

Prevalence and Severity of Domestic Violence against Women and Girls during COVID-19 Pandemic in Selected Urban Areas of Harari Region and East Hararghe Zone

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Article History: Received: June 4, 2021; Accepted: September 6, 2021; Published: December 15, 2021

Abstract: The purpose of this study was to investigate the prevalence and severity of domestic violence against women and girls during COVID-19 pandemic in selected urban areas of Harari region and East Hararghe Zone of the Oromia region. A mixed research approach was used. While key informants were selected purposively, a total of 382 respondents were selected employing simple random sampling technique. Questionnaire and key informant interview were used to collect quantitative and qualitative data, respectively. Besides, both published and unpublished documents were consulted for secondary data. The quantitative data were analyzed using descriptive and inferential statistics. In addition, thematic analysis was used to analyze the qualitative data. The finding of the study revealed that domestic violence against women and girls was prevalent (about 76.2% were affected) and its severity increased at an alarming rate during the COVID-19 pandemic. The common violence increased during the pandemic was psychological and physical violence committed almost every month mainly by husbands and close relatives. Haramaya town was identified with a prevalent and severe domestic violence during the pandemic as compared to other study sites. Accordingly, the study recommends that the Women, Children, and Youth Affairs Office of the selected towns should work in collaboration with gender focal persons, judicial bodies, local communities and women/girls in creating awareness about domestic violence and taking appropriate corrective measures when it occurs. Besides, a gender special task force must be in place to effectively follow up and respond to domestic violence related issues in each town.

Keywords: COVID-19; Domestic violence; Girls; Women

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1. Introduction

First seen in Wuhan, China, the COVID-19 pandemic has been recognized as a global public health emergency by the World Health Organization (WHO) after cases had started to be seen outside China in less than two months (Federal Ministry of Health [FMOH], 2020). The disease spreads rapidly and unpredictably on a global scale and causing huge stress on all activities especially in the health systems of all countries in the world. This is an unprecedented crisis that will exaggerate the existing inequality in the world (Kosovo Women's Network, 2020). Although all countries in the world are being affected by the pandemic COVID-19, developing countries and countries in humanitarian crisis suffer the most.

Africa's first COVID-19 case was recorded in Egypt on 14 February 2020. As the number of people with COVID-19 in Africa continues to rise, between 300,000 and 3.3 million African people could lose their lives as a direct result of COVID-19. Africa is particularly susceptible because over 56 % of the population is concentrated in overcrowded, low health facilities, weak economies and social activities (UN Economic Commission for Africa, 2020). Ethiopia has confirmed the first COVID-19 on March 13, 2020 in Addis Ababa and then is spread rapidly to regions.

In response to the global crises caused by the pandemic, unprecedented measures have been taken by local, national and international governments. These include preventive physical distancing, restriction of movement of people, confinement of entire cities, regions and countries, as well as the temporary closure of formal and informal activities (United Nations Development Programme [UNDP], 2020; United Nations Children's Fund, 2020). Consequently, the daily lives of people have been dramatically disrupted (UNDP, 2020) - especially the deprived ones under the normal conditions like women, girls, children and old people. This is due to the fact that, even though the disease does not discriminate, measures that states have put in place to respond to the pandemic are often discriminatory in the way they are developed, formulated, implemented and measured and have little to no inclusion of a gender lens (United Nations Human Rights Commission and African Union, 2020). As result, the pandemic affects women and girls by increasing the previously existed inequalities.

Violence against women and girls is one of the most systematic and widespread human rights violations and is a major obstacle to ending gender inequality and discrimination globally. It is

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations General Assembly Resolution 48/104, 1993: 3).

Hence, domestic violence, in the current study, is considered as any form of violent/abusive behavior or action against a partner and family member/s at home.

Globally, over 243 million worldwide women and girls of all ages are subjected to violence (Walby *et al.*, 2017). Similarly, one in three women have experienced some form of Gender based violence (GBV) globally (Inter-Agency Standing Committee [IASC], 2020). The ongoing COVID-19 pandemic exponentially aggravates the threat of violence since family members spend more time in close contact and many women and girls are being forced to 'lockdown' at home with their abusers (Peterman, *et al.*, 2020; United Nations Office on Drugs and Crime, 2020; WHO, 2020). Studies showed that domestic violence has increased in several countries. As of mid-March 2020, reports from Australia, Brazil, Argentina, Canada, Germany, Spain, United Kingdom, Cyprus, Singapore, China and the United States suggest an increase in domestic violence. In France, cases of domestic violence have increased by 30% (Wanqing, 2020, cited in Peterman *et al.*, 2020; United Nations Office on Drugs and Crime, 2020; UN Women, 2020). Therefore, it is imperative to make an investigation on the prevalence and severity of domestic violence on women and girls in Harari region and East Hararghe Zone of Oromia region during the COVID-19 pandemic.

This is clear that from the past experiences, countries that faced outbreaks such as the Ebola virus, Severe Acute Respiratory Syndrome (SARS) and HIV have revealed that the most vulnerable are

disproportionately affected not only by the pandemic but also by government responses to it (IASC, 2020; UNDP, 2020). Gender norm and pre-existing inequalities disproportionately impact women and girls in emergencies of COVID-19, including violence and insecurity, healthcare responses, access to accurate official information and public service announcements, access to livelihoods and resources, as well as the social, economic and territorial environment (UNDP, 2020; IASC, 2020). Many countries in East and Southern Africa experience very high GBV rates with preliminary reports from some countries indicating that the incidence has increased during the COVID-19 pandemic (United Nations Women and United Nations Population Fund [UNFPA], 2021). As governments divert resources to deal with the public health crisis, safety, security and access to justice services will no longer be readily available to victims of domestic violence (UNODC, 2020; UN Economic Commission for Africa, 2020).

COVID-19 is the latest humanitarian challenge faced by the government of Ethiopia and humanitarian partners in the country. On 13 March 2020, the first case was confirmed. Then, on 16 March and 8 April 2020, the government announced several measures, many of which focus on efforts to minimize the loss of lives and avoid overwhelming health systems. For their part, regional authorities have imposed strict preventive measures like physical distancing, limiting movement of people and border closures, confinement of entire cities, regions and countries as well as the temporary closure of formal and informal activities limiting population gatherings and movements within and between regions (Office for the Coordination of Humanitarian Affairs [OCHA], 2020). This dramatically disrupted relief operations and life-saving.

Moreover, measures placed were not gender sensitive and as a result aggravated gender-based violence in the country. Currently, persons with COVID-19 are increasing at an alarming rate in the country and across regions and people are being affected indiscriminately. That means, women are also at risk of the disease but they have additional risks associated with the pandemic. Before the pandemic (under normal conditions), women and girls have already been suffering from domestic violence and the country lacks good health and counseling /guidance facilities for the victims. For instance, a systematic review on domestic violence conducted in Ethiopia before the pandemic indicated that domestic violence is a common phenomenon ranging from 20% to 78% (Semahegn and Mengistie, 2015). Another study revealed that women's favorable attitude toward justifiable wife-beating, exacerbated by traditional gender-norms, has declined from 81% to 69%. However, this is still unacceptably high (Ellsberg *et al.*, 2008, cited in Semahegn, Torpey, Manu, Assefa and Ankomah, 2019). A study by Bekele, van Aken and Dubas, (2011), using 764 secondary school girls in East Ethiopia, also showed that about 68% sample respondents had experienced at least one instance of sexual violence victimization, about 52% had experienced at least one instance of sexual offence, 56% sexual assault, 25% sexual coercion, and 15% sexual aggression. Moreover, a study by Shanko, Wolday, Assefa and Aro (2013) in Kersa district of East Haraghe found that the 166 women (100%) who ever experienced violence had encountered verbal insults, 85.5% in which this figure is expected to increase 25%-40% or above during the pandemic crisis if appropriate measures are not in place.

In the national context, there are some reports and studies that tried to assess the socio-economic impacts of the pandemic. Yet, it is possible to argue that there are few studies or documents that show the contribution of the pandemic in the increment of violence against women and girls. For instance, a study conducted on intimate partners violence in Dessie city administration and in Aksum town found that the overall prevalence of violence against women increased during the pandemic (Tadesse, Tarekegn, Wagaw, Muluneh, and Kassa, 2022; Gebrewahd, Gebremeskel, and Tadesse, 2022). Furthermore, a report by WHO and countries attacked by the COVID-19 pandemic revealed that women and girls suffered from the intensification of violence. Therefore, the main purpose of the study was to assess the forms of domestic violence women and girls experienced during COVID-19 pandemic, investigate the prevalence of domestic violence, and examine the severity of domestic violence against women and girls during COVID-19 pandemic in the Harari region and East Hararghe

zone. The study was believed to bring about clear pictures of the problem and suggest sound recommendations for the concerned bodies to enable them to make informed and organized decisions, and put in place gender sensitive measure to respond to the unfavorable impacts of COVID-19 pandemic on women and girls. The study attempts to answer the following research questions: What kinds of domestic violence women and girls experienced during COVID-19 pandemic? Did COVID-19 exacerbate the incidence of domestic violence on women and girls? Did COVID-19 pandemic worsen the severity of domestic violence against women and girls?

2. Research Methods

2.1. Research Design

A research design refers to both the approach and the research methods to be implemented while conducting a study (Creswell, 2012). Therefore, a descriptive cross-sectional research design along with a mixed research approach was used in this study to collect and analyze both quantitative and qualitative data in combined manner. Doing this helped the researchers to overcome the weaknesses of each method.

2.2. Target Population and Sampling Frame

The study population was women and girls who are living in Harar city and the selected towns of East Haraghe zone (Haramaya and Babile towns). The sampling frame was constructed from the *kebeles*' (the lowest administrative unit next to district/*wereda*) household registry to get sample from each selected household that hosted girls aged 15 -19 and women aged 20 and above . The main reason this study focused only on women and girls lived in the aforementioned urban area was that, though COVID-19 affects all human beings without any discrimination, majority of the people who live in the selected areas were at home due to the lockdown (as they are civil servants) and this highly contributed for frequent domestic violence on women and girls.

2.3. Sampling Procedure, Sampling Technique and Sample Size

As part of the sampling procedure, the study employed both probability (simple random and systematic random) and non-probability (purposive) sampling techniques for the selection of the sample units. Accordingly, purposive sampling technique was used to select the towns, namely Haramaya, Harar, and Babile. These towns were selected for the fact that they are better in terms of having more civil servants (office workers) who were forced to remain at home during the pandemic. Besides, these towns have district/*wereda* offices that have potential for documentation of the practices of violence against women and girls. Next, simple random sampling technique was employed to choose kebeles and households from each town in which sample size for each were determined proportionally to the number of kebeles and households within each town. After the sampling frame was constructed (preparing lists for women and girls selected from each household, for girls aged 15 -19 and women 20 and above years old), systematic random sampling technique was employed to choose final sample respondents by assuming that at least one girl aged 15–19 is found in a household. In cases of households with more than one eligible respondent, only one respondent was selected using a lottery method. Then, the number of final respondents was determined using Yemane's (1973), formula $n = \frac{N}{1 + N(e^2)}$ where n = the sample size, N = 8537 (the size of actual population), and e = 5%, the error of margin or level of precision at 95 % confidence level. Accordingly, the sample size was $n = 382$ and stratified into women and girls equally in which 154 (40.3%) were taken from Babile town, 128 (33.5%) from Haramaya town, and 17 (4.5%), 26 (6.8%), and 57 (14.9%) were taken from Abadir, Amirnur and Hakim districts of Harar city, respectively. The samples were proportionally taken from the total number of households found in each town and district.

Besides the sample for quantitative data, participants were selected for qualitative data using purposive sampling technique. Accordingly, 6 key informants from Women Children and Youth

Affairs Office of the three towns (2 from each town— 1 head of office and 1 gender expert of the office), and 3 key informants from Labor and Social Affairs Office of each town (1 from each town) were selected. These key informants were selected based on their firsthand information/knowledge about the issue under consideration.

2.4. Data Types and Sources

Both primary and secondary data were used in this study in which the primary data were collected from sample respondents using questionnaire and interview whereas the secondary data were collected from relevant guidelines and training materials of WHO, international and national documents/policies, previous studies, and other relevant documents related to the study.

2.5. Data Collection Instruments, Procedures, and Quality Control

Questionnaire: Structured questionnaire modified from different documents and literature was used to collect the required data. The questionnaire was first prepared in English and then translated into Afan Oromo and Amharic languages, and administered with the help of the supervisors/researchers and data collectors. To ensure its clarity, understandability, completeness and objective-based nature, the drafted questionnaire was thoroughly assessed by the investigators, gender professionals and pilot tested with 15 randomly selected respondents (not part of the sample population) before the actual data collection. Then, the final questionnaire was administered to the participants. The questioner had different items like demographic characteristics of respondents, and COVID-19 and domestic violence related variables.

Key informant interview guide: Key informant interviews were conducted with key informants, from Women Children and Youth Affairs Office, and Labor and Social Affairs Office of the selected towns, who were selected purposively (based on their proximity to the subject under consideration and their first-hand information about the same). This data collection tool was employed to make face to face in-depth discussion with these well-informed participants. Moreover, the interview revolved around the key research questions to ensure the certainties of data collected using questionnaire.

2.6. Data Processing and Analysis

The collected data were checked for completeness and accuracy. Next, the data were cleaned, coded, and entered into excel and imported into statistical package for the social sciences (SPSS) version 16 software and organized for analysis. To achieve the objectives of the study, both descriptive and econometric models were used. Descriptive statistics expressed in terms of percentage and frequency was employed to describe demographic characteristics of the respondents, and forms, incidence and severity of domestic violence. On the other hand, cross-tabulation, together with chi-square test, was used to clearly map out the relationship between categorical variables. In addition, multivariate regression model was used to draw how much given variables in each group were affected by COVID-19. Besides, this model was used to look how much a variable within a group is affected by domestic violence as result of the pandemic. Moreover, qualitative data obtained through key informant interview was analyzed thematically in which similar and dissimilar concepts were sorted out.

3. Results and Discussions

3.1. Results and Discussions of Descriptive Statistics

Table 1. Socio-demographic characteristics of respondents (N = 382)

Socio-demographic characteristics	Frequency	Percent
Age		
15-19	191	50.0
20-30	75	19.6
31-40	84	22.0
41-50	18	4.7
51-60	9	2.4
above 60	5	1.3
Marital status		
Single	188	49.2
Married	167	43.7
Divorced	8	2.1
Widowed	10	2.6
Separated	9	2.4
Relationship status		
Formally married	151	39.5
Cohabiting	43	11.3
Not applicable (N/A)	188	49.2
Family size		
1-2	36	9.4
3-5	197	51.6
6-8	102	26.7
9-11	42	11.0
12-14	4	1.0
15 and above	1	.3
Educational status		
Cannot read and write	70	18.3
Certificate	38	9.9
Diploma	75	19.6
BSc/ BA	51	13.4
MSc/ MA	6	1.6
Others	142	37.2
Main occupation		
House wife	79	20.7
Student	140	36.6
Daily laborer	21	5.5
Street vendor	49	12.8
Government employed	63	16.5
NGO employed	23	6.0
Farming	7	1.8
Household head		
Husband	259	67.8
Wife	62	16.2
Joint (husband and wife)	34	8.9
Daughter	23	6.0
Others ¹	4	1.0

Source: Survey, 2020

¹ Refers to family members outside husband, wife, and their daughter

As indicated in Table 1, 191 (50.0 %) of respondents lied in the age range of 15-19 (who were identified as girls), and the remaining 191 (50.0%) are women in which 75 (19.6 %), 84 (22.0%) 18 (4.7%), 9 (2.4%) and 5 (1.3%) fall in the age range of 20-30, 31-40, 41-50, 51-60 and above 60, respectively. Regarding marital status, about 188 (49.2%) are single whereas 167 (43.7%), 8 (2.1%), 10 (2.6%) and 9 (2.4%) of the respondents were married, divorced, widowed and separated, respectively. Of these, most of them, i.e. 151 (39.5%), are formally married and 43 (11.3%) had cohabiting relationships.

When we look at the family size of the respondents, 36 (9.4%), 197 (51.6%), 102 (26.7%), 42 (11.0 %), 4 (1%) and 1(.3%) of respondents have family size that ranges between 1-2, 3-5, 6-8, 9-11, 12-14, and 15 and above, respectively. As per the data in Table 1, large number, i.e. 142 (37.2%), of the respondents did not complete primary and secondary schools, 70 (18.3%), 38 (9.9%), 75 (19.6%), 51 (13.4%) and 5 (1.6%) of the respondent can't read and write, have certificate, diploma, BSc/ BA, MSc/ MA, respectively. It was also identified that about 79(20.7%), 140(36.6%), 21(5.5%), 49(12.8%), 63(16.5%) 23(6.0%) and 7(1.8%) of the sample respondents are housewives, students, daily laborers, street vendors, government and non-government employees and farmers, respectively. Moreover, 259 (67.8%), 62(16.2%), 34(8.9%) 34(6%) 4(1%) of respondents replied that the head of the household in their family is husband / father, mother, jointly by husband and wife, and daughter, respectively. Therefore, from the above result, it can be inferred that half of the study sample were women (formally married) with more than two family members, most of the respondents were students, the respondents did not complete primary and secondary schools, and the head of the household in almost all households were husbands/fathers in the study areas.

3.1.1. Common forms of domestic violence women and girls experienced during COVID-19 pandemic and the perpetrators

Table 2. Forms of domestic violence and the perpetrators (N= 382)

Items	Response	Freq.	Percent
Have you ever experienced domestic violence over the past 8 months?	Yes	291	76.2
	No	91	23.8
Kinds of domestic violence experienced by women and girls	Beating	67	17.5
	Insult	81	21.2
	Intimidation	66	17.2
	Rape	29	7.6
	Unwanted touch	32	8.4
	Others	16	4.2
	N/A	91	23.8
The perpetrator of domestic violence in the past 8 months	Husband	109	28.5
	Father	29	7.6
	Mother*	7	1.8
	Brother	18	4.7
	Sister*	4	1.0
	Closer partner /relative	56	14.7
	Neighbor	25	6.5
	Others	43	11.3
	N/A ²	91	23.8

*Rape and unwanted touch do not refer to mothers and sisters.

Source: Survey, 2020

² Not applicable

The results in Table 2 indicate that 291(76.2%) of the respondents experienced domestic violence and the remaining 91 (23.8%) did not experience domestic violence during the COVID-19 pandemic. The result also indicated that more than 65% of the respondents experienced insult, beating, and intimidation with unwanted touch, rape, and other forms of domestic violence taking the second position. This violence was committed on the respondents mainly by their husbands (28.5%), close partner/ relatives (14.7%), others (11.3%), and fathers (7.6%). From this result, it is plausible to conclude that most of the perpetrators of domestic violence were people who had closer/intimate relationships with women and girls. Supporting this, UN women identified that most perpetrators include neighbors (30%), other community members (30%), friends (24%), and family members (18.3 %) (UNW, 2020).

3.1.2. Prevalence of domestic violence against women and girls during COVID-19 pandemic

Table 3. Prevalence of domestic violence against women and girls during COVID-19 pandemic (N = 382)

Items	Reply	Freq.	Percent
Did you experience domestic violence frequently over the past 8 months?	Yes	291	76.2
	No	91	23.8
How do you rate its frequency?	Every day	84	22.0
	Every other day	26	6.8
	Every week	59	15.4
	Every month	111	29.1
	Others	11	2.9
	N/A	91	23.8
Which type of domestic violence increased over the past 8 months?	Physical	84	22.0
	Sexual	26	6.8
	Psychological	173	45.3
	Psychological and sexual	8	2.1
	N/A	91	23.8

Source: Survey, 2020

Regarding the increment of domestic violence in frequency during the pandemic, about 291(76.2%) of respondents replied that it was frequent. And this is consistent with a review in 2021 Humanitarian actions on 68 countries made by United Nations Population Fund (UNFPA). The review found out that more than 1 in 3 women and girls globally experience violence in their lifetime with significantly increased incidence (UNFPA, 2021) giving rise to the GBV 'shadow pandemic' (IASC, 2020; UN women and UNFPA, 2021: 13). In a similar fashion, the report of WB (2020) identified that the likelihood that women in an abusive relationship and their children are exposed to violence is dramatically increased. Moreover, an assessment of UN Women (2020) on the impact of COVID-19 on women and men found that 69.2% of women were significantly more likely than men (56.2%) to feel that GBV is a big problem in Ethiopia, with similar percentages thinking that it has increased during COVID-19. As indicated in Table 3, most of the respondents rated the frequency of occurrence of domestic violence as every month (29.1%) and every day (22%) followed by those who indicated its occurrence as every week (15.4%). This indicates that domestic violence was prevalent during the pandemic. Supporting this finding, a review of articles by Mittal and Singh (2020) indicated that there is an alarming increase in various types of gender-based violence during the outbreak of COVID-19

pandemic. UN women (2020) also found that violence happens very often and that was confirmed by about 56.5% of women and 41.8% of men. At the same time, violence against women and girls increased to 60-80% in Ethiopia and 67-99% in South Africa during the pandemic (UN women and UNFPA, 2021).

Moreover, the result in Table 3 indicated that violence such as psychological (45.3%) and physical (22%) took the lion's share in the study area followed by sexual violence (6.8%). The finding of this study showed a higher increment in the forms of domestic violence than the findings of previous study by Tadesse *et al.* (2022) which indicated that women experienced 11%, 20%, and 13.8% of physical, psychological, and sexual violence, respectively. On the other hand, unlike the UN Women (2020) report in which women (25.1%) were identified more likely than men (21.7%) to experience sexual harassment, the finding of the current study showed less increment in sexual abuse (6.8%). Moreover, the finding of the current study is in line with previous study that found psychological violence as the predominant type of violence (Gebrewahd *et al.*, 2020). Therefore, from the result and discussion above, it can be safely inferred that domestic violence was prevalent during the pandemic in which most of the time women and girls are thrashed, insulted, intimidated, raped, and touched their private body parts without their consent during the COVID-19 pandemic. The common types of violence that increased in frequency during the pandemic in the study areas were psychological and physical violence committed every month mainly by husbands and close relatives.

3.1.3. Severity of domestic violence against women and girls during COVID-19 pandemic

Table 4. Severity of domestic violence against women and girls during the COVID-19 pandemic (N= 382)

Items	Reply	Frequency	Percentage
Did the severity of domestic violence increase over the past 8 months?	Yes	259	67.8
	No	123	32.2
If yes, how do you rate the severity of domestic violence committed against you?	Mild	51	13.4
	Moderate	107	28.0
	Severe	101	26.4
	N/A	123	32.2

Source: Survey, 2020

Table 4 indicated that about 259(67.8%) of respondents confirmed that the severity of domestic violence against women and girls increased during COVID-19 while the remaining 123(32.2%) respondents did not rate it as severe. The result from the analysis also revealed that the majority of the respondents (28% and 26.4%) rated the severity of domestic violence they experienced as severe and moderate, respectively with 13.4% of the respondents who rated it as mild. Averagely, about 208(54.4%) of the respondents experienced moderate and severe domestic violence during the pandemic. Previous study also showed that COVID -19 crises can exacerbate the kinds of risk exposures women and girls face (Bhalotra *et al.*, 2019, cited in Carleigh, Megan, Julia, and Shelby, 2021). Moreover, UN women found that about 26% of respondents replied that the severity of domestic violence has decreased and 14% indicated that severity of violence is increased in Ethiopia (UN women, 2020). At the initial stage of the pandemic, UNFPA projected that, if the lockdown continues for 6 months, 31 million additional gender-based violence cases can be expected, for every 3 months the lockdown continues, an additional 15 million cases of gender-based violence are expected. The COVID-19 pandemic is also expected to increase levels of violence (UNFPA, 2020). Hence, from the above results and discussion, one can conclude that during the COVID-19, the severity of domestic violence against women and girls increased at an alarming rate.

3.2. Results and Discussions of Inferential Statistics

3.2.1. Prevalence and severity of domestic violence in relation to socio-demographic characteristics of respondents

Table 5. Association between socio-demographic characteristics of respondents and domestic violence (N= 382)

Prevalence and severity of domestic violence	Variables	Value	df	Asymp.sig.	Symmetric measure (Cramer's V)	Exact sig.(2 side)	Exact sig.(1 side)	Point probability
Experience of domestic violence during the COVID-19 pandemic	City	17.446	4	.002	.214	.001	.493	.007
	Age	10.457	5	.063	.165	.058	.015	.003
	Marital status	5.411	4	.248	.199	.252	.087	.018
	Relationship status	7.689	2	.021	.142	.021	.061	.012
	Family size	14.300	5	.014	.193	.008	.112	.021
	Educational status	16.246	5	.006	.026	.005	.000	.000
	Main occupation	16.335	6	.012	.207	.010	.117	.012
	Household head	8.607	4	.072	.150	.066	.957	.490
Prevalence of domestic violence	City	16.622	4	.002	.209	.002	.001	.000
	Age	3.668	5	.598	.908	.607	.074	.014
	Marital status	3.874	4	.423	.101	.437	.351	.052
	Relationship status	6.128	2	.047	.127	.047	.234	.037
	Family size	8.137	5	.149	.146	.142	.165	.033
	Educational status	5.344	5	.375	.188	.375	.140	.011
	Main occupation	6.552	6	.364	.131	.363	.404	.028
	Household head	3.204	4	.524	.092	.525	.471	.050
Severity of domestic violence	City	9.343	4	.053	.156	.052	.012	.001
	Age	7.873	5	.163	.144	.159	.177	.024
	Marital status	4.454	4	.348	.108	.355	.103	.022
	Relationship status	6.818	2	.033	.134	.032	.132	.023
	Family size	14.066	5	.015	.192	.010	.310	.043
	Educational status	5.133	5	.400	.116	.403	.066	.006
	Main occupation	4.211	6	.648	.105	.657	.468	.026
	Household head	2.444	4	.655	.080	.675	.258	.036

Source: Survey, 2020

To see the association and look into the strength of association between domestic violence and women's/girls' socio-demographic features, data were tabulated with Pearson's chi-squared test using Cramer's value and the P-values for each variable were calculated. While chi-square test was used to look into whether there is association between the variables under consideration, the strength of association between the variables was measured/tasted using Cramer's value as it is the most common means of doing the same. The value ranges 0 to 1. As the value approaches to 1 and 0, it shows strong and weak association, respectively.

Accordingly, Table 5 above indicated that, with respect to ever experienced domestic violence during the pandemic, there is a significant association between domestic violence and women's/ girls' place of residence ($P=.002$), age ($P=.063$), relationship status ($P=.021$), family size ($P=.014$), educational status ($P=.006$), occupation ($P=.012$) and household head ($P=.072$). The result also indicated that there is a significant association between the prevalence of domestic violence and the place where women/girls live and their relationship status, where the p-value for each is .002 and .047, respectively. Further, the result showed that there is an association between the severity of domestic violence and residential place of respondents ($p=.053$), relationship status ($p=.033$) and family size ($p=.015$). From the result in Table 5, it is plausible to infer that there is association between the prevalence and severity of domestic violence and socio-demographic characteristics of women and girls (there is a strong association between domestic violence and women's/girls' place of residence, age, relationship status ,family size, educational status ,occupation, and household head).

3.2.2. Multivariate regression result of domestic violence against women and girls

Table 6. Domestic violence against women and girls during the pandemic (multivariate regression), (N= 382)

Prevalence and severity of domestic violence	Items		Coef.	Std. Err.	z	P	z	[95% Conf. interval]
Experience of frequent domestic violence	Town/district (in Harar city)	Haramaya town	.1514415	.0605167	2.50	0.013*	.0324159	.2704671
		Amirnur district/Harar	-.1849234	.1255062	-1.47	0.142	-.431772	.0619251
		Abadir district/Harar	-.0067132	.1105611	-0.06	0.952	-.2241673	.210741
		Hakim district/Harar	.1067626	.0855465	1.25	0.213	-.0614923	.2750176
	Age	20-30	-.4523634	.1909641	-2.37	0.018*	-.8279561	-.0767706
		31-40	-.4745839	.1927084	-2.46	0.014*	-.8536075	-.0955603
		41-50	-.4724851	.2223508	-2.12	0.034*	-.9098099	-.0351603
		51-60	-.3906848	.2529387	-1.54	0.123	-.8881707	.1068012
		Above 60	-.8839955	.3151128	-2.81	0.005*	-1.503767	-.264224
	MS	Married	.3117906	.1904895	1.64	0.103	-.0628688	.68645
		Divorced	.2194118	.2477321	0.89	0.376	-.2678337	.7066573
		Widowed	.3186955	.2592296	1.23	0.220	-.1911636	.8285546
		Separated	.3583869	.2671744	1.34	0.181	-.1670981	.883872
	RS	Cohabiting	-.0492661	.0898452	-0.55	0.584	-.2259758	.1274436
	FS	3-5	-.0469762	.0893106	-0.53	0.599	-.2226345	.1286821
		6-8	-.2186345	.0974715	-2.24	0.026*	-.4103437	-.0269253
		9-11	-.0524698	.1142613	-0.46	0.646	-.2772017	.1722621
		12-14	.3827098	.2623299	1.46	0.146	-.1332469	.8986665
		15 & above	.1642538	.4875094	0.34	0.736	-.7945914	1.123099
	ES	Certificate	.1557903	.1036025	1.50	0.134	-.0479776	.3595582
		Diploma	-.0050031	.0983255	-0.05	0.959	-.1983921	.1883859*
		BSc/BA	.1480596	.1057459	1.40	0.162	-.059924	.3560432
		MSc/MA	.0224838	.2327627	0.10	0.923	-.4353195	.4802871
		Others	.2110194	.0816955	2.58	.010*	.0503387	.3717
	MO	Student	-.0596701	.0974111	-0.61	0.541	-.2512606	.1319205

Prevalence of domestic violence	Town/district (in Harar city)	Daily laborer	-.2898309	.1243675	-2.33	0.020*	-.5344398	-.045222
		Street vendor	.0738261	.0911831	0.81	0.419	-.1055149	.2531671
		Government employed	.0196313	.0984784	0.20	0.842	-.1740583	.2133209
		NGO employed	-.1008884	.1358848	-0.74	0.458	-.3681499	.1663731
		Farming	-.1480353	.2360671	-0.63	0.531	-.3162672	.6123378
		Mother	-.1573155	.0743056	-2.12	0.035*	-.3034615	-.0111696
		Joint (husband and wife)	-.1446559	.0894682	-1.62	0.107	-.320624	.0313123
		Daughter	.2012404	.142964	1.41	0.160	-.0799447	.4824255
		Others	.3902785	.2519438	1.55	0.122	-.1052506	.8858075
		_cons	1.516614	.1272594	11.92	0.000	1.266317	1.766911
		Haramaya town	.0657115	.0544246	1.21	0.228	-.0413321	.172755
		Amirnur district/Harar	-.153118	.1128717	-1.36	0.176	-.3751168	.0688808
		Abadir district/Harar	-.1433858	.0994311	-1.44	0.150	-.3389492	.0521777
		Hakim district/Harar	-.1401347	.0769347	-1.82	0.069**	-.2914518	.0111823
		Age						
		20-30	-.1875679	.1717401	-1.09	0.276	-.5253504	.1502147
		31-40	-.2012664	.1733089	-1.16	0.246	-.5421344	.1396016
		41-50	-.2096978	.1999671	-1.05	0.295	-.602998	.1836023
		51-60	-.1675211	.2274759	-0.74	0.462	-.6149261	.2798839
		Above 60	-.3031703	.2833911	-1.07	0.285	-.8605506	.25421
		MS.						
		Married	.1259765	.1713133	0.74	0.463	-.2109667	.4629197
		Divorced	.0593166	.2227934	0.27	0.790	-.3788788	.4975121
		Widowed	.2778389	.2331335	1.19	0.234	-.1806937	.7363714
		Separated	.305059	.2402785	1.27	0.205	-.1675265	.7776444
		RS						
		Cohabiting	-.072432	.0808007	-0.90	0.371	-.2313527	.0864887
		FS						
		3-5	-.1036038	.0803199	-1.29	0.198	-.2615789	.0543714
		6-8	-.1988786	.0876592	-2.27	0.024*	-.3712889	-.0264684
		9-11	-.1440633	.1027589	-1.40	0.162	-.3461719	.0580452
		12-14	-.1066242	.2359217	-0.45	0.652	-.5706406	.3573922
		15 and above	.4234229	.4384328	0.97	0.335	-.4388973	1.28574

Severity of domestic violence	ES	Certificate	.038298	.093173	0.41	0.681	-.144957	.221553
		Diploma	-.0080178	.0884273	-0.09	0.928	-.1819388	.1659031
		BSc/BA	.0959621	.0951007	1.01	0.314	-.0910842	.2830085
		MSc/MA	.1658314	.2093309	0.79	0.429	-.2458857	.5775485
		Others	.0183442	.0734714	0.25	0.803	-.126161	.1628495
	MO	Student	.0161932	.0876049	0.18	0.853	-.1561103	.1884967
		Daily laborer	-.0956642	.1118476	-0.86	0.393	-.3156488	.1243204
		Street vendor	-.0580979	.0820038	-0.71	0.479	-.219385	.1031892
		Government employed	-.0073704	.0885647	-0.08	0.934	-.1815617	.1668208
		NGO employed	-.0685096	.1222055	-0.56	0.575	-.3088664	.1718472
	HH	Farming	-.2539297	.2123027	-1.20	0.232	-.6714918	.1636323
		Mother	-.117302	.0668254	-1.76	0.080**	-.2487358	.0141317
		Joint (husband and wife)	-.0496432	.0804616	-0.62	0.538	-.207897	.1086105
		Daughter	.0491685	.1285721	0.38	0.702	-.2037102	.3020473
		Others	.1765365	.2265811	0.78	0.436	-.2691086	.6221816
	Town/district (in Harar city)	_cons	1.422274	.1144485	12.43	0.000	1.197174	1.647374
		Haramaya town	.0468973	.0596042	0.79	0.432	-.0703337	.1641282
		Amirnur district/Harar	-.1358278	.1236138	-1.10	0.273	-.3789544	.1072988
		Abadir district/Harar	-.0649541	.108894	-0.60	0.551	-.2791295	.1492213
		Hakim district/Harar	-.1131131	.0842567	-1.34	0.180	-.2788311	.0526049
	Age	20-30	-.3652916	.1880848	-1.94	0.053*	-.7352212	.004638
		31-40	-.316896	.1898028	-1.67	0.096**	-.6902047	.0564127
		41-50	-.1649328	.2189982	-0.75	0.452	-.5956637	.265798
		51-60	-.2198736	.2491249	-0.88	0.378	-.7098585	.2701113
		Above 60	-.3446357	.3103616	-1.11	0.268	-.9550624	.2657909
	MS	Married	.2366654	.1876174	1.26	0.208	-.1323449	.6056757
		Divorced	.0979547	.2439968	0.40	0.688	-.3819442	.5778535
		Widowed	.1737441	.255321	0.68	0.497	-.3284274	.6759156
		Separated	.3052541	.263146	1.16	0.247	-.2123077	.822816

RS	Cohabiting	-.0890814	.0884905	-1.01	0.315	-.2631266	.0849639
FS	3-5	-.0903798	.087964	-1.03	0.305	-.2633896	.0826299
	6-8	-.2172639	.0960018	-2.26	0.024*	-.4060826	-.0284453
	9-11	-.1242255	.1125385	-1.10	0.270	-.3455689	.0971179
	12-14	.5305492	.2583745	2.05	0.041*	.022372	1.038726
	15 and above	-.6338562	.4801588	-1.32	0.188	-1.578244	.3105316
ES	Certificate	-.0626638	.1020404	-0.61	0.540	-.2633593	.1380316
	Diploma	-.0774021	.096843	-0.80	0.425	-.2678752	.113071
	BSc/BA	.0335331	.1041515	0.32	0.748	-.1713146	.2383808
	MSc/MA	.0095115	.2292531	0.04	0.967	-.441389	.4604121
	Others	.0276321	.0804637	0.34	0.731	-.1306259	.18589
MO	Student	.000694	.0959424	0.01	0.994	-.1880077	.1893958
	Daily laborer	-.1114564	.1224923	-0.91	0.364	-.3523771	.1294643
	Street vendor	-.0379506	.0898082	-0.42	0.673	-.2145875	.1386864
	Government employed	.0187106	.0969935	0.19	0.847	-.1720586	.2094798
	NGO employed	.0207409	.1338359	0.15	0.877	-.2424909	.2839726
	Farming	-.071022	.2325077	-0.31	0.760	-.5283238	.3862798
HH	Mother	-.0949416	.0731852	-1.30	0.195	-.238884	.0490008
	Joint (husband and wife)	-.074977	.0881192	-0.85	0.395	-.2482919	.098338
	Daughter	.0035262	.1408084	0.03	0.980	-.2734192	.2804716
	Others	.0816093	.248145	0.33	0.742	-.4064482	.5696668
	_cons	1.534715	.1253406	12.24	0.000	1.288192	1.781238

Source: Survey, 2020

Note:*= significant at .05, ** = significant at .10. MS = marital status, RS= relationship status, FS= family size, ES = education status, MO= main occupation, and HH= household head. In each item, the model uses the first items: district =Babile, age=15-19, MS= single, RS=formally married, FS=1-2, ES=cannot read and write MO= housewife, and HH= father as a reference point.

Where there are more than one dependent and independent variable, multiple regressions was employed. The model was used in order to see if domestic violence is significantly associated with each of the socio-demographic features of the respondents and to examine which of the categories within a group are more exposed to the occurrence and severity of domestic violence during the pandemic.

Experience of frequent domestic violence: Town/district (where respondents live), age, marital status, relationship status, family size, educational status, main occupation and household head were considered as independent variables to examine their significant association with domestic violence. Accordingly, the result revealed that Haramaya town was found statistically significant where women/girls experienced greater domestic violence during the pandemic than those living in the other towns—Babile and Harar (Table 6). With respect to age, the result in the Table 6 showed that respondents whose age ranges 20-30, 31-40, 41-50 and above 60 experienced less violence compared to women/ girls whose age ranges between 15-19. The result also indicated, formally married women/ girls experienced more domestic violence (but not found significant) than those who are in cohabiting relation (Table 6). The finding of the current study is different from pervious study which revealed women younger than thirty years old were 23.045 times most likely to face violence (Geberwahid *et al.*, 2020). This variation might be because of variation in the socio-demographic characteristics of respondents who involved in the two studies (the past and the present). In relation to marital status, the finding of the current study is in line with the finding of Tadesse *et al.* (2022) that argued married women experienced higher intimate violence during COVID-19 restrictions. As far as family size is concerned, it was found to have statistically significant relationship with domestic violence. Accordingly, women and girls whose family size ranged 6-8 found to experience less domestic violence than those whose family size ranges 1-2 (used as reference point in the model). That is, women/girls who live in households that have more family members were exposed less to domestic violence as family members might have given protections to minimize the domestic violence that would have happened on women and girls. With respect to educational status, those who cannot read and write experienced more domestic violence than those who did not complete their primary and secondary school. As it is indicated in Table 6, though most women/girls experienced domestic violence, those less educated experienced more during the pandemic. Tadesse *et al.* (2022) also found that violence against illiterate women was twice greater as compared to women who had attended secondary and above education levels. As far as occupation is concerned, the finding indicated that being a daily laborer and a housewife were found to have a significance relationship with domestic violence. Yet, women/ girls who are housewives experienced domestic violence more than those who are daily laborers and this conforms to a study that found housewives were 18.062 times more likely to suffer from violence than those who were employed (Geberwahid *et al.*, 2020). Moreover, the result indicated that women/girls who lived in a household where mothers were heads experienced less domestic violence than those living in a male-headed household. This is could be due to the fact that women/mothers gave more care for the family and, as much as possible, tried to avoid any kinds of violence in the household and protected family members (Table 6).

Prevalence of domestic violence: In relation to the frequency of domestic violence, residence area, family size, and being a household head were found to be statistically significant. Accordingly, domestic violence was less in Hakim district of Harar city as compared to Babile and Haramaya towns. However, domestic violence was more frequent at Haramaya than Babile town. The result also indicated that domestic violence was less frequent in households with family size which ranges 6-8 as compared to households with family size of 1-2. Besides, the result indicated that domestic violence against women and girls was prevalent in households where men/husbands were heads.

Severity of domestic violence: With respect to place of residence, severity of domestic violence was not found statistically significant in none of the study areas. However, as compared to Babile town, women and girls who reside in Haramaya town experienced sever domestic violence. The severity of domestic violence was increased in the age group of 15-19 compared to those from 20-30

and 31-40 that was found statistically significant at 5% and 10%, respectively. When we look at the severity in terms of family size, households with 6-8 family size were found statistically significant and indicated that in such households domestic violence was less comparing to households with family size of 12-14 ($p=0.024$) and 1-2 ($p=0.041$).

From the results of the study, it can be deduced that the impact of COVID-19 on the incidence and severity of domestic violence varies with respect to different socio-demographic characteristics. Though this is the case, it is possible to say that the pandemic aggravated the prevalence and severity of domestic violence in the study areas. This finding is aligned with the report of World Bank (2020) which indicated that not everyone, in every place, is affected in the same way by COVID -19. In general, from the result of the model, the study concluded that domestic violence was found frequent in Haramaya town, on girls, formally married women, housewives who lived in 1-2 family size and male headed household during the COVID-19 pandemic.

Overall, from the results and discussions of both descriptive and inferential statistics made in relation to previously conducted studies in international and national contexts, it could be vividly inferred that violence against women and girls increased in the study areas during the pandemic.

Besides the quantitative results, as mentioned by participants in open ended questions, domestic violence (with various forms and degrees) was at its rise during COVID-19 pandemic. The following were considered as factors for its increase: First, most family members and neighbors were at home due to fear of contraction of COVID-19 and this led to frequent contact with each other and its resultant domestic violence. When participants also reported that they had frequent conflicts with their husbands as most of them were at home due to fear of COVID-19. Related to this, Fawole, Okedare, and Reed (2021) mentioned that COVID-19 lockdown isolated women and forced them to be confined at home which further exposed them to abuse and hindered them from reporting the same. Second, in the study areas, interruption of education (as a result of COVID-19) and burden of domestic work were also mentioned by girls as factors that exposed them to frequent domestic violence. Third, it was also indicated that unemployment (due to the pandemic) contributed to the domestic violence on women and girls as unemployed people usually remained at home. Moreover, respondents mentioned that being a female and being at home themselves are risky factors for domestic violence.

In addition to the data from women respondents, key informants from Women, Children, and Youth Affairs Office of the study areas clearly indicated that domestic violence has increased at an alarming rate mainly during the period of the pandemic. As a key informant from Harari region Women, Children, and Youth Affairs Office stated “The condition is worrisome. The reports of domestic violence we are receiving everyday are horrible. For example, we received a domestic violence report in which a father raped his daughter.” The respondents added that violence occurs every day but most of them are not reported, even the reported once were not well registered and not solved /addressed legally. But, rather, they were addressed customarily and the victims did not get the required justice. Among the causes for domestic violence, the key informants frequently mentioned that women and girls (due to the closure of schools because of COVID-19) remained at home and this made them victims of domestic violence by close relatives, neighbors, and friends. In line with these findings, the UN Women report (2020) indicated the intensification of domestic violence against women and girls during COVID-19 outbreak. The report mentioned factors such as security, health and money worries, cramped living conditions, isolation with abusers, movement restrictions, and deserted public spaces as exacerbating domestic violence against women. Furthermore, a key informant from Babile mentioned that, besides domestic violence, COVID-19 pandemic contributed to an increase in early marriage of girls as schools are closed due to the pandemic. The same informant added that the number of women and girls living with HIV increased and they are victims of COVID-19 as well. Generally, from the findings, it could be rightly inferred that women and girls experienced a prevalent forms and degrees of domestic violence during the pandemic. Its frequency also increased from time to time due to multiple socio-economic, demographic, and cultural factors. In support of this fact,

Bourgault, Peterman, and O'Donnell (2021) made an assessment of various studies conducted in low- and middle-income countries and concluded that there was an increase in domestic violence during the COVID-19 pandemic. The studies indicated that lost income and unemployment are factors that increased the risk of violence, among others.

4. Conclusions and Recommendations

4.1. Conclusion

The finding from the descriptive statistics indicated that domestic violence was prevalent and severe in which most of the time women and girls are thrashed, insulted, intimidated, raped, and touched their private body parts without their consents during the COVID-19 pandemic. The common violence that increased during the pandemic was psychological and physical violence committed every month mainly by husbands, close relatives, and neighbors in the study areas.

It was also uncovered that there is association between domestic violence, and the socioeconomic and demographic features of respondents. The multivariate regression model revealed a prevalent and severe domestic violence in Haramaya town during the pandemic as compared to Babile town, and Amirnur, Abadir and Hakim districts of Harar city. The finding also indicated that girls aged 15-19, those who did not yet complete their primary/secondary schooling, house wives, formally married women, women/girls who lived in households with family size ranging 1-2 and lived in male-headed households experienced more prevalent and severe degree of domestic violence during the pandemic. The qualitative data obtained from key informants also revealed that domestic violence has increased (both in its form and degree of severity) at an alarming rate during the period of the pandemic mainly due to the closure of schools and offices. Generally, the study concludes that women and girls experienced an ever prevalent and severe domestic violence during the COVID-19 pandemic due to multiple socio-economic, demographic, and cultural factors.

4.2. Recommendations

Based on the findings of the study, the following recommendations/policy implications are forwarded. The respective towns /local authorities of the study areas, particularly Women, Children, and Youth Affairs Office, should give due attention to the issues of domestic violence and protect women/girls from the negative consequences of the pandemic through devising sound mechanisms (e.g. establishing gender special task force to effectively follow up and respond to domestic violence related issues timely).

Women, Children, and Youth Affairs Offices of the towns are required to work in a meaningful coordination with gender focal persons, justice bodies, local communities, and women/girls.

Besides, Women, Children, and Youth Affairs Office needs to be supported and given special attention by concerned governmental and non-governmental bodies in order to overcome the financial, logistics and human resource challenges it faced. The office is also required to develop people-centered projects in collaboration with experts in the area and look for funding agencies to alleviate the problems of women/girls at risk of domestic violence.

Frequent awareness creation programs need to be organized at household and community levels in order to foster the culture of supporting each other and help women and girls in need of the same. The awareness creation programs are believed to bring women and girls on-board so that they can play a significant role in fighting against domestic violence committed on them and COVID-19 crisis management.

Furthermore, mitigating the impacts of COVID-19 pandemic on women and girls calls for a concerted effort from all concerned bodies as the issue of women and girls touches everyone, and hence should not be left for Women, Children, and Youth Affairs Office alone.

Nearby universities (e.g. Haramaya University) and other stakeholders are required to give capacity building trainings for staff working in Women, Children, and Youth Affairs Office and other offices

whose tasks are related to this office (e.g. justice bodies—police, court, and labor and social affairs office).

Last, but not least, sex and gender disaggregated data should be available by doing further research to have clear pictures of the direct and indirect consequences of the pandemic on women and girls.

5. Acknowledgments

The authors are indebted to Haramaya University for financing this research project. In addition, we would like to thank the participants of the study for their genuine cooperation in providing the necessary data. We are also grateful to the different offices (especially Women, Children, and Youth Affairs Office) for their cooperation in facilitating issues during the data collection.

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