



# Exploring the Causes of Gender Based Violence against Female Health Extension Workers in Pawe Woreda, Benishangul Gumuz Regional State: A Qualitative Study

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**Abstract - Violence against individual(s) based on their sex health extension workers.**  
*is evident in all kinds of professionals where women are involved. Similarly, Gender based violence is practiced against female health extension workers. This study is trying to investigate the causes of gender-based violence against health extension workers at Pawe woreda. To achieve the proposed objective, qualitative research approach with case study design was employed. In the study, eleven semi structured interviewees, nine focus group discussants and nine key informants were participated. The interviewees and the focus group discussants were selected by using purposive sampling technique whereas the key informants were selected by using availability sampling technique. The collected data were analyzed by applying thematic data analysis technique. The study found out that lack of awareness, patriarchal thinking, the shun of gotts, lack of penalty, lack of security, jealousy, alcoholism, absence of workplace transfer and problems emanated from their personal behavior are the major causes of gender-based violence practiced against health extension workers. Therefore, Local and international organizations should intervene to challenge the gender-based violence practiced against*

**Keywords - Causes; GBV; Health extension worker; Women; Pawe woreda**

## 1. Introduction

Although at the beginning of human history the environment favored and promoted equality of males and females, due to the vulnerabilities of males to the natural environment differed and various actions and dangers increased, both males and females started to vary in their experience (Power, as cited in Yeshimebrat, Alemayehu, Dawit & Yismaw, 2009).

To achieve gender equality women and men, girls and boys, should have equal rights, life prospects and opportunities, and the ability to influence their own lives and contribute to society. The switch of this, gender inequality, unequal power relations and discrimination based on gender, is the basis of gender-based violence. This violence is the major obstacle to the achievement of gender equality; unequal power relations are sustained through gender-based violence (Sida, 2015).

According to United Nation Declaration on the Elimination of Violence against Women (DEVAW) proclaimed by General Assembly in 1993, violence against women because of their sex is a manifestation of historically unequal power relations between men and women. In return, it leads to domination over and discrimination against women by men and to the preclusion of the full advancement of women, and that violence against women is one of the vital social instruments by which women are forced into a subordinate position compared with men.

More recently, the World Health Organization multi-country study on women's health and domestic violence, a groundbreaking study, reveals a shocking picture. The study analyses data collected in household surveys from 24000 women in 15 sites in 10 geographically, culturally, and economically diverse states. The study confirms the inferior status of women and girls and of unequal power relation between genders are the major causes for the gender-based violence (Pradhan, 2011).

In Ethiopia, children and mothers have been confronting different health problems due to inadequate access to modern health care facilities and lack of effective demand to utilize the available ones. In response to this, the Ethiopian government started the health extension program in 2003 to improve equity in access to preventive, promotive and selected curative health interventions through health extension program (Zewudu, Negga and Gudina, 2014).

As the study conducted by different scholars revealed that gender-based violence is prevalent in Ethiopia. The study conducted by Agumasie and Bezatu (2015) shows the magnitude of gender-based violence is high. As the study indicated domestic violence against women is significantly associated with alcohol consumption, chat chewing, family history of violence, occupation, religion, educational status, residence and decision-making power.

For health professionals' workplace violence is the vital problem in the health sector. Female nurses in Ethiopian

have experienced different forms of gender-based violence in the workplace and the patients, the relatives of the patient, the co-workers and the managers of the nurses are the perpetrators of gender-based violence (Bewket et al., 2016). With no exception, female health extension workers are victims and more vulnerable to gender-based violence due to the nature of the job. Although women who have been working as a health extension worker has faced gender-based violence, it is difficult to get information about the factors that have made them more vulnerable to gender based violence. Therefore, this study attempted to explore the causes of gender-based violence against health extension workers.

## **2. Methodology**

The aim of this study is to explore causes of gender-based violence against health extension workers. In line with the objective, the research question and the nature of the issue under investigation, qualitative method was employed. The study adopted a case study research design. The population for the study consists of all health extension workers in Pawe woreda, Benishangul Gumuz Regional State. In this study, to select participants and areas of the study, the researcher predominantly uses purposive sampling technique. In addition to that the researcher also used availability sampling technique to select the key informants. To conduct the study, a primary source of data was used and to collect this data interview, focus group discussion and key informant interview were used. To carry out this study, the researcher used thematic data analysis technique and to ensure the trustworthiness of the data, the researcher used easy and simple language and peer debriefer.

## **3. Finding**

### ***Causes of Gender Based Violence***

This research presents the main causes of gender-based

violence committed against health extension workers. Participants of the research mentioned different factors in connection with gender-based violence, however, the research presents only the main causes of gender-based violence many research participants have raised.

### ***Lack of awareness***

As per the finding of the study, lack of awareness is one of the major causes of gender-based violence. The community undermines the role health extension workers have in creating healthy society and in reducing the rate of maternal and child mortality. The community sought that health extension workers perform such activities for the sake of getting salary. As the participants described, different individuals will not commit such types of offences against them if they have an understanding that it will demoralize the health extension workers. Generally, the awareness of the community and the kebele administrators have on the effect of gender-based violence is low. As the result of this, as the finding of the study shows, they commit a violence on health extension workers. In line with this, one 24 years old key informant stated:

*.....if the community understands the role of health extension workers in preventing diseases, they will not commit such offences rather they will struggle together with the HEWs to compact it. The concerned bodies also have a gap in providing training for the community to create awareness. If they are well aware about the impact it has against them and if proper training is provided for them, they may not commit such types of offences against health extension workers.*

From the above explanation, one can understand that members of the community commit gender-based violence

against female health extension workers because of lack of awareness. The awareness of the community and kebele administrators on the impact of GBV against health extension workers and about the key role of health extension workers in creating healthy society is low. The research participants also added that the stakeholders have a gap in providing training to develop the awareness of the community.

### ***Patriarchal thinking***

The other major cause of gender-based violence against health extension workers is patriarchal thinking of the society. It is a systematic bias against female as a general. Health extension workers are experienced violence because of their femaleness. The community members, the kebele administrators and woreda health officers because of their male supremacy thinking commit violence against health extension workers. In correspond to this, one of the research participants described;

*We are prone to such types of gender-based violence because we are females and because the community favored males rather than females because of the male supremacy thinking of the society. We will not experience such types of gender-based violence if we were males.*

To strength this idea, one of the focus group discussants described that;

*Actually, if we speak the truth, we faced a lot of gender-based violence because we are female. Likewise, because of my femaleness I experienced a lot of violence such as sexual harassment. In addition to that, in most case to perform our task we contact with male and female members of*

*the community and they hardly accept our idea and implement it because we are female. The community favored the males instead of the females. Even the kebele administrators favored the male kebele experts rather than us. For example, if we provide an idea to be implemented, they did not accept us but if male workers provide an idea, without hesitation they will accept it because they are males and we are females.*

As mentioned by the research participants in the above scenario, health extension workers are experienced various types of gender-based violence because of their femaleness. It implies because of the patriarchal thinking of the society; the perpetrators consider females as powerless and as they do not have important idea to be beneficial for the community. It indicates that the perpetrators judge ideas of female as inferior to male. In addition to that, the participants also described, as their idea is even not acceptable as their male counter parts.

### **Shun of 'gotts' jungle**

Shun of *gotts* is another cause of gender-based violence, health extension workers experience while they are conducting their activities. Each kebele are divided into different *gotts* for administrative purpose and there is some distance from one *gott* to another. The health extension workers are expected to perform their tasks assigned for them by moving from one *gott* to another. Some research participants raised that shun of *gotts* is not the only cause but also the existence of many households with in one kebele is also another obstacle that made them more vulnerable to GBV. This situation makes their job laborious and tedious. In addition to the above-mentioned obstacles, the existence of forests between *gotts* made their vulnerability to gender-

based violence high. In connection to this, one interviewee said;

*We faced different type of gender-based violence like threat of harm and beating because the gotts of the kebele are so shun and it takes much hour to reach to another gott and there is many households and forest between gotts. Such thing made us more vulnerable to gender-based violence.*

As it is briefed out in the above quotation, shun of *gotts* is one of the major causes of gender-based violence and in addition to that the existence of many households and forests between *gotts* make their vulnerability to gender-based violence high. This situation creates favorable condition for the perpetrators. Therefore, the perpetrators by using such situation as an opportunity commit violence against health extension workers by waiting them on their way to job and home.

### **Lack of penalty for perpetrators**

The study also found out that, lack of penalty on those individuals who commit gender-based violence against health extension workers is another major cause of gender-based violence. The victims are reported the violence committed against them for kebele administrators repeatedly, however, usually action is not taken against the perpetrators. Actually, penalty should be taken against individuals who commit such types of offences, unless the perpetrators of gender-based violence may see it as normal and the prevalence of violence against women may be increased. According to the response of research participants if the concerned bodies took measurement on those individuals who commit GBV, health extension workers may not be experienced different kinds of GBV and the prevalence may be reduced. In this regard, one of the interviewees described that;

*As my own experience, there are many reasons why different types of violence are committed against us. One of the reasons we faced such types of violence is due to lack of penalty as soon as we report the case for the concerned bodies. As a health extension worker, we report especially for the kebele administrators when we faced gender-based violence, however, rather than taking a measurement they keep silent. If measurement is taken against perpetrators, they may not commit such offences repeatedly.*

From the above statement, one can discern that health extension workers faced gender-based violence repeatedly throughout their working life because kebele administrators have a gap in taking measurements on those individuals who commit gender-based violence against health extension workers. It also shows that kebele administrators are also did not carry out their responsibilities properly.

#### ***Lack of security***

The study also found out that, lack of security is another cause of gender-based violence. Police officers play a key role in protecting the security of the society. They patrol the areas they are assigned; however, most kebeles found in Pawe woreda do not have permanent police officers. The government to keep the society secured selects some individuals from the community to act as a police officer called 'kebele tataki'. However, the kebele tatakis' are not carrying out their responsibility properly because most of them are farmers and mostly spend their time in their farming area. Due to this fact, the health extension workers experience gender based violence because of lack of security. The following research participant described this situation as follows;

*I was beaten by one individual reside in the kebele for a long time when I was performing my task. I experienced such offence because there is no police officer in the kebele. If there was a police officer in the kebele, the beating I experienced will not be happened on me. Nobody will kick me if there is a police officer, and I will not be having this scar and disability on my hand because of it.*

From the above explanation of the interviewee, we can comprehend that absence of permanent police officer is one of the big challenges for health extension workers. Some individuals by using such lack of security in the kebele as an opportunity commit offences on health extension workers and because of it health extension workers frustrate to conduct home-to-home visit and to go to gotts that is found far from the center. It shows lack of security is an obstacle for health extension workers to perform their activities properly.

On the opposite, the focus group discussants mentioned those police officers are a threat for them rather than protecting their security.

*There is police officer in our kebele and as me the absence of police officers in the kebeles is not the cause of gender-based violence against us. I prefer if there is no police officer in our kebele. The police officer in our kebele is so cruder than others....*

From the above scenario, one can realize that there is no a consensus on absence of police officers in the kebele as a cause of gender-based violence against health extension workers. It shows because of the ill-mannered behavior of some police officers, the members of the society may averse

on police officers and they may not like the placement of them on their kebele.

### **Jealousy**

As per the finding of the study, jealousy on the part of the aggressor could provoke violent behavior too. The information collected through in-depth interview showed that jealousy could lead to the occurrence of violence against health extension workers. Health extension workers due to the nature of the job have contact with many individuals. For example, they contact with members of the community, with different employees placed by the government in the kebele, with kebele administrators and with woreda health officers and 'cabines'. Nevertheless, some health extension workers' husband does not like having such type of contact with different individuals because of their jealousy behavior. One research participant clearly described that her ex-husband was so jealousy that he kicked her repeatedly after she returned to home from her work area. In line with this, 24 years old interviewee narrated her experience as follows;

*My ex-husband was so jealousy. He is so envious that became jealous when I serve my community. There was always skirmish in my house when I returned to home from work area. The nature of the work invites me to have strong connection and communication with different bodies like woreda health officers and 'cabines', kebele administrators, workers assigned to this kebele by the government and various members of the community. However, knowingly or unknowingly my ex-husband did not understand me. One day he said 'why you laugh and play with anyone' and soon he slapped me and due to that reason, I was sick for one month.*

From the above story, we can deduce that health extension workers have contacts with different bodies to facilitate and perform their activities properly. However, as one can conclude from the story, jealousy on the part of perpetrators is another cause of gender-based violence against health extension workers. It also shows that intimate partners of the health extension workers are one of the perpetrators and they experienced pain as a consequence of gender-based violence.

### **Alcoholism**

Based on the results of the study, another reason that made health extension workers prone to gender-based violence is being alcoholic of the aggressor. Taking alcohol beyond enough makes them to be intoxicated and it leads them to commit different offences against individuals. In this regard, the focus group discussants described their experience as follows;

*The day was January, 12 as Ethiopian calendar, by which the community celebrates it annually. There was a ceremony in our kebele. He is a worker assigned by the government in our kebele. As usual, he was in conflict with me. When I returned to my home after I see off the guest who came to my house, he was in my neighbor house drinking 'tella'. When he saw me, immediately came and tried to shoot me through gun because he was so intoxicated by taking much alcohol.*

From the above scenario, what we can understand is that one of the reasons why those health extension workers are so prone to gender-based violence is alcoholic cases. As one focus group discussant explained in the above story because the perpetrator was so intoxicated, he tried to shoot her. This implies that being alcoholic makes those aggressors difficult to control themselves and forced them to commit illegal

action against individuals.

### **Absence of transfer**

As research interviewees, focus group discussants and key informants described absence of transfer for health extension workers made them more vulnerable for gender-based violence. Transfer of employee is a movement of employees from one work area to another or from one position to another usually with similar responsibilities and benefits. It is normally made to place employees in places where they are likely to get greater job satisfaction. Actually, health extension workers are assigned on the kebele they are born and grown to make the familiarization with the community simple. They explained still transfer of health extension workers from one kebele to another is hardly conducted in Pawe woreda. In this regard, the focus group discussants described that;

*As of me, the society bored us very much because we as health extension worker work for a long period on a single kebele. Because of that, the community we serve think as we did not come up with new solution, they insult and menace us even if we are performing our tasks well and there is a change in the community regarding to their health situation. But, transfers are carried out for other individuals hired by the government and even sometimes they would not work for one year within the kebele. Nowadays, there is some rumor that transfer will be carryout in the near future, and it will be good if there is transfer but by its nature this work will lead you to have a conflict with different individuals and it didn't have a freedom. But, rather than working in the kebele*

*where you have been born and grown, it will be good to have a transfer and to work in other area.*

From the above statement, we can deduce that health extension workers are recruited and assigned in the kebele by which they are born and grown and this created problem for them due to boredom for working in a single kebele for many years. It implies, transfer is not done for health extension workers, and they described as it is one cause of gender-based violence that they are experiencing.

### **Personal problems of health extension workers**

The last but not the least cause of gender-based violence is personal problem of health extension workers. Health extension workers encountered diverse types of gender-based violence not only because of the problems of perpetrators but they also take a share. They are assigned in each kebeles to teach and create awareness about the health extension packages and how they can implement it. Nevertheless, some health extension workers by letting their main objective by which they are hired aside, did not properly perform the task allotted for them. Such personal problems of health extension workers become another reason why some individuals commit gender-based violence against health extension workers. Especially one key informant explained as health extension workers experienced gender-based violence because of their personal problem by stating;

*..... the day was Friday, it was working day and one pregnant mother was come to the health post for delivery but at that time the health extension workers are not in the health post and health extension workers came to the health post after the pregnant mother was arrived. Due to that reason the mother was became so hot and then she insulted them.*

Another key informant also strengthens this idea by saying:

*Even if there are different reasons that make health extension workers prone to gender-based violence, they also encounter it because of their own problem. As we know, health extension workers should be a role model for their community in implementing the health packages. But, when we see the reality, they are not. Because of that the community did not accept and then scoff them rather than accepting and implementing the health packages.*

As explained by the above key informants, personal problem of health extension workers is another cause of gender-based violence. Health extension workers should be punctual and they should be the role model for the community in implementing the health packages but in practice, it is not true; tardiness is one characteristic of the health extension workers, and they have also a gap in implementing the health packages properly.

#### **4. Discussion**

Health extension workers were experiencing various types of gender-based violence. As the study found out, the major causes that contribute to the confrontation of health extension workers to gender based violence in their work area by the community members, kebele administrators, woreda health officers and by their intimate partners are the following; lack of awareness, patriarchal thinking of the societies, , absence of transfer, poor security, lack of penalty of perpetrators, alcoholism , jealousy, personal problems of health extension workers and physical factors such as shun of gotts.

Likewise, as the report of Rana (2014) confirmed, the challenges women workers are experiencing in the

workplace are severe and strong patriarchal and conservative practices of the society that exacerbate the different forms of gender-based violence perpetuated against women at all levels of the society including at the workplace and it added that response and action on gender base violence is also influenced by such beliefs. The study conducted by Hamdan and Hamra (2015) on emergency department of female nurse workers identified that lack of violence prevention measures, fear, lack of people' awareness and the influence of substance use (drug and alcohol) are the major factors that caused gender-based violence towards female nurses.

Specifically, as the finding of the present study, one of the causes of gender-based violence is the absences of permanent police officers in the kebele. This finding is consistent with the study conducted by Ahmed (2012) entitled "verbal and physical abuse against Jordanian nurses in the work environment" that it revealed lack of security as a major cause of verbal and physical abuse against nurses under the study. Furthermore, El-Gilany, El-Wehady and Amr (2009) also described that environmental factors in the form of poor security increase the risk of violence against workers and it also confirmed that lack of penalty for perpetrators also aggravates the occurrence of gender-based violence against workers.

As per this finding, because of the jealousy behavior of perpetrators and due to intoxication of those individuals, the perpetrators commit gender-based violence against health extension workers. This finding is directly supported by a study conducted by Kaluyu (2007); Azodo, Ezeja and Ehikhamenor (2011) and Health and Safety Authority (2007). These research studies consistently determine that alcohol use is linked with verbal and physical violence in the workplace. Similarly, the study conducted by Sosena (2007) revealed that jealousy and alcoholism as one of the causes of gender-based violence. This implies that, the results of this study are complemented with the finding of the above



studies.

## 5. Conclusion

The current study showed the most common causes of gender-based violence are lack of awareness about gender-based violence, patriarchal thinking, shun of gotts, alcoholism, jealousy, absence of transfer from one working area to another, absence of permanent police officers in some kebele and absence of penalty for perpetrators. In addition to that, according to the finding of the study personal problems of health extension workers also take a share as cause of gender-based violence.

Therefore, woreda police office, woreda women and children affair office, woreda health office, local and international non-governmental organizations should intervene to challenge the gender-based violence committed against health extension workers.

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