Secondary School." I would therefore like you to share me the information you have experienced that contribute to complete my study.

This questionnaire has enclosed four parts. Part one provides questions about socio-economic and demographic data whereas the second part inquires sexual history of the respondents. The third part of the questionnaire contains questions about risk behavior and the last part investigates awareness and contraceptives use of female students.

- Students, all the questions might take 10 to 15 minutes to be filled in and completed, so I will request your patience to answer them all,
- Please fill in the questionnaire freely and carefully, show your answer by drawing a circle on your choice,
- You can skip those questions for which you think are not clear (or you have no adequate answer),
- You don't need to write your name

Thank you

PART- I. Socio-Economic and Demographic Data

Please make a circle on your choice to answer questions here under.

1. How old are you? _____. 2. Which grade are you learning in?
3. What is your religion?
 1. Orthodox. 2. Catholic. 3. Protestant. 4. Muslim. 5. Other
4. With whom are you currently living?
 1. Married. 2. Both parents.
 3. Father only. 4. Mother only. 5. Step parent. 6. Grand parent.
 7. Other relatives. 8. Alone 9. Other, (please specify)
5. In what ethnic group do you belong to? 1. Amhara. 2. Oromo.
 3. Gurage. 4. Tigre. 5. Other, (please specify) ____
6. What is your family (your) monthly income?
 1. Below 150. 2. 150-300. 3. 301-600. 4. 601-1000.
 5. 1001-1500. 6. Above 1500
7. What is your parent's (relative's) educational status?
 - (a) Father (relative male):
 1. Illiterate. 2. Only read and write.
 3. Certificate/diploma. 4. Degree and above
 - (b) Mother (relative female):
 1. Illiterate. 2. Only read and write
 3. Certificate/diploma. 4. Degree and above.
8. Where did you born?
 1. Addis Ababa. 2. Other town. 3. Rural.
9. How long have you been living in Addis Ababa? _____

PART- II. Sexually Related Information [Sexual History] of the Respondent

10. Do you have boy friend [sexual partner]? 1. Yes. 2. No.
 (If you say 'no' please skip to question-14)

11. What was your main reason for having sexual partner? 1. Love affair.
 2. To get money. 3. Marriage. 4. Friend's pressure. 5. No reason.

12. How old were you when you started first sexual intercourse? ----

13. How many partners [boy friend's] you have had in your life time? 1. Only one. 2. Two. 3. Three. 4. More than three.

14. The following acts may happen to many female students in and out of school. Which event among them have you encountered?		
	Last 12 months	Life time
1. Unwanted sexual act (Such as unpleasant word, have sex)	1. Yes 2. No	1. Yes 2. No
2. Unwelcome touching of (Bottom, breast or hair)	1. Yes 2. No	1. Yes. 2. No
3. Verbal threats	1. Yes 2. No	1. Yes 2. No
4. Unwelcome kissing	1. Yes. 2. No.	1. Yes. 2. No

15. Have you ever had non consensual sex? 1. Yes. 2. No
 (If you say 'no' please skip to question 30)

16. Who forced you to have sexual intercourse when you did not want to?
 1. Current friend. 2. Previous friend. 3. Teacher. 4. closed relative.
 5. Neighbor. 6. Stranger. 7. Other, (please specify) _____

17. What devise (method) did the perpetrator use to force you?
 1. Threat to harm. 2. Hit 3. Pointed knife. 4. at a gun point.
 5. Made to drink 6. Made to take drug 7. Other, (please specify)
18. How old was the perpetrator compared to your age?
 1. We are the same age. 2. About 5 years older. 3. 6-10 years older.
 4. More than 10 years.
19. How many times in your life time did you encountered such forced sex?
 1. Once. 2. Twice 3. Thrice. 4. Above thrice
20. Where did the incident (forced sex) happen to you?
 1. in my residence. 2. School compound. 3. alongside the road.
 4. Friend's home 5. Hotel. 6. Other, (please specify)

21. At the time of rape did you take any of the following?	
(a) Alcohol	1. Yes 2. No
(b) Chat	1. Yes 2. No
(c) Drug	1. Yes 2. No

22. After the incident did you seek help in related with your health?
 1. Yes 2. No
23. Where did you seek help for your health?
 1. Health institutions 2. Religious institutions 3. Folk medicine
 4. Parent 5. Friends 6. Other, (please specify) _
24. Have you reported the event to legal bodies? 1. Yes 2. No
25. To which legal body did you report the event?
 1. Police 2. Kebele 3. Women's affair 4. Other (please specify)
26. What legal action was taken on the perpetrator
 1. Nothing 2. Imprisonment 3. Financial penalty
 4. Forced to marry 5. Other, (please specify) _____

27. In question 24 if you say "no" why you kept the secret with you?
(1) By confusing (2) Afraid of parent (3) Afraid of humiliation
(4) Threatened by the rapist (5) The police wouldn't listen to me
28. As a result of rape what did you experience?
(1) Pregnancy (2) Abortion (3) Ulcer in the genitalia
(4) Unusual discharge from genitalia (5) Swelling around the genitalia
29. Which of the following problem did you experience after the forced sex?
(1) Frequent headache (2) Poor appetite (3) Sleeplessness
(4) Frightfulness (5) Self blame (6) Hate for others (7) Depression
(8) Suicidal feeling (9) Drop out from school
30. Have you ever faced an attempted rape? 1. Yes 2. No
31. In question 30 if you say yes, how did you manage to escape the attempted rape?
(1) Giving appointment (2) Fighting (3) Shouting (4) Running away
(5) By frightening (6) Getting help from others (7) Other (please specify)
32. Have you ever forced to have sex with some one older than you before the age of 12? 1. Yes 2. No
33. Have you ever undergone abortion? 1. Yes 2. No
34. If your answer in question 33 is yes how many times did you conducted abortion? _____
35. Do you know a friend who was raped in the last 12 months? 1. Yes 2. No
36. Do you know a friend who has dropped out from school after forced sex?
1. Yes 2. No
37. Do you know a friend who was kissed forcefully in the last 12 months?
1. Yes 2. No

38. Do you know a friend who had an abortion after a forced sex in the last one year? 1. Yes 2. No
39. Do you know a friend who had died of pregnancy related causes?
1. Yes 2. No
40. Do you know any experiences of forced marriage in your family or relatives? 1. Yes 2. No

PART- III. Attitudes towards sexual violence and behavior related to substance use. (Sexual and risk taking behaviors)

41. In your opinion, is premarital sex acceptable? 1. Yes 2. No
42. Do you believe that it's acceptable to force a girl to have sexual intercourse? 1. Yes 2. No
43. Among the following conditions, on which one do you think is acceptable to force a girl to have intercourse? 1. If she is a wife
2. If she is a girl friend 3. If both friends [partners] are sexually aroused
4. If both friends are intoxicated 5. If a male partner spends a lot of money on a girl. 6. under no conditions.
44. Who do you think is responsible for a rape?
1. The offender (man) 2. The victim (girl) 3. Both
45. Do you take alcohol? 1. Yes 2. No
46. If you say yes, in question 45, how often do you take alcohol?
1. Every day 2. 3-4 times a week 3. Every week.
4. Every month 5. Only on holidays
47. Do you smoke? 1. Yes 2. No
48. Do you chew chat? 1. Yes 2. No
49. Do you have a habit of taking any drug? 1. Yes 2. No

PART- IV. Awareness on HIV/AIDS and contraceptive use

50. Do you know how you can protect yourself from pregnancy? 1. Yes 2. No

51. Could you mention some methods, how to prevent pregnancy?

1. Using contraceptives
2. Folk medicine
3. Traditional/customary method
4. Others, (please specify)

52. Which type of contraceptive do you know?

1. Condoms
2. Pills
3. Inject able
4. IUD/Loop
5. Safe period
6. Coitus interrupts
7. Abstinence
8. Other (please specify)

53. In your last sexual intercourse, did you use contraceptives? 1. Yes 2. No

(If this question doesn't concern you please skip to question 55)

54. In question 53, if your answer is "didn't use contraceptive" what is the

- reason
1. Causes infertility
 2. Causes cancer
 3. Causes side effect
 4. Couldn't afford the price
 5. Don't know where to get
 6. Don't know about it
 7. Don't believe it will help
 8. Other

55. In your view, which one of the following ways of transmission of HIV/AIDS among youngsters is more responsible (common) in Lem secondary school?

(Please put your choice in order of importance from 1-4.)

1. promiscuity(multiple partner)
2. blood transfusion
3. sharing contaminated needles
4. unprotected sex

56. In your view, which one of the following methods of HIV/AIDS prevention for youngsters is best in Lem Secondary School? [Please put your choice in order of importance from 1-3.]

1. Abstinence 2. Condom use 3. One faithful partner

57. Have you used condom during the last sex with your partner?

1. Yes 2. No

58. Do you think you can get AIDS? 1. Yes 2. No

59. Have you ever made on HIV test? 1. Yes 2. No

60. Do you want to have HIV testing and counseling? 1. Yes 2. No

Appendix II

Focus Group Discussion (FGD)

First of all I would like to extend my thanks to all of you that are willing to come here and participate on this discussion. The purpose of this group discussion is to identify the most prominent factors contributing to sexual violence [against Lem secondary school female students in Addis Ababa Secondary school. In this regard you can actively participate without any fear in the discussion and provide me very helpful information for my research work [Master's thesis]

Part I. Focus group discussion for female high school students

1. How do you define sexual violence? What are the different forms of sexual violence?
2. How do you see the prevalence of sexual violence among adolescent girls in your age?
3. At what age is girls are more at risk of sexual violence generally and, forced sex or rape particularly?
4. What do you think about forced sex/rape? If a girl/student is raped, to whom would she tell? Where would she go to seek help?
5. Without mentioning names or indicating anyone specific, do you know girls/students who have been forced to have sex against their will?

6. What do you think it would be best to help these girls? What do you think would be the best ways to prevent girls from experiencing violence?
7. What would be the possible consequences of rape or forced sex on the victims? Do you think that rape could have a negative effect on students/girls future life?
8. Do sexually active adolescents practice safe sex?
9. Are you and your friends aware of contraceptive methods?
10. How do you see the incidence of pregnancy and induced abortion among unmarried girls of your age?
11. What are the social norms/beliefs in Lem Secondary School in connection with forced sex?
12. What are the root causes of sexual violence (harassment, unwanted touching, rape, etc.) among Lem Secondary School Students?
13. How do you think people contract HIV/AIDS? What conditions/behavior facilitate in contracting HIV/AIDS?
14. Is it usual among students to have sex with more than one partner?

Part II. Focus group discussion for male high school students

1. How do you define sexual violence? What are the different forms of sexual violence?
2. What do you think about forced sex (rape)?

3. Without mentioning names or indicating anyone specific, do you know boys/students who have used force to have sex against girl's/student's will?
4. What would be the possible consequences of rape/forced sex to the offender? Do you think that committing forced sex could have negative outcome on the Perpetrator boy/student?
5. At what age boys usually initiate sex or start sexual relations?
6. Do sexually active adolescents practice safe sex?
7. Are you and your friends aware of using condom?
8. What are the social norms/beliefs in Lem Secondary School in connection with forced sex?
9. What are the root causes of sexual violence [harassment, unwanted touching, rape, etc.] among Lem Secondary School students in Addis Ababa?
10. How do you think people contract HIV/AIDS? What conditions/behavior facilitate in contracting HIV/AIDS?
11. Is it usual among students to have sex with more than one partner?
12. Have you ever quarreled/fought with other boy because of your girl friend? How?
13. In your opinion is premarital sex a proper/acceptable for young Lem Secondary school student?