ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE

ASSESMENT OF KNOWLEDGE AND ATTITUDE TOWARDS GENDER BASED VIOLENCE AMONG GULLELE SUB CITY PREPARATORY STUDENTS

A STUDENT RESEARCH PROPSAL SUBMITTED TO SPHMMC, DEPARTMENT OF PUBLIC HEALTH AS A PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF THE DEGREE OF DOCTOR OF MEDICINE

BY: DR. TSION HABTAMU HORA (INTERN)

ADVISOR: DR. YOSEPH WORKU (MD, MPH)

MARCH, 2018

ADDIS ABABA, ETHIOPIA

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Contents

Acronyms and abbreviations

GBV- Gender Based Violence

HIV- Human Immunodeficiency Virus

STIs- Sexually Transmitted Infections

VAWG- Violence Against Women and Girls

WHO- World Health Organization

SGBV- Sexual and Gender Based Violence

MD- Medical Doctor

MPH- Masters of Public Health

HTP- Harmful Traditional Practices

VAW- Violence Against Women

DV- Domestic Violence

GSHS- Global School Health Survey

SPSS- Stastical Package for Social Science

SPHMMC- St. Paul's Hospital Millennium Medical College

IRB- Institutional Review Board

AACAEB- Addis Ababa City Administration Educational Bureau

AA- Addis Ababa

SNNPR- South Nation Nationalities and People Region

UNHCR- United Nation Higher Commission for Refugee

GOE- Government Of Ethiopia

UN- United Nations

UNICEF- United Nation Children's Fund

FGD- Focused Group Discussion

IPV- Intimate Partner Violence

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Dr. Tsion Habtamu (Intern)

Summary

Background: The terms 'gender-based violence' and 'violence against women' are frequently used interchangeably in literature and by advocates, however, the term gender-based violence refers to violence directed against a person because of his or her gender and expectations of his or her role in a society or culture. Gender-based violence highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence. The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". [1]

Methods: This is an institutional based cross sectional study on Gulelle sub city preparatory schools. Data is collected with self-administered questionnaire and Data analysis is done through SPSS 22.

Objective: The main objective of this research is assessing knowledge and attitude towards GBV, among Gullele sub city preparatory students.

Key words: GBV, Gullele sub-city, Knowledge, Attitude

1. Introduction

1.1 Background

The terms 'gender-based violence' and 'violence against women' are frequently used interchangeably in literature and by advocates, however, the term gender-based violence refers to violence directed against a person because of his or her gender and expectations of his or her role in a society or culture. Gender-based violence highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence. The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". [1]

Gender based violence is common in several communities around the world, and exposure to GBV increases risk of complication related with non-use of condom, like HIV/AIDS, unwanted and early pregnancy and its complications. GBV is a human right violation, and is one of the constraint for gender equality and development for the nation. Even if it affects both men and women, it is more common among women and girls. GBV results in physical injuries and chronic infections, and several poor sexual and reproductive health outcomes. For example studies showed that women who experienced violence are more likely to develop sexual transmitted infections (STIs) including HIV infection, unwanted pregnancy and unsafe abortion. Generally GBV affects the physical, mental and social well-being of women and girls. [2]

VAWG is the most widespread form of abuse worldwide, affecting on average one third of all women globally in their lifetime. VAWG undermines the mental and physical health of women and girls, violates their human rights and can have a negative impact on long-term peace and stability. 20 It is also a very common problem in Ethiopia and can happen to any woman in any culture. It is a violation of human rights. It is also a public health problem, though it has not been given due considerations as a public health problem. It affects every aspect of the woman's life and has many complex sexual and reproductive health consequences. [3]

According to the World Health Organization (WHO), 35 percent of women worldwide have experienced either physical and/or sexual IPV or non-partner sexual violence.

Violence studies from 86 countries across WHO regions of Africa, the Americas, Eastern Mediterranean, Europe, South-East Asia and the Western Pacific, show that up to 68 percent of women have experienced physical and/or sexual violence in their life time from an intimate partner. The highest prevalence rates were found in central sub-Saharan Africa, with an estimated up to 66 percent of ever-partnered women having experienced physical and/or sexual violence by an intimate partner. GBV is a major cause of disability and death for women aged 15–44 years. Globally, one out of every five women will become a victim of rape or attempted rape over the course of her lifetime. Between 20,000 and 50,000 women in Bosnia-Herzegovina were raped during the 1992–1995 war. During the 1994 Rwandan genocide, an estimated 250,000–500,000 women were raped. In 2009, men represented 24 percent of trafficking victims detected globally. In 2012, women and girls represented 55 percent of the estimated 20.9 million victims of forced labor worldwide, and 98 percent of the estimated 4.5 million forced into sexual exploitation. [4]

Sexual and gender-based violence (SGBV) threatens displaced women and girls, as well as men and boys, in all regions of the world. Creating safe environments and mitigating the risk of SGBV can only be achieved by addressing gender inequality and discrimination. While the scourge of SGBV is receiving much more attention internationally as illustrated by Security Council Resolutions 1820, 1888 and 1960 – preventing SGBV is a complex challenge. To assist operations in addressing this core protection concern, UNHCR is presenting the Action against Sexual- and Gender-Based Violence: An Updated Strategy. This strategy provides a structure to assist UNHCR operations in dealing with SGBV on the basis of a multi-sectoral and interagency approach. UNHCR policies and programmes have for many years helped operations to address SGBV in coordination with other actors. 80% of operations in urban settings and 93% in camp settings work with SGBV Standard Operating Procedures which strengthen cooperation between partners. Moreover, support to community-based organisations has given communities a greater sense of ownership in addressing SGBV. Building on successful SGBV intervention models in various operations, this Action against SGBV provides instructions for UNHCR operations to build their own multi-year, operation-specific SGBV strategies at country level. Developed on the basis of a suggested matrix, these strategies will reflect the needs of different at-risk populations and be adaptable to either stable or emergency contexts, camp or rural/urban settings. The Action against SGBV underscores that the responsibility and accountability for SGBV programme development and implementation rest at the highest levels of management. [5]

Over the past few years, the Government of Ethiopia (GOE) has issued a relatively large amount of gender-friendly legislation and policies, including the 'National Women's Policy', which was issued in 1993. This was based on the concept of respect for human and democratic rights without distinction, as set forth in the Charter on

International Agreements and Conventions. Despite this case, as well as other legislative acts, judicial and educational policies and efforts to address the situation by government agencies, non-governmental organizations and civil society organizations, clearly, women remain highly vulnerable in Ethiopia and continue to suffer from violence and denial of their rights in one form or another. GBV is a cross-cutting and complex phenomenon that should be addressed at all levels and by all stakeholders. Stakeholders include victims and their families, communities, institutions (formal and informal), cultural and religious leaders, educational institutions and perpetrators. Reversing the trends of the past several decades will not happen quickly, and creating the conditions for gender balance and a respect for human rights in general is of critical importance. A broad based approach will be necessary, in which a focus is given to awareness raising, capacity building, improved policies, prioritization and utilization of resources. The approach must seek to change societal values, attitudes and behaviors that condone or encourage GBV, and target perpetrators as well as families and other members of society. [6]

As part of the flagship Joint Program on Gender Equality and Women's Empowerment, which is a joint initiative by the Government and six UN Agencies, four safe houses and two one stop GBV centers are providing coordinated and comprehensive services for survivors of violence. There is also a plan to establish additional four one stop GBV centers in different parts of the country. The Government through the Ministry of Women's Affairs has waged a campaign against Female Genital Mutilation in which non-governmental organizations have also joined through a tripartite project financed by UNICEF. The Ministry of Justice has established a special unit for the investigation and prosecution of violence with due emphasis on sexual violence. The Ministry has plans to expand such kind of centers to Dire Dawa city administration and has undertaken the task of lobbying the officials and assignment of prosecutors exclusively for such purpose. Steps are being taken to share the same experience with other regional states. [3]

As seen above, the burden of GBV is very high in every part of the world regardless of race, economic status or educational status of the society. There are different rules, laws and strategies that are being implemented in different levels. Despite this, the problem continued to be one of the major public issues which needs a great deal of work.

1.2 Statement of the problem

The purpose of addressing GBV is to create a society with good standard, to create sense of equality among the society. As this issue is still unresolved even in the 21st century, it needs great attention and effort to create violence free environment and making a productive generation. The benefit of living in violence free world, which is

ideal, would have been a world with no violation of human right as GBV is one of the violation of human right, a world without fear of being discouraged starting from a violent word to action, and so forth. Therefore, any actions which are being done are supportive of creating this ideal society.

The prevalence of GBV, including domestic abuse, harmful traditional practices (HTP) and general negative perceptions, attitudes and beliefs about women and their abilities and roles is abundant throughout Ethiopia. For a developing country like ours the burden of GBV is even more, and it is obvious that without healthy society it would be tough to have sustainable development.

The knowledge gap between what is known and unrevealed one is still high even though there were different works done on the area. We still need to know the knowledge status of our society and act accordingly, we should be able to determine the attitude of the society and the practice so far.

1.3 Significance of the study

As this study will be important to assess the knowledge and attitude about GBV and prevention practices towards it, among Gullele sub city preparatory students. This study is planned to benefit the study participants, the schools participating in the study, for policy makers, and fellow researchers interested to do more on this topic.

It will be assessing the knowledge of the students about GBV, their attitude and practice towards its prevention, as this is very important for suggestion that will be made later to have action plans based on the finding of this research which in turn benefits the students themselves and the school as a general. Expanding it further this study will be important tool for school policy makers and different stakeholders to act according to the findings of this study after being able to know some soico-demographic factor associated with good or bad knowledge status of the students, with their attitude. This study will also make the way easy to dig on the issue further more by fellow researchers.

2. Literature review

2.1 GBV

Gender-based violence is an umbrella term for any harm that is perpetrated against a person's will, and that results from power inequities that are based on gender roles. Around the world, gender-based violence almost always has a greater negative impact on women and girls. For this reason the term "gender-based violence" is often used interchangeably with the term "violence against women." One reason the term "gender-based violence" is often considered preferable to other terms that describe violence against women is that it highlights the relationship between women's subordinate status in society and their increased vulnerability to violence. However, it is important to remember that in some cases men and boys may also be victims of gender-based violence. Violence may be physical, sexual, psychological, economic, or socio-cultural. Categories of perpetrators may include family members, community members, and/or those acting on behalf of cultural, religious, or state institutions. [7]

GBV includes a range of mechanisms that can be subtle or obvious, including but not limited to the following. [8]

- Physical violence: slapping, kicking, hitting, or use of weapons
- Emotional violence: systematic humiliation, controlling behavior, degrading treatment, threats
- Sexual violence: coerced sex, forced sexual activities considered degrading or humiliating
- Economic violence: restricting access to financial or other resources with the purpose of controlling a person.

2.2 Magnitude of GBV

The study which was done at four woredas aroud Bahirdar, Burayu, Bako and Gullelse sub-city of AA has found that significant levels of GBV are prevalent in all areas surveyed, with the lowest prevalence found in Addis Ababa (90%) and the maximum found in Bako woreda (100%). The study noted that the most common form of GBV that is ubiquitous across all survey areas is domestic violence (DV), often characterized by long-term patterns of abusive and controlling behavior. DV, especially in the form of husbands beating wives and children, was not necessarily viewed as GBV among the community, though was seen by many as a characteristic of every day disagreements between married couples. Other types of GBV found to be prevalent in the study areas include: sexual harassment, marital rape, threatening,

scolding and harassing women and girls, multiple marriage, men refusing to economically support the family, men denying the existence of children born out of wedlock, refusal to share family property with women after divorce, spending family resources on drink and other personal expenses, controlling women's fertility (not allowing women to use family planning methods), restricting women's movement and advancement in education and degrading and neglecting women and girls. [6]

A limited number of investigations have examined the prevalence and patterns of sexual violence perpetration in Africa. According to study from Eastern Ethiopia, using a random sample of 774 Eastern Ethiopia male secondary school students, it was found that 70% reported perpetration of at least one instance of sexual violence. When specific forms of sexual violence were examined, about 56% of the young men perpetrated a sexual offense (unwanted sexual comments, jokes, discussions), 62% perpetrated sexual assault (unwanted touching, kissing, petting), 38% committed sexual coercion (unwanted sexual intercourse through verbal manipulation or psychological pressure), and 23% perpetrated sexual aggression (physically forced sexual intercourse). More than half of the young men who report penetrative forms of sexual violence perpetration have never used a condom during intercourse. These results indicate that there is a high incidence of violent and unsafe sexual activity among Ethiopian youth that needs to be addressed. [9]

According to study from Dilla, prevalence of sexual violence was 13.2%. The minimum age of the study subject was 14 years and the maximum age was 21 years. From the respondents who encountered sexual violence, majority of the respondents are victimized by unknown person and much older than their age. Using chat, alcohol drinking and using drugs or substances was the main associated factors of sexual violence. [10]

Stusy report from Mekelle shows prevalence of GBV (sexual or/and physical violence) among the study participants was found to be very high. It was reported by 636 (62.1%), 479 (46.8%) and 412 (40.2%) of the respondents in lifetime, since joining college and in the current academic year respectively. The high magnitude of GBV was also perceived by the students in the FGD. Discussants from both sexes explained that gender based violence was common inside and outside the college settings. Female groups expressed that sexual violence especially those of verbal harassments and unwanted intentional body contacts on female students were considered as part of life. They encountered such acts every day even in classes or while walking down the street in the campus compound or outside to the extent of assuming that sexual harassment is unavoidable. [11]

2.3 Knowledge on GBV

On study done at Yenogoa, Bayela, Nigeria it was found that, 40% of the respondents have heard about gender violence while 60% have not heard about gender violence practice, whom were also included in the study. Similarly, 60% of the respondents knew about fighting or beating up women as gender violence, whereas 40% did not know that fighting or beating up women was gender violence. Thirteen percent had knowledge that denying women some basic privileges men enjoy was gender violence, while87% had no knowledge that denying women basic privileges was gender violence. Only16% had knowledge that treating women as second class citizen in the society was gender violence, while 83% did not know this. More than half, 53% knew that any discrimination on the ground of being females is gender violence, whereas 65%had no knowledge about any discrimination on the ground of being female is gender violence. [12]

On a study from Nepal rural area, majority of women (61.3%) were unaware of any laws that address GBV. Only 9% of the 900 women in the community-level surveys were aware that rape within marriage is illegal, and only 13% were aware of a specific law against domestic violence. More women were aware of laws combating trafficking (35%) and protecting "untouchables" (45%). On bivariate analysis, women were less likely to be aware of laws protecting them from acts of GBV if they had low levels of education, belonged to disadvantaged indigenous, Dalit or religious minority ethnic groups, were married, had low levels of exposure to mass media or low levels of autonomy or mobility, had poor social networks, lived in the Terai, or belonged to the lower wealth quintiles. Among those women who were aware of the existence of laws against GBV, most were unable to state the exact content of the laws. Only about one quarter of women (24.8%) were aware of services available to the survivors of GBV, and most were unable to name the specific services. A very small percentage (5.6%) of women knew of shelter homes at the district level, and the same percentage of women (6.1%) knew of the desk at the District Development Committee dedicated to handling GBV cases. Five per cent were aware of the women's and children's center at the district police office. Only seven women were aware that there is a GBV focused District Resource Group led by the Chief District Officer. [13]

On the same study from Nepal, Male respondents in the FGDs were aware of the issue of violence against women and knew it was prevalent. Asked what the underlying causes of violence are, men identified patriarchal norms, unemployment, lack of awareness of women's rights, consumption of alcohol, and changing lifestyles or modernization as important drivers of violence. Like female respondents, men were largely unfamiliar with policy and programmatic responses to GBV. Only one man knew of the Domestic Violence Crime and Punishment Act, 2067, and none were aware of the Gender Violence Elimination Fund. However, men were aware of the

roles that police, paralegal committees, and district-level officers and courts could play in protecting women who had suffered violence. [13]

From KAP study done in Hague community women were asked to identify, in their own words, types of behaviours associated with domestic violence. It was most significant that the form of violence which most women (86%) associated with domestic violence was physical violence. More than half of the women (64%), were also able to identify verbal abuse as a form of GBV and a little over a third of women interviewed (33%) had some understanding of types of emotional abuse as a form of domestic violence. Financial abuse identified by 14% and sexual abuse identified by 10% were less easily recognized in the context of forms of domestic violence by the women interviewed. Four women, 10% were unable to articulate any behaviors associated with domestic violence. Only one woman was able to identify all the main forms of domestic violence. [14]

The findings of the study done in Hong Kong showed that transnational movement has a significant influence on the construction of minority girls' gender and GBV concepts and perceptions. Minority girls on one hand are handed down a certain level of traditional cultural practices and ideology, namely patriarchy and authoritarian values, but on the other hand they undergo a constant change process in which such values are held up against more progressive, gender-equitable perspectives. The findings also strongly break the general perception of "ethnic minority" as a confined, homogeneous identity. Minority girls demonstrate the diversity of individuals that exist within minority communities and such individuality cuts across culture, religion, age, education, and migration status. [15]

Among the 1024 study participants participated in study done at Mekelle, 811 (79.2%) responded that sexual violence is a major problem for female students in colleges, and 898 (87.7%) perceived that it can be prevented. Two hundred (19.5%) students reported that sexual violence is not criminal offense, which signifies the lack of information on sexuality and violence related issues even in higher learning institutions. This was also highly supported during the FGD session. [11]

According to report from Australia, the majority of Australians have good knowledge about violence against women and do not endorse attitudes that are supportive of violence. However, one in five Australians thinks men should take control in relationships and be the head of the household, and more than one in four Australians thinks women prefer a man to be in charge. [20]

2.4 Attitude towards GBV

From the Nigeria's study, respondents` preference of men over women in leadership positions, 54%preferred men over women in positions of leadership, while 46% indicated no preference of men over women in leadership positions. The respondents' attitude to equal sexual rights between men and women in society, 44% of respondents, said yes and 56%, who said no to equal sex rights between men and women. With regards to women expressing themselves on what is right and wrong in society, 38% of respondents said yes and 62% said no. However, only 18%said that it was improper to beat a wife while 82% said that it was not improper to beat up a wife. With 65% are of the perception that gender violence is negative in the society as compared to 35% who perceived gender violence as not negative in the society. Less than half 40% of the respondents' said allowing women equal opportunity in life is good while 60% said allowing women equal opportunity in life is not good. [12]

On assessment done on willingness to aid persons in DV crisis: Forty-one women (98%) affirmed that they would be willing to help a person in a domestic violence situation while one woman representing 2% of the female respondent population said that she did not know if she would be willing to give assistance. Tolerance of domestic violence & assistance for DV victims: The majority of women interviewed (93%) held the view that domestic violence was unacceptable and that assistance should be given to persons who were being victimized in this way (98%). Ninety-three percent (93%) also agreed that victims/survivors of domestic violence had the right to receive services and assistance from governmental and other organizations, reported from KAP study on GBV at Hague community. [14]

On study from India, a cross-sectional survey was conducted among boys ages 10-16 from urban neighborhoods of Mumbai, India to examine the relationship among adolescent males' gender attitudes, attitudes condoning violence against women, exposure to family and community violence, and violence perpetration against peers and girls. More equitable gender attitudes were associated with significantly less likelihood of sexual violence perpetration. Promoting equitable gender attitudes may be an important modifiable factor in preventing violence against women and girls, especially among boys who have been exposed to violence. [16]

Study done at South Africa concluded that GBV is a widespread problem in South Africa. Past structural inequities have created a climate conducive to violence against women. As an initial step toward developing a health promotion program, they conducted exploratory formative research to examine the barriers that affect the health and well-being of youth. Fourteen focus groups (nine with girls and five with boys) were conducted with 112 adolescents in a racially mixed community on the

outskirts of Cape Town, South Africa. They utilized grounded theory and thematic analysis to examine the data. The impact of poverty, ubiquitous gendered violence, transactional sex and unsafe recreational spaces emerged as the major themes. The experiences of youth were consumed by issues of safety rather than the pursuit of other developmentally appropriate markers. [17]

3. Objective of the study

3.1 General objectives

- The main objective of this research is assessing knowledge and attitude towards GBV, among Gullele sub city preparatory students.

3.2 Specific objectives

- Assessing the knowledge of Gullele sub city preparatory students towards GBV
- Assessing their attitude towards GBV
- Determining factors associated with attitude of students towards GBV

4. Method and Materials

4.1 Study setting

Addis Ababa is the capital and largest city of Ethiopia. The city is seat of the Ethiopian federal government and AU. It is located at 9º1'48"N, 38º44'24"E. The city administration is divided into ten sub-cities: Addis Ketema, Akaki-Kality, Arada, Bole, Gulele, Kirkos, Kolife, Lideta, Nifas Silik-Lafto, and Yeka sub-cities. Gullele sub-city is located in the northern part of the city near mount Entoto and Entoto Natural Park. It borders with the district of Kolife, Addis Ketema, Arada and Yeka. The population number is around 248,865. [18] There are total of 14 high schools: 8 private and 6 governmental. [19]

4.2 Study design

The study design of this research is an institutional based cross-sectional study.

4.3 Source population and Study population

The source population of this study is all preparatory students who are in Gullele sub city administration and the study population being randomly selected preparatory school students of the selected high schools for the study.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

- Present during the study time
- Age group between 15 and 19 (inclusive)

4.4.2 Exclusion criteria

- Living out of Addis Ababa
- Unwilling to give assent for the study

4.5 Sample size determination

Unfortunately there was no enough and reliable research done in this area that shades light on the KAP towards GBV, so it is taken that prevalence is 50% in the community to determine the sample size of this study. By utilizing Hollander's formula with confidence level 95% and margin of error 5%.

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

n = 367

Adjustment is made for the design effect because we employ multi-stage sampling technique by multiplying 1.5. Finally, we add 10% non-response rate making the final sample 605.

4.6 Sampling technique

Multi-stage sampling technique will be used to determine the sample size of this study. First, the high schools found in Gullele sub city will be stratified into public and private schools. Among the list of the public and private high schools, proportionally 2 public and 2 private high schools will be randomly selected.

4.7 Data Collection

We will prepare a self-administered structured questionnaire in English by adapting it from the Global School-Based Student Health Survey (GSHS) and adding additional tool from reference researches with modification. The questionnaire will have socio-demographic variables, ten modules (on alcohol use; dietary behaviors; drug use; hygiene; mental health; physical activity; protective factors; sexual behaviors that contribute to HIV infection, other STIs, and unintended pregnancy; tobacco use; and violence and unintentional injury) and factors. The questionnaire will be translated to Amharic language and back to English to check for consistency.

4.8 Study Variables

4.8.1 Independent variables

- ✓ Age
- ✓ Sex
- ✓ Level of education (Grade)
- ✓ Trainings on gender, or GBV or related
- ✓ Involvements in different clubs (mainly gender related)
- ✓ Educational status of parents (mother and father separately)
- ✓ Employment status of parents

- ✓ Marriage status of parents

4.8.2 Dependent variables

- ✓ Knowledge
- ✓ Attitude

4.9 Operational definitions

- ✓ **Gender:** refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes.
- ✓ **Violence:** is any action, explicit or symbolic, which results in, or is likely to result in physical, sexual or psychological harm.
- ✓ **GBV:** Violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering, against someone based on gender discrimination, gender role expectations and/or gender stereotypes, or based on the differential power status linked to gender.
- ✓ **Coercion:** the action or practice of persuading someone to do something by using force or threats.
- ✓ **VAW**: Any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty.
- ✓ **Knowledgeable**: Participant who answers knowledge assessing questions above the mean of the Knowledge level of the study participants.
- ✓ **Good Attitude:** participant who answers above the mean of the study participants for the given attitude assessing questions.

4.10 Data processing, management and analysis

The collected data from the pre-coded questionnaires will be entered, cleaned, summarized and analyzed using Statistical Package for Social Sciences (SPSS) 22 version software. Descriptive statistics will be used to summarize some key variables (including socio-demographic) by calculating percentages, mean, median, mode, standard deviation, quartiles and range. Bivariate analysis will be done using cross tabulations, $\chi 2$ test and binary logistic regression to look for associations between a single independent variable and the dependent variable. The final multivariable analysis outputs with p-values < 0.05 will be considered statistically significant. Odds

Ratios with 95 percent confidence interval will be used to quantify the magnitude of association between independent variables and the dependent variable. Findings will be presented in text, table, and figure as appropriate.

4.11 Ethical Consideration

The proposal will be submitted to St. Paul's Hospital Millennium Medical College (SPHMMC) Institutional Review Board (IRB) for ethical clearance. Having secured the ethical clearance, the IRB approval and SPHMMC's support letters will be submitted to Addis Ababa City Administration Education Bureau (AACAEB). The AACAEB will write an official permission and support letter to Gullele sub-city education office (and the respective schools). The data collection will be started after official permission is secured from the respective schools. During the data collection, the parents of the children will be informed about the purpose of the study, benefits of the study, why the children are chosen, the processes of the study, their right to refuse the participation of the children from the outset or else if they do need to withdraw during the process, the confidentiality of the information and anonymous questionnaire filling. We will also inform the parents that there will be no penalty or denial of services for not participating in the study and no payment for participating in the study. Then after, the parents will be requested for informed permission to let the child participate in the study.

For the children, we shall request informed voluntary assent without any pressure from the study team or their parents after explaining the purpose, processes, potential risks, and potential benefits of the study as well as their right to refuse to participate in the study or to withdraw at any time during the process of the study. The children will be given opportunity to ask any question and to keep the contact information of the principal investigator if they would like to ask any question or further information related with the study.

4.12 Dissemination of findings

Once the research is concluded, it will be presented to SPHMMC community and the final report will be submitted to SPHMMC Department of Public Health and Addis Ababa City Administration Education Bureau. It will also be presented in international and local relevant events as oral or poster presentation. It will also be sent to peer-reviewed journals for publication.

5. Work plan

Activity	Responsible party	Time
Title selection and Approval	PI* and DPH**	(…. - 22 November 2017)
Proposal write up and summary	PI and Advisor	(08 January – 05 February 2018)
Proposal Approval and Ethical Clearance	DPH and IRB***	(06 - 19 February 2018)
Pretesting and refining Study Tools	PI	(20 February – 04 March 2018)
Data Collection	PI	(05 March – 07 May 2018)
Data Analysis and Report Write up	PI and Advisor	(08 May - 18 June 2018)
First Draft Research Report Submission	PI	(18 June 2018)
Review, Feedback & Finalization of Research Report	PI and Advisor	(18 June - 15 July 2018)
Final Research Report Submission	PI	(16 July 2018)
Research Report Evaluation by Examiners	Examiner	(17 - 24 July 2018)
Research Public Defense	PI	(25 - 27 July 2018)
Final Paper Submission After Defense	PI	30 July, 2018

Table 1

PI*: Principal Investigator DPH**: Department of public health IRB***: Institutional review board

6. Budget plan

Sr. #	Item/Activity	Unit	Quantity	Unit Price	Total	Remark
1	**Personnel**					
1.1	Data Collector	Number	2	750	1500	
1.2	Supervisor	Number	1	1000	1000	
1.3	Research Assistant	Number	1	1000	1000	
1.4	Data Entry Clerk	Number	2	1000	2000	
1.5	Training of Data Collectors and Supervisors	Event	1	500	500	
	Sub-total				**6000**	
2	**Materials**					
2.1	Paper	Ream	5	120	600	
2.2	Note Book	Dozen	1	50	50	
2.3	Pen	Number	10	6	60	
2.4	Pencil	Number	10	4	40	
2.5	Printing	Pages	150	1	150	
2.6	Photocopying	Pages	2420	0.60	1452	
2.7	Binding	Number	2	25	50	
2.8	CD	Number	2	10	20	
2.9	Flash Disc	Number	1	250	250	
	Sub-total				**2672**	
3	**Communication and Transportation**					
3.1	Internet	Users	1	300	300	
3.2	Mobile Card	Users	6	100	600	
3.3	Transportation	Users	6	50	300	
	Sub-total					**1200**
4	**Contingency**					

	Contingency (10% of sum of sub-totals 1, 2 & 3)	987.2	
	Total	**10,859.2**	

Table 2

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Annex I

Questionnaire Draft

I: Sociodemographic data's

1. Age M ☐ F ☐
2. Sex _____
3. Grade _____

Knowledge questions

4. Have you ever heard about GBV Yes ☐ No ☐
5. What was your source of information
   School ☐ TV/Radio ☐ Gender Clubs ☐ Other _____
6. Who do you think is more affected Women ☐ Men ☐
7. What type of GBV do you know
   Psychological ☐ Physical ☐ Sexual ☐ Other_____
8. Where do you think it is prevalent?
   Home ☐ School ☐ Public places ☐ Work ☐

Attitude questions

9. Do you prefer men to women in leadership position with the same qualifications?
   Yes ☐ No ☐
10. Should women have equal sexual right as men?
    Yes ☐ No ☐
11. Can women express themselves on what is right and wrong in society?
    Yes ☐ No ☐
12. Is it proper for a man to beat up his wife? Yes ☐ No ☐

13. Gender violence against women is a negative trend in society
    Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

14. Allowing women equal opportunity in life is good
    Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

15. Only men should decide in the house hold
    Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐