Vulnerability to Reproductive Health Risks among On-street Women in Shashemene Town, West Arsi Zone, Ethiopia

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Abstract: Researches reveal that women living on the streets are less likely to benefit from basic reproductive health services as living in the poorest segment of the society. The present research was meant to assess vulnerability to reproductive health risks among on-street women in Shashemene town. A cross-sectional study which involves both quantitative and qualitative design was used. A total of 163 on-street women, selected on the basis of purposive sampling procedure, have participated in the study. Both qualitative and quantitative data were collected using survey, non-participant observation and in-depth interview methods. While quantifiable data were entered into SPSS version 20 for further descriptive and inferential analysis, qualitative data were transcribed, organized, and narrated based on recurring themes in the data. The prevalence of rape and abortion was found to be low (11.5% & 9.45%, respectively). Awareness about HIV/AIDS and its way of transmission is very high, with a fascinating experience of undergoing voluntary testing and counseling. Correlation statistics have shown that patterns of undertaking voluntary testing and counseling was significantly associated to marital status (.186, $P<0.05$), educational status (-.183, $P<0.05$), and the number of children a woman gave birth to (.204, $P<0.05$). In relation to shelter and their overall living conditions, on-street women in the study area were found to be highly vulnerable to reproductive health risks. Hence, psycho-social support, including the provision of reproductive health services to the target group, deserves a serious attention.

Keywords: Abortion; HIV/AIDS; On-street women; Reproductive health; Risk

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1. Introduction

Women living on the streets are vulnerable to various social, psychological, economic, and health related problems. Girls who work and live on the streets are exposed to the street subculture such as smoking, drug, alcohol, substance and sexual abuse, engaging in sexual activities or selling sex for survival that all put them at a higher risk of unintended pregnancies (Forum on Sustainable Child Empowerment, 2003). Homeless women are far more likely to experience violence of all sorts than women in general, ranging from two to four times more likely, depending on the violence type (Goodman *et al*., 1999).

According to a survey conducted by Population Council and UNFPA (2010) in seven regions of Ethiopia, fifteen percent of girls report having been forced to have sex. This situation is far more aggravated when accompanied by homelessness as it accelerates susceptibility to the problem. [Rape-induced] pregnancy rates among homeless youth are much higher than the rates of the general population and seem to increase with the instability of a youth's housing situation (Greene & Ringwalt, 1998). One study conducted in Dessie town, Ethiopia, showed that out of sexually active female street youth, 25% had a history of unintended pregnancy at least once prior to the study, out of which 55.5% of them reported history of induced abortion at least once (Ensign & Panke, 2002). It is a frequent observation to see women begging on the streets of major cities in Ethiopia having one or two babies by their sides (Berihun, 2012).

Vulnerability to rape and unintended (often unwanted) pregnancies also leads to other issues of reproductive health consequences. Exposure to HIV/AIDS and other STDs, decisions to terminate pregnancies which usually lead to unsafe abortions can be mentioned among the tragic circumstances faced by women living on the street. Teshale, Amsalu, and Lemma (2017) studied the prevalence of unwanted pregnancy and associated factors among women in reproductive age groups at selected health facilities in Addis Ababa and found high prevalence of unwanted pregnancy and induced abortion. Mulualem, Kirubel, Mezinew, and Hinsermu (2015) identified economic problems, worry of giving birth to a child whose father is unknown, environmental factors, mass rape, and being afraid of selling sex in front of own children as independent variables determining street teenagers' decision to terminate pregnancies. Therefore, it is important to study on-street women's experiences of abortion, the context in which it was conducted, decisions of pregnant women either to terminate or continue with the pregnancy (during the time of the study) and the factors involved in the process, exposure to HIV/AIDS and other STIs, issues which have not been addressed by previous studies. Hence, the purpose of the present study was to investigate vulnerability to reproductive health risks among on-street women in Shashemene town.

Scope of the study: This research was delimited to collecting both qualitative and quantitative data from on-street women who were living and making their entire livelihoods begging from other members of the society around major street sides, taxi (bajaj) stops, bus stations, religious centers, market areas, hotels and other mass concentration sites of Shashemene town. The study has specifically focused on on-street women who were either pregnant or gave birth to one or more children during the time of data collection. Data were collected between December 2018 and January 2019 whereas analysis, interpretation and write-up were undertaken in February 2019.

2. Research Methods

2.1. Description of the Study Area

Shashemene is a town in West Arsi Zone, Oromia Region, Ethiopia. Shashemene refers to an area of 759.53 km² approximately 160 miles south of Addis Ababa between the rivers Malcoda and Shashamane (Campbell, 2007). The population of Shashemene was over 300,000 (exactly 362,176) in 2008 (CSA, 2007: 32). The major sources of livelihood for the town are small business, informal trade, civil service employment, brokers and handcrafts, such as carpentry, pottery and metal works. There is more in-migration than out-migration in Shashemene. Several thousand people from

different parts of the country are reported to have migrated to Shashemene on an annual basis. More than 83 percent of people in the community claim that they were born in the area (Abreham *et al*., 2006). The urban communities have been hosting both seasonal/short-term and permanent/long-term migrants mainly from different ethnic groups to the south that include Wolayita, Kembata, Hadiya, Dawro, Gamo, Gofa, Sidama, as well as Gurage and Oromo ethnic groups. The most common reasons mentioned by seasonal, male and adult migrants are shortage of land, landlessness, rural destitution, land tax and debts from agricultural inputs. Shashemene, being a major urban area located along main roads and commercial routes with high prevalence of commercial sex workers, has high heterosexual HIV transmission. The number of orphans as a result of the spread of HIV/AIDS is growing and worsening the social and economic situation of children in the town. The town is full of on-street men, women, and their dependent children begging and sheltering around the religious centers, bus stations, taxi stops, market areas, and the sides of major streets. Facts from day to day observation reveal that the number of on-street pregnancies, childbirth, and children living with and without their parents is increasing at an alarming rate in the town.

2.2. Research Design

A cross-sectional descriptive and explanatory research designs were employed in order to effectively answer the proposed research questions.

2.3. Data Collection Methods

Primary data were collected using survey, in-depth interview, and non-participant observation (for methodical triangulation). The survey method was used mainly to gather quantifiable data regarding the frequency of cases occurring and their patterns of distribution among the various segments of the study population. For this purpose, quantitative data were collected through a well prepared interviewer-administered questionnaire (interview schedule). In addition, non-participant observation and in-depth interview methods were used (using checklist and interview guide questions respectively) in order to enrich the quantitative data.

2.4. Sampling Procedure and Sample Size

Data regarding the total number of on-street women, both in Shashemene town and West Arsi zone are hardly found not only in government offices but also in non-governmental organizations working in related issues in the town. This made it difficult to get access to the sampling frame and hence, planning about the use of probability sampling techniques failed. The researcher resorted to non-probability sampling method. First, Shashemene town was purposively selected due to the fact that homeless women prefer more of urban areas expecting better access to livelihood (getting more money by begging from densely populated area) and shelter. The survey purposively targeted on-street women within reproductive age range, including women who were either pregnant or carried one or more babies during the time of data collection. A total of 148 respondents participated in the survey selected through purposive sampling technique. For the in-depth interview, data saturation determined the number of women to be participated in the interview. Therefore, sample size has not been predetermined and the researcher stopped as more redundant responses appeared and at a point where no more new data could be discovered. Accordingly, 15 women have participated in an in-depth interview. Consequently, data were collected from a total of 163 on-street women in the study area.

2.5. Data Analysis

After all sorts of data were collected, data cleaning and organization was undertaken in order to check for completeness. The quantifiable data gathered through interviewer-administered questionnaire (interview schedule) was then coded and entered into SPSS version 20 for further processing. Descriptive statistical tools, including frequency tables, charts and percentages were

utilized to present frequencies and differential distribution of cases across the various sub-groups within the survey participants. Furthermore, an inferential statistical technique mainly correlation was used in order to analyse the relationship between the variables. In addition, qualitative data collected through in-depth interview and observation methods were first manually transcribed word for word (verbatim) and organized. Following this, themes were searched and identified in the data in order to analyze it against the specific research objectives. Finally, findings were presented in a narrative manner showing patterns in the analysis.

2.6. Ethical Approval

The researcher has obtained ethical approval from the concerned body in Wolaita Sodo University. An informed consent was gained by informing the research participants about the objectives and rationale of undertaking the research. Furthermore, up on collecting data, the names of the research participants have not been written on the interviewer administered questionnaire and other checklists in order to keep their personal identity anonymous. The researcher further ensured this by not indicating the exact names of any of the respondents. Above all, each respondent was informed about the level of freedom that is provided in case one wants to withdraw from the research.

3. Results

3.1. Socio-demographic Characteristics of Respondents

Table 1 shows the frequency distribution of respondents in terms of their socio-demographic characteristics. It is indicated in the table that 41.9% and 31.1% of respondents are in 31-40 and 21-30 age ranges, respectively. This implies that the significant majority of on-street women in the study area are within the very fertile age segment. Regarding their marital status, it was found that 56.1% of them were currently married while only 13 replied that they are never married. Moreover, widowhood (20.3%) and divorce (14.9%) have also been observed as other experiences of on-street mothers. As far as education is concerned, it has been found that 96 of 148 respondents never attended formal school, while insignificant proportion (1.4%) responded to have completed high school education. Motherhood on the street can be more complicated when accompanied by the lack of basic literacy. The table also contains statistical figures regarding the area of origin of survey respondents. It is shown that most of the respondents (58.1%) are from around Shashemene town whereas the rest 41.9%) reported to come from other neighboring regions and towns. Furthermore, respondents were asked to report how many years they stayed on the street and 50.1% revealed to have stayed for 1-5 years, followed by 24.3% who stayed 6-10 years. Only 3 respondents answered that they have stayed for more than 21 years on the street.

Table 1. Socio-demographic distributions of respondents

Variables	Categories	Frequencies (%)
Age	1-20	8 (5.4%)
	21-30	46 (31.1%)
	31-40	62 (41.9%)
	41-50	11 (7.4%)
	51-60	12 (8.1%)
	≥61	9 (6.1%)
Marital status	Never married	13 (8.8%)
	Married	83 (56.1%)
	Divorced	22 (14.9%)
	Widowed	30 (20.3%)
Education	Never attended school	96 (64.9%)
	1-4	25 (16.9%)
	5-8	25 (16.9%)
	9-10	2 (1.4%)
Religion	Orthodox Christian	82 (55.4%)
	Muslim	28 (18.9%)
	Protestant	21 (14.2%)
	Catholic	17 (11.5%)
Area/place of origin	Shashemene/West Arsi	86 (58.1%)
	Came from other areas	62 (41.9%)
Number of years stayed on street	<1 year	15 (10.1%)
	1-5 years	75 (50.7%)
	6-10 years	36 (24.3%)
	11-15 years	11 (7.4%)
	16-20 years	8 (5.4%)
	>21 years	3 (2.0%)
Total		148 (100.0%)

3.2. HIV/AIDS and Sexuality among the Homeless Women

Figure 1 shows the frequency distribution of respondents in terms of their knowledge about HIV/AIDS and experiences of undergoing a test for it. It has been shown that on-street women in the study area have a good level of awareness about HIV/AIDS. It was found that 78.4% have heard about HIV/AIDS, 70.9% know that the disease can be transmitted from one person to another, and 69.6% know that it can be transmitted from the infected to the normal person through unsafe sexual intercourse. In addition, data regarding the experiences of the respondents in undergoing HIV voluntary counseling have also been presented in the figure. Accordingly, it was found that more than 70% of the survey participants have made a voluntary testing and counseling to check their status. Therefore, it can be generalized that on-street women in Shashemene town have a high health care seeking behavior as far as HIV/AIDS is concerned.

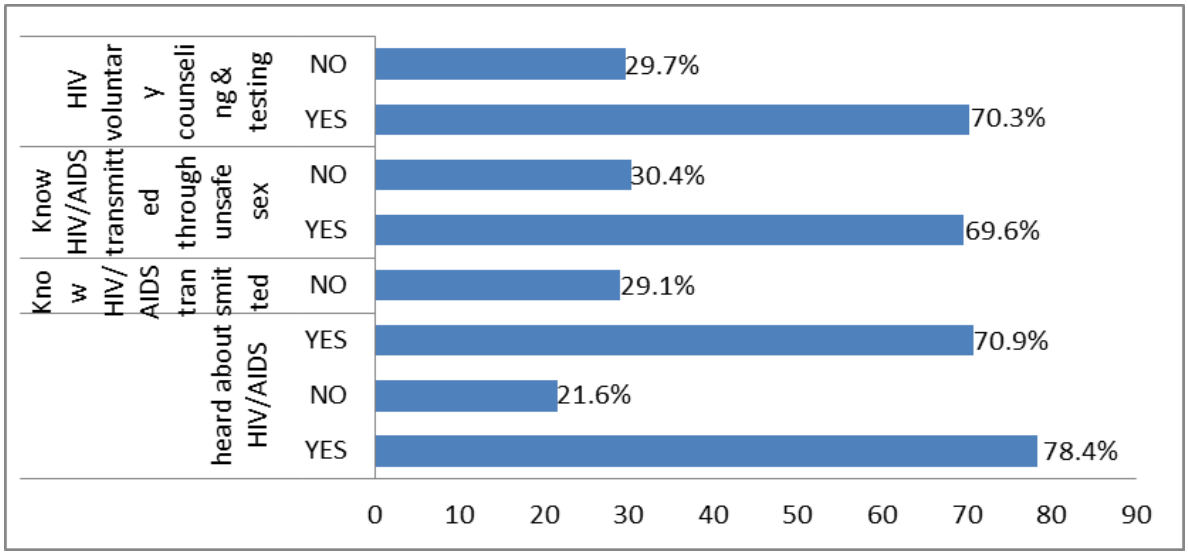

Figure 1: The distribution of respondents by level of awareness about HIV/AIDS

Table 2 presents data regarding a Pearson's correlation between the background characteristics of respondents (education, age, religion, ethnicity, geographical area of origin, and marital status) and their experiences of receiving voluntary HIV/AIDS counseling and testing services. Respondents' experiences of undertaking voluntary HIV/AIDS counseling and testing is significantly associated to marital status (.186, $P<0.05$), educational status (-.183 $P<0.05$) and the number of children a woman gave birth to (.204, $P<0.05$). It has been observed from data in the correlation table that while marital status and number of children are positively correlated, given their positive coefficients, educational status is negatively correlated. In other words, respondents' tendency of making voluntary HIV/AIDS counseling and testing increases with increasing number of children and marital status whereas it tends to decrease with increasing educational level. Above all, except the three independent variables discussed above, all the other factors have been found to have no association with respondents' using voluntary HIV/AIDS testing and counseling health care services.

Table 2. A bivariate Pearson's correlation between the experiences of undertaking HIV/AIDS counseling and testing and the their background characteristics

		Age	Marital status	Area of origin	Ethnicity	Education	Religion	No. of children	HIV voluntary testing
Age	Pearson Correlation	1	.477**	-.090	.006	-.280**	-.032	.303**	.158
	Sig. (2-tailed)		.000	.275	.945	.001	.704	.000	.055
	N	148	148	148	148	148	148	148	148
Marital status	Pearson Correlation	.477**	1	.031	.040	-.152	.081	.304**	.186*
	Sig. (2-tailed)	.000		.704	.626	.065	.327	.000	.023
	N	148	148	148	148	148	148	148	148
Area of origin	Pearson Correlation	-.090	.031	1	.860**	.119	-.242**	-.016	.017
	Sig. (2-tailed)	.275	.704		.000	.151	.003	.850	.837
	N	148	148	148	148	148	148	148	148
Ethnicity	Pearson Correlation	.006	.040	.860**	1	.059	-.220**	-.093	-.001
	Sig. (2-tailed)	.945	.626	.000		.478	.007	.258	.992
	N	148	148	148	148	148	148	148	148
Education	Pearson Correlation	-.280**	-.152	.119	.059	1	-.080	-.268**	-.183*
	Sig. (2-tailed)	.001	.065	.151	.478		.335	.001	.026
	N	148	148	148	148	148	148	148	148
Religion	Pearson Correlation	-.032	.081	-.242**	-.220**	-.080	1	.008	.084
	Sig. (2-tailed)	.704	.327	.003	.007	.335		.921	.309
	N	148	148	148	148	148	148	148	148
No. of children	Pearson Correlation	.303**	.304**	-.016	-.093	-.268**	.008	1	.204*
	Sig. (2-tailed)	.000	.000	.850	.258	.001	.921		.013
	N	148	148	148	148	148	148	148	148
HIV voluntary testing	Pearson Correlation	.158	.186*	.017	-.001	-.183*	.084	.204*	1
	Sig. (2-tailed)	.055	.023	.837	.992	.026	.309	.013	
	N	148	148	148	148	148	148	148	148

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

In-depth interview data revealed that there is a high incidence of HIV/AIDS among the research participants. The researcher has witnessed a remarkable openness among the research participants as far self-disclosure is concerned. Fearing no social reaction, the manner in which most interviewees approached their HIV status and the level of freedom they were enjoying when telling their status seems unprecedented even among people with similar identity in the main stream society. The level of awareness about the disease was good among many. Nevertheless, it has been found that most participants were not proactive as far as making voluntary testing and counseling is concerned. An in-depth interviewee expressed the condition as follow:

> Before knowing about my HIV status, I was *berari* (street lady). I used to have sexual intercourse with many males in exchange for money. As time goes, I found my body stagnating from time to time. I eat and drink as usual; but I see no change in my appearance. My body weight was reducing. But, I was still confused since I had not been experiencing the other prominent symptoms such as diarrhea that I used to hear from people. I suspected that I could have been infected and went to a clinic for check-up. Then, I was told that I am an HIV positive.

3.3. The Prevalence of Abortion among on-street Women

Table 3 shows the frequency distribution of respondents in terms of experiencing abortion. It was found that there prevails low rate of abortion among the target population in the study area. As revealed in the table, most respondents (90.5%) disclosed that they have never experienced abortion throughout the years they spent on the street. Only 14 respondents have ever made abortion. The table also shows places where the few cases of abortions have taken place. Most respondents made the abortion both in the health facility (35.7%) and at someone's home (35.7%). Other places where these women carried out abortions were also identified. Street sides (21.4%) and jungles around the study area (7.1%) made up some of the areas in which abortion has taken place. Here, though not satisfactory, the share of the health center (35.7%) being one of the most frequently chosen areas among the study groups in order to abort [unwanted] pregnancies shows that the respondents have somewhat good health care seeking behavior in this regard.

Table 3. Frequency distribution of experiences of abortion among the respondents

No.	Variable	Categories	Frequency (%)
1.	Ever made abortion	Yes	14 (9.45%)
		No	134 (90.54%)
2.	Place where abortion was made	Health center	5 (35.7%)
		Street side	3 (21.4%)
		Someone's home	5 (35.7%)
		In the jungle	1 (7.1%)
		Total	14 (100.0%)

3.4. Experiences of Rape among the on-street Women

Table 4 demonstrates the frequency distribution of respondents by exposure to the risks of rape. Data reveals that the prevalence of rape among the target group is low (11.5%) in the study area. Most (88.5%) disclosed that they have never been raped throughout the years they lived on the streets. Moreover, the same generalization is applied to the prevalence of rape in the last four months (9.5%), considering the time of data collection (December 2018) as a point of reference.

Table 4. Frequency distribution of respondents in terms of exposure to rape

No	Variable	Categories	Frequency (%)
1.	Ever been raped	Yes	17 (11.5%)
		No	131 (88.5%)
2.	Perpetrators	Homeless male	5 (29.4%)
		Stranger	2 (11.8%)
		Police	1 (5.9%)
		Do not know	8 (47%)
		Total	17 (100.0%)
3.	Ever been raped in the last 4 months	Yes	14 (9.5%)
		No	134 (90.5%)
			N=148 (100.0%)

Findings from in-depth interview also confirmed that the prevalence of rape is low in the study area. It has also been found that the incidence of and vulnerability to rape is associated to the nature of shelter among the research participants. Susceptibility to rape increased among the homeless women for whom the street sides and religious compounds serve as a shelter. In contrary, those who use the street just as a means of making a living and for whom a rented house serve as a shelter reported to encounter less or no incidence of rape. A woman, who lives in a small rented house with her two dependent children, revealed:

> The issue of rape has never been a concern for me. The reason is that I do not sleep on the street. My children and I work the whole day and get to our home very early. It is those who sleep on the street that are mostly raped. Above all, I am very cautious and selective in having sexual intercourse since I know the fact that most men on the street are infected with HIV/AIDS.

Another woman also disclosed:

> I usually sleep in *kesha bet*[1] paying 10 birr on a daily basis. The *kesha bet* is so safe that men and women sleep separately. The main reason I spend my little income there is due to fear of rape. No one touches me there; I am safe.

In addition, the manner in which homeless men and women sleep on the street itself has also been found to serve a protective function against potential sexual threats for the women. Some women shared their experiences of escaping from the danger due to support from the neighboring on-street men counterparts that appeared to help the women after hearing shouts.

Figure 2 shows the distribution of various social groups in terms of engaging in rape of the homeless women in the study area as identified by the respondents. As shown in the figure, the great majority of perpetrators (47%) are unknown to the on-street women. Putting this in other words, 47% of respondents replied that they do not know who raped them. Next to this, the on-street male counterparts (29.4%) held the next largest share in terms of raping the women. Moreover, strangers (11.8%) and police (5.9%) participated in the rape.

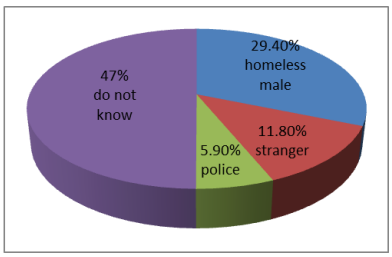

Figure 2: Distribution of perpetrators

[1] *Kasha bet* is the cheapest guest house mostly prepared to serve people in the lowest economic status and those who cannot afford to pay for the standard bedroom due to various reasons. The bed is made up of sub-standard materials with little or no comfort and the houses are mostly located in slums.

4. Discussions

In sharp contrast to expectations, findings of the present research showed a high level of awareness about HIV/AIDS among the study participants. Furthermore, most respondents, not only are aware about the disease but also had the experiences of making a voluntary HIV testing and counseling. Correlation statistics have shown that such patterns of undertaking voluntary testing and counseling was significantly associated to marital status (.186, $P<0.05$), educational status (-.183, $P<0.05$), and the number of children a woman gave birth to (.204, $P<0.05$). The rise in the level of awareness about HIV/AIDS might be linked to the overall growth of awareness at societal level. According to a survey conducted among young adults in Ethiopia by Population Council & UNFPA (2010), over 90% of both males and females have heard of AIDS; 92% of females knew that the virus can be transmitted from person to person through unsafe sex. As to the survey, 36% of on-street women have received testing and counseling services. The experience of making voluntary testing and counseling among the on-street women in the present study is at a good standard.

Data from the present study revealed that the prelalence of rape among the homeless women in the study area was low (11.5%). This finding is inconsistent with Alemayehu & Yalew (2013). They undertook a research on the "assessment of sexual violence among street females in Bahir Dar town" and found a "very high" prevalence of rape (24% lifetime and 11.4% last year). Among the factors that increased homeless women's risk of sexual victimization includes childhood abuse, substance dependence, length of time spent as homeless, engaging in economic survival strategies, location while being homeless, mental illness, and physical limitations (Lisa, Katya, and Catherine, 2006).

Findings of the present research have shown that the prevalence of abortion among on-street women in Shashemene town is at its low rate (9.45%). This finding contradicts with Teshale *et al*. (2017) which dealt with the prevalence of unwanted pregnancy and associated factors among women in reproductive age groups at selected health centers in Addis Ababa. Their study revealed a high prevalence of unwanted pregnancy (37.8%) and induced abortion (39.6%) where marital status and number of sexual partners were identified to be determinants.

The health seeking behavior of respondents has been reasonably good when it comes to abortion. Although the prevalenec of abortion was found to be low (9.45%), even the few respondents who have ever made abortion have chosen health centers (35.7%), which was an equal proportion to those who have chosen making it at someone's home. A qualitative study by Hayelom (2018) found factors such as the influence of media, the deployment of health extention workers, social network and social capital, the provision of maternity waiting rooms, pregnant women conferences, the establishment of women health development army, availability of ambulances, fear of HIV infection, and fear of fine from local administrations contributing for the growth of maternal health seeking behavior.

5. Conclusions and Recommendations

The prevalence of reproductive health risk among on-street women in Shashemene town is low. Awareness about HIV/AIDS and its way of transmission is very high, with a fascinating experience of undergoing voluntary testing and counseling. There is moderately low level of rape in the study area and for the few prevalent cases, on-street women are in difficulties of identifying who raped them. Housing and overall living circumstances of the study population, however, leaves on-street women highly vulnerable to reproductive health risks. The circumstance begs for the intervention of both governmental and non-governmental organizations working on the issues under consideration. Hence, psycho-social support, including the provision of reproductive health services to the target group, deserves a serious attention.

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