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Study on Types of Gender-Based Violence against Female Health Extension Workers:the Case of Paweworeda, Benishangulgumuz Regional State

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Abstract: Gender-based violence is a widely practiced violence that often targets women and because of this unlawful act woman are placed in subordinated position across the world. Gender-based violence are visible in all kind of formal professions where women are involved. Likewise, women involved in health profession are victim of gender-based violence. Among the different health professions, health extension work is the one where gender-based violence is practiced. However, little has known so far about the gender- based violence aspect of health extension workers especially in Ethiopia. Taking in to account of this knowledge gap, this study is trying to explore the types 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. 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 psychological, physical, sexual and economic violence as the types of gender-based violence that perpetrated against health extension workers. Finally, conclusion and future direction for intervention were highlighted in line with the major findings of the study.

Key words: Gender-based Violence; Women; Health Extension Worker; PaweWoreda

1. INTRODUCTION

1.1 Background of the Study

More recently, the World Health Organization multi-country study on women's health and domestic violence reveals a horrifying 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 that violence by intimate partners is a dominant form of violence against women. Forever partnered women, the lifetime prevalence of physical or

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sexual violence, or both, by an intimate partner ranged from 15% to 75% in different sites. Across all countries between 20% and 75% of women had experienced one or more bits of emotional abuse. The study also indicated that 71% of ever partnered women in Ethiopia suffered from sexual or physical violence, or both, over their lifetime. About one third of these women had had severe forms of violence [1].

As different studies carried out in different regions of the country with the same in other countries found in developing country's gender-based violence is also prevalent in Ethiopia. The study conducted in four woredas of Ethiopia has found that substantial levels of Gender-based Violence (GBV) are prevalent in all areas surveyed, with the lowest prevalence found in Addis Ababa (90%) and the maximum found in the Bako woreda (100%). The study noted that the most common form of gender-based violence that is everywhere across all survey areas is domestic violence, often characterized by long-term patterns of abusive and controllingbehavior [2].

Granting to the study conducted on gender-based violence among college female students in Mekelle town was found to be a very common phenomenon [3]. Similarly, the current study that assessed the prevalence of gender base violence and associated factors among female students of the Menkorer high school in Debre Markos town showed the prevalence of lifetime physical, and sexual violence was found to be 66.1% and 24.2% respectively. In addition, the prevalence of physical and sexual violence in the current year was found to be 54.8% and 12.9% respectively [4].

Workplace violence is a major problem in the health sector for health professionals. 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 thenurses are the perpetrators of gender-based violence [5].

1.2 Statement of the Problem

Gender-based violence continues to be a strong and serious human rights and public health issue. It is an issue that disproportionately strikes women and girls of all ages, from all cultures and socioeconomic settings. The prevalence of gender-based violence, including domestic abuse, harmful traditional practices (HTP) and general negative perceptions, attitudes and beliefs about women and their abilities and roles abounds throughout Ethiopia [2].

With no exception, female health care workers had experienced a lot of workplace violence because of their sex and the nature of the work they perform. In this regard, some research works have been so far conducted across different regions of the globe. For instance, one study concluded all over the world showed that all health care providers are facing more violence than ever before [6]. Another scholar conducted a study on workplace violence against nurses in Chinese hospitals [7]. Furthermore, another researcher also conducted a study on Workplace bullying among nurses in Saudi Arabia [8]. The finding revealed that female nurses are experienced gender-based violence in the workplace by the patients, relatives of patients, co-workers and by their immediate bosses.

More importantly, the degree and the nature of gender-based violence practiced at workplace vary due to the nature of work that women do. In this regard, many Ethiopian scholars have sofar conducted research on gender-basedviolence by considering the professional difference of women. For instance, a multivariate analysis study entitled 'Prevalence of workplace violencein Northwest Ethiopia [5] and there is also a study conducted on nurses working in public health facilities entitled 'high prevalence of workplace violence among nurses working at public health facilities in Southern Ethiopia [9]. To conclude, Ethiopian academicians and researchers have so

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far overlooked gender-based violence against health extension workers.

Although women who worked as a health extension worker has faced gender-based violence, they did not yet get much attention by Ethiopian researcher. However, many researchers haveso far conducted research related to health extension workers in the world and specifically in Ethiopia. For example, in Ethiopia, a research entitled the role of health extension workers in improving utilization of maternal health services in rural area in Ethiopia was conducted [10] and a study with the objective of assessing the knowledge and practice of HEWs regarding the medicines they handle in Sidama Zone was also conducted by another Ethiopian researcher [11]. In addition to that, a study entitled a qualitative assessment of health extension workers' relationships with the community and health sector in Ethiopia: opportunities for enhancing maternal health performance was conducted [12]. Yet, none of them didn't touch the violence issue vis-a-vis health extension workers, who are responsible for identifying pregnant women within their catchment area, delivering antenatal care, and connecting them with the formal health system in the event of elevated risk or complications and charged with following up with women during the postnatal period when care is critical for both mother and newborn, faced. To fill this gap, therefore, the researcher conducted a research on the topic entitled the types of gender-based violence against health extension workers.

1.3 Objective of the Study

The general objective of this study is to identify the types gender-based violence practiced against female health extension workers at Paweworeda.

1.4 Central Research Questions

In line with the objective of the study, the central research question was: What are the types of gender-based violence that is practiced against health extension workers?

1.5 Significance of the Study

The study on the types of gender-based violence against health extension workers is vital for multiple reasons. The findings of this study will be expected to enlighten individuals and the community on types of gender-based violence in this area. It is also expected that the findingsof this study will expose community-derived methods of managing and resolving the problem of gender-based violence. Further, the findings of the study will draw attention to governmentaland non-governmental organizations involved in fighting for human rights and especially those against gender-based violence so that they will intensify their activities in this area. Interested individuals and groups who try to change attitudes on gender-based violence will use the findings to create awareness in the society. In addition to that, it will serve as an academic input and as a secondary source of data for those who want to conduct further investigation in this area.

1.6 Scope of the Study

This research is limited in terms of issues, target group and geography. Conceptually, this studyis delimited to the gender-based violence against health extension in Paweworeda. Specifically,the study is limited to the types of GBV faced by health extension workers. Methodologically,it is limited to qualitative method with case study design. In addition to that, geographically, even if health extension workers found everywhere may encounter gender-based violence, the researcher selected Paweworeda as a study area because the researcher has lived there for a long time and he is familiar with each kebeles of the woreda.

2. METHODOLOGY

2.1 Description of the Study Area

Benishangul-Gumuz Regional State (BGRS) which is found in North West of Ethiopia is one of the Region of Ethiopia. The Region is divided into three zones namely: Metekel, Assosa, and

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Kamashi. Metekel zone consists of seven Woreda, while Assosa and Kamashi comprise eight and five Woredas respectively.

The study area is Paweworeda which is part of Metekel Zone. It has a total area of 643 square kilometers. It is 568 kilometers away from Addis Ababa, capital of Ethiopia, 364 kilometers away from Assosa, capital of BenishangulGumuz region and 27 kilometers from GilgelBeles town, main town of Metekel Zone. According to the available data, the total population of the woreda is about 61, 902 of which 31,632 are males and 30, 270 are females, giving a male to female ratio of approximately 1. Paweworeda has a total of 20 kebeles of which 3 are urban and the rest 17 are rural villages [13].

2.2 Research Approach

In line with the objective, the central research question and the nature of the issue under investigation, qualitative method was employed. Qualitative research provides an in-depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives and histories [14, 15].

2.3 Research Design

The researcher employed case study research design because case study research design works best when the researcher wants to investigate the case in depth and provide an explanation that can cope with the complexity and subtlety of real life situations by using multiple data collection methods [16]. Predominantly, it has been used in relation to the discovery of information (following an inductive logic). Case study research design is an excellent method for obtaining a thick description of a complex social issue. It offers rich and in-depth insight that no other method can yield [15].

2.4 Sampling Technique

The target population for this study was health extension workers. In this study, to select participants and areas of the study, the researcher predominantly uses purposive sampling technique. Accordingly, the study area, Paweworeda, was purposively selected because the researcher is familiar with the area as he lived in the place for a long time. Paweworeda have20 kebeles and each kebele have their own health extension workers and in total there are 39 health extension workers in Paweworeda.

Once the appropriate target population and area for the study was determined, the researcher provides an attention to set what the right sample size is. Likewise, to identify the types of gender-based violence, the researcher used purposefully selected focus group discussants and health extension workers by setting some inclusion criteria such as being a female, having twoor more than two years of experience and having assertive behavior.

The other data collection instrument of this study was a key informant interview with woreda health officials, kebele administrative officials, their immediate bosses and police officers. To get woreda health officials, kebele administrative officials, police officers and their immediate bosses' availability sampling technique was employed because the researcher believes that accessing these individuals would become very problematic due to the nature of the job they do. Based on the above criteria and justifications, a total of 11 semi-structured interviewees, 9 focus group discussants and 9 key informants were selected for collecting data. Data Source

The source of data for conducting the research was merely primary data sources. The primary data were gathered through semi structure interviews with interviewees and key informants and focus group discussion.

2.5 Data Collection Methods

This study was employed semi-structured interview, key informant interview and focus group discussion as data collection instruments.

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2.6 Data Analysis

The study is aimed to explore the gender-based violence, health extension workers are experienced. To carry out this study, the researcher used thematic data analysis technique. Based on the data collection method the researcher used, data were transcribed, codified, categorized and thematically analyzed.

2.7 Trustworthiness

To ensure the trustworthiness of the data, the researcher used easy and simple language and description to describe the findings and to enhance the credibility of the research the researcher held on triangulation. The researcher was also present results to participants during a concluding interview. The peer debriefer was asked to comment on the clarity of the research and its potential for consistency over time and across researchers.

3. RESULTS

3.1 Types of Gender-based Violence

Gender-based violence is a violence that is directed against a person on the basis of their sex. To the same extent, health extension workers had faced gender-based violence on the work place because of their sex. The researcher asked those research participants about the types of gender-based violence that they encountered. According to the response of the research participants on the question raised from the researcher, the types of gender-based violence are summarized below and each are described with direct quotes of the participants and accompanied with rigorous interpretation. To this end, the major themes are psychological violence, physical violence, sexual violence and economic violence.

Psychological Violence

Based on the finding of the study, one of the major types of gender-based violence that inflicted against health extension workers is psychological violence. The accounts of participants indicated that this form of violence is commonly practiced against them. This form of violenceis manifested in a form of menacing, insulting, ignoring, humiliation, scoffing and ethnic based abuse. These specific types of psychological violence are presented hereunder.

Menacing

Based on the result of the study menacing is one form of psychological violence that is practiced against health extension workers. Most of the participants confirmed that they have an experience of menacing at least once in their life as health extension worker. They are threatening to be harmed when they are in the workplace or on their way to work or when they returned to their home. Concerning this, one 23 years old in-depth interview participant described her experience as follows;

We were in Oncho campaign. In the morning, we were trying to convince one pregnant motherto deliver at health center rather than giving birth on her house and we were successful in convincing her. Then she goes to the health center with her husband by asking help to their neighbor for delivery. After an hour, we meet the neighbor at the river that is found in the middle of the forest in the kebele when he was returned to his home, after the pregnant mother was reached at health center. He became hot when he saw us and he said why you did not comeat the health center after you send the mother to it and angrily asked us are you really a health extension worker?. He added that I wish I could kick you, and he menaces us, and said he will get them somewhere else and he will kick one day.

Similarly, another 28 years old participant who had similar experience of gender-basedviolence has supplemented the above mentioned ideas as follows;

Some members of the community usually threat to harm us. One day when we were conducting

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home to home visit with my colleagues to check the proper implementation of the health extension packages; suddenly we saw one man using lintel to cover sorghum, and we asked him why he used it for this purpose rather than using it to prevent himself and his family from malaria. Then he threaten to harm us by saying is it worry you? I will get you somewhere.
Furthermore, focus group discussants strengthen this issue by saying:
One day when I was in trachoma campaign, there were a lot of individuals with me and he (police officer) let those individuals to go. Even my colleague was went to her home for lunch and then immediately he came to me in the kebele office and tried to kick me and said who have with you if I kick you now.
The above explanations of the interviewees' and focus group discussants tell us how those health extension workers are threatened to violence when they are conducting home to home visit to perform their daily activities as health extension worker of the kebele and when they perform campaign to prevent the occurrence of transferable diseases. The surprising fact is that the police officers are also one of the perpetrators of gender-based violence against health extension workers rather than safeguarding them. In addition to this, one can understand that even if those perpetrators are told to perform activities for their own sake, they menace the health extension workers rather than accepting and implementing those ideas.

Insulting

As the data collected from the research participants revealed, health extension workers had been also faced another forms of psychological violence which is insulting. Those in-depth interview participants and focus group discussants explained that they were faced insulting repeatedly by the community, by health officers found at woreda level and by kebele administrators. In line with this, 23 years old, stated that;
The woreda health officers many times rather than appreciating our good job performance they tell us as we did not perform our task properly. One day one woreda health officer calls to my mobile and without asking the problem I have; he insulted me by saying you idiot, you are setting only in one 'gott' and he added as I didn't perform my activity properly.
From the above case story, one can easily understand that those health extension workers faced psychological violence in the form of insulting. As the story indicated, the communitymembers are not only insulting the health extension workers but woreda health officers also commit such type of offense against health extension workers. In addition to that, from the above story one can understand that the woreda health officers rather than struggling for healthextension workers to protect them from violence, they also commit gender-based violence against them. It also indicates as woreda health officers also have a gap in recognizing the goodwork performance of health extension workers.

Ignoring

Ignoring is the other types of psychological violence that is forwarded against health extension workers. As we all know, health extension workers play a key role in reducing the mortality rate of mothers and children and in prevention of different types of diseases, which leads the society up to death. However, knowingly or unknowingly different members of the society disdain those health extension workers by ignoring the ideas they raised and for that matter the community has considered health extension workers as they could not do anything valuable for the community. In light of this, a 30 years old interviewee described her experience as follow;
The community what we serve the service, the kebele administrators, some woreda health officers and cabines consider us as we did nothing important for the community, and they considers as we didn't have knowledge about the position we hold. They did not consider the job we perform as a job and think as the job we hold as valueless. Sometimes when we conduct

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home-to-home visit to aware the community about how to prevent themselves from some diseases, they said 'who you are to teach us'? To the same extent, administrators and woreda officers in most cases did not accept the idea what we raise because they consider us as we raise nothing new.

From the above quotation, we can understand that one of the obstacles of those health extension workers faces is rewarding negatively for the service they delivered since the importance of their service is ignored by the community. Here what impressed the researcher is that even the one who should protect those health extension workers from GBV also commits it against themin the form of considering their ideas nothing important and as they didn't add value for the wellbeing of the society.

Humiliation

Health extension workers were also psychologically humiliated by different group of people. As a matter of fact, the government placed health extension workers for each kebele found in Paweworeda after providing the necessary training for them. However, as the research participants described, there are some individuals who conclude as every health extension worker do not have knowledge about the job and because of this thinking, they humiliate health extension workers by any opportunity they got. In relation to this, one 26 years old key informant stated as;

Health extension workers are usually faced abjection by different individuals in the community. One day we were in meeting with the community and the health extension workers are attending the meeting with us and some meeting participants' rose some complain on health extension workers. Then one kebele administrator disconsider those health extension workersby replying as health extension workers didn't know about their job, and as they didn't have knowledge about their work and he added that they hold the position to get salary from the government rather than serving the community.

From the above narration, we can understand that health extension workers are also encountered humiliation in addition to menacing, insulting and ignoring in the workplace. Thisrevealed that kebele administrators rather than convincing the community to accept the health extension workers as a health care worker; they told the community as they did it to fulfill theireconomic motives only rather than the interest to serve the community and as they did not haveknowledge about their work.

Defamation

The study found out that, defamation is one of the psychological violence that health extension workers face at Paweworeda. In line with this, one interviewee shared her experience as follows;

I took permission from my colleagues to help my family in the farming area. Soon one woreda health officer came to our kebele to supervise us, and then he asked my colleagues where am I and they replied as I ask permission and went to help my family. Then after the health officer by taking this as a reason prohibited me from attending training and defame my name by saying other health extension workers " Do not perform your task improperly like her" without understanding my problem.

From the above story, one can cognize that defaming the name of the health extension workers without understanding the rationale behind it, is one of the violence committed against them especially by woreda health officials, and they took it as a means to violate them economically through banning them to attend trainings.

Scoffing

The other types of psychological violence health extension workers are faced is scoffing. Health

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extension workers serve the community not only at day but also at night if there is an emergency. However, some individuals scoff the health extension workers by using the natureof the job as a fountain. For example asking them to wake up at night by telling there is an individual, who is sick. As research participants described these types of violence committed against health extension workers discourage them to undertake their tasks. The focus group discussants clearly described this as follows;

One day at night when I was sleeping on my house, one man knocked my door and he asked me to wake up because as he said his wife is sick. He added if you could not see she will die. Then by deciding to treat her, I wake up, but soon I recognized that she was not there. Then I asked him where she is and he replied she was here. However, he was scoffing me.

The above explanation tells us that health extension workers have often experienced scoffing and as it is common. The surprising thing here is that, some members of the community by using the voluntariness of the health extension workers to serve them even at the night, they scoff them even by knocking their house at the middle of night by saying, as there is an individual, who is sick.

Similarly, another research participant also stated that she repeatedly faced scoffing by the community when she renders health service for them. She explained this violence by her own words as:

One day when I conduct home-to-home visit as usual, I told one mother to collect the garbage'sof the home in one sack. Then, soon she scoffed me by saying "እንደአዲሳባሰዎችበቆሻሻአስደርምሰውሊገሉንቆሻሻበማዳበሪያአድርጉይሉናል"". It literally translated to English as"To kill us with rubbish landslide like Addis Ababa people, they advise us to put our dust into a container which is locally called madaberia".

The above participant reflected that health extension workers are facing scoffing by the community when they tell them to do things that are necessary to keep themselves from diseases. Nevertheless, some individuals rather than accepting and implementing what the health extension workers are telling to them, they try to scoff health extension workers. For instance, as we can understand from the above story, health extension workers by telling an individual to collect and put the garbage in one sack, she was faced scoff by connecting it with the midden cast down in Addis Ababa.

Ethnic based abuse

Health extension workers that are assigned in Paweworeda belongs to different ethnic origins. They belong to Amhara, Hadiya, Kembata, Oromo and Tigrie. As per the finding of the study,in summation to insulting and other types of psychological violence, health extension workersalso faces ethnic based abuses because of their ethnic origin. Some individuals disdain some health extension workers, by telling them, as they cannot do something important because theybelong to that ethnic group. Concerning this, one interviewee expressed her experience as follows;

The woreda health officers make ethnic discrimination and they commit violence because of our ethnic origin. In 2008, one woreda supporter without observing and checking the work we performed, he insults us and said 'the problem is when the government hires you by considering individuals belonging to this ethnic group will perform the work properly'.

From the above experience of health extension workers, we can understand that healthextension workers also experience ethnic based discrimination because of their ethnic origin bygeneralizing as the individuals belongs to that ethnic group are not effective in performing theirwork. As the account of the participants, woreda health officers without judging the health extension workers job performance with actual evaluation, they generalize as an individual whobelons to that ethnic group is infirm and they cannot perform the task assigned for them properly.

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Sexual Violence

Health extension workers have conducted their work by doing home-to-home visit and due to the nature of the job, they have contact with different individuals, and it makes them to be vulnerable for sexual violence. Specifically, the types of sexual violence they have faced include attempted rape and sexual harassment.

Attempted rape

As per the finding of the study, one of the sexual violence, health extension workers encountered is attempted rape. According to the reflection of interviewees, kebele administrators try to deceit health extension workers with benefits such as saying that they will provide land that will help them to build a house and enabling them to get good job by leaving their current job as a means to convince health extension workers to have sex with them. In relation to this, one of the interviewees openly expressed her experience as follows;

I, as a health extension worker, have faced many challenges. It is difficult for me to tell you all gender-based violence I had had throughout my working life. To tell you the truth even if I like the job, now I hate the job what I hold for a long time delightedly. To tell you some, before I get married, one of the kebele administrators used to ask me repeatedly to have sexual intercourse with him, and he said 'I will help you to leave this job and got other good job if youhave sex with me'. Even we follow different religion. I didn't have any interest to start such types of relation with him and then he used to repeatedly threatened me and one day at night he came into my house and try to rape me and due to that reason I leave the position I hold as kebele health 'cabine'…..

The above reflection tells us how the kebele administrators sexually violate health extension workers. Here one can easily understand that kebele administrators used benefits like providing better job and land to convince health extension workers to have sex with them and when they failed to have agreement with them, they tried to have sex with health extension workers by force. The health extension workers to far from such types of incidence performed against them they take measures like leaving their position as kebele health 'cabine' and this action of health extension worker in return prohibit them to get some types of benefits as a 'cabine'. The reflection also indicated that the kebele administrators are one of the perpetrators of gender-based violence against HEWs.

Sexual harassment

In accordance to the finding of the study, sexual harassment is another types of sexual violence health extension workers were faced. Health extension workers are subjected to unwelcome verbal violence because of their sex and it creates a hostile working condition for them. Concerning to this issue, one of the key informants elucidated that;

It is common to harass the health extension workers sexually in our kebele. There are many youths in our kebele, who considers sexually harass females as ajob. Many times, they set in one place called "tefatet (□□□□)" and sexually harass any individuals who passed through it. I witnessed them many times when they verbally harass health extension workers when they conduct home-to-home visit. They harass one health extension workers as "my marrow foundin my backyard not reached for eating" (□□□□□□□□□□□□□□□□□) because she is fat and mostly they also sexually harass another health extension worker by saying "stew wood "(□□□□□□) because she is thin.

As to the aforementioned key informant reflection, it is possible to conclude that, health extension workers are sexually violated in the form of sexual harassment and it is accustomedto saw health extension workers are sexually harassed. To summarize it, one of the challenges health extension workers face when they conduct home-to-home visit to serve the communityis

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sexual harassment which is perpetrated by the community member.

Physical Violence

The study found out that, in addition to psychological and sexual violence, as described above, health extension workers had also faced gender-based violence in the form of physicalviolence. Physical violence is the intentional use of physical power to against oneself, which has high likelihood of resulting in injury, psychological harm or death. Based on the result extracted from focus group discussants and interviewees and key informants as well, health extension workers have experienced physical violence in the form of beating, spitting and slapping.

Beating

Participants explained that, health extension workers to carry out their task, conduct a home to home visit and they cross a lot of forests to reach to another 'gotts' and it creates a barrier to perform their activities effectively and efficiently. By using it as a good fountain, some individuals commit offences on health extension workers. As described by research participants, one of the physical violence, health extension workers were faced is beating. In connection with this, one of the 35 years old interviewees elaborated it by saying;

It was March 30, 2008 as Ethiopian calendar; when I returned to my home after I finished my home to home visit as my plan, one man waits me on my way to home and beats me without saying anything. He beats my noise and finger by bludgeon and he stab my hand in knife then I fall down in the middle of the road and some individuals got me falling on the road and then they call to ambulance and took me to the hospital. I become conscious after two days I have been slept in the hospital.

Within a similar phenomenon, the following 27 years old interviewee also described the type of physical violence she encountered as a health extension worker. She said;

The head of our kebele health post is male who is graduated in level IV clinical nursing and heis so jealousy. Even if as a health extension worker we perform our duties properly, he repeatedly reported for woreda health officers as we are not attend and perform our work properly. But, when the woreda health officials check it based on the report of head of health post, they assured that we were performing our job properly. Due to that reason we were then after in disagreement with him in different work issues performed in the kebele for a long time.One day when we were in our friend's home during her mourning, he came to home and said as we are talking about him and then he kicked me by wood and because of that my eye lash wasbleed and to got treatment I went to the hospital and it expensed me some cost.

From the above quotations, one can cognize that even if health extension workers are performing their jobs well different individuals by using sharp materials and bludgeon performan offence on them. Furthermore, one can easily understand that the perpetrators of such types of violence is immediate boss and other member of the community and those victims became prone to economic violence to cure from the injuries that come due to beating. Generally, we can comprehend that, beating is one of the types of physical violence that health extension workers encounter at their workplace.

Spitting

The other types of violence experienced by health extension workers are physical violence in the form of spitting. As evident from research participants, some unethical individual who were assigned in the kebele by the government to express their animosity against health extension workers, spit on them. The government carried out transfer for an individual who are poor performer and unethical to penalize them but those transferred workers rather than correcting their bad behavior, they also repeat what they were commit in the past. In correspond to this; the focus group discussants described their experience as follows;

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Now a day, there is one police officer in our kebele, who came from other area by demotion. He strongly invites me for dispute. He is so ill-mannered. He always insults me, and one day when I went to my home he came at the back and expectorate on me and when I return back tohim in addition to that he insults me by saying "you the son of potter". However, he did not know my race and me too.

From the above scenario, we can understand that spitting is other types of physical violence in the workplace. Police officers are placed in the kebele to keep the security of the society and to free them from different issues that threats their humanity, however from the above scenario, we can understand that police officers are also the one who commits violence against the members of the community as they commit on the health extension workers.

Slapping

As per the finding of the study, slapping is one of the physical violence that health extension workers are confronted. Health extension workers are serving the community not only by setting on the health post, but also they conduct home-to-home visit to check the implementation of health extension packages and to provide advice for the community. In addition to that, the communities are even coming to their house to get treatments and advice from the health extension workers. However, some individuals see such thing in opposite direction that they consider as they have other relation with them. One of the interviewee described her experience as follows;

…after he said 'why you are playing and laughing with others', my husband slapped my face near to my ear and beginning from that time I faced hearing problem and after I follow medication continuously for one month, I got better from my hearing problem.

As it is described by the research participant, due to the jealousy behavior of the perpetrators health extension workers have experienced physical violence that has been often practiced in the form of slapping. The finding also indicates that the intimate partners are one of the perpetrators who commit slapping against women health extension workers.

Economic Violence

In addition to the psychological, sexual and physical violence, economic violence was also oneof the gender-based violence those health extension workers were faced in PaweWoreda. According to the response of research participants, economic violence they faced as a health extension worker can be manifested in different forms like prohibiting them from attending training and promotion and theft.

Prohibition from attending training

Training allows employees to improve their work performance through addressing their weaknesses and strengths in relation to those skills employees need to improve on their performance. In addition to that, providing training for the workers also enables them to build their self-confidence, and it is a key for better achievement. To the same extent, Paweworeda health office in coordination with stakeholders provides training for health extension workers to make them successful in implementing the health extension packages. In addition to that, employees also consider attending training as a means to gain additional income in the form of per diem. Nevertheless, the finding of the study indicated that health extension workers are economically violated through forcing them not to attend training. In line with this, interviewee10 said;

In 2001 and in 2002, I was used to work in other kebele; then in 2003, I came to this kebele. The training was provided in two rounds, and my colleagues had gone to attain the first round training except me and the woreda health officer told me as I attend the training in the second round. Immediately, I heard that all health extension workers are went for the second round

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training. Then I asked the concerned body through calling why I did not join the training, and they replied as the training does not concern me. After that by going to the woreda health office, I accused the officer and he accepted the case and said 'I prohibit her from attending training because she didn't accept our order and accused me with her father'. Then he promisedme to send me in the next time….I think you know delivery? Don't it deserve for me? But I think now providing such types of training for health extension workers in Paweworeda is stopped. My colleague now has 7 years of work experience, but I have 9 years of work experience as health extension worker. Therefore, based on the work experience we have, the training should be provided for me. All health extension workers found in 20 kebeles of the woreda got the training except me. The woreda health officer and head even said me the training will be provided for me but still not.

From the above case story, we can comprehend that training is provided for health extension workers in order to enable them to perform their jobs in good way through refreshing and improving their skills. However, the finding of the study revealed that woreda health officersby considering prohibiting health extension workers from attending the training as revenge andas a mechanism to penalize them; they economically violate health extension workers through avoiding one means of generating income in the form of per diem. In addition to that, from the above story, one can clearly realize that prohibiting health extension workers from attending training are not only prevent health extension workers from getting per diem, nevertheless, it is also against the main objective of hiring health extension workers that is creating healthy society and reducing child and maternal morbidity through prohibiting from attending the training essential to achieve this goal.

Prohibition from promotion

Prohibition from work promotion is also identified as another type of economical violence that health extension workers were encounter. Promotion encourages employees to work hard and advance the organization, and it helps those employees to be appointed on the right job that suits with the knowledge, skill and experience they have. However, in the opposite of the merits of promotion, health extension workers faced gender-based violence in relation to promotion through prohibiting them from transfer to another position that will fit with the knowledge, skill and experience they have. With respect to this, the focus group discussants narrated how they were prohibited from promotion as follows;

I am working as health extension worker for four years and graduated in level IV with clinical nursing specialization. They promised us after working for two years as they will shift us in to health expert. We have equal educational status and equal rank. We are two individuals and are not still promoted because we did not have relatives in the office. When our colleague was promoted, we asked the office with written letter why we are not promoted, and they answered that we are learned in ourselves and the others are learned by government.

From the above case story, one can understand that health extension workers are also economically violated through prohibiting them from gaining work promotion. It shows that even if employees have equal educational status and rank, biases have done in promoting them. From the above saying of the research participant, one can also easily understand thatfavoritism is practiced in promoting health extension workers. It implies health extension workers who have an individual in the office who can conduct negotiation with the woreda health officers can be promoted and the reverse is true for health extension workers who have not relatives in the woreda office.

Theft

According to the data obtained from the research participant, other type of economic violence,

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health extension workers encountered is theft of money. Health extension workers were responsible to serve as kebele cashier in the past. This responsibility leads the health extension workers to put much money in their house by fearing that they will be robbed if they put the money in the health post. Due to this reason, health extension workers are faced theft of money and this type of violence leads the health extension worker for prison. The focus group discussants described this type of gender-based violence as follows;

At that time, the head of health extension worker was kebele cashier. I was assigned as kebele cashier, because I was a head. There is one kebele cashier for each kebele and I was one of them. There was a construction building in the clinic and for that purpose, I withdraw money from the micro finance in the woreda and put it in my house. He was my husband that has 2 years old children and we lived for 6 year together. The money was 20,000 (twenty thousand) birr. There was a meeting and he saw the money and I also told him to keep it but when I came back to my home after two days, the money was stolen. Soon I recognized that my husband stolen it. Even if the money was stolen by my husband, I was arrested in prison for one year without my offence.

From the above case story, we can understand that theft of money is one of the economic violence, health extension workers were faced throughout their working life. Here we can cognize that the intimate partners are one of the perpetrators of such types of violence against health extension workers. It also entails because of this offence committed against them, surprisingly the health extension worker was under in jail for one year.

4. DISCUSSION

Psychological violence

The study sheds light that psychological violence is one type of gender-based violence, health extension workers were experienced in the form of menacing, insulting, ignoring, abjection, defamation, scoffing and ethnic based abuse. As the responses of participants of the research,the most cases of gender-based violence, health extension workers are getting on is psychological violence. This finding of the study is consistent with the finding of the study conducted by [9, 17, 18, 19] revealed that as psychological violence was the most frequent form of violence female nursing staff have faced in rendering health care service. According tothe finding of these studies, female nursing staffs are threatening to hurt, insulted and humiliated in the workplace.

The study conducted by [9] discovered that female nurse staffs in Saudi Arabia also experience ignoring in their work area and in addition to that this study showed that female nurses becauseof their nationality experienced racial abuse. In addition to that, the study conducted by [5] on female nurses of the referral hospital in Amhara Regional State also revealed that female nurses were experiencing psychological violence. Likewise, the present study confirmed that health extension workers are experienced ignoring and ethnic based abuse based on their ethnic origin.

Sexual violence

The finding of this study revealed that attempted rape and sexual harassment were the other types of gender-based violence, health extension workers were experienced while they are working as a health extension worker. Even if the study setting is different, [20] similarly reported that European Union workers experience such types of sexual violence in the work area by the employers, men colleagues, immediate [21] bosses and customers of the organization. Likewise, the results of the study conducted by Marsh et al. (2009) on the prevalence of workplace abuse and sexual harassment among female faculty and staff membersin Hawassa, Ethiopia indicated that nearly 47 % of women reported that they experienced onetype of sexual harassment in one year. As the above figure showed, sexual harassment is one type of

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sexual violence, female faculty and staff members are experiencing in the workplace.
Correspondingly, the present study identified that health extension workers have experienced attempted rape and sexual harassment in the workplace.

Physical Violence

Granting to the finding of this study, physical violence is one of the major cases of gender-based violence that health extension workers were experienced in the workplace. As revealed in the finding of this written report, health extension workers experienced beating, spitting and slapping. Concurrently, the finding of the present study except spitting is consistent with the study conducted by [18] on nurse staffs of Brazilian hospital entitled "gender-based violence against the female nursing staff of a Brazilian hospital in Sao Paulo city''.
Likewise, the survey conducted by [22] suggested that female dental professionals faced physical violence in the form of heating in the workplace. The study confirmed that female health care staff experienced physical violence in the form of slapping and kicking either by their intimate partners or by other individuals. Correspondingly, the present study showed that health extension workers have experienced physical violence in the form of beating, slapping and spitting.

Economic Violence

Another type of gender-based violence, health extension workers were experienced as a health care worker is economic violence. According to the finding of the study, health extension workers are prevented from going to training and advancement. Moreover, they are also encountered robbery. This determination is confirmed by the report of the [13] that asserted even if the workers are only handle small amount of money they are prone to looting and the women workers experience robbery.

5. CONCLUSION AND RECOMMENDATION

a. Conclusion

Gender-based violence is a violence directed specifically at women because she is a woman and it affect women disproportionately. With no exception, health extension workers experience gender-based violence which are broadly categorized as psychological violence, physical violence, sexual violence and economic violence. Specifically, the types of gender- based violence, health extension workers experience are threats of violence, insulting, ignoring, abjection, defamation, scoffing, ethnic based abuse, attempted rape, sexual harassment, beating, spitting, slapping, prohibition from attending training and promotion and robbery. Generally, not all health extension workers experience similar types of gender-based violence.
Therefore, this study is vital for multiple reasons. The findings of this study will be expected to enlighten individuals and the community on types of gender-based violence committed against health extension workers in the study area. It is also expected that the findings of this study will expose community-derived methods of managing and resolving the problem of gender-based violence. Further, the findings of the study will draw attention to governmental and non-governmental organizations involved in fighting for human rights and especially those against gender-based violence so that they will intensify their activities in this area. In addition to that, interested individuals and groups who try to change attitudes on gender-based violence will use the findings to create awareness in the society.
Generally, health extension workers experience multiple forms of gender-based violence that deprive their human and democratic right and it is their poorness that forces them not to leave their job even if they have a strong zeal to cease their job.

b. Recommendation

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Based on the finding of the study, the following recommendations are proposed for all concerned bodies. Since multi-sectorial response is needed, the recommendations are forwarded to the community, health extension workers, kebele administrators, woreda health offices, woreda women and child office and woreda administrators.

- Woreda health office should avoid discrimination related to providing training and promotion of health extension workers by recognizing that it has a negative effect on the work.
- The community, the kebele administrators and woreda health officers should evaluate health extension workers based on the knowledge, skill, experience and attitude of them rather than considering their gender and treat females and males workers equally.
- Woreda health officers should treat every health extension worker similarly without considering their ethnic origin.
- Woreda police office should assign police officers for each kebele to protect the security of the community. In addition to that, the woreda police office should evaluate the police officers assigned in some kebeles because the police officers are also identified as one of the perpetrators of gender-based violence.
- Woreda women and children affair office should organize extensive awareness creation campaigns and provide training for community leaders, religious leaders, health extension workers and community at all levels on the effect of gender-based violence. At the same time, they should take responsibility of co-coordinating and networking all the concerned bodies.
- The husbands of the health extension workers should understand the nature of the job that health extension workers may have many contacts and communication with different individuals related to the job.
- Individual health extension workers should intervene when they witness violence among their colleagues, recognize factors that may initiate the perpetrators to become violent and report all incidents of violence.
- Local and international non-governmental organizations should intervene to challenge the gender-based violence. This could be realized through integrated arms of the woreda and kebele administration, health officers, health extension workers and the community as well as the collaborative efforts of the different development actors like GOs and NGOs.

ABBREVIATIONS AND ACRONYMS

BGRS BenishangulGumuz Regional State, GBV Gender-based Violence GOs, Governmental OrganizationsHEWs Health Extension Workers, HTPs Harmful Traditional Practices NGOs Non-Governmental Organizations OnchoOnchocerciasis, WHO World Health Organization

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