

**Intimate Partner Violence against Women: Practice and Attitude in South Wollo and East Gojjam Zones of Amhara National Regional State**

Mulunesh Abebe (PhD)<sup>4</sup> & Kerebih Asres (PhD)<sup>5</sup>

***Abstract***

*Intimate partner violence against women (IPV) is a critical social problem in developing countries like Ethiopia. However, little research has been done to investigate the extent of the problem and the society's attitude in South Wollo and East Gojjam Zones of Amhara Region. This study investigates women's decision making participation in household matters, physical and sexual abuse, and attitude towards wife beating using both quantitative and qualitative methods. The findings show that women are deprived of their decision making rights, physical and sexual abuse of women are highly prevalent and are considered as 'normal' part of marital relationship. Majority of participants (66 %) support wife beating and statistically significant higher proportion of women support wife beating than their male counterparts. The findings indicate that women are experiencing high levels of intimate partner violence in the domestic sphere. Therefore, this issue should be a critical concern for social workers, other professionals and policy makers.*

**Keywords:** Intimate Partner Violence, Practice, Attitude, Amhara, Ethiopia.

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\* Assistant professor of Social Work, Bahir Dar University, email: mulunesh.abebe@yahoo.com

<sup>5</sup> Assistant professor of Social Work, Bahir Dar University, email: kerebih2000@yahoo.com

## Introduction

The issues of gender-based violence including intimate partner violence have received considerable attention, and came to the international agenda since the 1960s through the tireless efforts of women's organizations and feminist advocates worldwide (Cavanagh 2003; Henriette, 2005; Michalski, 2004). In the 1960s and 1970s, feminist activists and scholars brought wife abuse to the forefront of public consciousness through academic and popular presses (Hesser-Biber & Yasier, 2004). During these periods, the successful politicization of the feminist movement helped to reframe intimate partner violence from the traditionally held view as it is a personal matter to a public or social problem rooted in sexism, male dominance, and powerlessness of women. However, despite all the efforts made, the problem of IPV is still pervasive worldwide (Heise & Garcia-Moreno, 2002; Ting, 2010).

Although the definitions and conceptualizations of IPV vary greatly across empirical studies and literature, IPV is any form of physical, sexual, emotional, economic abuse or deprivation of decision-making rights of women carried out by husbands or their intimate partners (Heise & Garcia-Moreno, 2002; Henriette, 2005). Under each category, there are many abusive behaviors that need their own definitions and descriptions. In addition, it is very difficult to separate one form of IPV from the other, and one form of IPV may be a cause or consequence of the other. IPV is a multidimensional issue and its causes are inextricably linked with various personal, familial, social, cultural and structural factors. Although there are various theories that attempt to explain the causes of IPV, the feminist theories are among the well-know theories that provide due emphasis for structural factors. According to the feminist perspective, IPV is a manifestation of asymmetrical gender relations emanating from patriarchal social codes. In a patriarchal system, IPV represents men's domination and women's subordination in which men as a group maintain their domination of women through violence; such violence is both a symptom of power and a central way of maintaining that power (Watts & Zimmerman, 2002). The patriarchal system and asymmetrical gender relations are also common features of the Ethiopian society particularly in the mainstream Amhara culture. Therefore, in order to address IPV, its dynamic nature and multifaceted causes should be well understood.

IPV is a worldwide problem affecting 10-71% of the women globally (Garcia-Moreno, Jansen, Watts, Ellsberg & Heise, 2005; Heise & Garcia-Moreno, 2002, WHO, 2007). Being one of the least developed nations in the world, little is done in research, literature, and services related to IPV in Ethiopia. Although there is no national survey that indicates the magnitude of the problem in Ethiopia, different individual victimization surveys conducted in different part of the country show that intimate partner violence is a highly prevalent practice (Amare, 2008; Garcia-Moreno, et al., 2005; National Committee on Traditional Practice of Ethiopia (NCTPE), 2003; Yegomawork et. al., 2003). A study conducted by WHO in 10 countries found that the prevalence rate of reported sexual and physical violence against women is the highest in Ethiopia from other countries included in the study (WHO, 2007). The prevalence rate ranged from 15% in Japan to 71% in Ethiopia. NCTPE (2003) also points out that "Ethiopia has one of the highest reports of physical assault by male partners in the world" (p.43).

Regarding the knowledge and attitude towards IPV, Michalski (2004) states that the public in contemporary Western societies acknowledge that IPV does not represent an acceptable form of conflict management. Most men and women believe in gender equality and consider IPV as a crime. However, most of these people believe that IPV constitutes a widespread serious problem in USA and contemporary Western societies (Katz, 2006; Michalski, 2004). Empirical research findings from the developing nations like Uganda, Zimbabwe, India, South Africa, Latin America and Ethiopia indicate that IPV is considered as part of the normal marital relationships and justified in certain circumstances (Ethiopian Demographic Health Survey (EDHS), 2005; Heise & Garcia-Moreno, 2002; Hindin, 2003). For instance, a national representative survey conducted in Zimbabwe on 5907 women of reproductive age (15-49) found that 53% of the participants believe that wife beating was justified in certain

circumstances (Hindin, 2003). In this study, more women than men support wife beating. A similar trend is found in Ethiopia where 81 % of women and 51 % of men supporting wife beating under certain circumstances (EDHS, 2005).

Ethiopia is a large country consisting of more than 80 ethnic groups and 12 regional states. The socio-cultural context across regions and within a region is different. The Amhara Region is one of the largest regional states of the country where IPV is pervasive (NCTPE, 2003). Few available studies conducted at different places in the region support this claim. For instance, Mastewal (2008), Tegbar, Anwar and Yigzaw (2004), and Tizita and Assefa, (2006) studied the prevalence of different forms of IPV against women by their husbands in Yilmandensa Woreda of West Gojjam Zone, around Gondar town and in Bahir Dar town respectively. Their findings indicate that the prevalence of lifetime physical violence was 33.3% in Mastewal (2008), the prevalence of lifetime physical, sexual and emotional violence was 51% in Tegbar, Anwar and Yigzaw (2004), and the prevalence of physical violence within 12 months period was more than 60% in Tizita and Assefa (2006). In most of these studies, one of the most important type of IPV, violation of women's decision making rights, is not studied. Besides, anecdotal sources indicate that IPV is a common practice in South Wollo and East Gojjam Zones of the Region. However, as to the knowledge of the researchers, there are no representative empirical studies that investigated the magnitudes of different forms of IPV including women's decision making rights. In addition, the attitude of both men and women towards these practices in these two administrative Zones of the Region is not well studied.

Therefore, this study aims at investigating the practice of IPV and attitude towards this practice in South Wollo and East Gojjam Zones of the Amhara National Regional State. Among the various forms of IPV, this research specifically intends to investigate the practice of three forms of IPV: deprivation of decision-making rights of women on household matters, physical and sexual violence against women by their husbands as well as the attitude towards these practices.

## **1. Methods**

### **1.1. Description of the Study Area**

The Amhara Regional State is located in the northwestern part of Ethiopia between 9°20' and 14°20' North latitude and 36° 20' and 40° 20' East longitude (Ethiopian Demography and Health, n.d.). The Region has more than 18 million people living in 11 administrative zones. South Wollo and East Gojjam 'Zones' are among these administrative 'zones' of the region that were selected purposely for this research because anecdotal sources indicated that IPV is a prevalent practice in the study area so that this study was conducted to investigate the phenomenon empirically.

### **1.2. Research Design**

The main purpose of the study was to get a descriptive data on IPV using a cross-sectional survey supplemented by in-depth interview and focus group discussion methods. In order to get a detailed and reliable picture of the issue under study, both the quantitative and qualitative methods were used. In social science research, the use of quantitative and qualitative methods in integration is recommended to triangulate, supplement each other, and enrich the results sought (Creswell, 2005; Diken & Leach, 1978). "The best research often combines the features of each" (Newman & Kreuger, 2003, p.16).

### **1.3. Participants of the Study and Ethical Considerations**

Both men and women aged 18 and above participated in both the quantitative and qualitative methods. The household survey was collected from women and men who are ever or currently married. In-depth

interview and focus group discussants were selected using officials from different organizations including Women Children and Youth Affairs, Police and Kebele Offices as gate keepers. The inclusion criteria for the in-depth interview participants were women who experienced marked IPV and reported to different governmental systems and willing to share their life stories. The inclusion criteria for the FGD discussants were those officials who have direct work experiences with the issue including experts from Women, Children and Youth Affairs, Women's Association Office, and Police Offices.

Regarding the ethical considerations, an informed consent agreement was prepared and signed by all participants before the data collection.

#### **1.4. Sample Size Determination in the Quantitative Study**

To determine the sample size for this population-based survey, we used 5% as our acceptable margin of error and confidence interval of 95%. Using these cut points, a standard formula for unspecified population was used and a total number of 830 participants were considered. Among these, 524 were women and 306 were men. From these, 48 women's questionnaires and 13 men's questionnaires were discarded due to inconsistencies, incomplete responses and omission of response pages. Finally, 769 (476 women and 293 men) responses were analyzed.

#### **1.5. Sampling Technique and Procedures**

Multistage cluster sampling by administrative divisions was used to select study 'zones', 'woredas', 'kebeles' and households. Among the 33 rural 'woredas' in South Wollo and East Gojjam Zones, six 'woredas' (three from each 'zone') were selected randomly using lottery method. In addition, three urban centers were included in the study to make a comparison between the rural and urban centers. From each selected 'woreda' and urban center, two 'kebeles' were selected randomly. The selected 'kebeles' were then divided into 'sub-kebeles' and a 'sub-kebele' was selected randomly and taken as a final sampling unit (cluster) from each urban and rural 'kebeles'. Either a woman or a man was asked from a family to minimize the risk of further violence on women. The main reasons for using cluster sampling were (1) the population was much dispersed geographically and it was very difficult to get an accurate sampling frame, (2) employing other sampling methods in such a geographically dispersed population was also unmanageable in terms of time and resources (Newman & Kreuger, 2003).

#### **1.6. Data Gathering Instruments and Data Analysis**

The quantitative data was collected using structured questionnaire. The qualitative data was collected through focus group discussion and in-depth interviews using semi-structured interview guidelines. Instruments were pilot tested before conducting the data collection. Five FGDs and 18 in-depth interviews were conducted to gather the qualitative data.

The data collected using structured questionnaires were coded and entered into the SPSS version 16 for analysis. Univariate and bivariate analysis were used. For the bivariate analysis, the non-parametric statistical test *Chi-square* was used because the survey items particularly items related to the dependent variable were designed at nominal and ordinal level of measurement. FGD discussions and interviews were tape-recorded, transcribed, analyzed thematically, integrated and discussed with the quantitative data.

## **2. Findings and Discussion**

In this study, intimate partner violence against women was operationally defined in terms of three major dimensions. These were deprivation of women's decision making rights in household matters, physical, and sexual violence against women. To measure the decision making power of women, five

items were identified and used. These were (1) decision making on women's own health care, (2) large household purchases (*Example: purchase or selling of oxen, cows, fertilizers TV, refrigerator, etc*), (3) visiting families, (4) small household purchases (*Example: purchase of onion, oil, salt and other food items used for daily consumption*) and (5) decisions on daily food consumptions (*Example: who is responsible to decide on what to cook, in delivering the cooked food stuffs for family members or others and other related issues*). Among these, the first three items are considered as major household decisions; where as the remaining two items are considered as minor household decisions (EDHS, 2005). Both women and men participants were asked about the women's participation in these household decisions.

The response of ever and currently married 365 women and 278 men participants were analyzed about the decision-making roles of women with respect to the above stated five decisions in the household. The data show that women's decision making power on major household decisions is extremely low. The women data show that only 1.1%, 0.3% and 2.7% of women decide alone on their own health care, major household purchases and visiting families respectively. The men's data also show a similar trend. They reported that only 1.7%, 0.3% and 1% of their wives decide alone on their own health care, major household purchases and visiting families respectively. Both the women and men data show that less than 3% of women decide on major household decisions alone. On the other hand, minor household decisions are mostly made by women alone (85.2% and 68.3% as reported by women and men respectively). On the other hand, both the women and men data show that 65% vs. 68% and 64% vs. 71% of men decided alone on their wives' health care and large household purchases respectively. Similarly, decision on visiting families is mainly made by husbands.

According to EDHS (2005), women can be considered empowered in a household decision making if they are able to make decisions alone or jointly with their husbands. Taking this as a frame of reference, the proportion of joint decision making is also very low in all the decision making categories. Only 26.3% of currently married women are involved in the three major decisions and less than 20% of them are involved in all the five (both major and minor) household decisions jointly with husbands.

The trend of women's decision making power is similar to the EDHS (2005) although our data show much lesser degree of women's empowerment in decision making. This difference is likely due to difference of data sources (EDHS's respondents were those women who are paid in cash, town residents and likely to be educated). In order to see the influence of socio-demographic variables, the responses are categorized into more empowered (if women are involved in three or more of the decisions) and less empowered (if they are involved in two or less of the decisions). Women's decision-making role varies across some of the background variables in both the women's and men's data. For instance, the women's data show that urban residents than rural (62.5% vs. 37.4 %;  $\chi^2 = 6.882$ ), formally educated than illiterates (62.5% vs. 36.4%;  $\chi^2 = 87.435$ ) and women with exposure to mass media than those without exposure (53.1% vs. 35.3%;  $\chi^2 = 63.17$ ) are more empowered than their respective counterparts. In all these three variables, the difference is statistically significant at  $\alpha=0.05$ .

The qualitative data also show that there is meager decision-making power and property ownership of women in the study area. FGD discussants and interviewees described that women in general have less or no decision making roles on family matters. They point out that women's decision-making power does not go beyond the kitchen level in most homes. A 'Woreda' Women's Association Head said that "whether they are educated or not, majority of women do not have decision making power except on cooked food stuffs at home." According to the discussants, women in the study area are not enjoying equal property ownership and property sharing with men. Properties such as expensive household materials, tilling tools, fertile farmlands, good quality cows, oxen etc are often given to the husbands during divorce through the arbitration of mediators (local '*shimagle*'). Except very few women who are conscious about their legal rights and assertive, majority of women never think and ask a question of ownership on such and other similar properties either during divorce or while they are living with



their husbands. The participants described that this is mainly due to the deep-rooted socio-cultural factors that shape women to behave in a passive way.

The findings of this study indicate that women are deprived of their decision making rights. Decision making power is one of the key indicators of women's empowerment and this should be a critical area of concern for intervention. The data shows that among the socio-demographic variables urban residence, education and exposure to mass media have positive influence on women's decision-making participation. This trend is consistent with the findings of EDHS (2005). The finding implies that educating couples and access to information, especially for women, might enhance the negotiating capacity of women and in turn their decision making power.

Regarding physical violence against women, the findings of the study show that 63.4 % of ever married and 40.2% of currently married women participants' experienced physical violence by their partners in their lifetime. On the other hand, 70.6% of ever married and 39.7% currently married men participants reported that they beat their wives at least once in their lifetime. About 42 % of women reported that they have experiences of physical abuse by their husbands within 12 months until the time of data collection. Similarly, 44.95% men reported that they physically abused their wives in the last 12 months.

The study attempted to see the trend of physical violence among currently married couples in relation to background variables. Unlike decision-making role of women, more women who have access to mass media reported more physical violence (45% vs. 33%) than who do not have mass-media access. This might be due to the fact that media exposed women are more likely to have the awareness and to report the problem or else they are aware of their rights, challenge their husbands and be physically abused for their assertiveness. In addition, the effect of education does not follow a similar trend as for decision making. Informally educated women experienced higher rate of physical violence (52.4%) than both illiterates (39.8%) and formally educated (30.1%). Similarly, higher proportion of informally educated men reported their act of physical abuse on their wives. Further studies are required to explain these mixed trends of physical abuse in relation to education. Nevertheless, both the women and men data vividly show that physical violence is pervasive in the study area. This finding is relatively comparable with other previous studies in Ethiopia (For example: Tegbar et.al, 2004; Tizita & Assefa, 2006; Yegomawork, et al., 2003), but the extent is much higher than these previous studies. It seems that formal education and living in urban have positive influence in reducing physical violence against women in women's report. However, this needs further research and application of more advanced statistical analyses in order to measure the net effects of these variables controlling the effects of other intervening variables.

Focus group discussants and interviewees described that IPV against women is common in the study areas. Wives are frequently insulted, beaten and tortured by their husbands. When a wife quarrels with her husband, she would be beaten physically and often forced to leave her home together with younger children without any property. Physical abuse of women is not only common but also considered as a 'normal' part of marital relationship. There are popular proverbs in Amharic, mentioned by the discussants that connote wife beating is an acceptable norm of the community. For instance, '*Besaminit anid gizie yemayemata bale bale ayebalem.*' This proverb has an equivalent meaning to "a husband is not considered as a husband unless he beats his wife at least once in a week". The other related proverb says "*Yebale bitire kibie nitire.*" This proverb has a meaning close to "a husband's beating is as tasty as a spiced butter". The participants further described that when wives commit mistakes, husbands insult, beat or torture them as a means of correcting their mistakes instead of discussion and negotiation for mutual understanding.

The attitude of participants towards wife beating was sought and the findings show that about 66% of participants were in favor of wife beating. A statistically significant proportion of women were in favor of wife beating than men (70.3% vs. 59.7%;  $\chi^2 = 9.091$ ,  $P < 0.003$ ). The data shows that rural

residents ( $\chi^2=52.81$ ) illiterate ( $\chi^2=100.374$ ), women ( $\chi^2=9.091$ ), and participants who do not have exposure to mass media ( $\chi^2 = 15.76$ ) are more likely to support wife beating as a justifiable act in certain circumstances ( $P < 0.05$ ). Participants were also asked about the circumstances in which wife beating is justifiable. With slight variations in proportion for both women and men participants, the top three acceptable reasons for wife beating were: if the wife is suspected of having sexual affair with someone else, if she goes out without telling her husband and if she refuses sex with her husband in decreasing order. This finding is consistent with EDHS (2005) in Ethiopia and Hindin's study in Zimbabwe although the degree varies. The supportive attitude and high prevalence of physical violence is mainly due to the prevailing traditional customs in Ethiopia, particularly in Amhara culture, that teach and expect women to accept, tolerate and rationalize wife beating (Tegbar, Yemane, Nigussie & Mirgissa, 2010; Tsehay, 2009). The qualitative data also supports the assertion that wife beating is considered as part of the norm.

The study attempted to investigate the nature of sexual relation of participants with their respective partners. The data shows that 72.7% of women participants experienced sexual violence (forced sex) in their marital lifetimes, while 85.32% men participants reported that they forced their wives for sex regardless of their wives' sexual desire. In both women's and men's report, sexual violence is significantly higher in participants who are educated, living in urban and who have exposure to mass media. This might be due to the fact that these groups of men and women are more likely to be free to tell their sexual stories than their uneducated rural counterparts as well as more likely to be aware of their rights and to report it. The prevalence of sexual violence is much higher than previous research findings. For instance, a study conducted in Zimbabwe showed that about 26% of married women reported lifetime sexual violence by their partners.

Regarding participants' participation in decision making on sexual matters and their attitude, majority of women (78%) reported that they were not involved in any decision on sexual matters. Likewise, 58.5% of men reported that their wives never involved in decision of sexual matters. More than 78% of women believe that a woman should be forced for sex by her husband regardless of her desire or consent and 46% men believe in the same way. In the contrary, 92.3% of women believe that a woman/wife should not ask her husband for sex whenever she needs it and 74.6% of men responded in a similar manner. Finally, women participants were asked if they have ever asked their husbands for sex and men participants were also asked if they have ever been asked by their wives. Surprisingly, 95 % of women and 93% of men said no. This implies that women do not involve in sexual decisions and they are not enjoying mutual sexual satisfaction. This in turn have significant negative impacts for their marriage stability and mutual understanding of couples.

The qualitative data supports the findings of the quantitative data. FGD discussants and interviewees described that forcing one's wife for sex is not considered as sexual abuse. Often it is believed that once they are married, husbands have a legitimate right to ask or even force their wives for sex any time they want. On the other hand, the norm does not allow women to do so. If a wife is courageous or assertive to ask her husband for sex openly, she might be considered as a prostitute, naughty, over sexy, disgraceful, lustful, untrustworthy or may be suspected for having extramarital sexual affairs. The discussants described that women could express their sexual desires to their husbands indirectly if they are smart; otherwise, most of them are passive receivers of their husbands' obligations. They also described that this is also common among educated spouses except some exceptional cases. One of the discussants said "the culture shapes the behavior of both men and women and it has a greater power than education."

Sexual affairs between partners are among the main contributing factors for marriage stability, ease of communication between couples as well as for positive emotional attachments when the matter is a mutual concern for both parties. However, the study shows that talking about sexual issues between spouses is unusual and there is less or no mutual involvement of both parties. This might be due to the strict culture that treats sexual matters as taboo. Open discussion and mutual decision making within

couples about sex is important for mutual sexual gratification, marriage stability, limiting the number of children, and to prevent the spread of HIV among others. Thus, efforts need to be exerted to break the taboo and bring a culture of open discussion between couples in this regard.

### **3. Conclusion and Recommendation**

The findings of the study indicate that with slight variations among women and men participants' reports, women have meager decision-making power on major household decisions unlike on minor household decisions. Physical and sexual violence are highly prevalent, majority of the participants support wife beating and women are more likely to favor wife beating than men. Socio-demographic variables like education, urban residence, and exposure to mass media have positive influences on decision-making power of women and attitude towards wife beating while they have inconsistent relationship with the practice of physical and sexual violence. The prevalence of physical violence, sexual violence and violation of women's decision-making rights are higher than most of previous research findings conducted on similar issues in other parts of Ethiopia.

The findings of both the quantitative and qualitative data show that the different forms of IPV are not only common but they are also considered as 'normal', accepted, tolerated and justified with circumstances by victims, perpetrators and the society at large. One can imagine how it would be difficult to eradicate the problem when it is tolerated, accepted and justified not only by the perpetrators but also by the victims themselves. Abundant empirical studies and literature have documented that IPV has significant negative impacts on the physical, emotional, social, and economic well-being of women in particular, children, family and the society in general (Butterfield, Rocha & Butterfield, 2010; DeJonghe, Bogat, Levendosky & Avon, 2008; Edleson & Tolman, 1992; Hetling & Born, 2005; Katz, 2006; Pagelow, 1984; Williams & Mickelson, 2004). Particularly it violates the human rights of women, hampers their participation in developmental activities including in politics, economic and social activities. Thus, whether wife beating and other forms of IPV are justifiable with circumstances or not, this should not be tolerated at all by helping professionals and all concerned bodies. In traditional societies like Ethiopia, women are not in a position to defend for their rights because of their low level of consciousness and cultural influences. Therefore, social workers, other helping professionals and all concerned bodies should take coordinated actions to address this pressing social problem.

Although there are changes through time, women, men and the society especially in rural areas have no/less awareness about women's rights, the negative impacts of different forms of IPV on women, children, family and the society at large. Thus, information, education and sensitization of the society through different ways including community conversations, debates, radio, TV and experience sharing with role model individuals, families, communities or administrative localities and communities like 'Awra Amba' might be important to minimize and eradicate the problem.

Community participatory discussions, debates should be strengthened at the community level. These discussions should vigorously involve men, influential people, women particularly the non-educated, rural women who have no access to information. Open discussion on family matters including sexual matters and their importance for both men and women should be emphasized in the discussions.

Gender issues are not only the concerns of women or the women's affairs ministry, but, the issue touches every home and every one's life. In order to address the problem, it needs the involvement of various stakeholders including governmental and nongovernmental organizations and from community to individual level.

Further research is needed to identify contributing and protective factors from insider's perspectives so that important inputs could be obtained to design appropriate intervention measures.



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