



University of Kentucky
UKnowledge

CRVAW Faculty Journal Articles

Center for Research on Violence Against Women

1998

Violence Against Women in Sierra Leone: Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse

Ann L. Coker

University of South Carolina - Columbia, ann.coker@uky.edu

Donna L. Richter

University of South Carolina - Columbia, drichter@mailbox.sc.edu

Right click to open a feedback form in a new tab to let us know how this document benefits you.

Follow this and additional works at: https://uknowledge.uky.edu/crvaw_facpub

 Part of the [Mental and Social Health Commons](#), [Psychiatry and Psychology Commons](#), [Public Health Commons](#), [Social Work Commons](#), and the [Sociology Commons](#)

Repository Citation

Coker, Ann L. and Richter, Donna L., "Violence Against Women in Sierra Leone: Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse" (1998). *CRVAW Faculty Journal Articles*. 145.

https://uknowledge.uky.edu/crvaw_facpub/145

This Article is brought to you for free and open access by the Center for Research on Violence Against Women at UKnowledge. It has been accepted for inclusion in CRVAW Faculty Journal Articles by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.

Violence Against Women in Sierra Leone: Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse

Notes/Citation Information

Published in *African Journal of Reproductive Health*, v. 2, no. 1, p. 61-72.

Published in an open-access journal, <http://www.bioline.org.br/rh>.

Dr. Ann Coker had not been a faculty member of the University of Kentucky at the time of publication.

Violence Against Women in Sierra Leone: Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse

Ann L. Coker¹ and Donna L. Richter²

ABSTRACT

Violence against women is a significant public health problem which impacts women, men, and children. Little is known about the frequency or correlates of violence against women in Africa. In this cross-sectional study, we found that 66.7% of 144 women surveyed in a study of AIDS knowledge, attitude, and behaviours, report being beaten by an intimate male partner and 50.7% report having ever been forced to have sexual intercourse; 76.6% of women report either forced sex or intimate partner violence. Circumcised women were most likely to report intimate partner violence and forced sexual intercourse. To improve the health of women worldwide, violence against women must be addressed. (*Afr J Reprod Health* 1998;2(1):61-72)

RÉSUMÉ

La violence à l'encontre des femmes au Sierra Leone: Fréquences et déterminants actes de violence de la part du conjoint et des rapports sexuels forcés. La violence à l'encontre des femmes est un problème de santé publique majeur qui affecte à la fois les femmes, les hommes et les enfants. Cependant, l'on sait peu sur la fréquence et les déterminants de la violence contre les femmes en Afrique. Dans cette étude transversale, nous avons découvert que 66,7 % des 144 femmes enquêtées au cours d'une étude sur les connaissances, les attitudes et les comportements en rapport au SIDA, avaient rapporté avoir été battues par un conjoint mâle et 50,7% ont déclaré avoir été forcées à avoir des rapports sexuels. 76,6% des femmes ont déclaré avoir soit été forcées à des actes sexuels, soit avoir subi des actes de violence de la part de leurs partenaires. Les femmes excisées étaient les plus nombreuses à rapporter la violence subie de la part de leurs partenaires et les rapports sexuels forcés.

Afin d'améliorer la santé des femmes dans le monde entier, le problème de la violence à l'encontre des femmes doit être résolu. (*Rev Afr Santé Reprod* 1998;2(1):61-72)

KEYWORDS: *Violence against women, female circumcision, rape, sexual assaults, women, Africa, intentional injury*

¹Department of Epidemiology and Biostatistics; ²Department of Health Promotion and Education, both in the University of South Carolina, School of Public Health, Columbia, South Carolina, 29208, USA

Introduction

Intimate partner violence (IPV), defined to include physical and sexual assaults between intimates in heterosexual relationships, results in significant psychologic and physical health consequences.¹⁻⁶ Little epidemiologic research has documented the frequency, correlates or consequences of intimate partner violence in Africa. A range of between 21-50% of women in Africa have ever experienced intimate partner violence. Odujinrin⁷ reports that approximately 30% of 1,000 Nigerian women surveyed reported physical intimate partner violence. Van der Straten et al⁸ found that 21% of 876 Urban Rwandan women report that partners ever beat them. Butchart and Brown⁹ found 38% of non-fatal injuries identified from hospitals in Johannesburg (including Soweta), South Africa, were a result of interpersonal violence by a spouse or lover. Raikes et al.¹⁰ found that 30% of Kenyan women report intimate partner violence and 50% of men and women report that their mothers were also beaten.

Women with less education who are frequently of low income and whose partners abused alcohol are at greatest risk of IPV.⁷ HIV positive women were more likely to report IPV.⁸ The majority of IPV victims attribute their attacks to arguments and/or alcohol.⁹

Between 7-18% of African women surveyed report rape.¹¹ Van der Straten⁸ reports that 30% of male partners insisted on sex after the woman's refusal. HIV positive women were more likely to report forced/coerced sex. Forced sexual intercourse frequently occurs among women experiencing IPV.

African women may be at greater risk of experiencing IPV and disproportionately experience mental and physical health consequences of this violence. Few studies have reported the frequency and correlates for intimate partner violence in Africa. In this study, we report the frequency of intimate partner violence and forced sexual intercourse among women in the capital city of Freetown, and in the Northern Province of Sierra Leone. We further explore factors correlated with intimate partner violence and forced sex.

Methods

In this cross-sectional study of HIV / AIDS knowledge, attitudes, and behaviours, we included additional questions regarding women's experiences with intimate partner violence, other family violence victimization, and forced sexual intercourse. The interviewer-administered questionnaire included questions on the following constructs: demographics (age, ethnicity, education, occupation, religion, marital status), AIDS awareness (having heard of AIDS, what AIDS means, source of AIDS information), AIDS knowledge (transmission and prevention measures), attitudes about sexual relationships, extramarital sexual relationships, condom use, injections and use of sterile needles, self-perceived risk of AIDS, female circumcision, and physical and sexual violence. The mean duration of the interview was one hour and ranged from 20 to 90 minutes.

Population Sampled

The population of this study is a convenience sample of adult women in the capital city (Freetown) and the Northern Province of Sierra Leone. Participants were recruited into the study from family planning and hospital clinic waiting rooms, marketplaces, a refugee camp in Freetown, and at clinics and a teachers' college in the Northern Province. Rebel activity in the other provinces made data collection in other parts of Sierra Leone impossible. Women who were approached by interviewers to participate in the study usually agreed to be interviewed. Less than 10% refused to be interviewed. Informed consent was obtained verbally. At the clinics, interviews sometimes were interrupted when the woman was called to see the physician and were continued after her consultation. Interviews were conducted between March and June, 1994.

A total of 221 women responded to the survey. In the analysis phase, we eliminated 42 women who could not provide their age, 27 women who did not provide information on intimate partner violence or forced sex, and 8 women who did not provide information on their marital status, education, or religion. The total number of women included in the analyses for this study was 144.

Permission to conduct research in Sierra Leone was obtained through the Sierra Leone Ministry of Health Research and Ethics Committee. The survey was piloted with patients at the Marie Stopes Clinic, a family planning facility in downtown Freetown, and revisions were made to add additional response categories and to refine question sequencing. Construct validity was established by having the survey instrument reviewed by experienced HIV prevention researchers in the US and in Sierra Leone.

Measures of Violence Against Women (Outcomes)

The outcomes of violence against women were measured using the following sets of questions. To assess *intimate partner violence*, the following text and question were read to women: "Physical fights may occur between husbands and wives or boyfriends and girlfriends. Have you ever been beaten up by a boyfriend or husband? Yes or No". For those responding yes, the following follow-up questions were asked of women: "How often were you beaten by an intimate male partner?" and "When you were beaten did you ever need medical treatment for your injuries? Yes or No". We grouped women who answered yes to ever being beaten up by a boyfriend or husband as those experiencing intimate partner violence.

To assess *forced sexual intercourse*, women were asked the following series of questions: "Have you ever been forced to have sexual intercourse against your will? Yes or No", if yes, then "How old were you when you were first forced to have sexual intercourse? Age", "Was this {forced sex} the first time you had sexual intercourse? Yes or No", and "Which of the following people forced you to have sex?" A list of relationship categories was provided from which the woman could select all that applied (e.g. father, brother, uncle family friend, boyfriend, acquaintance, stranger, husband). We grouped women who answered yes to ever being forced to have sexual intercourse against their will as those experiencing forced sex.

All women were also asked whether other family members, excluding a husband, had ever beaten them. Women who responded that a fam-

ily member had ever beaten them were again given a list of relationship categories from which to select all family members who had ever beaten them (e.g. father, mother, sibling, uncle or aunt, or grandparent), (Table 1).

Multiple forms of violence against women

We hypothesized and found that women reporting IPV were more likely to report forced sexual intercourse by intimate male partners (Table 2). To more fully explore this overlap, we addressed correlates of IPV and forced sex using a four-level polytomous outcome variable with the following groupings: IPV and forced sex (N=60); IPV but no forced sex (N=35), forced sex but no IPV (N=13), with no IPV or forced sex (N=33) as the comparison group for all three IPV and forced sex combinations.

We further hypothesized that correlates of the more traumatic forced sex when it was the woman's first sexual experience might well be different from correlates of forced sex which was not the first sexual experience among those reporting IPV. To address this hypothesis, we developed the following three level polytomous categories: (1) IPV and forced sex as first sex (N=40), (2) IPV and forced sex not first sex (N=20), and (3) the comparison group of women not reporting IPV nor forced sex (N=35).

Correlates of violence against women

We examined the relationship between violence against women, combinations of IPV and forced sex, and the following correlates included in the interviewer administered questionnaire: demographic information (age, ethnicity, religion, education, employment status), marital status, type of marriage (monogamous or not), number of extramarital partners, female circumcision status (yes or no), condom use with "regular" partner and with extramarital partner(s), beliefs about sexual intercourse including the role of sex in life, perceived male responsibility for protection, male reaction to talking about AIDS and other sexually transmitted diseases, self-perceived AIDS risk and desire to be screened for AIDS, and whether the woman would allow a child to be circumcised.

Table 1 Frequency of violence against women in Sierra Leone: Intimate Violence and Forced Sexual Intercourse

Intimate Partner Violence	Number (N=144)	%
<i>Physical fights may occur between husbands and wives or boyfriends and girlfriends. Have you ever been beaten up by a boyfriend or husband?</i>		
Yes	96	66.7%
No	48	33.3%
<i>If ever beaten, how often were you beaten by an intimate male partner?</i>		
1–2 times in your life	46	54.1%
1–2 times a year	20	23.5%
3–11 times a year	8	9.4%
±12 times a year	11	12.9%
Refused question	4	
<i>If beaten, when you were beaten did you ever need medical treatment for your injuries?</i>		
Yes	53	59.6%
No	36	40.4%
Don't Know	7	
<i>Did other family members beat you?(ever)</i>		
Yes	101	73.7%
No	36	26.3%
Don't Know/Refused	7	
<i>If beaten by another family member, who beat you?</i>		
Father	56	55.4%
Mother	54	53.5%
Brother/Sister	21	20.8%
Uncle/Aunt	24	23.8%
Beaten by more than one relative	49	48.5%
Note: No other family member was listed as beating a woman		
Forced Sexual Intercourse	Number (N=144)	%
<i>Have you ever been forced to have sexual intercourse against your will?</i>		
Yes	73	50.7%
No	71	49.3%
<i>If forced, age at first being forced to have sexual intercourse:</i>		
Age 5–14	7	10.9%
Age 15–18	29	45.3%
Age 19–25	28	43.8%
Don't remember age when forced	9	
<i>If forced, was forced sex your first sexual intercourse?</i>		
Yes	45	65.2%
No	24	34.8%
Don't Know	4	
<i>If forced, who forced sexual intercourse?</i>		
Boyfriend	57	78.1%
Husband	19	26.0%
An Acquaintance	2	2.7%
Stranger	2	2.7%
More than one of the above	5	6.8%

Note: No other family member was listed as forcing sexual intercourse

Table 2 Forced sex as a woman's first sexual intercourse by experience with Intimate Partner Violence (IPV) in Sierra Leone

Intimate Partner Violence	Forced Sex		No Forced Sex		OR for IPV & forced sex
	N	%	N	%	
<i>Ever beaten</i>	60	63.2%	35	36.8%	4.5**
<i>Never Beaten</i>	13	28.3%	33	71.7%	

Forced sex by an intimate male partner: <i>Was forced sex the woman's first sexual experience?</i>						
Frequency of IPV	Forced sex was 1st sex		Forced sex not 1st sex		Not forced to have sex	
	#	%	#	%	#	%
<i>Frequent IPV (1-2 beatings a year)</i>	35	72.9%	9	18.8%	4	8.3%
<i>Infrequent IPV (1-2 beatings in woman's lifetime)</i>	22	38.6%	10	17.5%	25	43.9%
<i>No IPV</i>	14	35.9%	10	25.6%	15	38.5%

Statistical Analysis

To assess the frequency of intimate partner violence and forced sexual intercourse, we examined the frequency and proportion of female respondents who answered yes to the sets of questions on intimate partner violence and forced sex. These results are provided in Table 1.

To address correlates of violence against women, we performed a series of multiple polytomous logistic regression analyses (PROC CATMOD) between each correlate of interest as an independent variable and the following polytomous outcome categories: IPV and forced sex, IPV only, forced sex only, each relative to those reporting neither. The results of these unadjusted analyses are provided in Table 3. We present and acknowledge as statistically significant those odds ratios with corresponding *p* values of ≤ 0.05 (Table 3). Given our small study size ($N=144$), we also note those odds ratios with corresponding *p* values of 0.06–0.10 as being of borderline statistical significance.

To explore the impact of forced sex being a woman's first sexual experience within those reporting IPV, we used polytomous logistic regression (PROC CATMOD) to provide odds ratios for each correlate and 1. those reporting IPV and forced sex being the first sexual experience,

2. those reporting IPV and forced sex but not as first sex, and 3. the comparison group, those not reporting IPV independent of forced sex.

The study design is cross-sectional, therefore, we provide the prevalence of intimate partner violence and forced sex, separately, within the stratum of the correlate of interest (Table 3). The measure of association provided is the prevalence odds ratio.

Results

Frequency of Intimate Partner Violence

Among the 144 women included in this analysis, 96 (66.7%) reported having ever been beaten up by a husband or boyfriend (Table 1). Among those reporting intimate partner violence, 54.1% reported being beaten up 1–2 times in their lives, 23.5% were beaten 1–2 times a year, and 22.4% were beaten at least 3 times a year. Almost 60% of those who were ever beaten reported requiring medical treatment for injuries. Women who reported being beaten at least 1–2 times a year were not significantly more likely to report needing medical treatment for injuries (63.9%) than were those reporting being beaten 1–2 times in the woman's life (56.9% reported injuries requiring medical treatment).

Table 3 Prevalence of violence against 144 women (Physical assaults by Intimate Partners and Forced Sex) by correlates

Correlates	# in Subgroup	OR for IPV and forced sex	OR for IPV but no forced sex	OR for forced sex but no IPV
Demographic Factors				
<i>Age:</i>				
≤29	95	2.3†	2.8*	2.1
>29 (Ref)	47			
<i>Education</i>				
Elementary or Secondary	45	1.0	1.1	NE
High School or University (Ref)	99			
<i>Muslim Religion</i>				
Yes	61	4.4**	2.4†	1.5
No (Ref)	83			
<i>Currently Employed</i>				
No	94	2.2†	7.4**	1.9
Yes (Ref)	50			
<i>Is the woman circumcised?</i>				
Yes	110	8.0**	1.7	0.7
No (Ref)	31			
<i>Does woman live in a monogamous marriage?</i>				
No	29	1.2	1.2	0.9
Yes (Ref)	56			
<i>Is current marriage first marriage?</i>				
No	15	1.9	0.2	2.1
Yes (Ref)	69			
<i>Does woman have "Extramarital" affairs?</i>				
Yes	65	0.7	2.1	0.6
No (Ref)	62			
Condom Use				
<i>Have you ever used condoms when having sex with your regular partner?</i>				
Yes	63	1.9	0.8	0.6
No (Ref)	76			
<i>Do you/your partner use condoms with extramarital partners?</i>				
Yes	26	1.1	1.5	0.4
No (Ref)	39			
<i>Did woman have an extramarital partner in the last 6 months?</i>				
Yes	11	1.3	2.8†	0.5
No (Ref)	107			

All women were asked whether other family members beat them; 73.7% responded affirmatively. Among those responding that they were beaten (N=101), 53.5% were beaten by a mother, 55.5% were beaten by a father, 20.8% were beaten by a brother or sister, and 23.8% were beaten by

an uncle or aunt. In no case was a grandparent listed as a family member who beat the woman. Among those reporting being beaten by a family member, 48.5% reported being beaten by more than one family member (usually both parents).

Table 3 Continued

Correlates	# in Subgroup	OR for IPV and forced sex	OR for IPV but no forced sex	OR for forced sex but no IPV
Beliefs about Sexual Intercourse				
<i>"Sexual intercourse should be primarily for the purpose of having children".</i>				
Agree	67	3.1*	2.9†	1.1
Disagree (Ref)	75			
<i>"Sex is an important way of showing someone that you love them".</i>				
Agree	107	5.5*	2.3	3.4
Disagree (Ref)	32			
<i>"Sex is one of the most satisfying experiences in life".</i>				
Agree	104	2.8†	2.1	0.3†
Disagree (Ref)	33			
<i>"It is the man's responsibility to bring up the issue of safe sex".</i>				
Agree	92	2.2†	1.0	1.2
Disagree (Ref)	50			
<i>"If I raised the issue of AIDS with my new sexual partner, he would become upset or vexed with me".</i>				
Agree	106	2.0	0.4	0.3†
Disagree (Ref)	34			
AIDS Risk				
<i>Does woman think her risk of getting AIDS is high?</i>				
Yes	67	2.4†	0.3*	0.6
No (Ref)	71			
<i>Would woman like to take the AIDS test?</i>				
Yes	119	1.9	5.6†	1.0
No (Ref)	13			
Violence against women				
<i>Was woman EVER beaten by other family members (excluding intimate partner)?</i>				
Yes	101	3.0*	1.5	3.3
No (REF)	36			
<i>Allow daughter to be circumcised:</i>				
Yes	109	4.4**	1.2	1.2
No (REF)	35			

NE — Not estimable.

† p = 0.06–0.10; * p = 0.01–0.05; ** p < 0.01

Frequency of Forced Sexual Intercourse

Half of the women surveyed reported having ever been forced to have sexual intercourse against their will. Table 1 presents the age at first being forced to have sexual intercourse; all were forced before age 25. Among those reporting forced sex, 65.2% reported forced sex to be the first time the woman had ever had sexual intercourse. Boyfriends and husbands were disproportionately those who forced sex. Women forced by boy-

friends to have sex were significantly more likely (p=0.016) to report that first sex was forced (68.2%) compared with those forced by an acquaintance or stranger (0.0%; 0/3).

Victims of IPV as Victims of Forced Sex

We hypothesized that women experiencing IPV would be more likely to also report being forced to have sexual intercourse by intimate partners. Table 2 provides the data which indeed supports

this hypothesis. Women reporting IPV were 4.5 times more likely to report forced sex also; among women reporting IPV, 70% reported forced sex compared with 27% of those not reporting IPV. Among those 60 women experiencing IPV and forced sex by an intimate partner, 67% reported that forced sex was the woman's first sexual experience.

Because the majority of IPV victims also reported forced sex, we chose to address correlates of IPV, with and without forced sex, relative to women reporting neither forced sex or IPV.

Correlates of Intimate Partner Violence

Table 3 provides a summary of our exploration of correlates and the three combinations of intimate partner violence and forced sex relative to those experiencing no IPV or forced sex. Presented are the number of women within the strata for the correlate described and the unadjusted prevalence odds ratio for the association between the correlate and IPV and forced sex, IPV without forced sex, and forced sex yet no IPV.

There is significant overlap in the number of women reporting both IPV and forced sex. Of 109 women reporting either forced sex or IPV, 55% (N=60) report both IPV and forced sex. Of those reporting IPV (N=96), 67% report IPV and forced sex while 82% of those reporting forced sex (N=73) also report IPV.

Demographics

From this analysis, we found the following demographic factors to be significantly associated with intimate partner violence and forced sex (at p value < 0.10): younger (< 29) age (OR=2.3), Muslim religion (OR=4.4), being currently unemployed (OR=2.2), and being circumcised (OR=8.0).

Women reporting IPV but not forced sex were more likely to be < 29 years of age (OR=2.8), Muslim (OR=2.4), and not currently employed (OR=7.4). Being circumcised was not associated with IPV "alone" or forced sex "alone". No demographic factors were correlated with forced sex not accompanied by IPV

Condom Use and Extramarital Relationships
Condom use with a regular sex partner or with an extramarital partner was not associated with the IPV and forced sex groupings. Among women having extramarital affairs, those having a partner in the last six months were 2.8 times more likely to experience IPV "alone".

Beliefs about Sex

The following were correlates of IPV and forced sex: belief that (a) "sex is primarily for procreation" (OR=3.1), (b) "sex is an important way of showing love" (OR=5.5), (c) "sex is one of the most pleasurable and satisfying experiences in life" (OR=2.8), and (d) "it is the male's responsibility to bring up the issue of safe sex" when in a new relationship (OR=2.2). Believing that "sex is primarily for procreation" (OR=2.9) was more common in women reporting IPV "alone". Women reporting forced sex without IPV were significantly less likely to report (a) sex being "one of the most pleasurable and satisfying experiences in life" (OR=0.3) and (b) that a hypothetical new sex partner would become upset or vexed if she brought up the issue of AIDS or safe sex (OR=0.3).

Self-perceived AIDS risk and desire for testing

Almost half (48.6%) of the women surveyed believed their risk of acquiring AIDS was high. Women who believed that their risk of AIDS was high were 2.4 times more likely to have experienced IPV and forced sex. Women reporting IPV but no forced sex were less likely to believe their risk of AIDS was high (OR=0.3) but were more likely to desire AIDS testing. A majority (90.2%) of women in this study would like to be tested for AIDS.

Other forms of violence against women

Other forms of violence were correlated with intimate partner violence and forced sex. The majority of women in the sample (74%) reported that they were beaten by family members in their lifetime. Women reporting IPV and forced sex were 3 times more likely to report being beaten

by other family members compared with women reporting no IPV or forced sex. Being beaten by other family members (not an intimate partner) was not associated with IPV “alone” or forced sex “alone”. Women who experienced both IPV and forced sex (all of whom were circumcised) were 4.4 times more likely to allow their child to be circumcised. Allowing circumcision was not associated with IPV “alone” or forced sex “alone”.

In multivariate polytomous (with 4 categories) logistic regression analyses, the following four covariates remained significantly associated with intimate partner violence and forced sex and were included in the final model for IPV and forced sex: having been circumcised (aOR*=5.0), believing sex is an important way to show love (aOR=2.7), and having other family members who beat the woman (aOR=2.7). Only being unemployed was associated with IPV “alone”. Women reporting forced sex without IPV were less likely to report having ever been circumcised relative to women reporting no IPV nor forced sex in multivariate models.

Correlates of IPV and forced sex as first sex

Lastly, we looked within the group of women experiencing both IPV and forced sex to explore correlates of IPV and forced sex being first sex and of IPV and forced sex not being first sex, relative to the comparison group of women reporting no IPV nor forced sex. We hypothesized that correlates of the more traumatic forced sex as first sex may well be different from forced sex not being first sex among women also reporting IPV (67% of the sample). As indicated earlier, most women who experience IPV also experienced forced sex (N=60/96); therefore, as in Table 3, we are exploring differences in correlates among those experiencing IPV and forced sex by whether or not the forced sex was the woman’s first sexual experience. The comparison group remains those experiencing no IPV nor forced sex to be consistent with the comparison group presented in Table 3 and to allow comparisons with the odds ratios presented in the first column of Table 3 (OR for IPV and forced sex).

Compared with women not reporting IPV nor forced sex, women reporting IPV and first sex as forced sex were significantly more likely to report being circumcised (aOR=∞), to be <29 years of age (aOR=8.9), to believe that sex is an important way to show love (aOR=17.5), to believe that a hypothetical new partner would be vexed if they brought up AIDS (aOR=35.2), and to use condoms with their regular sex partner (aOR=4.3). These women were less likely to report having extramarital affairs. This multivariate model included all six variables noted here as significantly associated with reporting forced sex as first sex.

Women reporting IPV and forced sex which was not first sex were no more likely to report any of the above correlates than were women not reporting IPV or forced sex. It is evident that women experiencing IPV and first sex as forced sex are different from women experiencing IPV and forced sex which was not first sex.

Discussion

Frequency of IPV and Forced Sex

Intimate partner violence is common in Sierra Leone. Sixty-seven percent of women living in urban Sierra Leone report being beaten by an intimate male partner. About half of those reporting IPV report being beaten by an intimate male partner at least 1–2 times a year. Similarly, 50% of women report being forced to have sexual intercourse; a boyfriend or husband is the perpetrator in approximately 90% of these cases. This forced sex was the woman’s first sexual experience for 65% of women reporting forced sex. The majority of women reporting forced sex (82%) also report being beaten by an intimate partner.

From the limited number of existing studies, the prevalence of intimate partner violence in Africa ranges from 21–50%.^{7–10} Within Africa rape estimates range from 7–18%.¹¹ In our study we find that 67% of the women reported ever experiencing IPV and 50% reported forced sex.

Incest is reportedly common in parts of Africa.^{13–14} In this study, however, no woman

* aOR = adjusted Odds Ratio

reported forced sex by an uncle or father. Women surveyed may not perceive incest as forced sex or incest may be such a taboo that reporting is prohibited. Sexually transmitted infections (including HIV), unwanted pregnancy, and psychological trauma are consequences of incest. Male traditional healers advocate sex with a young virgin as a means to cleanse oneself of a sexually transmitted disease¹³. Child sexual abuse (including incest) is a predictor of adolescent prostitution.¹³

Correlates of IPV and forced sex: Female circumcision

Finding that women who are circumcised are more likely to experience IPV and forced sex is of great concern from the woman's health perspective. Forced sex is a traumatic event for any woman and may be even more traumatic for circumcised women. In this sample, 76% of women were circumcised. The rate of circumcision in Sierra Leone is 90%; all ethnic groups practice circumcision except Christian Krios.¹⁵ For most women in Sierra Leone who are circumcised, the procedure involves clitoridectomy and excision; circumcised women in Sierra Leone are not infibulated.¹⁶ Genital trauma associated with forced sex more commonly occurs in women forced to have sex early in life. Genital trauma is also more common in women who have been circumcised. Forced penetration of a circumcised woman can cause lacerations of the perineum, rectum and urethra; painful intercourse is common.¹⁷ Circumcised women may be significantly less likely to experience sexual pleasure. Obstetric complications commonly occur in circumcised women.¹⁷

Women who have themselves been circumcised were more than ten times more likely to allow their children to be circumcised. Women reporting IPV were more likely to allow their children to be circumcised; recall, however, that the majority of women reporting IPV were also circumcised. When looking among those not reporting IPV, being circumcised was more strongly associated with allowing children to be circumcised (OR=22) than was true among women reporting IPV (OR=7.5). Experiencing IPV, frequently ac-

companied by forced sex as a woman's first sexual experience, may make women more aware of the adverse consequences of circumcision, thereby reducing their interest in having their children circumcised.

Interestingly, experiencing IPV and forced sex did not result in negative beliefs about sexual relationships. Women experiencing IPV and forced sex were more likely to believe that sex is an important way to show love and that sex is one of the most pleasurable experiences in life. However, women experiencing IPV were more likely also to hold more traditional beliefs about sex, believing that sex is primarily for procreation and that it is the male's responsibility to discuss safe sex. These women may perceive IPV and forced sex as accepted ways to show love.

Study strengths and limitations

Few studies have addressed intimate partner violence in Africa; none have been conducted in Sierra Leone. Few studies have explored the link between IPV, forced sex, and female circumcision in Africa. No study has addressed the link between forced sex as first sex and IPV, circumcision, and other correlates. This study adds to the limited literature in reporting the frequency of IPV and forced sex and the correlates of these forms of violence against women. As with all studies, there are limitations. Women surveyed were a convenience sample composed largely of those receiving care in clinics; they are not a probability sample from the population in Sierra Leone. Consequently, they may be more likely to report IPV than those not seeking medical care in clinics. Further, we were limited in the number of questions we could include on violence against women. We could not, for example, estimate the lifetime duration of IPV, the number of partners who were violent, or the intensity of violence by violent partners. We have information on IPV prevalence, lifetime frequency, and frequency of physical injury resulting from IPV. As the focus of the study was HIV/AIDS knowledge and behaviours, it is unlikely that respondents over-reported violence against women; thus this response bias is not likely.

Implications

Violence against women, both intimate partner violence and forced sex, is common in Sierra Leone where the majority of women are circumcised. Both female circumcision and intimate partner violence can result in significant health consequences for women. Women experiencing IPV disproportionately are circumcised women.

Circumcision may be a marker or proxy for the social status of women in society. Women who are circumcised are more likely to live in households in which intimate partner violence including forced sex is condoned.

These women recognize that their choices in prevention of HIV and other sexually transmitted infections are limited and difficult. Suggesting that a spouse or partner consistently use condoms can result in further violence against the woman. Such a suggestion could be interpreted as objecting to the spouse / partner's having multiple partners (a practice which is believed to enhance a male's status with his peers), questioning his ability to choose uninfected partners (the belief persists that one can tell if a person has HIV/AIDS based on their appearance), or admitting that the woman herself has had other partners who may have infected her. The addition of subsequent wives, who may themselves be infected with HIV, into an existing household is not uncommon and adds an additional concern for women's health and safety. Beyond HIV / AIDS prevention and toward better health for women, we must address violence against women. Clearly, any such measures should be culturally appropriate.

Acknowledgments

This research was conducted as part of a Fulbright Senior Research Fellowship in Sierra Leone, West Africa. The cooperation and support of the Sierra Leone Ministry of Health, the National AIDS Programme of Sierra Leone, the Marie Stopes Clinics, Kissy Eye Clinic, Connaught Hospital, Waterloo Refugee Camp, Lokomasama Teachers' College, Magbil Clinic, the Sierra Leone chapter of the Society for Women and AIDS in Africa (SWAASL) and the US Embassy in Freetown are gratefully acknowledged.

REFERENCES

1. Koss MP, Koss PG, Woodruff WJ. Deleterious effects of criminal victimization on women's health and medical utilization. *Arch of Intern Med* 1991;151:342-7.
2. Hendricks-Matthews MK. Survivors of abuse: Health care issues. *Prim Care* 1993;20:289-305.
3. Drossman DA, Leserman HJ, Nachman G, et al. Sexual and physical abuse in women with functional or organic gastrointestinal disorders. *American College of Physicians* 1990;113:828-33.
4. Kemp A, Rawlings ER, Green BL. Post-traumatic stress disorders (PTSD) in battered women: a shelter sample. *Trauma Stress* 1991;4:137-48.
5. Plichta S. The effects of woman abuse on health-care unitization and health status: A literature review. *Womens Health Issues* 1992;2:154-163.
6. Sassetti MR. Domestic Violence. *Prim Care* 1993;20:289-305.
7. Odujinrin O. Wife battering in Nigeria. *Int J of Gynecol and Obstetrics*. 1993;41:159-164.
8. Van der Straten A, King R, Grinstead O, Serufilira A, Allen A. Couple communication, sexual coercion and HIV risk reduction in Kigali, Rwanda. *AIDS* 1995;9:935-944.
9. Butchart A, Brown D. Non-fatal injuries due to interpersonal violence in Johannesburg — Soweta: incidence, determinates and consequences. *Forensic Sci Int*. 1991;52:355-51.
10. Raikes A. Pregnancy, birthing and family planning in Kenya: Changing patterns of behaviours: A health utilization study in Kissi District. 1990, Copenhagen: Center for Development Research.
11. Heise L. Violence against women: the missing agenda. In Women's health: A global perspective. Koblinsky MA and Timyab GJ, Eds. Boulder CO: Westview, 1993.
12. Stewart TJ, Richter RL. Perceived barriers to HIV prevention among university students in Sierra Leone, West Africa. *International Quarterly of Community Health Education*, 1995;15:253-265.

13. Adedoyin M, Adegoke AA. Teenage prostitution — child abuse: a survey of the Ilorin situation. *Afr J of Med and Med Sci* 1995;24:27–31.
14. Meursing K, Vos T, Coutinho O, Moyo M, Mpofu S, Oneko O et al. Child sexual abuse in Matabeleland, Zimbabwe. *Soci Sci and Med* 1995;41:1693–1704.
15. Toubia N. Female genital mutilation: A call for global action. New York : Women Ink 1993.
16. Koso-Thomas O. The circumcision of women: A strategy for eradication. London: Zed Books Ltd., 1992, page 17.
17. El Dareer A. A study of the prevalence of epidemiology of female circumcision in Sudan. In: Baasher T. et al, eds. Traditional practices affecting the health of women and children, Background papers to the WHO Seminar. WHO EMRO Technical Publications 1982;2(2): 312–334.