

HARAMAYA UNIVERSITY
POST GRADUATE PROGRAM DIRECTOR

**PREVALENCE AND ASSOCIATED FACTORS OF GENDER-BASED
VIOLENCE AMONG FEMALE STUDENTS: EVIDENCE FROM PUBLIC
HIGH SCHOOL IN KEBRIDAHER CITY, KOREHEY ZONE, SOMALI
REGION, EASTERN ETHIOPIA**

MPH THESIS

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Prevalence and Associated Factors of Gender-Based Violence Among Female Students: Evidence From Public High School In Kebridaher City, Korehey Zone, Somali Region, Eastern Ethiopia

A Thesis Submitted to the School of Public Health, Post Graduate Programs Directorate, Haramaya University in Partial Fulfillment of the requirements for the Degree of MASTER OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH

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BIOGRAPHICAL SKETCH

I was born in 1994 in kebridaher, a city located in the somali regional state of Ethiopia. My early education journey begins in home town, where I am successfully completed my primary, secondary, and preparatory school. I graduated in jig jiga health science collage in 2013, by the the department of clinical nurse that equipped me with essential clinical skills and deep understanding of patient care in diverse setting.

Building on this foundation, I pursued further studies at Jig jiga university, where I earned my Bachelor of Science degree in nursing (BSc) in April 2018.

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LIST OF ACRONYMS AND ABBREVIATIONS

CI:	Confidence Interval
CSA:	Central Statistical Agency
EDHS:	Ethiopian Health Demographic Survey
GBV:	Gender-Based Violence
IHRERC:	Institutional Health Research Ethics Review Committee
SPSS:	Statistical Package for Social Science
SRGBV	School-Related Gender-Based Violence
UNESCO:	United Nation Educational Science and Cultural Organism
WHO:	Word Health Organization

ABSTRACTS

Background: Gender-based violence (GBV) is a fundamental human rights violation and a major global public health challenge, profoundly impacting women's physical, social, and psychological well-being. Despite this, evidence remains scarce and the case continues to be underreported in Kebridaher city, Somali region

Objective: To assess the Prevalence and associated factors of gender-based violence among high school female students in kebridaher city, Somali region, Ethiopia, from February 1 to 20, 2025.

Methods: A school-based cross-sectional study was conducted among 224 female students selected using a simple random sampling from four randomly selected high schools in kebridaher city. A pretested and self-administered questionnaire was used to collect data. Data was entered using Epi Data version 4.6 and exported to SPSS version 27 for analysis. Bivariate and multivariable binary logistic regression were used to identify factors associated with gender-based violence. Model fitness was checked using Hosmer-Lemeshow, significant associations were declared at P -value < 0.05 and Adjusted Odds Ratio with 95% confidence intervals.

Results: The overall prevalence of gender-based violence among the female students in the study area was 44.14% with a 95% CI of [37.71%-50.78%]. Specifically, the prevalence of physical, emotional, and sexual violence was 31.98% [95% CI: 26.15%- 38.44%], 34.23% [95% CI: 28.26%-40.75%], and 22.07% [95% CI: 17.07%-28.04%], respectively. Ever used Alcohol [AOR= 3.61, 95%CI: 1.13, 11.59], have no male or female friend who drink alcohol [AOR=0.20, 95%CI: 0.06, 0.09], ever been in environment where sexual violence normalized [AOR=3.77, 95%CI: 1.15, 12.40], have not been used alcohol or drugs in situation of risks [AOR=0.34, 95%CI: 0.13, 0.91], and not aware of school administrative measures and presence [AOR=3.52, 95%CI: 1.16, 11.27] were significantly associated with gender based violence among female students.

Conclusions: The study reveals a high prevalence of gender-based violence among female students, affecting approximately two out of five respondents. Several factors, including alcohol consumption, exposure to environments where sexual violence is normalized, and lack of awareness of school administrative measures were significantly associated with increased risk of experiencing gender-based violence. Hence interventions that focus on reducing substance use, increasing awareness of protective measures, and creating a safe environment would be enormous in mitigating gender-based violence.

Keywords: prevalence, Female, Gender-based violence, Kebridaher city, Ethiopia

1. INTRODUCTION

1.1 Background

Gender-based violence (GBV) refers to harm caused by one's gender or sex identity. It entails employing violence, threats, deception, cultural expectations, or economic pressure to compel someone to act against their will (Kerr, 2022). GBV respects no cultural, economic, geographical, or ethnic barriers, and in some communities, women and children are becoming increasingly vulnerable (UN Women, 2016). GBV is an extreme representation of gender inequality within societies and one of the most common human rights violations globally (Tantu *et al.*, 2020).

Women and girls face violence at home, at work, in the marketplace, on the road, in buses, at schools, on college campuses, in hotels, in offices, and in various other settings (Oyeledun, 2002; Sanjel, 2013). Gender-Based Violence (GBV) can occur in both public and private settings and impacts women more than males, schools are significant places where GBV occurs, affecting both female students and women teachers. This is known as *school-related gender-based violence* (SRGBV), it refers to any sort of physical, psychological, or sexual violence that occurs in or around a school and stereotypes, detrimental gender norms, and power inequalities are common causes of such violence (UNESCO, 2020; Goicolea, 2023).

Using a gender-sensitive frame of reference, GBV can be divided into two major categories: explicit gender (sexual) violence and implicit gender violence. Explicit gender violence consists of sexual harassment, intimidation, abuse, assault, and rape (IOM, 2018). Furthermore, implicit gender violence, which includes corporal punishment, bullying, verbal and psychological abuse, teachers' unofficial exploitation of students' free labor, and other forms of hostile or unauthorized behavior, constitutes violence. These acts of violence occur around the world in schools, homes, businesses, and communities. GBV disproportionately affects women and girls, but it also affects males and boys (Shahid and Rane, 2022).

GBV prevalence may vary around the world, and it is more widespread in developing countries than in developed ones (Hillis *et al.*, 2016). GBVs are generated by the unequal distribution of power between men and women, and are further strongly rooted in a male-dominated system that regards women as less valued than males, which is shown in the high rates of illiteracy, poverty, and poor status of women in community (Sanjel, 2013). School-related Gender-Based Violence (SRGBV) has

emerged as a concern for policymakers, educators, and researchers worldwide, with allegations of widespread violence against boys and girls in and around schools (Kibriya Shahriar, 2020). GBV has been admitted as an issue in African educational systems, and African schoolchildren are all too acquainted with being injured and hurt. School violence is widespread across the continent, and much of it remains unreported because victims are hesitant to come forward for fear of discrimination or punishment (Chadwick-Charuma, Tsvere and Mutopo, 2022).

The inability to recognize and respond to GBV influences the transformation of schools into empowering settings for boys, girls, and teachers (UNESCO, 2015b). Thus, existing data suggests that the school environment requires care to safeguard students from violence. Approximately 732 million school-aged children, or half of the global population between the ages of 6 and 17, live in countries where physical punishment at school is not legally prohibited (Wilson, 1982). Every year, children worldwide experience physical, sexual, or emotional abuse. Most of these students live in low- and middle-income countries, and a significant amount of the violence occurs in and around schools (Devries *et al.*, 2018).

Bullying and other forms of school-related violence violate children's fundamental rights to education, health, and well-being. If pupils encounter violence in the classroom, no nation can provide all citizens with an inclusive and equal-quality education (Getinet, 2022). On average, roughly 39% of adolescents have been subjected to physical aggression by their teachers. In addition, attacks on students have major psychological and physical consequences (UNESCO, 2015a).

In Ethiopia, there is violence in and around schools that is not taken seriously by the family, community, or students themselves, such as sexual harassment, kissing or attempts to kiss, groping, fondling, and conversations about sex that have occurred to kids and have long-term implications. Mostly, bullying and harassment of students grew, in part because of higher interactions between teenagers and involvement in drinking, smoking cigarettes and narcotics, chewing tobacco, and teenage sex with risks of pregnancy (Dido, Kerbo and Bachore, 2020). According to research from South Africa, Ethiopia, Eastern Europe, and Central Asia, GBV influences female students in a school setting by interfering with education, having negative effects on psychological health and education, encouraging physical harm, and decreasing students' desire to attend school (Belay, Liyeh and Tassew, 2021).

1.2 Statement of the problem

UNESCO and the UN (2016) define school-related gender-based violence as acts or threats of sexual, physical, or psychological violence that take place in or near schools. It includes sexual assault, bullying, and verbal abuse (UN Women, 2016).

A study carried out by (Ihssan Abdulkadhum et al. (2019) regarding the academic performance of learners is tough since students' performance is a product of socioeconomic, psychological, and environmental factors (Abdulkadhum Jabor AL-Muslimawi and Adhiem Hamid, 2019). Furthermore, the environment of violence has been shifting, with global influences, urbanization, and changing economic, social, and cultural circumstances affecting students (UNICEF, 2019). Similarly, Roberts (2008) discovered that the location of the school setting adds to violence caused by persons, particularly gangs, coming from outside the school grounds and targeting children arriving and leaving. As a result, this study seeks to investigate how urban dynamics define or influence GBV in specific schools chosen for this reason (Ayers, 2009).

In Africa, physical punishment is employed not only at home, but also in schools, which are supposed to be places where children gain instruction (Morrell, 2001). Addressing GBV is a critical challenge worldwide. Combating GBV is the second priority in the national development and transformation plan, which considerably supports the international agenda of sustainable development goals (UNGEI, 2015). Schools are among the sites where GBV occurs.

In Uganda, by 2013, 77 % of elementary school students and 82 percent of high school students had encountered school-related GBV (Magwa, 2015). In Zimbabwe, more than 100 girls are victims of school related GBV every day (Mantula and Saloojee, 2016). The Southern and Eastern Africa Consortium for Monitoring Education Quality discovered that in six countries, including Kenya and Zambia, over 40% of school principals indicated that student-to-student sexual harassment had occurred 'frequently' or 'sometimes' (Tadesse *et al.*, 2024).

The Ethiopian situation Some research investigates SRGBV from various perspectives. According to Heslop et al. (2019), the findings of an investigation in nine areas of Ethiopia indicated that violence against females in elementary and secondary schools was pervasive, with 46% of pupils reporting of harassment, degrading treatment, and sexual attacks (Heslop *et al.*, 2019). This survey also discovered that the most common kind of abuse happens while pupils are travelling to and from school, while other forms of violence were reported in school compounds (Heslop, 2017).

A study of female high school students in eastern Ethiopia discovered that more than half (55%) of the study participants had experienced GBV throughout their lifetime (Beyene, Chojenta and Loxton, 2021). However, there is limited evidence on gender-based violence against women in Ethiopian educational contexts (Abdeta, 2021). And previous studies conducted in Ethiopia were few and reported inconsistent results (Tantu *et al.*, 2020).

Despite global and regional studies highlighting the prevalence and impact of school-related gender-based violence (SRGBV), national studies indicate pervasive violence against female students, they often overlook the unique cultural and urban dynamics of regions like Kebridaheh City where study is lacking. Moreover, inconsistent findings and a lack of focus on associated factors, such as community attitudes and school environments, hinder targeted interventions. Alarming, health facilities and schools in Kebridaheh City have reported numerous cases of rape and physical violence, underscoring the urgent need for localized research to address SRGBV and its contributing factors in this region. So, the main aim of this study will be to identify the Prevalence and associated factors of gender-based violence for female: Evidence from public high school students in kebridaheh city, Somali region, Ethiopia.

1.3 Significance of the study

This research contributes the efforts to raise SRGBV awareness within the public high school in kebridaheh community. The study offers an opportunity for educators, school administration, and school staff in kebridaheh city to comprehend why GBV are physically, emotionally, and psychologically mistreated, as well as how to prevent GBV issues in Kebridaheh city. An appraisal of stakeholders' efforts, such as those in promoting GBV awareness in educational settings, is also helpful. For those groups interested in community involvement in preventing GBV in schools, the study's findings are relevant. The significance of the study has to do with its contribution to the body of knowledge required for further research.

1.4 Objectives

1.4.1 General objective

To assess the prevalence and associated factors of gender-based violence among female: students: Evidence from public high school students in kebridaher city, Somali region, Ethiopia. From February 1 to 20, 2025

1.4.2 Specific objective

- ✓ To Access the prevalence of gender-based violence among female: Evidence from public high school students in kebridaher city, Somali region, Ethiopia.
- ✓ To identify factors associated with gender-based violence for female among public high school students in kebridaher city, Somali region, Ethiopia.

2. LITERATURE REVIEW

2.1 Overview of the Prevalence of Gender-Based Violence

A systemic review carried out across the globe revealed that Levels of emotional violence was about 70% of girls experiencing emotional violence. Levels of physical violence appear to be 50% of girls experience physical violence (Devries *et al.*, 2018). Another systemic review conducted globally the base case estimates showed a minimum of 50% or more of children in Asia, Africa, and Northern America experienced past-year violence, and that globally over half of all children 1 billion children, ages 2–17 years—experienced such violence (Hillis *et al.*, 2016).

A cross-sectional study done in Nepal revealed that the overall prevalence of GBV among the students during their lifetime was 45.33 of which physical violence was 16.89%, sexual violence was 30.22% and psychological violence was 39.56% (Id *et al.*, 2024).

A cross-sectional study done in Nigeria revealed that at least one form of GBV was experienced by 89.1%. Psychological violence was commonest type of GBV experienced 72.5%, while sexual violence was least 41.4% (Fawole, Balogun and Olaleye, 2018). Another cross-sectional study done in Nigeria revealed that the prevalences was 61.9% for physical abuse, 56.4% for psychological abuse, and 25.3% for sexual abuse (Adewale Ojo *et al.*, 2023).

A systemic review and meta-analysis carried out in Sub-Saharan Africa showed that the overall prevalence of gender-based violence ranged from 42.3% in Nigeria to 67.7% in Ethiopia; The lifetime prevalence of sexual violence ranged from 4.3 to 76.4%, physical violence ranged from 7.4 to 66.1%, and emotional violence prevalence ranged from 26.1 to 50.8%. The overall pooled prevalence of lifetime GBV was 52.83% (Beyene *et al.*, 2019).

In Ethiopia, according to 2019 Ethiopian mini Demographic and Health Survey (EDHS) shown that, 23% of women aged 15–49 experienced physical violence, and 10% experienced sexual violence (Ethiopian Public Health Institute (EPHI) and ICF, 2021). A community-based cross-sectional study was conducted Soqota town, Amhara Region, Northern Ethiopia revealed that, 64.8% experienced at least one type of gender-based violence during the last 12 months. The most prevalent type of violence among the women who suffered GBV was emotional abuse, which accounts for 45.9% and followed by physical violence experience 37% and sexual violence 31.5 % (Kibret *et al.*, 2024).

An institutionalized cross-sectional based study conducted in Debre Markos town, east Gojjam zone, northwest Ethiopia revealed that the lifetime prevalence of sexual assault, as well as the lifetime and current year rates of attempted and completed rape, were 110 (29.6%), 18 (4.8%), and 11 (3%) respectively (Getinet, 2022). Another institutional study carried out in Wolaita-Sodo, Ethiopia showed that the lifetime prevalence of GBV, sexual violence, and physical violence were found to be 63.2, 37.2, and 56.3%, respectively (Tantu *et al.*, 2020).

A cross-sectional study done in Harar town; Eastern Ethiopia showed that the overall prevalence of GBV was 57.7% (n = 172). Specifically, 36.2% of the students experienced physical violence; 46.6%, sexual violence; and 56.4%, emotional/verbal violence. The prevalence of attempted and completed rape was 36.7 and 28.8%, respectively (Abdeta, 2021).

2.2 Factors Associated with Gender-Based Violence

2.2.1 socio-demographic factors

A cross-sectional study conducted in Nepal showed that the GBV in lifetime was 4.68 (1.69–12.95) times more likely to happen among respondents aged more than 20 compared to the < 15 years age group (Id *et al.*, 2024). A cross-sectional study design conducted in Mogadishu, Somalia revealed that the odds of experiencing gender-based violence were 4.77 times higher among women and girls who are younger than 20 years of age compared to those older than 20 years (OR=4.77, 95% CI: 1.96–11.63, $p < 0.001$) (Dahie, Dakane and Hassan, 2023).

An institutional based cross-sectional study conducted in eastern Ethiopia found that the Being within the age group of 18–34 years (AOR: 1.71, 95% CI: 1.02–2.85) were the factors associated with gender-based violence against female (Ali *et al.*, 2024). In addition to this, a cross-sectional study done in Harar town, East Ethiopia revealed that those students aged ≤ 19 years were more likely to experience GBV as compared to older students (AOR 3.4, 95% CI: 1.4, 5.29) (Abdeta, 2021). Another cross-sectional study done in Shashemene town, southern Ethiopia revealed that the odds of experiencing sexual violence among female high school students aged 18–20 were 1.65 times (AOR = 1.65; 95% CI: 1.05–2.59) higher as compared to those younger (15–17 years old) (Nigusie, 2023).

An institutional based cross-sectional study conducted in eastern Ethiopia found that female high school students whose family monthly income is less than or equal to five thousand birrs had 6.13 times (AOR = 6.13; 95%CI: 3.28, 11.47) higher odds of experiencing sexual violence as compared

to those whose family monthly income is greater than or equal to ten thousand birrs (Nigusie, 2023). Another institutional based cross-sectional study done in Harar town, East Ethiopia found that students who had ≤ 240 Ethiopian Birr in monthly pocket money (AOR 3.3, 95% CI: 1.7, 5.9) were more likely to experience GBV as compared to their counterparts (Abdeta, 2021).

Across-sectional study carried out in Nepal revealed that there were 4.56 (2.03–10.23) times more likely to face GBV by non-Hindus by religion in comparison to Hindu respondents (Id *et al.*, 2024). In addition to this another cross-sectional study done in Harar town, eastern Ethiopia found that students who were orthodox by religion (AOR 5.3, 95% CI: 1.9, 14.4) were more likely to experience GBV as compared to their counterparts (Abdeta, 2021).

A cross-sectional study in Harar town, eastern Ethiopia by Abdeta (2021) found that students living alone in rented houses were 3.2 times more likely to experience GBV compared to those living in other arrangements (AOR 3.2, 95% CI: 1.7, 6.2). Furthermore, students living in rented houses with a roommate who had a boyfriend were 4.0 times more likely to face GBV compared to their counterparts (AOR 4.0, 95% CI: 2.8, 7.6) (Abdeta, 2021).

Additionally, a school-based cross-sectional study in Sodo town, Wolaita zone, southern Ethiopia by Dido, Kerbo, and Bachore (2020) revealed that students living with only their mothers were 2 times more likely to be sexually harassed compared to those living with both parents (AOR=2.202, 95% CI=1.302, 3.725) (Dido, Kerbo and Bachore, 2020).

2.2.2 Family History

Family structure plays a significant role in the likelihood of experiencing gender-based violence (GBV). A cross-sectional study conducted in Nepal by Id *et al.* (2024) revealed that respondents whose parents were not living together were 13.43 times more likely to face GBV compared to those whose parents were together (95% CI: 5.03–35.85). Additionally, the study found that these respondents experienced family discrimination 12.71 times more frequently (95% CI: 5.97–27.03) than those living with both parents. These findings underscore the impact of family dynamics on the risk of GBV and highlight the need for targeted support for individuals from non-traditional family structures (Id *et al.*, 2024).

A cross-sectional study conducted in Mogadishu, Somalia by Dahie, Dakane, and Hassan (2023) revealed that the odds of encountering GBV were almost two times higher among women and girls

from households with more than five individuals compared to those from families with five or fewer members (OR=1.86, 95% CI: 1.04–3.30, $p<0.005$) (Dahie, Dakane and Hassan, 2023).

School-based cross sectional study design employed in Sodo town, Wolaita zone, southern Ethiopia revealed that those students from educated fathers were 53.0% (AOR=0.470, 95%CI=0.230, 0.962) less likely harassed when compared to students from illiterate fathers (Dido, Kerbo and Bachore, 2020).

A cross-sectional study was conducted in Shashemene town, southern Ethiopia revealed that those female students who had ever seen their mother being beaten by her husband had 2.53 times (AOR = 2.53; 95%CI: 1.57, 4.08) higher odds of experiencing sexual violence as compared to their counterparts (Nigusie, 2023).

2.2.3 History of Sexual Intercourse

An institutional based cross-sectional study was conducted in Debre Berhan, Ethiopia showed that free discussion about reproductive issues and Previous experience of sexual intercourse also had association with GBV were almost 3 times more likely for gender-based violence (AOR = 2.7; 95% CI 1.4,5.2) and more than 13 times more likely for gender-based violence than their counterpart (AOR = 13.2; 95% CI 4.8, 36.4) than their counterpart respectively (Mingude and Dejene, 2021). Another institutional study carried out in Wolaita-Sodo, Ethiopia showed that a female who had boyfriends (AOR = 2.022; 95% CI: 1.08–3.79) and who are sexually active (AOR = 6.10; 95% CI: 2.49–14.92) were two and six times more faced GBV as compared to those who didn't have any sexual partner and start sexual intercourse respectively (Tantu *et al.*, 2020).

School-based cross sectional study design employed in Sodo town, Wolaita zone, southern Ethiopia revealed that those students faced offensive sexual discussions were 1.6 times (AOR=1.586, 95%CI=1.013, 2.484) more likely sexually harassed as compared to students that did not face offensive sexual discussions and students who had relationship with teachers were 70.3% (AOR=0.297, 95%CI=0.198, 0.446) less likely harassed when compared to those study participants who had relation with students (Dido, Kerbo and Bachore, 2020). A cross-sectional study conducted in Harar town, eastern Ethiopia showed that those students who had a partner (AOR 4.42, 95% CI: 2.4, 8.05), were more than four times more likely to face GBV compared to their counterpart (Abdeta, 2021).

A cross-sectional study was conducted in Shashemene town, southern Ethiopia revealed that those female students who had initiated sexual intercourse had 4.59 times (AOR = 4.59; 95%CI: 2.32, 9.08) higher odds of experiencing sexual violence odds of experiencing sexual violence among female students who perceived themselves vulnerable to sexual violence were 1.71 times (AOR = 1.71; 95%CI: 1.09, 2.68) higher , as well as those female students who had awareness about other raped female students had 3.57 times (AOR = 3.57; 95%CI: 1.93, 6.58) higher odds of experiencing sexual violence as compared to their counterparts (Nigusie, 2023).

An institutional study done out in Wolaita-Sodo, Ethiopia revealed that female students who witnessed their mothers were being beaten by their husbands were more likely to experience GBV as compared to those who didn't witness any paternal violence (AOR = 1.92; 95% CI: 1.19–3.11) (Tantu *et al.*, 2020).

2.2.4 History of Substance Use

A cross-sectional study conducted in Nepal showed that alcohol or drug abuser in the family also contributed to the increasing likelihood of GBV by 8.91 (4.78–16.57) times (Id *et al.*, 2024). A cross-sectional study design conducted in Mogadishu, Somalia revealed that women and girls who use substances were more than three times more likely to experience gender-based violence compared to non-users (OR=3.25, 95% CI: 1.57–6.73, $p<0.05$) (Dahie, Dakane and Hassan, 2023).

A systemic review conducted in Ethiopia found that those students who have experience of smoking were more than seven time more likely to life time gender-based violence (AOR: 7.88; 95% CI: 5:76, 10.77) as compared to non-smoker (Mingude, 2022).

An institutional study conducted in Wolaita-Sodo, Ethiopia revealed that female students who had female or male friends who drink alcohol were two times (AOR = 2.18; 95% CI: 1.26–3.77) more likely to experience GBV when compared to their counter parts (Tantu *et al.*, 2020). A cross-sectional study was conducted in Shashemene town, southern Ethiopia showed that the odds of experiencing GBV among female students who had a history of khat chewing were 3.79 times (AOR = 3.79; 95%CI: 1.81, 7.92) higher as compared to those who did not have a history of chewing (Nigusie, 2023).

2.2.5 History of sexual violence

An institutional based cross-section study cared out in Uganda found that Female victims were significantly more likely to report feeling too afraid to say 'no' (43% vs. 22%, $p<0.001$) or being

physical forced, hurt, or threatened to have sex (32% vs. 13%, $p < 0.001$) compared to male victims (Ybarra *et al.*, 2012). Another study carried out in Uganda revealed that the perceived exposure to threats/threats of violence or physical violence was significantly associated with experience of sexual coercion (OR_{adjusted} 2.2, 95% CI 1.6–3.0; OR_{adjusted} 1.7, 95% CI 1.03–2.8, respectively) (Agardh *et al.*, 2012).

Another study done in Ghana found that report of sexual violence remained significantly associated with ever having sex with (odds ratio, OR: 3.17; 95% confidence interval, 95% CI: 2.01–4.98) or without (OR: 3.26; 95% CI: 2.14–4.95) condom use at last sex, being a victim of bullying (OR: 1.37; 95% CI: 1.02–1.84), and electronic bullying (OR: 1.44; 95% CI: 1.02–2.02) (Ohene *et al.*, 2023).

A cross-sectional study conducted in Bahir Dar City, Amhara Region, Ethiopia shown that among females students who are living with both parents were less likely to experience sexual violence (AOR: 0.28, 95% CI: (0.19–0.41)), female students who get peer pressure were more than five times more likely to experience sexual violence (AOR: 5.73, 95% CI: (4.11–7.98)), and female students who get family support were less likely to experience sexual violence compared to their counterparts (AOR: 0.31, 95% CI: (0.22–0.43)) (Belay, Liyeh and Tassew, 2021).

Another study done in southeast Ethiopia revealed that being female student of age between 17 and 19 years at first sex (AOR = 0.241, 95% CI: 0.074, 0.765) and use of alcohol sometimes (AOR = 4.161 (1.386, 12.658)) were predictors of lifetime sexual violence (Takele and Setegn, 2014).

2.2.6 History of physical violence

Study done in Brazil revealed that those female students who involved fight was more likely to experience physical violence 16.7%; CI 16.0–17.4). Those females who victimized by family aggression were more than two times more likely to experience physical violence compared to their counterpart AOR 2.42 (CI 2.17–2.71) (Gebru *et al.*, 2022).

A school based cross-sectional study done in Uganda revealed that, increment in age by one year reduced the odds (AOR 0.86, 95% CI 0.82–0.91) while not living with biological parents increased the odds (AOR 1.17, 95% CI: 1.00–1.38) of experiencing physical violence. Children who shared a sleeping area with one adult (AOR 1.23, 95% CI: 1.01–1.50) and had ever worked for payment (AOR 1.28, 95% CI: 1.07–1.53) were more likely to report lifetime peer physical violence victimization. We also found that having an attitude supportive of physical violence from school staff (AOR 1.03, 95% CI: 1.00–1.05), exposure to interparental violence (AOR 1.92, 95% CI: 1.62–

2.27) and being a high educational performer (AOR 1.36, 95% CI: 1.05–1.77), were associated with peer physical violence victimization. Also, having a higher SDQ score (AOR 1.05, 95% CI: 1.03–1.06), was associated with lifetime peer physical violence victimization suggesting an important association between mental health problems and exposure to peer physical violence victimization (Wandera *et al.*, 2017).

Another study done in Ghana revealed that Report of physical violence remained significantly correlated with being a victim of bullying (OR: 1.38; 95% CI: 1.05e1.85), bullying perpetration (OR: 2.04; 95% CI: 1.67e2.48), attempting suicide (OR: 2.20;95% CI: 1.30e3.70), and alcohol use in the previous thirty days (OR:2.18; 95% CI: 1.21e3.97) (Ohene *et al.*, 2023).

2.2.7 History of Emotional Violence

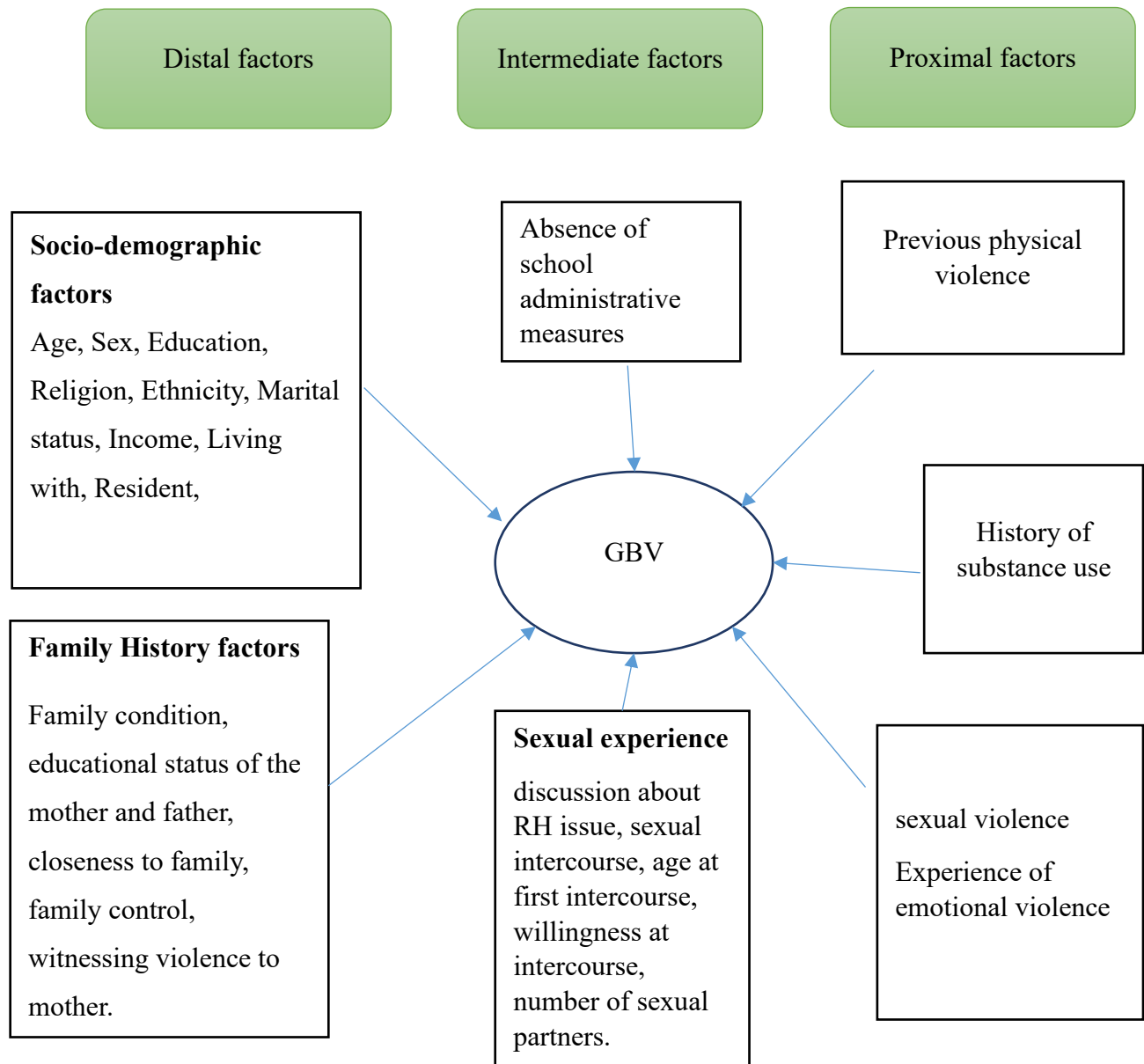
A school based cross-sectional study done in Uganda revealed that, peer emotional violence victimization was associated with being a girl (AOR 1.21, 95% CI: 1.03–1.43), not living with biological parents (AOR 1.22, 95% CI: 1.04–1.41), and walking alone (AOR 1.68, 95% CI: 1.06–2.66), or with someone (AOR 1.83, 95% CI:1.17–2.86) to school, compared to other forms of transport to school. We also found that reporting a disability (AOR 1.34, 95% CI: 1.02–1.76), eating only one meal on the previous day (AOR 1.26,95% CI: 1.01–1.57), and having ever worked for payment (AOR 1.36, 95% CI: 1.15–1.62), were independently associated with emotional peer violence victimization. Having a supportive attitude towards violence from school staff (AOR 1.04, 95% CI: 1.02–1.06), exposure to interparental violence (AOR 1.29, 95% CI: 1.09–1.52) and SDQ score (AOR 1.05, 95% CI: 1.03–1.07), were independently associated with peer violence victimization (Wandera *et al.*, 2017).

Another study employed in Uganda revealed that association between exposure to GBV and emotional violence, were more than two time (OR 2.6, 95% CI 1.84–3.80). The associations between exposure to threats/threats of violence and exposure to physical violence and emotional violence were (OR 2.6, 95% CI 1.89–3.70, OR 2.2, 95% CI 1.27–3.91, respectively) (Agardh *et al.*, 2012).

2.2.8 Absence of school administrative measures

Globally, schools lacking comprehensive policies and interventions face greater challenges in maintaining a safe and conducive learning environment (Knoster, 2016), emphasizes the importance of school policies in addressing in absenteeism and improving student success, while emphasizes the need for accurate attendance records (Keppens, Spruyt and Dockx, 2019). According to another study conducted in Ethiopia, the lack of school administration measures is a key issue that has an impact on education (Abebe, 2012).

2.3 Conceptual Framework



Key: Solid line: Association between independent variables with the outcome variable.

Figure 1 Conceptual framework for gender-based violence for female Evidence from public high school students in kebridaher city, Somali region, Ethiopia, 2025. Source: developed by the principal investigator after reviewing different literatures (Beyene et al., 2021a, Dogiso et al., 2019, Mingude and Dejene, 2021, Tantu et al., 2020, Boyle, 2017, Cafferky et al., 2018)

3. METHOD AND METHODOLOGY

3.1 Study area and period

This Study was conducted in Kebridaher city. The city is the capital city of the Korehey zone Somali Regional state, Ethiopia. Located approximately 370km from the capital city of the Somali Regional State of Jigjiga which is 622 km from Addis Ababa. It has an elevation of 493 meter above sea level. According to 2007 census conducted by the Central Statistical Agency of Ethiopia (CSA) the population of Kebridaher city was 136,142 (CSA, 2007). Kebridaher education office reported, that there are three public high schools in the town with a total number of 548 female students in the 2024 academic year. The study was conducted from February 1 to 20, 2025

3.2 Study design

School-based cross-sectional study was conducted among female public high school students living in Kebridaher city, Korehey zone, Somali Regional state, Ethiopia

3.3 Population

3.3.1 Source of population

All public high school female students living in Kebridaher city.

3.3.2 Study population

All public high school's female students living in Kebridahar city who are studying in two randomly selected schools (Kebridahar High School and Dr. Mahamed Sirad Dolaal High School) during the study period.

3.4 Inclusion criteria and Exclusion criteria

3.4.1 Inclusion criteria: Female students who are studying in public high schools in Kebridahar City.

3.4.2 Exclusion criteria: Those who have been enrolled/transferred in the school for not more than six months during data collection were excluded, because they may not represent/explain the study area/contexts/setting well.

3.5 Sample size calculation

The sample size for the first objective is determined by using a single population proportion and assuming a confidence level of 95%, marginal error 5% and 10% of non-response rate by considering population proportion of, 46.6% from previous study (Gebru *et al.*, 2022)

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}$$
$$n = \frac{(1.96)^2 0.466(1-0.466)}{0.0025} = 281.44$$

n= sample size

P= is the estimated prevalence (based on study by (Gebru *et al.*, 2022)) and the value used for service utilization is 46.6% (Gebru *et al.*, 2022).

$Z_{\alpha/2}$ = critical value at 95% CI of certainty (1.96)

d=marginal error of 0.05.

plus 10 non-respondent rates=313

Second objective sample size: Sample size estimation for associated factors with gender-based violence among female students is done based on the information obtained by reviewing different literatures and by using statistical software Epi-info version-7.2.4.0. considering the following assumption as depicted by table below: 95%CI, Power=80, non-response rate=R=10%, proportion of exposed, proportion of non-exposed. As a result, the maximum sample size will be used which is the second objective sample size will be considered in the study.

Table 1 Showing sample size estimation for different factors associated with associated factors of gender-based violence for female: Evidence from public high school students in kebridaher city, Somali region, Ethiopia. 2025

Variables	Ratio	AOR	Power= 80%	CI: 95%	% outcome among unexposed	Sample + 10% non-respondent rate	Reference
Being sexually active	1:1	3.79	80		64.1	121	(Belay, Liyeh and Tassew, 2021)
Witness of violence	1:1	4.16	80		60.1	101	(Tantu <i>et al.</i> , 2020)
Having friend drunk	1:1	2.44	80		80.1	378	(Gebbru <i>et al.</i> , 2022)

So, after calculated for both objectives, it is recommended to take the larger sample size, which is 378. So final sample size of this study will be 224.

Because the population is less than 10,000 sample size correction formula was considered

$$n = n^0 / (1 + ((n^0 - 1) / N))$$

$$n = 378 / (1 + ((378 - 1) / 548)) = 224$$

where:

n= corrected sample size

n⁰= sample size calculated early

N= total number of populations in the study area

3.6 Sampling procedure and sampling technique

A simple random sampling technique was used to get a representative sample. Two high schools was randomly selected from the total of three public high schools in the kebridaher city. Then, the total female students in randomly selected high schools was stratified based on their grade level (grade 9, grade 10, grade 11, and grade 12). Next, the sampling frame was prepared based on their classroom identification number, and the required sample size was proportionally allocated for each

stratum (grade level) of the respective high school. Finally, study participants were selected using a simple random sampling technique from the prepared list of female students.

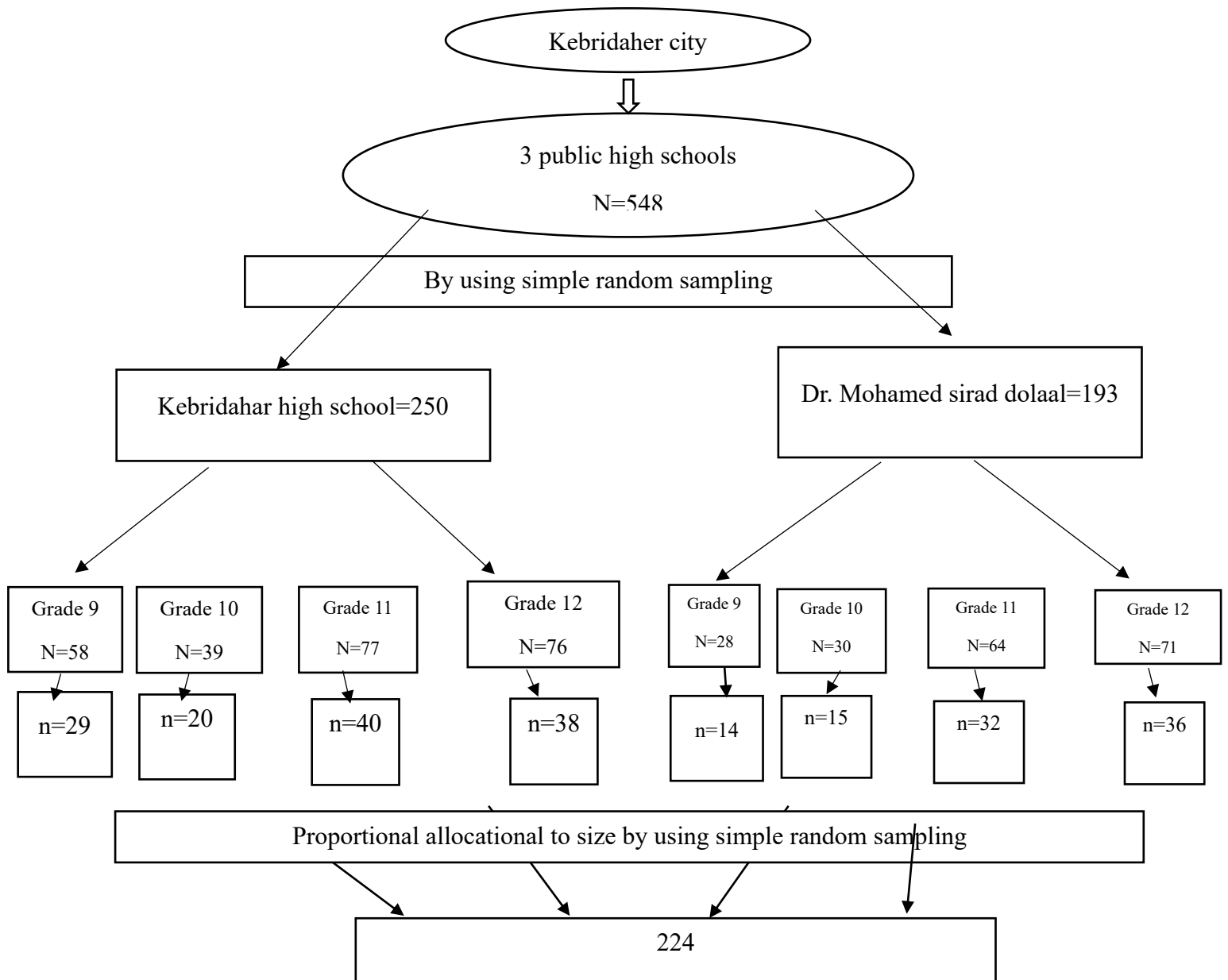


Figure 2 Schematic presentation of sampling procedures followed to get study participants in kebridaher city, Somali region, Ethiopia. 2025.

3.7 Data collection method

3.7.1 Data collection instruments

A Self-administered questionnaire was adapted from the Gender-Based Violence assessment tool, which has been validated and tailored by WHO to the Ethiopian context, and will be used to assess gender-based violence and other determinants of GBV (García-Moreno et al., 2005). This assessment tool, along with other questionnaires, was developed in the English language and then translated to Somali and Amharic languages and back to the English language to ensure its consistency. The tool consisted of socio-demographic/background characteristics, family history, history of substance use, and sexual history.

3.7.2 Data collectors and Supervisors

Data was collected by 3 diploma nurses and one BSc nurse supervised the overall data collection process. Data collectors and supervisors were trained for two days on how to select the study participants, study tools, the objective of the study, and data collection procedure by the principal investigator.

3.7.3 Data collection procedure

Data was collected through an interviewer-assisted self-administered interview. Participants in each class of each school were interviewed in a separate class to maintain privacy. The interviewer explained how to keep confidential information prior interview after obtaining written informed consent from the student and the school head. To maintain confidentiality, each participant took a single sparsely arranged seat, and the participant put the filled questionnaire on a locally prepared carton box, which was arranged at the corner of the room. Filled questionnaires were collected after checking for consistency and completeness. The research assistants had a good understanding of the content of the questionnaire, and they ensured the privacy and confidentiality of the respondents. Completeness and consistency of data were assured by checking completed questionnaires daily and errors during data cleaning.

3.8 Variables

3.8.1 Dependent variable

Gender Based Violence among female students (Yes, No)

3.8.2 Independent variable

Socio-demographic: Age, Sex, Education, Religion, Ethnicity, Marital status, Income, Living with, Resident.

Family History: Family condition, educational status of the mother and father, closeness to family, family control, and witnessing violence to the mother.

Sexual experience: discussion about RH issue, sexual intercourse, age at first intercourse, willingness at intercourse, number of sexual partners.

History of substance use

Sexual experience

Sexual violence

Physical violence

Experience of emotional violence

Absence of school administrative measures

3.9 Operational definition

Gender-Based Violence: Gender-based violence was if a student say “yes” at list one of this an physical or sexual and/or psychological violence that targets individuals based on their gender (Beyene, Chojenta and Loxton, 2021).

Sexual violence: “sexual violence” was if a student say “yes” at list one of this an unwanted or non-consensual sexual act through force, threat, or intimidation (Takele and Setegn, 2014).

Physical Violence: physical violence was if a student say “yes” at list one of this a mild form (slapping, and punching) or severe form (kicking/drugging, beating/hitting with any object, cutting/ biting, shaking, shoving, pushing, throwing, and burning(chocking) against women or girl (Ohene *et al.*, 2023).

3.10 Data quality control

Three data collectors and one supervisor who fluently speaks English and Somali languages were recruited based on their previous similar exposure, and two days of training were given for them by the principal investigator regarding how to select the study participants, obtain informed consent, keep confidentiality and privacy of the study subjects and use the questionnaires. A pretest was conducted on 5% of the sample size in one high school outside the study area prior to the actual data collection start, and amendments were made accordingly prior to using the instrument. Principal investigator and supervisor were checking the filled questionnaire on a daily basis as well as before receiving the filled tool from each data collector, and they randomly selected a filled questionnaire to cross-check its completeness and errors on the spot.

3.11 Method of data analysis

Data was entered into Epi Info version 3.5 software and then exported to SPSS version 27 for analysis. Then the explanatory data was checked for outliers, missing values, and multicollinearity for variables. Descriptive statistics were done and summarized by tables, frequencies, graphs, mean, and proportion. The association between gender-based violence and its independent variables was examined by binary logistic regression. Variables that show significant association in the previous studies and independent variables having a value ≤ 0.25 in binary logistic regression were potential candidates for multivariable logistic regression analysis to control confounders in regression models. Hosmer and Lemeshow goodness of fit test was done for the model fitness, and backward stepwise regression methods were applied to assess the independent variables in multivariable logistic regression. Association between outcome variable and independent variables was reported by odds ratio at 95% CI, and variables having a p-value less than 0.05 in the multivariable logistic regression model will be determined as significant.

3.12. Ethical consideration

Ethical clearance was obtained from Haramaya University, College of Health and Medical Sciences, Institutional Health Research Ethics Review Committee (IHRERC). An official letter from the health office was obtained for data collection. Informed, voluntary, written, and signed consent was obtained from participants after the purpose of the study was discussed in detail. Information obtained from them was not disclosed to a third person. Name and other identification information were not used in the study.

3.13 Information dissemination

The result of this study will be presented to Haramaya University, College of Health and Medical Sciences, on an open defense as it is partial fulfillment of the Master's degree in public health. In addition, the findings of the study will be disseminated to the Somali region health bureau and the concerned body. Finally, it will be presented in conferences, workshops shop and published in a scientific Journal.

4. RESULT

4.1. Socio-demographic characteristics of study participants

A total of 222 female students residing in the study area participated in the current study, with a response rate of 99.2%. The respondents' ages ranged from 12 to 24 years, with a mean age of 17.90 years and a standard deviation of 2.44. Most participants, 144 (66.2%), were between 15 and 19 years old. The largest groups were in Grades 11 and 12, with 72 students (32.4%) and 74 students (33.3%), respectively. Over half of the respondents, 145 (65.3%), identified as Muslim, and approximately half, 124 (55.9%), belonged to the Somali ethnic group. The majority, 181 (81.5%), were single, and nearly all, 206 (92.8%), resided in urban areas. About half of the participants, 112 (50.5%), had a monthly income between 1000 and 2000 ETB, and more than half, 147 (66.2%), lived with their families (Table 2).

Table 2: Socio-demographic characteristics of female Students from Public High schools in Kebridaher City, Korehey Zone, Somali Region, Eastern Ethiopia, 2025.

Variable	Category	Frequency	Percentage (%)
Age categories of participants	Less than 15	26	11.7
	15-19	147	66.2
	20-24	49	22.1
Educational status	Grade 9	41	18.5
	Grade 10	35	15.8
	Grade 11	72	32.4
	Grade 12	74	33.3
Religion	Muslim	145	65.3
	Christian	77	34.7
Ethnicity	Somali	124	55.9
	Amhara	76	34.2
	Oromo	22	9.9
Marital status	Married	41	18.5

	Single	181	81.5
Residence	Urban	206	92.8
	Rural	16	7.2
Monthly income (ETB)	1000-2000	112	50.5
	2001-3000	94	42.3
	>3000	16	7.2
With whom do you live	Alone	13	5.9
	With family	147	66.2
	With spouse	20	9.0
	With relatives	42	18.9
Educational status of father	No formal education	54	24.3
	Primary school	33	14.9
	Not known	135	60.8
Educational Status of Mother	No formal education	89	40.1
	Grade 1-4	117	52.7
	Grade 5-8	7	3.2
	Secondary and above	9	4.1
With whom do you close more	Brother, father, sister	37	16.7
	Mother	131	59.0
	Grand mothers	54	24.3
Family exerts/control over your decisions	Yes	94	43.3
	No	128	57.7
Ever seen when a mother is beaten by her husband	Yes	65	29.3
	No	157	70.7
What violence did you witness that happened to mothers.	Physical	24	36.9
	Emotional	37	56.9
	Sexual	4	6.2

4.2. Sexual experience and history of substance use-related factors

Our study revealed that the majority of participants, 215(96.8%) have not discussed reproductive health (RH) with anyone, while only 7 have had such discussions. Additionally, a significant majority, 168(92.8%), have not engaged in sexual intercourse, while only 13 (7.2%) have had sexual activity. Of those who have had sexual intercourse, 7 (53.8%) were older than 15 years at first intercourse, and 6 (46.2%) were 15 or younger. Furthermore, 198 (89.2%) have never used contraception, and 207 (93.2%) have not accessed sexual and reproductive health (SRH) services. Regarding substance use, 205 (92.3%) have never chewed khat, with most of those who did, 14 (82.4%), chewing khat occasionally. Similarly, 207(93.2%) have never smoked cigarettes, while 46 (20.7%) have consumed alcohol, with the majority (65.2%) drinking sometimes and 34.8% occasionally. Only 4 individuals (1.8%) have used shisha. In terms of social behaviors, 32 (14.4%) have friends who drink alcohol, and 20 (9.0%) have watched pornography films (**Table 3**).

Table 3: Sexual experience and history of substance use-related factors of female Students from Public High schools in Kebridaheh City, Koreheh Zone, Somali Region, Eastern Ethiopia, 2025.

Variable (n=222)	Category	Frequency	Percentage
Have you discussed RH with anyone	Yes	7	3.2
	No	215	96.8
If not married, have you had sexual intercourse	Yes	13	7.2
	No	168	92.8
Age at first intercourse	<=15	6	46.2
	>15	7	53.8
Ever used a contraceptive	Yes	24	10.8
	No	198	89.2
	Yes	15	6.8

Have you ever accessed the SRH service	No	207	93.2
Ever used khat	Yes	17	7.7
	No	205	92.3
Frequency of chewing khat	Sometimes	3	17.6
	Occasionally	14	82.4
Ever smoke a cigarette	Yes	15	6.8
	No	207	93.2
Ever drink alcohol	Yes	46	20.7
	No	176	79.3
Frequency of drinking alcohol(n=46)	Sometimes	30	65.2
	Occasionally	16	34.8
Ever used shisha	Yes	4	1.8
	No	218	98.2
Have male or female friends who drink alcohol	Yes	32	14.4
	No	190	85.6
Watch a pornography film	Yes	20	9.0
	No	202	91.0

4.3. Sexual violence and related factors

This finding showed that a significant proportion of participants, 49(22.1%), have experienced sexual violence. Among those who have experienced it, 32(65.3%), reported experiencing sexual violence only once, while 16 (32.7%) experienced it 2 to 5 times, and only one (2.0%), experienced it more than five times. The primary perpetrators of sexual violence are classmates and teachers, with 24 (49.0%) and 20 (40.8%), respectively. Strangers are less commonly involved, accounting for 5(10.2%). Regarding the types of sexual violence experienced, unwanted touching is the most common, reported by 26 (53.1%), followed by forced kissing with 17 (34.7%), and attempted rape by 6 (12.2%). Most participants, 199 (89.6%), state that sexual violence is not normalized in their environment, while 23 (10.4%) believe it is normalized. Additionally, a high percentage, 205

(93.3%), feel always safe in their homes, and 19(8.6%) participants have been pressured to engage in sexual activity. Similarly, 35 (15.8%) feel comfortable rejecting unwanted sexual advice, and only 11 individuals (4.9%) have witnessed or heard about sexual violence occurring in their home/school/community (**Table 4**).

Table 4: Sexual violence related factors of female Students from Public High schools in Kebridaher City, Korehey Zone, Somali Region, Eastern Ethiopia, 2025.

Variable	Category	Frequency	Percentage
Have you ever experienced sexual violence	Yes	49	22.1
	No	173	77.9
If yes, how many times	Once	32	65.3
	Two and above	17	34.7
Who was the perpetrator of sexual violence	Classmates	24	49.0
	Teacher	20	40.8
	Stranger	5	10.2
Types of sexual violence experienced	Unwanted touching	26	53.1
	Forced kissing	17	34.7
	Attempt rape	6	12.2
Have been where sexual violence is normalized	Yes	23	10.4
	No	199	89.6
Do you feel safe in your home	Always	205	93.3
	Sometimes	17	7.7
Have been pressured to engage in sexual activity	Yes	19	8.6
	No	203	91.4

Comfortable rejecting unwanted sexual advice	Yes	35	15.8
	No	187	84.2
Witnessed or heard that sexual violence occurred in school/community	Yes	11	4.9
	No	211	95.1

4.4. Physical violence and related factors

Of 222 participants, about 71(32.0%) have experienced physical violence, and among those who have experienced such violence, 33(46.5%) reported being hit. In terms of frequency, among participants reporting physical violence, the most frequent occurrence was once (46.5%), and the most commonly identified perpetrators were parents, also representing the largest group at 46.5%. Regarding the types of violence, slapping is the most common, reported by 31 individuals (43.7%), and most participants, 192 (86.5%), feel safe in their homes. Additionally, only 20(9.0%) have witnessed or heard about physical violence occurring in their home, school, or community, and a smaller proportion, 34 participants (15.3%), report that alcohol or drugs were involved in situations where they felt at risk or experienced violence. Lastly, very few 4(1.8%) participants have received training in conflict resolution or nonviolent communication (Table 5).

Table 5: Physical violence related factors of female Students from Public High schools in Kebridaher City, Korehey Zone, Somali Region, Eastern Ethiopia, 2025.

Variable	Category	Frequency	Percentage
Have you ever experienced physical violence	Yes	71	32.0
	No	151	68.0
If yes, how many times	Once	33	46.5
	2-5 times	30	42.2
	More than 5 times	8	11.3
	Parents	33	46.5

Who was the perpetrator of physical violence	Siblings	23	32.4
	Classmates	12	16.9
	Teacher	3	4.2
Types of physical violence experienced	Hitting	24	33.8
	Slapping	31	43.7
	Kicking	13	18.3
	Besting with objection	3	4.0
Do you feel safe in your home	Yes	192	86.5
	No	30	13.5
Witnessed or heard that physical violence occurred in the home/school/community	Yes	20	9.0
	No	202	91.0
Has alcohol or drugs been used in a situation of feeling at risk or physical violence	Yes	34	15.3
	No	188	84.7
Training on conflict resolution or nonviolence communication	Yes	4	1.8
	No	218	98.2

4.5. Emotional violence and school administrative measures related factors

The most notable of our findings is that 76 participants, accounting for 34.2%, have experienced emotional violence, and among those who have experienced it, 41(54.0%) reported experiencing emotional violence 2 to 5 times. The primary perpetrators of emotional violence are classmates, involved in 39(51.3%), and followed by siblings, who account for 16(21.1%). The most common form of emotional violence experienced is verbal abuse, reported by 57 individuals (75.0%), and 17 individuals (7.7%), have witnessed or heard about emotional violence occurring at home, school, or in the community. A very small proportion, 12 individuals (5.4%), have experienced isolation or

exclusion by family, friends, or peers as punishment, indicating that this form of emotional abuse is relatively uncommon. Lastly, most participants, 194 (87.4%), are aware of school administrative measures or policies related to emotional violence, reflecting a generally good awareness of available protections (Table 6).

Table 6: Emotional violence and school administrative measures related factors of female Students from Public High schools in Kebridaher City, Korehey Zone, Somali Region, Eastern Ethiopia, 2025.

Variable	Category	Frequency	Percentage
Have you ever experienced emotional violence	Yes	76	34.2
	No	146	65.8
If yes, how many times	Once	30	39.5
	2-5 times	41	54.0
	More than 5 times	5	6.6
Who was the perpetrator of emotional violence	Parents	13	17.1
	Siblings	16	21.1
	Classmates	39	51.3
	Teacher	8	10.5
Types of Emotional violence experienced	Verbal abuse	57	75.0
	Psychological manipulation	12	15.8
	Social exclusion	3	4.0
	Intimidation	4	5.2
Do you feel safe in your home	Yes	86	38.7
	No	136	61.3
	Yes	17	7.7

Witnessed or heard that emotional violence occurred at home/in school/community	No	205	92.3
Have you ever been isolated or excluded by family, friends, or peers as a form of punishment	Yes	12	5.4
	No	210	94.6
Awareness toward school administrative measures/presence	Yes	194	87.4
	No	28	12.6
The school provided adequate training on GBV	Yes	2	0.90
	No	220	99.1
Does the school respond promptly to reports of GBV	Yes	141	63.5
	No	81	36.5

4.6. Prevalence of GBV among female students

The overall prevalence of GBV among female students in the study area was 98(44.14%) with a 95% CI of [37.7%-50.78%]. Specifically, the prevalence of physical, emotional, and sexual violence was 71(31.98%) [95% CI: 26.15- 38.44], 76(34.23%) [95% CI: 28.26-40.75], and 49(22.07%) [95% CI: 17.07-28.04] respectively (Figure 3).

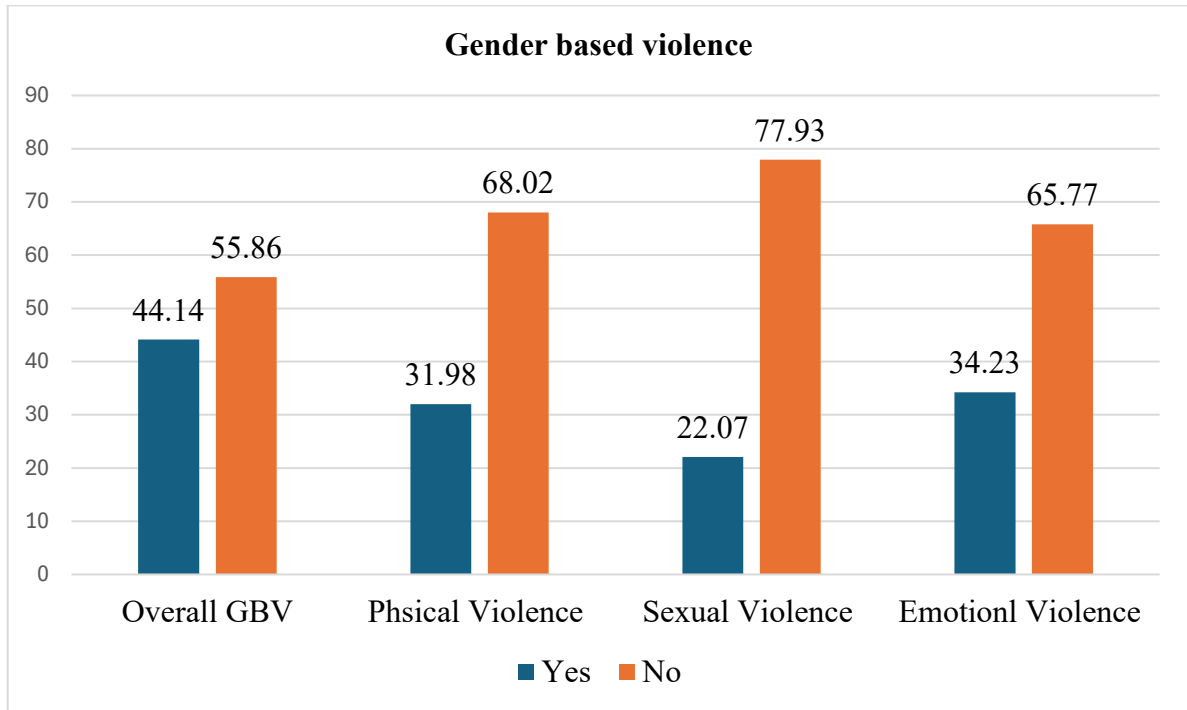


Figure 3: Prevalence of GBV and types of violence among female Students from Public High schools in Kebridaher City, Korehey Zone, Somali Region, Eastern Ethiopia, 2025.

4.7. Factors associated with the prevalence of Gender based violence among female students.

In the bivariate analysis, age of respondents, residence, ever used a contraceptive, ever accessed the SRH service, ever used smoking, ever used alcohol, have a male or female friend who drinks alcohol, watch pornography films, ever been in an environment where sexual violence is normalized/adjusted, have been pressured or forced to engage in sexual activity, have been used alcohol or drugs in a situation that feels risks, do feel that reporting violence leads to positive actions, aware of school administrative measures and their presence and school responds promptly to GBV were associated with GBV among female students.

The multivariable logistic regression controlling for potential confounders such as ever used alcohol, have a male or female friend who drinks alcohol, ever been in an environment where sexual violence is normalized/adjusted, have used alcohol or drugs in a situation that feels risky, and are aware of school administrative measures and their presence were found to be significantly a predictors of GBV among female students.

Accordingly, the study revealed that the odds of experiencing gender-based violence are significantly higher (3.61 times greater) for female students who have ever used alcohol compared to those who have not (AOR=3.61, 95% CI=1.13, 11.59). Similarly, the odds of experiencing gender-based violence are significantly higher (3.77 times greater) for female students who have ever been in an environment where sexual violence is normalized/adjusted compared to those who have not (AOR=3.77, 95% CI=1.15, 12.40). In addition, the odds of experiencing gender-based violence are significantly higher (3.52 times greater) for female students who are not aware of school administrative measures and their presence compared to those who are aware (AOR=3.52, 95% CI=1.16, 11.27).

In another hand, the odds of experiencing gender-based violence are significantly lower (0.34 times, or a 66% reduction) for female students who have used alcohol or drugs in a situation that feels risky compared to those who have not (AOR=0.34, 95% CI=0.13, 0.91). Similarly, the odds of experiencing gender-based violence are significantly lower (0.20 times, or an 80% reduction) for female students who do not have a friend who drinks alcohol compared to those who have (AOR=0.20, 95% CI=0.06, 0.69) (Table 7).

Table 7: Bi-variable and multivariable logistic regression analysis of Associated Factors of Gender-Based Violence among Female Students from Public High School in Kebridaher City, Korehey Zone, Somali Region, Eastern Ethiopia, 2025

Variables (n=222)	Gender Based Violence		COR (95%CI)	AOR (95% CI)	P-value
	No 124(55.9%)	Yes 98(44.1%)			
Age categories					
<15	14(53.8)	12(46.2)	0.82(0.32, 2.13)	1.59(0.51, 4.99)	0.422
15-19	86(58.5)	61(41.5)	0.68(0.36, 1.30)	0.98(0.45, 2.15)	0.965
20-24	24(49.0)	25(51.0)	1	1	
Residence					
Urban	115(55.8)	91(44.2)	1	1	
Rural	9(56.3)	7(43.8)	0.98(0.35, 2.74)	0.59(0.16, 2.25)	0.443
Ever used a contraceptive					
Yes	5(20.8)	19(79.2)	1	1	
No	119(60.1)	79(39.9)	0.17(0.06, 0.49)	0.38(0.10, 1.42)	0.151
Ever accessed the SRH service					
Yes	5(20.8)	10(79.2)	1	1	

No	119(57.5)	88(42.5)	0.37(0.12, 1.12)	1.37(0.32, 5.85)	0.668
Ever used smoking					
Yes	6(40.0)	9(60.0)	1	1	
No	118(57.0)	89(43.0)	0.50(0.17, 1.46)	0.59(0.16, 2.18)	0.429
Ever used Alcohol					
Yes	25(54.3)	21(45.7)	1.10(0.56, 2.07)	3.61(1.13, 11.59)	0.031*
No	99(56.3)	77(43.8)	1	1	
Have a male or female friend who drinks alcohol					
Yes	10(31.3)	22(68.7)	1	1	
No	114(60.0)	76(40.0)	0.30(0.14, 0.68)	0.20(0.06, 0.69)	0.011*
Watch pornography films					
Yes	8(40.0)	12(60.0)	2.02(0.79, 5.16)	1.35(0.42, 4.32)	0.613
No	116(57.4)	86(42.6)	1	1	
Ever been in an environment where sexual violence is normalized/adjusted					
Yes	5(21.7)	18(78.3)	5.36(1.91, 15.01)	3.77(1.15, 12.40)	0.029*
No	119(66.7)	80(33.3)	1	1	
Have been pressured or forced to engage in sexual activity					
Yes	5(26.3)	14(73.7)	3.97(1.38, 11.43)	1.91(2.50, 7.01)	0.327
No	119(58.6)	84(41.4)	1	1	
Have been used alcohol or drugs in a situation that feels risky					
Yes	10(29.4)	24(70.6)	1	1	
No	114(60.6)	74(39.4)	0.27(0.12, 0.59)	0.34(0.13, 0.91)	0.032*
Do feel that reporting violence leads to positive actions					
Yes	20(40.8)	29(59.2)	1	1	
No	104(60.1)	69(39.9)	0.46(0.24, 0.84)	0.58(0.26, 1.27)	0.170
Aware of school administrative measures and their presence					
Yes	118(60.8)	76(39.2)	1	1	
No	6(21.4)	22(78.6)	5.69(2.21, 14.69)	3.52(1.16, 11.27)	0.034*
School responds promptly to GBV					
Yes	81(57.4)	60(42.6)	1	1	
No	43(53.1)	38(49.9)	1.19(0.69, 2.07)	0.62(0.30, 1.28)	0.197

*Significant at $p < 0.05$

5. DISCUSSION

This study was conducted to assess the Prevalence and associated factors of gender-based violence among female students from public high schools in Kebridaher city, Korehey zone, Somali region, eastern Ethiopia. According to this study, the overall prevalence of gender-based violence among the female students in the study area was 44.14% with a 95% CI of [37.71-50.78]. Factors such as ever used alcohol, have a male or female friend who drinks alcohol, ever been in an environment where sexual violence is normalized/adjusted, have used alcohol or drugs in a situation that feels risky, and are aware of school administrative measures and their presence were found to be significantly a predictor of GBV among female students.

This study revealed a high overall prevalence of gender-based violence (GBV) among female students in Somali, eastern Ethiopia, with 44.14% reporting experiencing at least one form of violence. Our finding is lower than the study conducted in Wolaita Sodo, Ethiopia showed 63.2%(Tantu et al., 2020), in Aleta Wondo town, south east Ethiopia, showed that 68.2%(Dogiso et al., 2019), in Eastern Ethiopia, showed that 53.4%(Beyene et al., 2021a) but higher than the study conducted in Debre Berhan showed 36.2%(Mingude and Dejene, 2021). The disparity may be attributed to the cultural norms in Somalia, which generally emphasize the protection and respect accorded to females. However, this does not imply that other norms do not also recognize and respect females. This is deeply connected to strong family ties and traditions that prioritize the honor and safety of women and girls. The cultural practice of women not being allowed to go out alone could contribute to protecting females from various forms of violence, leading to a shared responsibility within the community for their welfare(Matewos et al., 2025). The high prevalence of GBV significantly impacts the well-being and education of female students, leading to severe physical and psychological harm, which creates a fearful environment, hindering their ability to fully participate in their studies and school life(Beyene et al., 2021b, Mutinta, 2022, Mingude et al., 2022).

Accordingly, our study also revealed that the odds of experiencing gender-based violence are significantly higher among female students who have ever used alcohol. This finding is consistent with existing findings that link alcohol use to increased vulnerability to gender based violence(Shiva et al., 2021, Taft et al., 2019). Possible justifications for this association could be, alcohol's effect on impairing judgment and decision-making, which can lead individuals to engage in riskier behaviors or be less able to defend themselves, the fact that alcohol is often consumed in social settings where violence can occur, and the potential for alcohol to be used by perpetrators to facilitate

violence(Swahn et al., 2021). Additionally, alcohol use could be a coping mechanism for individuals who have already experienced trauma, creating a cyclical relationship between violence and substance use(Leddy et al., 2018).

In addition, the study revealed that the odds of experiencing gender-based violence are significantly higher among female students who have ever been in an environment where sexual violence is normalized/justified. This finding is strongly supported by social-ecological models of violence, which emphasize the influence of broader societal and community factors on individual risk(Gausman et al., 2020, Adebayo et al., 2024). Possible justifications for this finding could be exposure to environments that normalize sexual violence can desensitize individuals to its harmfulness and create a climate where it is more likely to occur without challenge(Sinko et al., 2021). In addition, such environments may perpetuate harmful gender norms, diminish the perceived severity of sexual violence, and reduce the likelihood of bystanders intervening. Furthermore, normalization can make it more difficult for victims to recognize their experiences as violence, report incidents, or seek help, potentially trapping them in cycles of abuse(Boyle, 2017).

Moreover, this study showed that the odds of experiencing gender-based violence are significantly higher among female students who are not aware of school administrative measures and their presence. This finding is in line with findings that showed the critical role of institutional support and awareness in preventing and responding to gender based violence(Ajduković et al., 2021). The possible justifications for this finding include awareness of school administrative measures, such as reporting mechanisms, support services, and disciplinary procedures, which empower students by providing them with knowledge of how to seek help, report incidents, and understand the consequences for perpetrators(Villardón-Gallego et al., 2023). Lack of awareness can leave students feeling isolated, vulnerable, and unsure of where to turn if they experience violence. This lack of knowledge can also reduce the perceived risk for perpetrators, as they may believe there are no effective consequences for their actions(Orr et al., 2022).

Furthermore, our study revealed that the odds of experiencing gender-based violence are significantly lower among female students who have not used alcohol or drugs in a situation that feels risky or violent. This association aligns with existing research on the relationship between substance use or drug use and vulnerability to gender-based violence(Stoicescu et al., 2020, Cafferky et al., 2018). This could be due to the fact, substance use or drug use during risk exposes females to

gender-based violence primarily because it significantly impairs their judgment, decision-making abilities, and capacity to recognize and avoid dangerous situations, while simultaneously making them appear more vulnerable and less able to resist or defend themselves, thereby making them easier targets for perpetrators who may exploit their impaired state(Newcomb et al., 2020).

Finally, this finding revealed that the odds of experiencing gender-based violence are significantly lower among female students who do not have a male or female friend who drinks alcohol, which points out the powerful role of social networks and peer influence in shaping risk exposure. Having friends who drink alcohol increases a female student's risk of gender-based violence because it leads to greater exposure to environments where alcohol is consumed and risk is higher due to impaired judgment and reduced inhibitions(González Yubero et al., 2019). Additionally, peer influence can lead the student to drink herself, increasing her vulnerability, or expose her to risk even if she doesn't drink if her friends act unsafely. Furthermore, drinking friend groups may engage in different activities and interact with individuals more prone to aggressive behavior, contributing to a higher-risk social circle(Mulawa et al., 2018b, Mulawa et al., 2018a).

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study reveals a high prevalence of gender-based violence (GBV) among female students in the study area, affecting approximately two out of five respondents. Specifically, this finding can be concluded that nearly a third (31.98%) experienced physical violence, over a third (34.23%) experienced emotional violence, and about one in five individuals (22.07%) experienced sexual violence. Several factors are significantly associated with increased risk of experiencing gender-based violence, including alcohol consumption, exposure to environments where sexual violence is normalized, lack of awareness of school administrative measures, having friends who drink alcohol, and not using alcohol or drugs in risky situations. Therefore, interventions that focus on reducing substance use, increasing awareness of protective measures, and creating a safe environment would be enormous in mitigating gender-based violence.

6.2 Recommendations

Based on the findings of this study, the following recommendations were forwarded to the Zonal, woreda health offices, and Health facilities, women's social affairs, as well as stakeholders' offices:

Implement comprehensive alcohol prevention and intervention programs. This should include education on the risks associated with alcohol use and its link to gender-based violence, particularly in social settings.

Launch campaigns and educational initiatives that actively challenge and dismantle the normalization of sexual violence. This should involve promoting healthy attitudes towards consent, respect, and gender equality. Create safe spaces for open discussion about sexual violence and its impact.

Improve the communication and accessibility of information regarding school administrative measures related to gender-based violence. This includes clearly outlining reporting procedures, available support services (counseling, medical aid, legal assistance), and disciplinary processes for perpetrators.

Develop programs that address the influence of peer groups on alcohol consumption. This could involve promoting positive peer norms that discourage excessive drinking and risky behaviors. Offer alternatives to social activities that heavily involve alcohol.

Provide education and resources on how to navigate situations involving alcohol or drugs safely. This should focus on harm reduction strategies, such as understanding the effects of substances, recognizing risky situations, and knowing how to seek help if needed. Emphasize the importance of not using substances in situations where one might be vulnerable or where there is an increased risk of violence.

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7. ANNEXES

7.1 Informed Voluntary Consent Form for Head of schools in Jigjiga town

My name is Abshir Mohamed Sofe, who is a student of Masters of public health in reproductive health at Haramaya University, College of Health and Medical Sciences. I am working as a Principal investigator for the study being conducted in this school. I kindly request you to lend me your attention to explain to you about the study and your institution being selected as the study setting.

The study title: Prevalence and associated factors of gender-based violence for female: Evidence from public high school students in kebridaher city, Somali region, Ethiopia, 2025:

Purpose of study: The findings of this study can be of a paramount importance for the Kebridahar city health office to plan intervention programs to prevent gender-based violence in your community; thereby improve female students health and survival in general. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's Program in reproductive health for the principal investigator.

Procedure and duration: Data collectors will administer a questionnaire to the adolescents to gather relevant information essential for the study. There are 65 questions to answer where participants will fill the questionnaire. The questionnaire will take about 20-30 minutes.

Risks and benefits: The risk of participating in this study is very minimal, but only taking a few minutes from student's time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the school and local health planners.

Confidentiality: The information that we will be provided will be kept confidential. There will not be information that will identify the participants in particular. The findings of the study will be general for the study community and will not reflect anything particular of individual persons. The questionnaire will be coded to exclude showing names. No reference will be made in written reports that could link participants to the research.

Rights: Participation for this study is fully voluntary. The participants have the right to declare to participate or not in this study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label them for any loss of benefits which they otherwise are entitled. They do not have to answer any question that they do not want to answer. The school has the right to cancel this study if any misdeed is observed during data collection.

Contact address: If you have any questions about the study, the procedure or anything else related to the study, please contact through the following address: Mobile phone of the investigator: +251915224654 (Abshir Mohamed Sofe)

Email address of the investigator: sarmaan2017@gmail.com

Institutional Health Research Ethics Review Committee (IHRERC) at office phone 0254662011 or P.O. Box 235, Harar, Ethiopia.

Declaration of informed voluntary consent:

I have read the institution information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participants and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that participants have the right to withdraw from the study at any time or not to answer any question that they do not want. I am also informed that the school has the right to stop this study from being conducted in the school if any misdeeds and unethical procedures are observed during the data collection process in the school's premises. Therefore, I declare my voluntary consent on behalf of _____ school management to allow this study to be conducted in the hospital with my initials (signature).

Name and Signature of Head of the school: _____ Date _____

Name and Signature of the principal investigator: _____ Date _____

7.2 PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM FOR PARTICIPANT WITH AGE OF \geq 18 YEARS

My name is _____ I am working as a data collector for the study being conducted in this school by Mr. Abshir Mohamed Sofe who is studying his Master's degree at Haramaya University, College of Health and Medical Sciences. I kindly request you to give me your attention to explain about the study and being selected as the study participant.

The study title: Prevalence and associated factors of gender-based violence for female: Evidence from public high school students in kebridaher city, Somali region, Ethiopia, 2025: a cross-sectional method study.

Purpose of the study: The findings of this study can be of a paramount importance for the Kebridahar city health office to plan intervention programs to prevent gender-based violence in your community; thereby improve female students health and survival in general. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's Program in reproductive health for the principal investigator.

Procedure and duration: I will be giving you a questionnaire to provide me with pertinent data that is helpful for the study. There are 65 questions to answer. The questionnaire will take about 20-30 minutes. So, I kindly request you to spare me this time for the questions.

Risk and benefits: The risk of participating in this study is very minimal, only taking a few minutes from your time. There would not be any direct payment for participating in this study. But the findings of this study may reveal important information for the school and health office to fill the gaps identified through this study.

Confidentiality: The information you provide for me will be confidential. There will not be information that will identify you in particular. The findings of the study were general for the study area and will not reflect anything particular of individual persons. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the study.

Rights: Participation for this study is fully voluntary. You have the right to declare to participate or not in the study. If you decide to participate, you have the right to withdraw from the study at any time and this will not label you for any loss of benefits which you otherwise are entitled.

You do not have to answer any question that you do not want to answer.

Contact address: Contact address: If you have any questions about the study, the procedure or anything else related to the study, please contact through the following address:

Mobile Phone number of investigator: +251915224654 (Abshir Mohamed Sofe)

Email address of the investigator: sarmaan2017@gmail.com

Institutional Health Research Ethics Review Committee (IHRERC) at office phone 0254662011 or P.O. Box 235, Harar, Ethiopia.

Declaration of informed voluntary consent: I have read/was read to me the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that I have the right to withdraw from the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent to participate in this study with my initials (signature).

Name of participant: _____ Signature _____ Date _____

Name of data collector: _____ Signature _____ Date _____

7.3 PARTICIPANT INFORMATION SHEET AND INFORMED VOLUNTARY CONSENT FORM FOR A MINOR (Age < 18 years)/VULNERABLE INDIVIDUAL TO BE SIGNED BY HIS/HER LEGALLY COMPETENT REPRESENTATIVE (e.g.: PARENT/GUARDIAN)

Good morning/afternoon dear participant my name is _____ I am working as a data collector for the study being conducted in this school by Abshir mohamed who is studying his master's degree program at Haramaya University, College of Health and Medical science. I kindly request you to lend me your attention to explain to you about the study and being selected as the study participant.

The study title: Prevalence and associated factors of gender-based violence for female: Evidence from public high school students in kebridaher city, Somali region, Ethiopia, 2024: a cross-sectional method study.

Purpose of the study: The findings of this study can be of a paramount importance for the Kebridahar city health office to plan intervention programs to prevent gender-based violence in your community; thereby improve female students health and survival in general. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's Program in reproductive health for the principal investigator.

Procedure and duration: I will be giving your child a questionnaire to provide me with pertinent data that is helpful for the study. There are 65 questions to answer. The questionnaire will take about 20-30 minutes. So, I kindly request your child to spare me this time for the questions.

Risks and benefits: The risk of participating in this study is minimal, but only takes few minutes from your/your child time. There would not be direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners.

Confidentiality: The information your child provide for me was kept confidential. There will not be information that will identify your child in particular. The findings of the study

Will be general for the study community and will not reflect anything particular about a person. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the study.

Rights: Participation in this study is fully voluntary. your child has the right to declare to participate or not in the study. If your child decides to participate, your child have the right to withdraw from the study at any time and this will not label your child for any loss of benefits to which she otherwise is entitled. she does not have to answer any question that your child does not want to answer.

Contact address: Contact address: If you have any questions about the study, the procedure or anything else related to the study, please contact through the following address:

Mobile Phone number of investigator: +251915224654 (Abshir Mohamed Sofe)

Email address of the investigator: sarmaan2017@gmail.com

Institutional Health Research Ethics Review Committee (IHRERC) at office phone 0254662011 or P.O. Box 235, Harar, Ethiopia.

Declaration of informed voluntary consent:

I have read/ was read to me/ the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that I have the right to withdraw my daughter from the study at any time or not to answer any question that she does not want. Therefore, I declare my voluntary consent to allow my daughter to participate (be involved) in this study with my initials (signature).

(Assent affirmed if a minor age of 15-17 year)

Signature of parent/guardian: _____ Date _____

Name and signature of Data Collector: _____ Date _____

7.4 Questionnaire (English version)

S. N	Part 1: Socio-Demographic Characteristics	Answer	Skip
101	What is your age?		
102	What is your sex?	1. Male 2. Female	
103	What is your education status?	1. Grade 9 2. Grade 10 3. Grade 11 4. Grade 12	
104	What is your religion?	1. Islam 2. Christianity	
105	What is your ethnicity?	1. Somali 2. Amhara 3. Oromo	
106	What is your marital status?	1. Married 2. Unmarried	
107	If she is married what is educational status of your spouse?	1. Literate 2. Illiterate 3. Primary 4. Secondary 5. College and above	
108	If she married what is your spouse work?	1. Student 2. Government employee 3. NGOs 4. Merchant	
109	What is your place of residence?	1. Urban 2. Rural	
110	What is your monthly income?		

112	Who do you currently live with?	1. Alone 2. With family 3. With spouse 4. With relatives	
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S. N	Part 2: Family History	Answer	Skip
202	What is the education status of your father?	Illiterate Primary Secondary College University	
203	What is the education status of your mother?	Illiterate Primary Secondary College University	
204	In your family whom are you close to?	Grand father Grand mother Mother Father Sister Brother	
206	Do you feel your family exerts control over your decisions?	Yes No Somewhat	
207	Ever seen when mother being beaten by her husband?	Yes No	
208	If yes, how frequently?	Often Sometime	

		Rarely Never	
209	What was the nature of the violence you witnessed?	Physical Emotional Sexual	

S. N	Part 3: Sexual Experience	Answer	Skip
301	Have you ever discussed reproductive health (RH) issues with anyone?	Yes No	
302	If yes, with whom?	Parents Peers Teachers Healthcare providers Other	
303	If you are not married, have you ever had sexual intercourse?	Yes No	
304	If yes, at what age did you first have sexual intercourse?		
305	Was the first sexual intercourse consensual?	Yes No	
306	How many sexual partners have you had in total?		
307	Have you ever used contraceptives?	Yes No	
308	If yes, which type of contraceptive have you used?		
309	Have you ever accessed sexual and reproductive health services?	Yes No	
310	If no, why not?		

S. N	Part 4: History of Substance Use	Answer	Skip
401	Have you ever used chat (khat)?	Yes No	
402	If yes, how frequently do you use it?	Daily Weekly Occasionally Never	
403	Have you ever smoked cigarettes?	Yes No	
404	If yes, how frequently do you smoke?	Daily Weekly Occasionally Never	
405	Have you ever consumed alcohol?	Yes No	
406	If yes, how frequently do you consume alcohol?	Daily Weekly Occasionally Never	
407	Have you used sheesha?	Yes No	
408	If yes, how frequently do you smoke?	Daily Weekly Occasionally Never	
409	Having a female or male friends who drinks alcohol	Yes No	
4010	Watching pornography films	Yes No	

S. N	Part 5: Sexual Violence	Answer	Skip
501	Have you ever experienced sexual violence?	Yes No	
502	If yes, how often have you experienced sexual violence in the past year?	Once 2-5 times More than 5 times	
503	Do you have access to resources (e.g. counseling, legal aid support group) if you were sexual violence	Yes No	
504	Who was the perpetrator of the sexual violence?	Parent Sibling Classmate Teacher Stranger Other (please specify): _____	
505	What types of sexual violence have you experienced?	Unwanted touching Forced kissing Attempted rape Rape	

		Other (please specify): _____	
506	Have been an environment where sexual violence is normalized or adjusted	Yes No	
507	Do you feel safe in your home	Always Some times never	
509	Have been pressure or forced to engage in sexual activity due to financial dependence or coercion	Yes No	
5010	Do you feel comfortable rejecting unwanted sexual advices without fear of consequence	Yes No	
5011	Have witnessed or heard sexual violence occurring in school or community	Yes No	

S. N	Part 6: Physical Violence	Answer	Skip
601	Have you ever experienced physical violence?	Yes No	
602	If yes, how often have you experienced physical violence in the past year?	Once 2-5 times More than 5 times	
603	Who was the perpetrator of the physical violence?	Parent Sibling Classmate Teacher	

		Stranger Other (please specify): _____	
604	What types of physical violence have you experienced?	Hitting Slapping Kicking Beating with an object Other (please specify): _____	
605	Do you feel safe your home	Yes No	
606	Have ever witnessed physical violence happening to somewhere else in your home, schools, or community	Yes No	
607	Has alcohol or drug used has been involved in situations when feel risk or physical violence	Yes No	
608	Have received any training or education on conflict resolution non-violent communication	Yes No	

S. N	Part 7: Emotional Violence	Answer	Skip
701	Have you ever experienced emotional violence?	Yes No	

702	If yes, how often have you experienced emotional violence in the past year?	Once 2-5 times More than 5 times	
703	Who was the perpetrator of the emotional violence	Parent Sibling Classmate Teacher Stranger Other (please specify): _____	
704	What types of emotional violence have you experienced?	Verbal abuse (e.g., insults, threats) Psychological manipulation Social exclusion Intimidation Other (please specify): _____	
705	Do you feel emotionally in your home	Yes No	
706	Have you ever witnessed emotional violence happening to somewhere else in your home, schools, or community	Yes No	

707	Have been ever isolated or excluded by family, friends, or peers as a form of punishment or control	Yes No	
708	Do you feel that reporting emotional violence in your home, school, or community would lead to positive action	Yes No	
709	Do have access to mental health or mental health or emotional support service (e.g., canceling therapy, peer support group)	Yes No	

S. N	Part8: Absence of school administrative measures	Answer	Skip
701	Awareness towards school administrative measures and its presence	Yes No	
702	Are you aware of the school's, policy on gender-based violence?	Yes No	
	Has the school provided adequate training and addressing gender-based violence?		
703	Are reporting mechanisms confidential and straight forward to use?	Yes No	
704	Does the school respond promptly to report gender-based violence?	Yes No	

7.5. WARAQDA MACLUUMAADKA KA-QAYBGALAHA IYO FOOMKA OGOLAANSHAHA OGOLAANSHAHA KA-QAYBGALAHA (somalí version)

Magacaygu waa _____ Waxaan ka shaqeeyaa sidii xog-ururinta cilmi-baarista lagu sameeyay dugsigan ee uu sameeyay Mudane Abshir Mohamed Sofe oo ah qof u diyaargaroobaya inuu ku sameeyo barnaamijkiisa Masterka ee Jaamacadda Haramaya, Kuliyadda Caafimaadka iyo Cilmiga Caafimaadka. Waxaan si xushmad leh kaaga codsanayaa inaad siiso dareenkaaga si aan kaaga sharxo cilmi-baarista iyo inaad ku soo xulatay inaad noqoto ka-qaybgalaha cilmi-baarista.

Cinwaanka cilmi-baarista: Joogitaanka iyo arrimaha la xiriira rabshadaha ku saleysan jinsiga haweenka: Cadaymo ka yimid ardayda iskuulka ee magaalada Kabridaher, gobolka Soomaalida, Itoobiya, 2025: hab cilmi-baaris goyne ah.

Ujeedada cilmi-baarista: Natijoooyinka cilmi-baarista waxay door muhiim ah ka qaadan doontaa ardayda haweenka ah si looga fogaado rabshadaha ku saleysan jinsiga. Waxa kale oo ay caawin doontaa bixiyayaasha daryeelka caafimaadka inay diirada saaraan arrimaha si xoog leh ugu xiran rabshadaha ku saleysan jinsiga waxayna bixin doonaan talooyin ku saleysan macluumaadka la helay. Intaa waxaa dheer, ujeedada daraasadan waa in la qoro thesis sida qayb ka mid ah shuruudaha buuxinta Barnaamijka Master-ka ee Caafimaadka Dadweynaha ee caafimaadka taranka ee cilmi-baaraha ugu weyn.

Habka iyo muddada: Waxaan ku siin doonaa su'aalo si aad iigu bixiso macluumaad la xiriira cilmi-baarista. Waxaa jira 65 su'aalood oo laga jawaabo. Su'aalaha waxay qaadan doonaan qiyaastii 20-30 daqiiqo. Sidaa darteed, si xushmad leh ayaan kaa codsanayaa inaad iigu nasato wakhtigan si aan su'aalaha uga jawaabo.

Khatarta iyo faa'iidooyinka: Khatarta ka-qaybgalka cilmi-baarista waa mid aad u yar, oo kaliya in daqiiqado kooban laga qaado wakhtigaaga. Ma jiri doono wax lacag ah oo toos ah oo lagu bixin doono ka-qaybgalka cilmi-baarista. Laakiin natijoooyinka cilmi-baarista waxay muujin karaan macluumaad muhiim ah oo ku saabsan iskuulka iyo xafiiska caafimaadka si loo buuxiyo farqiga lagu ogaaday cilmi-baarista.

Sirta: Macluumaadka aad iigu bixiso waxay ahaan doonaan sir. Ma jiri doono wax macluumaad ah oo si gaar ah kuu aqoonsan kara. Natijoooyinka cilmi-baarista waxay ahaan doonaan kuwo guud ee aagga cilmi-baarista waxaana laga yaabaa inaysan soo bandhigin wax gaar ah oo ku

saabsan shaqsiyaadka. Su'aalaha waxaa la siin doonaa koodh si looga fogaado muujinta magacyada. Ma jiri doono wax tixraac ah oo lagu sameeyo warbixinnada afka ama qoraalka oo xiriir ka sameyn kara ka-qaybgalayaasha cilmi-baarista.

Xuquuqda: Ka-qaybgalka cilmi-baaristan waa mid si buuxda u mutadawacnimo. Waxaad xaq u leedahay inaad ka qayb gasho ama ka qayb qaadato cilmi-baarista. Haddii aad go'aansato inaad ka qayb qaadato, waxaad xaq u leedahay inaad ka baxdo cilmi-baarista wakhti kasta oo aysan saameyn kugu yeelan wax faa'iido ah oo aad si kale u leedahay. Ma aha inaad ka jawaabto wax su'aal ah oo aadan rabin inaad ka jawaabto.

Cinwaanka xiriirka: Haddii aad wax su'aalo ah ka qabto cilmi-baarista, habka ama wax kale oo la xiriira cilmi-baarista, fadlan kala xiriir ciwaankan:

Lambarka telefoonka ee cilmi-baaraha: +251915224654 (Abshir Mohamed Sofe)

Cinwaanka emaylka ee cilmi-baaraha: sarmaan2017@gmail.com

Guddiga Dib-u-eegista Anshaxa Cilmi-baarista Caafimaadka ee (IHRERC) ee lambarka xafiiska 0254662011 ama P.O. Box 235, Harar, Itoobiya.

Bayaanka ogolaanshaha mutadawacnimo ee si wacan loo ogsoon yahay: Waxaan akhriyay/lay akhriyay warqada macluumaadka ka-qaybgalaha. Waxaan si cad u fahmay ujeedada cilmi-baarista, habraaca, khataraha iyo faa'iidooyinka, arrimaha sirta, xuquuqda ka-qaybgalka iyo cinwaanka xiriirka wixii su'aalo ah. Waxaa la i siiyay fursad aan ku weydiiyo su'aalaha waxyaalaha aan caddayn. Waxaan la i wargeliyay inaan xaq u leeyahay inaan ka baxo cilmi-baarista wakhti kasta ama aanan ka jawaabin wax su'aal ah oo aan rabin. Sidaa darteed, waxaan ku dhawaaqayaa ogolaanshahayga mutadawacnimo ee aan uga qaybqaato cilmi-baaristan magacayga (saaxiix).

Magaca ka-qaybgalaha: _____ Saxiixa ____ Taariikhda _____

Magaca xog-ururiyaha: _____ Saxiixa ____ Taariikhda _____

7.6 Questionnaire (somali version)

S. N	Qaybta 1: sifooyinka bulshada	jawaab	kabood
101	Waa maxay da'daada?	_____	
102	Wa maxay jinsigaagu?	lab dhadig	
103	Waa maxay heerka ugu sarreeya ee waxbarashada aad dhammaysay?	Aqoon la,aan Dugsi hoose Dugsi dhexe kuliyad jamacad	
104	Wa maxay diintaadu?	Islam kiristaan kuwo kale	
105	Wa maxay qomiyaadu?		
106	Wa maxay xalada guurkaaga?	kali guursadey la furey carmal	
107	Wa maxay dakhligaaga bilkasta?	_____	
108	Yaa hada kula nool?	kaligaa qoyska lamaanaha cid kale	
109	Xageed dagantahey?	Magaalo Baadiye	
110	Wa maxay heerka waxbrasho ee lamaanaha?	Aan qoren on akhrin Dugsi hoose Dugsi dhexe	

		kuliyad jamacad ma haboona	
111	Wa maxay shaqadaadu?	_____	
112	Lamaanaha ma shaqeyaa?	Haa Maya Ma haboona	

S. N	Qaybta 2: tariikhda qoyska	jawaab	Ka Bood
201	Sided u qeexi lahayd xaalada qoyskaaga?	wanaagsan dhex dhexaad liidata	
202	Heerka waxbrasho ee aabaha dhamaystey?	Aan akhrin qorina Dugsi hoose Dugsi dhexe kuliyad jaamacad	
203	Heerka waxbrasho ee hooyadu dhamaysaty?	Aan akhrin qorina Dugsi hoose Dugsi dhexe kuliyad jaamacad	
204	Sidee baad ugu dhowdahay xubnaha qoyskaaga?	Aad ugu dhaw Dhex dhexaad ugu dhaw Aan u dhawayn	
205	Sidee bad ugu dhawdahay xubnaha qoyskaaga?	Aad ugu dhaw	

		Dhex dhexaad ugu dhaw Aan u dhawayn	
206	Ma darentaa in qoyskaagu ku xakameeyo go,aanadada?	Haa May Maraka qaar	
207	Ma aragtey wax tacadi ag ah lagu sameeyey hooyada?	Haa Maya	
208	Hadey haa tahy imise goor?	Badanaa Mararka qaar Dhi dhif Mar naba	
209	Wa maxay dacadiga aad aregtey?	Jidh ahaan Dareen ahaan Galmo ahaan	

S. N	qaybta 3: khibrada galmada	jawaab	kabood
301	Ma kala hadashey cid kale arimaha la xidhiidha caafimadka taranka ?	Haa May	
302	Hadey haa tahay yaad kala hadashey?	walidka saaxibada macaliminta xirfadlaha caafimadka kuwo kle-----	
303	Waligaa galmo ma samaysay?	Haa May	
304	Hadey haa tahay da,daadu intay dhanayd galmadi kugu horeysay?	_____	
305	Marki u horeysay ma lamaano yad la samaysay galmo?	Haa Maya	

306	Guud ahaan imisa sxb ayad galmo la lahayd?	_____	
307	Waligaa ma isticmaashey ka hortaga uurka?	Haa Maya	
308	Hadey haa tahay noocood isticmaashey?	_____	
309	Waligaaa ma heshay adeegyada caafimadka taranka iyo galmada?	Haa Maya	
310	Hadey may tahay sabab?	_____ _____	

S. N	qaybta 4: taarikhda isticmaalka mandooriyaha	jawaab	kagudub
401	Waliga jaad ma cuntay (khat)?	Haa May	
402	Hadey haa tahay intee jeer yad isticmaashaa?	malinkasta todobaadkii mar mar marnaba	
403	Waligaa sigaar ma cabtay?	Haa May	
404	Hadey haa tahay intee jeer?	malinkasta todobaadkii mar mar marnaba	
405	Waligaa khamri ma cabtay(alcohol)?	Haa May	
406	Hadey haa tahay intee gor yad cabtay?	malinkasta todobaadkii mar mar marnaba	

S. N	qaybta 5: arimaha khataraha rabshada galmada	jawaab	Kagudub
501	Ma la kulantay tacadi galmo?	Haa May	
502	Hadey haa tahay intee in le eg ayaad la kulan tay sanadadii hore?	mar 2-5 goor In kabadan 5 goor	
503	Yu ahaa qofkii sameeyey tacadiga galmada?	walidka walal fasalkyga macalinka qof shisheeya ah kiuwo kale(cadee) _____	
504	Wa nocee tacadiga galmo eed la kulantay?	Taabasho aana rabin Dhunkasho qasab ah Is ku day kufsi Kufsi	

		Kuwo kale (cadeee): _____	
--	--	---------------------------------	--

S. N	Part 6: arimaha khataraha jidh dilka	jawaab	Kagudub
601	Waliga ma la kulatay jidh dil?	Haa May	
602	Ha hadey tahay inte in lae eg ayad la kulantay jidh dil?	Mar 2-5 mar In kabadan 5 mar	
603	Yu ahaa qofkii sameeyey jidh dilka ?	walidka walal fasalkyga macalinka qof shisheeya ah kiuwo kale(cadee) _____	
604	Jidh dil nocee ah yaa lagu gaystey?	Garaacid Dharbaaxo laadid	

		ku garaacid shay wax kale (cade): _____	
--	--	---	--

S. N	Part 7: arimaha khataraha rabshadaha dareenka	jawaab	kaood
701	waliga ma lakulantey khataraha rabshadaha dareenka?	Haa May	
702	Hadey haa tahay intee le eg yad la kulantay?	mar 2-5 mar In kabadan 5 mar	
703	Yaa kugu sameeyey rabshada khataraha dareenka	walidka walal fasalkyga macalinka qof shisheeya ah kiuwo kale(cadee) _____	
704	Wa maxay rabshada khataraha dareenka eed la kulantay?	afxumo (tusale., cay, hanajbid)	

		xakamaynta bulshada kasaarista bulshada cabsi galin kuwo kale (cadee): _____	
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S. N	Part8: Ka maqnaanshaha tallaabooyinka maamulka iskuulka	jawaab	kaood
701	Ma ka warqabtaa siyaasadda iskuulka ee ku saabsan rabshadaha ku saleysan jinsiga??	Haa May	
702	Ma iskuulku bixiyay tababar ku filan iyo wax ka qabashada rabshadaha ku saleysan jinsiga??	Haa May	
703	Ma yihiin hababka warbixintu kuwo qarsoodi ah oo sahlan in la isticmaalo?	Haa May	
704	Ma iskuulku si degdeg ah uga jawaabaa warbixinta rabshadaha ku saleysan jinsiga?	Haa May	

7.7 PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM FOR PARTICIPANT WITH AGE OF ≥ 18 YEARS (Amharic version)

ሰላም፣ ስሜ _____ በሃሮማያ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ሁለተኛ ዲግሪ ለሚማረው ተማሪ አብሸር መሃመድ ሶፊ እያጠና ለሚገኘው ጥናት መረጃ ሰብሳቢ ሆኖ በማገልገል ላይ እገኛለው። ስለዚህ ለዚህ ጥናት መረጃ ለመስጠት ፍቃደኛ ስለሆኑ እያመሰገንኩ ሙሉ መረጃውን እስከሰበሰብ ሙሉ ትኩረቶን ከኔ ጋር እንዲሆን በትህትና ጠይቃለው።

የጥናቱ ርዕስ: በሶማሌ ክልል ቀብራዳሃር ከተማ በትምህርት ቤቶች ሴት ተማሪዎች ላይ ለሚደርሱ ጾታን መሰረት ያደረጉ ጥቃቶች መስፋፋት እና ተያያዥ ምክንያቶች አቁሞራጭ ጥናት 2017 አ/ም

የጥናቱ አላማ: የጥናቱ ግኝቶች ለሴት ተማሪዎች ጾታን መሰረት ያደረጉ ጥቃቶችን ለማስወገድ ከፍተኛ አስተዋጽኦ ይኖረዋል። እንዲሁም የጤና አጠባበቅ አቅራቢዎች ከስርአተ ጾታ ጋር በተያያዙ ጉዳዮች በሚገኘው መረጃ መሰረት ላይ እንዲያተኩሩ ምክርቻን እንዲሰጡ ይረዳል። በተጨማሪም የዚህ ጥናት አላማ በህብረተሰብ ጤና በስነተዋልዶ ጤና የማተርስ መርሃ ግብር ላይ መርማሪው ለማሟላት እንደ ከፊል መስፈርት ሆኖ ያገለግላል።

ሂደትና ቆይታ: ለጥናቱ አጋዥ የሆነና አግባብነት ያለው መረጃ ለመሰብሰብ መጠይቅ እስጥሃለው/ሻለው። መጠይቁ 65 ጥያቄዎች ያካተተ ሲሆን ከ20/30 ደቂቃዎችንም ይወስዳል። በመሆኑም ለጥያቄዎቹ የተወሰነ ጊዜ እንድትሰጡኝ በትህትና ጠይቃለው።

አደጋና ጥቅም: በዚህ ጥናት ላይ መሳተፍ አደጋው በታም አናሳ ነው። ከእርሶ ሚጠበቀው ከጊዘያቹ ጥቂት ደቂቃዎችን ብቻ መስጠትን ይጠይቃል። በተጨማሪም በዚህ ጥናት ላይ መሳተፍ ምንም አይነት ክፍያ አይኖረውም። ነገር ግን የዚህ ጥናት ግኝቶች በዚህ ጥናት የተለዩትን ክፍተቶች ለመሙላት በተጨማሪም ለትምህርት ቤቱ እና ለከተማው ጤና ቢሮው ጠቃሚ መረጃዎችን ሊያሳዩ ይችላል።

ሚስጥራዊነት: የሚታቀርቡት መረጃ ሚስጥራዊ ይሆናል። እርሶን በተለየ መልኩ ሚላይ መረጃም አይኖርም። የጥናቱ ግኝቶች ጥናቱ የተካሄደበት አካባቢ የሚያጠቃልሉ እንጂ የግለሰብን የተለየ አመለካከት አያንጸባርቁም። መጠይቁ ስሞችን የማያካትትና ስሞችን የማይጠቅስ ሲሆን በምትኩ በቁጥር ሚላይ ይሆናል። ተሳታፊዎችን ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ማጣቀሻ አይካተቱም።

መብቶች: የዚህ ጥናት ተሳትፎ ሙሉ በሙሉ አፈቃደኝነት ላይ የተመሰረተ ነው። በጥናቱ ለመሳተፍ ሆነ ላለመሳተፍ ሙሉ መብት አልዎት። ለመሳተፍ ከወሰኑ በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አልዎት። መመለስ ፈቃደኛ ያልሆናቸውትን ጥያቄ ያለመመለስ መብትም እንደተጠበቀ ነው።

አድራሻ: ስለጥናቱ አሰራር ወይም ከጥናቱ ጋር የተያያዘ ማንኛውም አይነት ጥያቄ በሚከተለው አድራሻ ማግኘት ይችላሉ የመርማሪው ስልክ ቁጥር +251915224654 (አብሸር መሃመድ ሶፊ)

የኢ.መ.ደ.ል አድራሻ sarmaan2017@gmail.com

በመረጃ ላይ የተመሰረተ የፈቃደኝነት ፍቃድ መግለጫ

የተሳታፊውን መረጃ መሰብሰቢያ ቅጽ አንብቦአለው ተነቦልኛል። የጥናቱ አላማ፣ አካሄዶች፣ ሲጋቶችና ጥቅሞች፣ ምስጢራዊ ጉዳዮችን የመሳተፍ መብቶችን፣ እና ለማንኛውም መጠይቆች አድራሻዎች በግልጽ ተረድቻለው። ግልጽ ባልሆኑ ጉዳዮች ላይ ጥያቄዎችን እንድጠይቅ እድል ተሰቶኛል። በተጨማሪም ከጥናቱ በማንኛውም ጊዜ የመውጣትም ሆነ መመለስ የማልፈልገው ጥያቄ ላለመመለስ መብት እንዳለኝ ተነግሮኛል። ስለዚህ በዚህ ጥናት ላይ በበጎ ፈቃደኝነት ለመሳተፍ ከዚህ በታች በፊርማዬ አረጋግጫለው

የተሳታፊው ስም _____

ቀን _____

ፊርማ _____

7.8 PARTICIPANT INFORMATION SHEET AND INFORMED VOLUNTARY CONSENT FORM FOR A MINOR (Age < 18 years)/VULNERABLE INDIVIDUAL TO BE SIGNED BY HIS/HER LEGALLY COMPETENT REPRESENTATIVE (e.g.: PARENT/GUARDIAN) (Amharic version)

ሰላም፣ ስሜ _____ በሃሮማያ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ሁለተኛ ዲግሪ ለሚሚረው ተማሪ አብሸር መሃመድ ሶፊ እያጠና ለሚገኘው ጥናት መረጃ ሰብሳቢ ሆኖ በማገልገል ላይ እገኛለው። ስለዚህ ለዚህ ጥናት መረጃ ለመስጠት ፍቃደኛ ስለሆኑ እያመሰገንኩ ሙሉ መረጃዎን እስከሰበሰብ ሙሉ ትኩረቶን ከኔ ጋር እንዲሆን በትህትና ጠይቃለው።

የጥናቱ ርዕስ: በሶማሌ ክልል ቀብራዳሃር ከተማ በትምህርት ቤቶች ሴት ተማሪዎች ላይ ለሚደርሱ ጾታን መሰረት ያደረጉ ጥቃቶች መስፋፋት እና ተያያዥ ምክንያቶች አቁሞራጭ ጥናት 2017 አ/ም

የጥናቱ አላማ: የጥናቱ ግኝቶች ለሴት ተማሪዎች ጾታን መሰረት ያደረጉ ጥቃቶችን ለማስወገድ ከፍተኛ አስተዋጽኦ ይኖረዋል። እንዲሁም የጤና አጠባበቅ አቅራቢዎች ክስርአት ጾታ ጋር በተያያዙ ጉዳዮች በሚገኘው መረጃ መሰረት ላይ እንዲያተኩሩ ምክሮችን እንዲሰጡ ይረዳል። በተጨማሪም የዚህ ጥናት አላማ በህብረተሰብ ጤና በስነተዋልዶ ጤና የማተርስ መርሃ ግብር ላይ መርማሪው ለማሟላት እንደ ከፊል መስፈርት ሆኖ ያገለግላል።

ሂደትና ቆይታ: ለጥናቱ አጋዥ የሆነና አግባብነት ያለው መረጃ ለመሰብሰብ መጠይቅ እስጥሃለው/ሻለው። መጠይቁ 65 ጥያቄዎች ያካተተ ሲሆን ከ20/30 ደቂቃዎችንም ይወስዳል። በመሆኑም ለጥያቄዎቹ የተወሰነ ጊዜ እንድትሰጡኝ በትህትና ጠይቃለው።

አደጋና ጥቅም: በዚህ ጥናት ላይ መሳተፍ አደጋው በታም አናሳ ነው። ከእርሶ ሚጠበቀው ከጊዜያዊ ጥቂት ደቂቃዎችን ብቻ መስጠትን ይጠይቃል። በተጨማሪም በዚህ ጥናት ላይ መሳተፍ ምንም አይነት ክፍያ አይኖረውም። ነገር ግን የዚህ ጥናት ግኝቶች በዚህ ጥናት የተለዩትን ክፍተቶች ለመሙላት በተጨማሪም ለትምህርት ቤቱ እና ለከተማው ጤና ቢሮው ጠቃሚ መረጃዎችን ሊያሳዩ ይችላል።

ሚስጥራዊነት: የሚታቀርቡት መረጃ ሚስጥራዊ ይሆናል። እርሶን በተለየ መልኩ ሚላይ መረጃም አይኖርም። የጥናቱ ግኝቶች ጥናቱ የተካሄደበት አካባቢ የሚያጠቃልሉ እንጂ የግለሰብን የተለየ አመለካከት አያንጸባርቁም። መጠይቁ ስሞችን የማያካትትና ስሞችን የማይጠቅስ ሲሆን በምትኩ በቁጥር ሚላይ ይሆናል። ተሳታፊዎችን ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ማጣቀሻ አይካተቱም።

መብቶች: የዚህ ጥናት ተሳትፎ ሙሉ በሙሉ አፈቃደኝነት ላይ የተመሰረተ ነው። በጥናቱ ለመሳተፍም ሆነ ላለመሳተፍ ሙሉ መብት አልዎት። ለመሳተፍ ከወሰኑ በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አልዎት። መመለስ ፊቃደኛ ያልሆናቸውትን ጥያቄ ያለመመለስ መብት እንደተጠበቀ ነው።

አድራሻ: ስለጥናቱ አሰራር ወይም ከጥናቱ ጋር የተያያዘ ማንኛውም አይነት ጥያቄ በሚከተለው አድራሻ ማግኘት ይችላሉ የመርማሪው ስልክ ቁጥር +251915224654 (አብሸር መሃመድ ሶፊ)

የኢ.መ.ደ.ል አድራሻ sarmaan2017@gmail.com

በመረጃ ላይ የተመሰረተ የፈቃደኝነት ፍቃድ መግለጫ

የተሳታፊውን መረጃ መሰብሰቢያ ቅጽ አንብቦአለው ተነቦልኛል። የጥናቱ አላማ፣ አካሄዶች፣ ሲጋቶችና ጥቅሞች፣ ምስጢራዊ ጉዳዮችን የመሳተፍ መብቶችን፣ እና ለማንኛውም መጠይቆች አድራሻዎች በግልጽ ተረድቻለው። ግልጽ ባልሆኑ ጉዳዮች ላይ ጥያቄዎችን እንድጠይቅ እድል ተሰቶኛል። በተጨማሪም ከጥናቱ በማንኛውም ጊዜ የመውጣትም ሆነ መመለስ የማልፈልገው ጥያቄ ላለመመለስ መብት እንዳለኝ ተነግሮኛል። ስለዚህ በዚህ ጥናት ላይ በበጎ ፈቃደኝነት ለመሳተፍ ከዚህ በታች በፈርማዬ አረጋግጫለው

(እድሜው ከ15-17 አመት ከሆነ የተረጋገጠ ስምምነት)

የተሳታፊው ስም _____

ቀን _____

ፊርማ _____

7.9 Questionnaire (Amharic version)

ክፍል 1: ሶሺዮ-ስነ-ህዝባዊ ባህሪያት

ቁጥር	ጥያቄዎች	መልስ	ዝላል
101	እድሜህ ስንት ነው?		
102	የእርስዎ ጾታ ምንድን ነው?	ወንድ ሴት	
103	ያጠናቀቁት ከፍተኛ የትምህርት ደረጃዎ ስንት ነው?	መሃይም ዋና ሁለተኛ ደረጃ ኮሌጅ ዩኒቨርሲቲ	
104	ሃይማኖትህ ምንድን ነው?	እስልምና ክርስትና ሌላ	
105	ብሄርህ ምንድን ነው?		
106	የጋብቻ ሁኔታዎ ምን ያህል ነው?	ነጠላ ያገባ የተፋታ ባል የሞተባት	
107	ወርሃዊ ገቢዎ ስንት ነው?		
108	በአሁኑ ጊዜ ከማን ጋር ነው የሚኖሩት?	ብቻውን ከቤተሰብ ጋር ከትዳር ጓደኛ ጋር ሌላ	
109	የመኖሪያ ቦታዎ ምንድን ነው? አይተገበርም።	ከተማ ገጠር	
110	የትዳር ጓደኛዎ የትምህርት ደረጃ ምን ያህል ነው?	መሃይም ዋና ሁለተኛ ደረጃ ኮሌጅ ዩኒቨርሲቲ	
111	ሥራህ ምንድን ነው?		

112	የትዳር ጓደኛዎ ይሠራል?	አዎ አይ አይተገበርም።	
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ክፍል 2: የቤተሰብ ታሪክ

ቁጥር	ጥያቄዎች	መልስ	ዝላል
201	የቤተሰብዎን ሁኔታ እንዴት ይገልጹታል?	ጥሩ ፍትሃዊ ድሆች	
202	በአባትዎ የተጠናቀቀው ከፍተኛው የትምህርት ደረጃ ምንድነው?	መሃይም ዋና ሁለተኛ ደረጃ ኮሌጅ ዩኒቨርሲቲ	
203	በእናትዎ የተጠናቀቀው ከፍተኛው የትምህርት ደረጃ ምንድነው?	መሃይም ዋና ሁለተኛ ደረጃ ኮሌጅ ዩኒቨርሲቲ	
204	ከቤተሰብዎ አባላት ጋር ምን ያህል ቅርብ ነዎት?	በጣም ቅርብ በመጠኑ ዝጋ አልተዘጋም።	
205	ከቤተሰብዎ አባላት ጋር ምን ያህል ቅርብ ነዎት?	በጣም ቅርብ በመጠኑ ዝጋ አልተዘጋም።	
206	ቤተሰብዎ ውሳኔዎን እንደሚቆጣጠር ይሰማዎታል?	አዎ አይ በመጠኑ	
207	በእናትህ ላይ ጥቃት አይተህ ታውቃለህ?	አዎ አይ	
208	አዎ ከሆነ፣ በየስንት ጊዜው?	ብዙ ጊዜ አንዳንድ ጊዜ	

		አልፎ አልፎ በጭራሽ	
209	ያዩት ግፍ ምን አይነት ነበር?	አካላዊ ስሜታዊ ወሲባዊ	

ክፍል 3: የወሲብ ልምድ

ቁጥር	ጥያቄዎች	መልስ	ዝላላ
301	ስለ ተዋልዶ ጤና (RH) ጉዳዮች ከማንም ጋር ተወያይተህ ታውቃለህ?	አዎ አይ	
302	አዎ ከሆነ፣ ከማን ጋር?	ወላጆች እኩዮች አስተማሪዎች የጤና እንክብካቤ አቅራቢዎች ሌላ	
303	የግብረ ሥጋ ግንኙነት ፈጽመህ ታውቃለህ?	አዎ አይ	
304	አዎ ከሆነ፣ በመጀመሪያ በየትኛው ዕድሜ ላይ ነው የግብረ ሥጋ ግንኙነት የፈጸሙት?		
305	የመጀመሪያው የግብረ ሥጋ ግንኙነት ስምምነት ነበር?	አዎ አይ	
306	በድምሩ ስንት የወሲብ አጋሮች ነበሩዎት?		
307	የወሊድ መከላከያ ተጠቅመህ ታውቃለህ?	አዎ አይ	
308	አዎ ከሆነ፣ የትኛውን ዓይነት የወሊድ መከላከያ ተጠቅመዋል?		
309	የጾታዊ እና የስነ ተዋልዶ ጤና አገልግሎቶችን አግኝተው ያውቃሉ?	አዎ አይ	
310	አይደለም ከሆነ ለምን አይሆንም?		

ክፍል 4: ሱስ አጠቃቀም ታሪክ

ቁጥር	ጥያቄዎች	መልስ	ዝላል
401	ጫት (ጫት) ተጠቅመህ ታውቃለህ?	አዎ አይ	
402	አዎ ከሆነ፣ ምን ያህል ጊዜ ይጠቀማሉ?	በየቀኑ በየሳምንቱ አልፎ አልፎ በጭራሽ	
403	ሲጋራ አጨስህ ታውቃለህ?	አዎ አይ	
404	አዎ ከሆነ፣ በየሰንት ጊዜ ያጨሳሉ?	በየቀኑ በየሳምንቱ አልፎ አልፎ በጭራሽ	
405	አልኮል ጠጥተው ያውቃሉ?	አዎ አይ	
406	አዎ ከሆነ፣ በየሰንት ጊዜ አልኮል ትጠቀማለህ?	በየቀኑ በየሳምንቱ አልፎ አልፎ በጭራሽ	

ክፍል 5: ለጾታዊ ጥቃት ምላሽ የሚያጋልጡ ምክንያቶች

ቁጥር	ጥያቄዎች	መልስ	ዝላል
501	ወሲባዊ ጥቃት አጋጥሞህ ያውቃል?	አዎ አይ	
502	አዎ ከሆነ፣ ባለፈው ዓመት ውስጥ ምን ያህል ጊዜ ወሲባዊ ጥቃት አጋጥሞዎታል?	አንድ ጊዜ 2-5 ጊዜ ከ 5 ጊዜ በላይ	
503	የጾታዊ ጥቃት ፈጻሚው ማን ነበር?	ወላጅ ወንድም እህት የክፍል ጓደኛ መምህር እንግዳ	

		ሌላ (እባክዎ ይግለጹ): _____	
504	ምን አይነት ወሲባዊ ጥቃት አጋጥሞሃል?	የማይፈለግ መንካት የግዳጅ መሳም የመደፈር ሙከራ መደፈር ሌላ (እባክዎ ይግለጹ): _____	

ክፍል 6: ለአካላዊ ጥቃት አስጊ ሁኔታዎች

ቁጥር	ጥያቄዎች	መልስ	ዝላል
601	አካላዊ ጥቃት አጋጥሞህ ያውቃል?	አዎ አይ	
602	አዎ ከሆነ፣ ባለፈው ዓመት ምን ያህል ጊዜ አካላዊ ጥቃት አጋጥሞዎታል?	አንድ ጊዜ 2-5 ጊዜ ከ 5 ጊዜ በላይ	
603	አካላዊ ጥቃት የፈፀመው ማን ነበር?	ወላጅ ወንድም እህት የክፍል ጓደኛ መምህር እንግዳ ሌላ (እባክዎ ይግለጹ): _____	
604	ምን አይነት አካላዊ ጥቃት አጋጥሞሃል?	መምታት በጥፊ መምታት እርግጫ በእቃ መምታት ሌላ (እባክዎ ይግለጹ): _____	

ክፍል 7: ለስሜታዊ ጥቃት መልስ የሚያጋልጡ ምክንያቶች

ቁጥር	ጥያቄዎች	መልስ	ዝላል
701	ስሜታዊ ጥቃት አጋጥሞህ ያውቃል?	አዎ አይ	
702	አዎ ከሆነ፣ ባለፈው ዓመት ምን ያህል ስሜታዊ ጥቃት አጋጥሞዎታል?	አንድ ጊዜ 2-5 ጊዜ ከ 5 ጊዜ በላይ	
703	የወላጅ ስሜታዊ ጥቃት ፈጻሚው ማን ነበር።	ወንድም እህት የክፍል ጓደኛ መምህር እንግዳ ሌላ (እባክዎ ይግለጹ): _____	
704	ምን ዓይነት ስሜታዊ ሁከት አጋጥሞሃል?	የቃላት ስድብ (ለምሳሌ፡ ስድብ፣ ዛቻ) የስነ-ልቦና ማጭበርበር ማህበራዊ መገለል ማስፈራራት ሌላ (እባክዎ ይግለጹ): _____	

Part8: በትምህርት ቤት ዉስጥ ሲለሚገኙ አስተዳደራዊ እርምጃዎች	መልስ	ዝላል
ስለ ትምህርት ቤቱ ጾታዊ ጥቃት ፖሊሲ ግንዛቤ አልዎት	አዎ አይ	
ጾታዊ ጥቃትን በተመለከተ በትምህርት ቤቱ በኩል ስልጠና ወስደሽ ታውቁያለሽ	አዎ አይ	
መረጃ ማቀባያ ዘዴውና ሂደቱ ሚስጥሩ የተጠበቀና ለመጠቀም ምቹ ነው ብለው ያስባሉ	አዎ አይ	
ትምህርት ቤቱ ጾታዊ ጥቃቶችን ለመዘገብ በፍጥነት ይሰማራል?	አዎ አይ	